

2025 Preferred Drug List

Humana Healthy
Horizons® in Indiana -
Indiana Pathways for
Aging

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER
IN THIS PLAN. THIS FORMULARY
WAS UPDATED ON
07/16/2025.



Humana Preferred Drug List

The Humana® Preferred Drug List, also known as a formulary, is effective on Jan. 1 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** – Covered drug designated as a second choice within a therapeutic class. Non-preferred drugs typically require prior authorization. Refer to “**Are there any limits on my medicines?**” for more information on prior authorizations.

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 Food and Drug Administration (FDA) makes sure that generic medicines are safe and work the same as brand medicines.

- **Level *:** Drug Group identified as medication that are second choice and are also known as non-preferred drugs.
- **Level 1:** These are medicines that are covered by your plan.

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/HealthyIndiana** 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:

- **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 in the same therapeutic class.

If your doctor feels there is no other covered option, they can call Humana Pharmacy Clinical Review at **800-555-2546** to ask for an exception. Please allow 24 hours for Humana to review and respond to your doctor.

For more information

If you want to learn more about your Humana Healthy Horizons® 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. Some medicines you can buy without a prescription from your doctor, but Humana will pay for them if you have a doctor's prescription. They have "OTC" next to their name.

NP (Non-Preferred Drug): Covered drug designated as a second choice within a therapeutic class. Non-preferred drugs typically require prior authorization.

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 2 to learn more about the drug requirements for your plan.

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution	1	PA	ANALGESICS
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution	1	PA	ANALGESICS
acetaminophen 300 mg-codeine 15 mg tablet	1	PA	ANALGESICS
acetaminophen 300 mg-codeine 30 mg tablet	1	PA	ANALGESICS
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution	1	PA	ANALGESICS
acetaminophen 300 mg-codeine 60 mg tablet	1	PA	ANALGESICS
acetaminophen 320.5 mg-caffeine 30 mg-dihydrocodeine 16 mg capsule ^{NP}	*	PA	ANALGESICS
addaprin 200 mg tablet ^{OTC}	1		ANALGESICS
ADVIL 200 MG TABLET ^{OTC}	1		ANALGESICS
aleve (diclofenac) 1 % topical gel ^{OTC}	1		ANALGESICS
ALEVE 220 MG TABLET ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
all day pain relief 220 mg tablet ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
all day relief 220 mg tablet ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
arthritis pain (diclofenac) 1 % topical gel ^{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	PA	ANALGESICS
aspercreme arthritis pain 1 % topical gel ^{OTC}	1		ANALGESICS
BELBUCA 150 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
BELBUCA 300 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
BELBUCA 450 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
BELBUCA 600 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
BELBUCA 75 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
BELBUCA 750 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
BELBUCA 900 MCG BUCCAL FILM ^{NP}	*	PA	ANALGESICS
buprenorphine 10 mcg/hour weekly transdermal patch ^{NP}	*	PA,QL(4 per 28 days)	ANALGESICS
buprenorphine 15 mcg/hour weekly transdermal patch ^{NP}	*	PA,QL(4 per 28 days)	ANALGESICS
buprenorphine 20 mcg/hour weekly transdermal patch ^{NP}	*	PA,QL(4 per 28 days)	ANALGESICS
buprenorphine 5 mcg/hour weekly transdermal patch ^{NP}	*	PA,QL(4 per 28 days)	ANALGESICS
buprenorphine 7.5 mcg/hour weekly transdermal patch ^{NP}	*	PA,QL(4 per 28 days)	ANALGESICS
buprenorphine hcl 0.3 mg/ml injection solution	1	PA	ANALGESICS
buprenorphine hcl 0.3 mg/ml injection syringe	1	PA	ANALGESICS
butorphanol 1 mg/ml injection solution	1	PA	ANALGESICS
butorphanol 10 mg/ml nasal spray	1	PA,QL(2.5 per 30 days)	ANALGESICS
butorphanol 2 mg/ml injection solution	1	PA	ANALGESICS
BUTTRANS 10 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 per 28 days)	ANALGESICS
BUTTRANS 15 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 per 28 days)	ANALGESICS
BUTTRANS 20 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 per 28 days)	ANALGESICS
BUTTRANS 5 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 per 28 days)	ANALGESICS
BUTTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 per 28 days)	ANALGESICS
CELEBREX 100 MG CAPSULE	1		ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CELEBREX 200 MG CAPSULE	1		ANALGESICS
CELEBREX 400 MG CAPSULE	1		ANALGESICS
CELEBREX 50 MG CAPSULE	1		ANALGESICS
celecoxib 100 mg capsule ^{NP}	*		ANALGESICS
celecoxib 200 mg capsule ^{NP}	*		ANALGESICS
celecoxib 400 mg capsule ^{NP}	*		ANALGESICS
celecoxib 50 mg capsule ^{NP}	*		ANALGESICS
CHILDREN'S ADVIL 100 MG/5 ML ORAL SUSPENSION ^{OTC}	1		ANALGESICS
children's ibuprofen 100 mg/5 ml oral suspension ^{OTC}	1		ANALGESICS
CHILDREN'S MOTRIN 100 MG/5 ML ORAL SUSPENSION ^{OTC}	1		ANALGESICS
children's motrin jr strength 100 mg chewable tablet ^{OTC}	1		ANALGESICS
children's profen ib 100 mg/5 ml oral suspension ^{OTC}	1		ANALGESICS
codeine sulfate 15 mg tablet	1	PA	ANALGESICS
codeine sulfate 30 mg tablet	1	PA	ANALGESICS
codeine sulfate 60 mg tablet	1	PA	ANALGESICS
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA	ANALGESICS
CONZIP 100 MG CAPSULE,EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
CONZIP 200 MG CAPSULE,EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
CONZIP 300 MG CAPSULE, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DEMEROL 50 MG/ML INJECTION SOLUTION ^{NP}	*	PA	ANALGESICS
diclofenac 1 % topical gel	1		ANALGESICS
diclofenac 1 % topical gel ^{OTC}	1		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 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
DILAUDID (PF) 0.2 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DILAUDID (PF) 0.5 MG/0.5 ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DILAUDID (PF) 1 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DILAUDID (PF) 2 MG/ML INJECTION SYRINGE ^{NP}	*	PA	ANALGESICS
DILAUDID 1 MG/ML ORAL LIQUID ^{NP}	*	PA	ANALGESICS
DILAUDID 2 MG TABLET ^{NP}	*	PA	ANALGESICS
DILAUDID 4 MG TABLET ^{NP}	*	PA	ANALGESICS
DILAUDID 8 MG TABLET ^{NP}	*	PA	ANALGESICS
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION	1	PA	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION	1	PA	ANALGESICS
ec-naproxen 500 mg tablet,delayed release	1		ANALGESICS
endocet 10 mg-325 mg tablet	1	PA	ANALGESICS
endocet 2.5 mg-325 mg tablet	1	PA	ANALGESICS
endocet 5 mg-325 mg tablet	1	PA	ANALGESICS
endocet 7.5 mg-325 mg tablet	1	PA	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
fentanyl 1,200 mcg lozenge on a handle ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
fentanyl 1,600 mcg lozenge on a handle ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
fentanyl 100 mcg/hr transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
fentanyl 12 mcg/hr transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
fentanyl 200 mcg lozenge on a handle ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
fentanyl 25 mcg/hr transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
fentanyl 37.5 mcg/hour transdermal patch	1	PA	ANALGESICS
fentanyl 400 mcg buccal tablet, effervescent ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
fentanyl 400 mcg lozenge on a handle ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
fentanyl 50 mcg/hr transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
fentanyl 600 mcg buccal tablet, effervescent ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
fentanyl 600 mcg lozenge on a handle ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
fentanyl 62.5 mcg/hour transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
fentanyl 75 mcg/hr transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
fentanyl 800 mcg buccal tablet, effervescent ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
fentanyl 800 mcg lozenge on a handle ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
fentanyl 87.5 mcg/hour transdermal patch	1	PA,QL(10 per 30 days)	ANALGESICS
FENTORA 100 MCG BUCCAL TABLET, EFFERVESCENT ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
FENTORA 200 MCG BUCCAL TABLET, EFFERVESCENT ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
FENTORA 400 MCG BUCCAL TABLET, EFFERVESCENT ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
FENTORA 600 MCG BUCCAL TABLET, EFFERVESCENT ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS
FENTORA 800 MCG BUCCAL TABLET, EFFERVESCENT ^{NP}	*	PA,QL(120 per 30 days)	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
flanax (naproxen) 220 mg tablet ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
flurbiprofen 100 mg tablet	1		ANALGESICS
hydrocodone 10 mg-acetaminophen 300 mg tablet	1	PA	ANALGESICS
hydrocodone 10 mg-acetaminophen 300 mg/15 ml oral solution ^{NP}	*	PA	ANALGESICS
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	PA	ANALGESICS
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution	1	PA	ANALGESICS
hydrocodone 10 mg-ibuprofen 200 mg tablet	1	PA	ANALGESICS
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	1	PA	ANALGESICS
hydrocodone 5 mg-acetaminophen 300 mg tablet	1	PA	ANALGESICS
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	PA	ANALGESICS
hydrocodone 5 mg-ibuprofen 200 mg tablet	1	PA	ANALGESICS
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	1	PA	ANALGESICS
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	PA	ANALGESICS
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	PA	ANALGESICS
hydrocodone 7.5 mg-ibuprofen 200 mg tablet	1	PA	ANALGESICS
hydrocodone bitartrate er 10 mg capsule, oral only, extended rel 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydrocodone bitartrate er 100 mg tablet, crush resist,extend.rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydrocodone bitartrate er 120 mg tablet, crush resist,extend.rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydrocodone bitartrate er 15 mg capsule, oral only, extended rel 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydrocodone bitartrate er 20 mg capsule, oral only, extended rel 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydrocodone bitartrate er 20 mg tablet,crush resist,extended rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydrocodone bitartrate er 30 mg capsule, oral only, extended rel 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydrocodone bitartrate er 30 mg tablet,crush resist,extended rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydrocodone bitartrate er 40 mg capsule, oral only, extended rel 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydrocodone bitartrate er 40 mg tablet,crush resist,extended rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydrocodone bitartrate er 50 mg capsule, oral only, extended rel 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydrocodone bitartrate er 60 mg tablet,crush resist,extended rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydrocodone bitartrate er 80 mg tablet,crush resist,extended rel. 24hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydromorphone (pf) 0.2 mg/ml injection syringe	1	PA	ANALGESICS
hydromorphone (pf) 0.5 mg/0.5 ml injection syringe	1	PA	ANALGESICS
hydromorphone (pf) 1 mg/ml injection solution	1	PA	ANALGESICS
hydromorphone (pf) 1 mg/ml injection syringe	1	PA	ANALGESICS
hydromorphone (pf) 10 mg/ml injection solution	1	PA	ANALGESICS
hydromorphone (pf) 2 mg/ml injection solution	1	PA	ANALGESICS
hydromorphone (pf) 4 mg/ml injection solution	1	PA	ANALGESICS
HYDROMORPHONE 0.25 MG/0.5 ML INJECTION SYRINGE	1	PA	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
hydromorphone 0.5 mg/0.5 ml injection syringe	1	PA	ANALGESICS
hydromorphone 1 mg/ml injection solution	1	PA	ANALGESICS
hydromorphone 1 mg/ml injection syringe	1	PA	ANALGESICS
hydromorphone 1 mg/ml oral liquid	1	PA	ANALGESICS
hydromorphone 2 mg tablet	1	PA	ANALGESICS
hydromorphone 2 mg/ml injection solution	1	PA	ANALGESICS
hydromorphone 2 mg/ml injection syringe	1	PA	ANALGESICS
hydromorphone 3 mg rectal suppository	1	PA	ANALGESICS
hydromorphone 4 mg tablet	1	PA	ANALGESICS
hydromorphone 4 mg/ml injection syringe	1	PA	ANALGESICS
hydromorphone 8 mg tablet	1	PA	ANALGESICS
hydromorphone er 12 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydromorphone er 16 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
hydromorphone er 32 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
hydromorphone er 8 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 120 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
HYSINGLA ER 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{NP}	*	PA,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 chewable tablet ^{OTC}	1		ANALGESICS
ibuprofen 100 mg/5 ml oral suspension	1		ANALGESICS
ibuprofen 100 mg/5 ml oral suspension ^{OTC}	1		ANALGESICS
ibuprofen 200 mg tablet ^{OTC}	1		ANALGESICS
ibuprofen 400 mg tablet	1		ANALGESICS
ibuprofen 50 mg/1.25 ml oral drops,suspension ^{OTC}	1		ANALGESICS
ibuprofen 600 mg tablet	1		ANALGESICS
ibuprofen 800 mg tablet	1		ANALGESICS
ibuprofen 800 mg-famotidine 26.6 mg tablet ^{NP}	*		ANALGESICS
ibuprofen ib 100 mg chewable tablet ^{OTC}	1		ANALGESICS
ibuprofen ib 200 mg tablet ^{OTC}	1		ANALGESICS
ibuprofen jr strength 100 mg chewable tablet ^{OTC}	1		ANALGESICS
indomethacin 25 mg capsule	1		ANALGESICS
indomethacin 50 mg capsule	1		ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
INFANT'S ADVIL 50 MG/1.25 ML ORAL DROPS,SUSPENSION ^{OTC}	1		ANALGESICS
infant's ibuprofen 50 mg/1.25 ml oral drops,suspension ^{OTC}	1		ANALGESICS
INFANT'S MOTRIN 50 MG/1.25 ML ORAL DROPS,SUSPENSION ^{OTC}	1		ANALGESICS
infants profenib 50 mg/1.25 ml oral drops,suspension ^{OTC}	1		ANALGESICS
ketoprofen 50 mg capsule	1		ANALGESICS
ketoprofen 75 mg capsule	1		ANALGESICS
ketorolac 10 mg tablet	1		ANALGESICS
levorphanol tartrate 2 mg tablet	1	PA	ANALGESICS
levorphanol tartrate 3 mg tablet	1	PA	ANALGESICS
mediproxen 220 mg tablet ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
meloxicam 15 mg tablet	1		ANALGESICS
meloxicam 7.5 mg tablet	1		ANALGESICS
meperidine (pf) 100 mg/ml injection solution	1	PA	ANALGESICS
meperidine (pf) 25 mg/ml injection solution	1	PA	ANALGESICS
meperidine (pf) 50 mg/ml injection solution	1	PA	ANALGESICS
meperidine 50 mg tablet	1	PA	ANALGESICS
meperidine 50 mg/5 ml oral solution	1	PA	ANALGESICS
methadone 10 mg tablet ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
methadone 10 mg/5 ml oral solution ^{NP}	*	PA,QL(900 per 30 days)	ANALGESICS
methadone 10 mg/ml injection solution ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
methadone 10 mg/ml oral concentrate ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
methadone 5 mg tablet ^{NP}	*	PA,QL(360 per 30 days)	ANALGESICS
methadone 5 mg/5 ml oral solution ^{NP}	*	PA,QL(1800 per 30 days)	ANALGESICS
methadone intensol 10 mg/ml oral concentrate ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
METHADOSE 10 MG/ML ORAL CONCENTRATE ^{NP}	*	PA,QL(180 per 30 days)	ANALGESICS
morphine (pf) 0.5 mg/ml injection solution	1	PA	ANALGESICS
morphine (pf) 1 mg/ml injection solution	1	PA	ANALGESICS
morphine (pf) 30 mg/30 ml (1 mg/ml) pca intravenous solution	1	PA	ANALGESICS
morphine 10 mg rectal suppository	1	PA	ANALGESICS
morphine 10 mg/5 ml oral solution	1	PA	ANALGESICS
morphine 10 mg/ml injection solution	1	PA	ANALGESICS
morphine 10 mg/ml intravenous solution	1	PA	ANALGESICS
morphine 10 mg/ml intravenous syringe	1	PA	ANALGESICS
morphine 15 mg immediate release tablet	1	PA	ANALGESICS
morphine 2 mg/ml injection solution	1	PA	ANALGESICS
morphine 2 mg/ml injection syringe	1	PA	ANALGESICS
morphine 2 mg/ml intravenous syringe	1	PA	ANALGESICS
morphine 20 mg rectal suppository	1	PA	ANALGESICS
morphine 20 mg/5 ml (4 mg/ml) oral solution	1	PA	ANALGESICS
morphine 30 mg immediate release tablet	1	PA	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
morphine 30 mg rectal suppository	1	PA	ANALGESICS
morphine 4 mg/ml injection solution	1	PA	ANALGESICS
morphine 4 mg/ml injection syringe	1	PA	ANALGESICS
morphine 4 mg/ml intravenous solution	1	PA	ANALGESICS
morphine 4 mg/ml intravenous syringe	1	PA	ANALGESICS
morphine 5 mg rectal suppository	1	PA	ANALGESICS
morphine 5 mg/ml injection solution	1	PA	ANALGESICS
morphine 50 mg/ml intravenous solution	1	PA	ANALGESICS
morphine 8 mg/ml intravenous solution	1	PA	ANALGESICS
morphine 8 mg/ml intravenous syringe	1	PA	ANALGESICS
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution	1	PA	ANALGESICS
morphine er 10 mg capsule,extended release pellets ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 100 mg capsule,extended release pellets ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 100 mg tablet,extended release	1	PA,QL(90 per 30 days)	ANALGESICS
morphine er 120 mg capsule,extended release 24 hr multiphase ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 15 mg tablet,extended release	1	PA,QL(90 per 30 days)	ANALGESICS
morphine er 20 mg capsule,extended release pellets ^{NP}	*	PA,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}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 30 mg capsule,extended release pellets ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 30 mg tablet,extended release	1	PA,QL(90 per 30 days)	ANALGESICS
morphine er 45 mg capsule,extended release 24 hr multiphase ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 50 mg capsule,extended release pellets ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 60 mg capsule,extended release 24 hr multiphase ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 60 mg capsule,extended release pellets ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 60 mg tablet,extended release	1	PA,QL(90 per 30 days)	ANALGESICS
morphine er 75 mg capsule,extended release 24 hr multiphase ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 80 mg capsule,extended release pellets ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
morphine er 90 mg capsule,extended release 24 hr multiphase ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
motrin arthritis pain 1 % topical gel ^{OTC}	1		ANALGESICS
motrin ib 200 mg tablet ^{OTC}	1		ANALGESICS
MS CONTIN 100 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA,QL(90 per 30 days)	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MS CONTIN 15 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA,QL(90 per 30 days)	ANALGESICS
MS CONTIN 200 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA,QL(90 per 30 days)	ANALGESICS
MS CONTIN 30 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA,QL(90 per 30 days)	ANALGESICS
MS CONTIN 60 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA,QL(90 per 30 days)	ANALGESICS
nabumetone 500 mg tablet	1		ANALGESICS
nabumetone 750 mg tablet	1		ANALGESICS
nalbuphine 10 mg/ml injection solution	1	PA	ANALGESICS
nalbuphine 20 mg/ml injection solution	1	PA	ANALGESICS
nalocet 2.5 mg-300 mg tablet ^{NP}	*	PA	ANALGESICS
naproxen 250 mg tablet	1		ANALGESICS
naproxen 375 mg tablet	1		ANALGESICS
naproxen 375 mg tablet,delayed release	1		ANALGESICS
naproxen 500 mg tablet	1		ANALGESICS
naproxen 500 mg tablet,delayed release	1		ANALGESICS
naproxen sodium 220 mg tablet ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
oxycodone 10 mg tablet	1	PA	ANALGESICS
oxycodone 15 mg tablet	1	PA	ANALGESICS
oxycodone 20 mg tablet	1	PA	ANALGESICS
oxycodone 20 mg/ml oral concentrate	1	PA	ANALGESICS
oxycodone 30 mg tablet	1	PA	ANALGESICS
oxycodone 5 mg capsule	1	PA	ANALGESICS
oxycodone 5 mg tablet	1	PA	ANALGESICS
oxycodone 5 mg/5 ml oral solution	1	PA	ANALGESICS
oxycodone er 10 mg tablet,crush resistant,extended release 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxycodone er 20 mg tablet,crush resistant,extended release 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxycodone er 40 mg tablet,crush resistant,extended release 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxycodone er 80 mg tablet,crush resistant,extended release 12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxycodone-acetaminophen 10 mg-325 mg tablet	1	PA	ANALGESICS
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	PA	ANALGESICS
oxycodone-acetaminophen 5 mg-325 mg tablet	1	PA	ANALGESICS
oxycodone-acetaminophen 5 mg-325 mg/5 ml oral solution	1	PA	ANALGESICS
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	PA	ANALGESICS
OXYCONTIN 10 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
OXYCONTIN 15 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
OXYCONTIN 20 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
OXYCONTIN 30 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
OXYCONTIN 40 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
OXYCONTIN 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone 10 mg tablet ^{NP}	*	PA	ANALGESICS
oxymorphone 5 mg tablet ^{NP}	*	PA	ANALGESICS
oxymorphone er 10 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone er 15 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone er 20 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone er 30 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone er 40 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone er 5 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
oxymorphone er 7.5 mg tablet,extended release,12 hr ^{NP}	*	PA,QL(60 per 30 days)	ANALGESICS
pain relief (ibuprofen) 200 mg tablet ^{OTC}	1		ANALGESICS
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP	1		ANALGESICS
pentazocine 50 mg-naloxone 0.5 mg tablet	1	PA	ANALGESICS
PERCOSET 10 MG-325 MG TABLET ^{NP}	*	PA	ANALGESICS
PERCOSET 2.5 MG-325 MG TABLET ^{NP}	*	PA	ANALGESICS
PERCOSET 5 MG-325 MG TABLET ^{NP}	*	PA	ANALGESICS
PERCOSET 7.5 MG-325 MG TABLET ^{NP}	*	PA	ANALGESICS
prolate 10 mg-300 mg tablet ^{NP}	*	PA	ANALGESICS
prolate 5 mg-300 mg tablet ^{NP}	*	PA	ANALGESICS
prolate 7.5 mg-300 mg tablet ^{NP}	*	PA	ANALGESICS
ROXICODONE 15 MG TABLET ^{NP}	*	PA	ANALGESICS
ROXICODONE 30 MG TABLET ^{NP}	*		ANALGESICS
ROXYBOND 10 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{NP}	*	PA	ANALGESICS
ROXYBOND 15 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{NP}	*	PA	ANALGESICS
ROXYBOND 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{NP}	*	PA	ANALGESICS
ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{NP}	*	PA	ANALGESICS
tramadol 100 mg tablet	1	PA,QL(120 per 30 days)	ANALGESICS
tramadol 25 mg tablet	1	PA,QL(240 per 30 days)	ANALGESICS
tramadol 37.5 mg-acetaminophen 325 mg tablet	1	PA,QL(318 per 30 days)	ANALGESICS
tramadol 5 mg/ml oral solution ^{NP}	*	PA,QL(2400 per 30 days)	ANALGESICS
tramadol 50 mg tablet	1	PA,QL(240 per 30 days)	ANALGESICS
tramadol 75 mg tablet	1	PA,QL(150 per 30 days)	ANALGESICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
tramadol er 100 mg capsule 24h,extended release(25-75) ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 100 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 100 mg tablet,extended release 24hr mphase ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 200 mg capsule 24h,extended release(25-75) ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 200 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 200 mg tablet,extended release 24hr mphase ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 300 mg capsule 24 hr,extended release ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 300 mg tablet,extended release 24 hr ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
tramadol er 300 mg tablet,extended release 24hr mphase ^{NP}	*	PA,QL(30 per 30 days)	ANALGESICS
VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE ^{NP}	*		ANALGESICS
VOLTAREN ARTHRITIS PAIN 1 % TOPICAL GEL ^{OTC}	1		ANALGESICS
wal-profen 200 mg tablet ^{OTC}	1		ANALGESICS
wal-proxen 220 mg tablet ^{OTC}	1	QL(90 per 30 days)	ANALGESICS
asperflex (lidocaine) 4 % topical cream ^{OTC}	1		ANESTHETICS
dermacinrx lidocan 5 % topical patch	1	QL(90 per 30 days)	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 patch	1	QL(90 per 30 days)	ANESTHETICS
lidocaine hcl 2 % mucosal solution	1		ANESTHETICS
lidocaine viscous 2 % mucosal solution	1		ANESTHETICS
lidocaine-prilocaine 2.5 %-2.5 % topical cream	1		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
LIDODERM 5 % TOPICAL PATCH	1	QL(90 per 30 days)	ANESTHETICS
ZTLIDO 1.8 % TOPICAL PATCH	1	PA,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 ^{NP}	*	PA,QL(0.36 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
BRIXADI MONTHLY 64 MG/0.18 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE ^{NP}	*	PA,QL(0.18 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
BRIXADI MONTHLY 96 MG/0.27 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE ^{NP}	*	PA,QL(0.27 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
BRIXADI WEEKLY 16 MG/0.32 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE ^{NP}	*	PA,QL(1.28 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BRIXADI WEEKLY 24 MG/0.48 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE ^{NP}	*	PA,QL(1.92 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
BRIXADI WEEKLY 32 MG/0.64 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE ^{NP}	*	PA,QL(2.56 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
BRIXADI WEEKLY 8 MG/0.16 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE ^{NP}	*	PA,QL(0.64 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine 12 mg-naloxone 3 mg sublingual film ^{NP}	*	QL(60 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine 2 mg-naloxone 0.5 mg sublingual film ^{NP}	*	QL(360 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	1	QL(360 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine 4 mg-naloxone 1 mg sublingual film ^{NP}	*	QL(180 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine 8 mg-naloxone 2 mg sublingual film ^{NP}	*	QL(90 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	1	QL(90 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine hcl 2 mg sublingual tablet	1	QL(360 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
buprenorphine hcl 8 mg sublingual tablet	1	QL(90 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
CHANTIX 1 MG TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	1	QL(1 per 90 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
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		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
naloxone 4 mg/actuation nasal spray	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
naltrexone 50 mg tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NARCAN 4 MG/ACTUATION NASAL SPRAY	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{OTC}	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NICODERM CQ 14 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NICODERM CQ 21 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NICODERM CQ 7 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
nicotine 14 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
nicotine 21 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequential ^{OTC}	1	QL(56 per 90 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
nicotine 7 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NICOTROL 10 MG INHALATION CARTRIDGE ^{NP}	*	QL(504 per 31 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
NICOTROL NS 10 MG/ML NASAL SPRAY ^{NP}	*	QL(120 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
OPVEE 2.7 MG/ACTUATION NASAL SPRAY	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
REXTOVY 4 MG/ACTUATION NASAL SPRAY	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	PA,QL(0.5 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	PA,QL(1.5 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	1	QL(60 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	1	QL(360 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	1	QL(180 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	1	QL(90 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
varenicline tartrate 0.5 mg (11)-1 mg (42) tablets in a dose pack	1	QL(1 per 90 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
varenicline tartrate 0.5 mg tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
varenicline tartrate 1 mg tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET	1	QL(720 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET	1	QL(360 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET	1	QL(30 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET	1	QL(150 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET	1	QL(90 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)	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
ampicillin 500 mg capsule	1		ANTIBACTERIALS
avidoxy 100 mg tablet	1		ANTIBACTERIALS
azithromycin 1 gram oral packet	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	QL(6 per 30 days)	ANTIBACTERIALS
azithromycin 500 mg tablet	1	QL(7 per 30 days)	ANTIBACTERIALS
azithromycin 600 mg tablet	1	QL(30 per 30 days)	ANTIBACTERIALS
BAXDELA 450 MG TABLET ^{NP}	*		ANTIBACTERIALS
cefaclor 125 mg/5 ml oral suspension	1		ANTIBACTERIALS
cefaclor 250 mg capsule	1		ANTIBACTERIALS
cefaclor 250 mg/5 ml oral suspension	1		ANTIBACTERIALS
cefaclor 375 mg/5 ml oral suspension	1		ANTIBACTERIALS
cefaclor 500 mg capsule	1		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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 ^{NP}	*		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	1		ANTIBACTERIALS
cefprozil 250 mg/5 ml oral suspension	1		ANTIBACTERIALS
cefprozil 500 mg tablet	1		ANTIBACTERIALS
cefuroxime axetil 250 mg tablet	1		ANTIBACTERIALS
cefuroxime axetil 500 mg tablet	1		ANTIBACTERIALS
cephalexin 125 mg/5 ml oral suspension	1		ANTIBACTERIALS
cephalexin 250 mg capsule	1		ANTIBACTERIALS
cephalexin 250 mg/5 ml oral suspension	1		ANTIBACTERIALS
cephalexin 500 mg capsule	1		ANTIBACTERIALS
CIPRO 250 MG TABLET ^{NP}	*		ANTIBACTERIALS
CIPRO 250 MG/5 ML ORAL SUSPENSION ^{NP}	*	PA	ANTIBACTERIALS
CIPRO 500 MG TABLET ^{NP}	*		ANTIBACTERIALS
CIPRO 500 MG/5 ML ORAL SUSPENSION ^{NP}	*	PA	ANTIBACTERIALS
ciprofloxacin 250 mg tablet	1		ANTIBACTERIALS
ciprofloxacin 500 mg tablet	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 ^{NP}	*		ANTIBACTERIALS
CLEOCIN 2 % VAGINAL CREAM	1		ANTIBACTERIALS
clindamycin 2 % vaginal cream ^{NP}	*		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
dicloxacillin 250 mg capsule	1		ANTIBACTERIALS
dicloxacillin 500 mg capsule	1		ANTIBACTERIALS
DIFICID 200 MG TABLET ^{NP}	*	PA	ANTIBACTERIALS
DIFICID 40 MG/ML ORAL SUSPENSION ^{NP}	*	PA	ANTIBACTERIALS
doxycycline hyclate 100 mg capsule	1		ANTIBACTERIALS
doxycycline hyclate 100 mg tablet	1		ANTIBACTERIALS
doxycycline hyclate 20 mg tablet	1		ANTIBACTERIALS
doxycycline hyclate 50 mg capsule	1		ANTIBACTERIALS
doxycycline monohydrate 100 mg capsule	1		ANTIBACTERIALS
doxycycline monohydrate 100 mg tablet	1		ANTIBACTERIALS
doxycycline monohydrate 25 mg/5 ml oral suspension	1		ANTIBACTERIALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
doxycycline monohydrate 50 mg capsule	1		ANTIBACTERIALS
doxycycline monohydrate 50 mg tablet	1		ANTIBACTERIALS
E.E.S. 400 MG TABLET ^{NP}	*		ANTIBACTERIALS
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION ^{NP}	*		ANTIBACTERIALS
ERY-TAB 250 MG TABLET,DELAYED RELEASE ^{NP}	*		ANTIBACTERIALS
ERY-TAB 333 MG TABLET,DELAYED RELEASE ^{NP}	*		ANTIBACTERIALS
ERY-TAB 500 MG TABLET,DELAYED RELEASE ^{NP}	*		ANTIBACTERIALS
ERYPED 200 200 MG/5 ML ORAL SUSPENSION ^{NP}	*		ANTIBACTERIALS
ERYPED 400 MG/5 ML ORAL SUSPENSION ^{NP}	*		ANTIBACTERIALS
ERYTHROCIN (AS STEARATE) 250 MG TABLET ^{NP}	*		ANTIBACTERIALS
erythromycin 250 mg capsule,delayed release	1		ANTIBACTERIALS
erythromycin 250 mg tablet ^{NP}	*		ANTIBACTERIALS
erythromycin 250 mg tablet,delayed release ^{NP}	*		ANTIBACTERIALS
erythromycin 333 mg tablet,delayed release ^{NP}	*		ANTIBACTERIALS
erythromycin 500 mg tablet ^{NP}	*		ANTIBACTERIALS
erythromycin 500 mg tablet,delayed release ^{NP}	*		ANTIBACTERIALS
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1		ANTIBACTERIALS
erythromycin ethylsuccinate 400 mg tablet ^{NP}	*		ANTIBACTERIALS
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1		ANTIBACTERIALS
KLARON 10 % LOTION (SUSPENSION) ^{NP}	*		ANTIBACTERIALS
levofloxacin 250 mg tablet	1		ANTIBACTERIALS
levofloxacin 250 mg/10 ml oral solution ^{NP}	*	PA	ANTIBACTERIALS
levofloxacin 500 mg tablet	1		ANTIBACTERIALS
levofloxacin 750 mg tablet	1		ANTIBACTERIALS
linezolid 100 mg/5 ml oral suspension	1		ANTIBACTERIALS
linezolid 600 mg tablet	1		ANTIBACTERIALS
linezolid 600 mg/300 ml in 0.9 % sodium chloride intravenous piggyback	1		ANTIBACTERIALS
linezolid in 5% dextrose in water 600 mg/300 ml intravenous piggyback	1		ANTIBACTERIALS
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1		ANTIBACTERIALS
metronidazole 0.75 % topical cream	1		ANTIBACTERIALS
metronidazole 0.75 % topical gel	1		ANTIBACTERIALS
metronidazole 125 mg tablet	1		ANTIBACTERIALS
metronidazole 250 mg tablet	1		ANTIBACTERIALS
metronidazole 500 mg tablet	1		ANTIBACTERIALS
minocycline 100 mg capsule	1		ANTIBACTERIALS
minocycline 50 mg capsule	1		ANTIBACTERIALS
minocycline 75 mg capsule	1		ANTIBACTERIALS
monodoxine nl 100 mg capsule	1		ANTIBACTERIALS
morgidox 50 mg capsule	1		ANTIBACTERIALS
moxifloxacin 400 mg tablet	1		ANTIBACTERIALS
neomycin 500 mg tablet	1		ANTIBACTERIALS
nitrofurantoin 25 mg/5 ml oral suspension	1		ANTIBACTERIALS
nitrofurantoin macrocrystal 100 mg capsule	1		ANTIBACTERIALS
nitrofurantoin macrocrystal 50 mg capsule	1		ANTIBACTERIALS
nitrofurantoin monohydrate/macrocrys 100 mg capsule	1		ANTIBACTERIALS
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL	1		ANTIBACTERIALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ofloxacin 300 mg tablet ^{NP}	*		ANTIBACTERIALS
ofloxacin 400 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
SIVEXTRO 200 MG INTRAVENOUS SOLUTION	1		ANTIBACTERIALS
SIVEXTRO 200 MG TABLET	1		ANTIBACTERIALS
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET ^{NP}	*		ANTIBACTERIALS
sulfacetamide sodium (acne) 10 % lotion (suspension) ^{NP}	*		ANTIBACTERIALS
sulfacetamide sodium 10 % eye ointment	1		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
tinidazole 250 mg tablet ^{NP}	*		ANTIBACTERIALS
tinidazole 500 mg tablet ^{NP}	*		ANTIBACTERIALS
trimethoprim 100 mg tablet	1		ANTIBACTERIALS
vancomycin 125 mg capsule	1		ANTIBACTERIALS
vancomycin 250 mg capsule	1		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	1	PA	ANTIBACTERIALS
ZITHROMAX 1 GRAM ORAL PACKET ^{NP}	*		ANTIBACTERIALS
ZITHROMAX 100 MG/5 ML ORAL SUSPENSION ^{NP}	*		ANTIBACTERIALS
ZITHROMAX 200 MG/5 ML ORAL SUSPENSION ^{NP}	*		ANTIBACTERIALS
ZITHROMAX 250 MG TABLET ^{NP}	*	QL(6 per 30 days)	ANTIBACTERIALS
ZITHROMAX 500 MG TABLET ^{NP}	*	QL(7 per 30 days)	ANTIBACTERIALS
ZITHROMAX TRI-PAK 500 MG TABLET ^{NP}	*	QL(7 per 30 days)	ANTIBACTERIALS
ZITHROMAX Z-PAK 250 MG TABLET ^{NP}	*	QL(6 per 30 days)	ANTIBACTERIALS
ZYVOX 100 MG/5 ML ORAL SUSPENSION	1		ANTIBACTERIALS
ZYVOX 200 MG/100 ML INTRAVENOUS PIGGYBACK	1		ANTIBACTERIALS
ZYVOX 600 MG TABLET	1		ANTIBACTERIALS
ZYVOX 600 MG/300 ML INTRAVENOUS PIGGYBACK	1		ANTIBACTERIALS
AMYTAL 500 MG SOLUTION FOR INJECTION	1		ANTICONVULSANTS
APTIOM 200 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
APTIOM 400 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
APTIOM 600 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
APTIOM 800 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BANZEL 200 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BANZEL 40 MG/ML ORAL SUSPENSION ^{NP}	*	PA	ANTICONVULSANTS
BANZEL 400 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 10 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 10 MG/ML ORAL SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 100 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 25 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 50 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
BRIVIACT 75 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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	PA	ANTICONVULSANTS
carbamazepine er 100 mg capsule,extended release mphase12hr	1		ANTICONVULSANTS
carbamazepine er 100 mg tablet,extended release,12 hr	1	PA	ANTICONVULSANTS
carbamazepine er 200 mg capsule,extended release mphase12hr	1		ANTICONVULSANTS
carbamazepine er 200 mg tablet,extended release,12 hr	1	PA	ANTICONVULSANTS
carbamazepine er 300 mg capsule,extended release mphase12hr	1		ANTICONVULSANTS
carbamazepine er 400 mg tablet,extended release,12 hr	1	PA	ANTICONVULSANTS
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	1		ANTICONVULSANTS
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	1		ANTICONVULSANTS
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	1		ANTICONVULSANTS
CELONTIN 300 MG CAPSULE	1		ANTICONVULSANTS
CEREBYX 100 MG PE/2 ML INJECTION SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
CEREBYX 500 MG PE/10 ML INJECTION SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
clobazam 10 mg tablet	1	QL(240 per 30 days)	ANTICONVULSANTS
clobazam 2.5 mg/ml oral suspension	1	QL(960 per 30 days)	ANTICONVULSANTS
clobazam 20 mg tablet	1	QL(120 per 30 days)	ANTICONVULSANTS
DEPAKOTE 125 MG TABLET,DELAYED RELEASE	1	PA	ANTICONVULSANTS
DEPAKOTE 250 MG TABLET,DELAYED RELEASE	1	PA	ANTICONVULSANTS
DEPAKOTE 500 MG TABLET,DELAYED RELEASE	1	PA	ANTICONVULSANTS
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE	1		ANTICONVULSANTS
DIACOMIT 250 MG CAPSULE ^{NP}	*	PA	ANTICONVULSANTS
DIACOMIT 250 MG ORAL POWDER PACKET ^{NP}	*	PA	ANTICONVULSANTS
DIACOMIT 500 MG CAPSULE ^{NP}	*	PA	ANTICONVULSANTS
DIACOMIT 500 MG ORAL POWDER PACKET ^{NP}	*	PA	ANTICONVULSANTS
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT	1	QL(10 per 30 days)	ANTICONVULSANTS
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	1	QL(10 per 30 days)	ANTICONVULSANTS
diazepam 2.5 mg rectal kit	1	QL(10 per 30 days)	ANTICONVULSANTS
diazepam 5 mg-7.5 mg-10 mg rectal kit	1	QL(10 per 30 days)	ANTICONVULSANTS
DILANTIN 30 MG CAPSULE	1		ANTICONVULSANTS
DILANTIN EXTENDED 100 MG CAPSULE	1		ANTICONVULSANTS
DILANTIN INFATABS 50 MG CHEWABLE TABLET	1		ANTICONVULSANTS
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	1		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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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}	*	PA	ANTICONVULSANTS
ELEPSIA XR 1,500 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA	ANTICONVULSANTS
EPIDIOLEX 100 MG/ML ORAL SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
epitol 200 mg tablet	1		ANTICONVULSANTS
EPRONTIA 25 MG/ML ORAL SOLUTION	1	PA,QL(480 per 30 days)	ANTICONVULSANTS
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE	1	QL(120 per 30 days)	ANTICONVULSANTS
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE	1	QL(240 per 30 days)	ANTICONVULSANTS
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE	1	QL(150 per 30 days)	ANTICONVULSANTS
eslicarbazepine 200 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
eslicarbazepine 400 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
eslicarbazepine 600 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
eslicarbazepine 800 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
ethosuximide 250 mg capsule	1		ANTICONVULSANTS
ethosuximide 250 mg/5 ml oral solution	1		ANTICONVULSANTS
felbamate 400 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
felbamate 600 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
felbamate 600 mg/5 ml oral suspension	1		ANTICONVULSANTS
FELBATOL 400 MG TABLET	1		ANTICONVULSANTS
FELBATOL 600 MG TABLET	1		ANTICONVULSANTS
FINTEPLA 2.2 MG/ML ORAL SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
fosphenytoin 100 mg pe/2 ml injection solution	1		ANTICONVULSANTS
fosphenytoin 500 mg pe/10 ml injection solution	1		ANTICONVULSANTS
FYCOMPA 0.5 MG/ML ORAL SUSPENSION ^{NP}	*	PA	ANTICONVULSANTS
FYCOMPA 10 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
FYCOMPA 12 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
FYCOMPA 2 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
FYCOMPA 4 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
FYCOMPA 6 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
FYCOMPA 8 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
gabapentin 100 mg capsule	1	QL(1080 per 30 days)	ANTICONVULSANTS
gabapentin 250 mg/5 ml (5 ml) oral solution	1	QL(2160 per 30 days)	ANTICONVULSANTS
gabapentin 250 mg/5 ml oral solution	1	QL(2160 per 30 days)	ANTICONVULSANTS
gabapentin 300 mg capsule	1	QL(360 per 30 days)	ANTICONVULSANTS
gabapentin 300 mg/6 ml (6 ml) oral solution	1	QL(2160 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(135 per 30 days)	ANTICONVULSANTS
GABARONE 100 MG TABLET	1	QL(1080 per 30 days)	ANTICONVULSANTS
GABARONE 400 MG TABLET	1	QL(270 per 30 days)	ANTICONVULSANTS
KEPPRA 1,000 MG TABLET	1	PA	ANTICONVULSANTS
KEPPRA 100 MG/ML ORAL SOLUTION	1	PA	ANTICONVULSANTS
KEPPRA 250 MG TABLET	1	PA	ANTICONVULSANTS
KEPPRA 500 MG TABLET	1	PA	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION	1	PA	ANTICONVULSANTS
KEPPRA 750 MG TABLET	1	PA	ANTICONVULSANTS
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
lacosamide 10 mg/ml oral solution ^{NP}	*	PA	ANTICONVULSANTS
lacosamide 100 mg tablet	1		ANTICONVULSANTS
lacosamide 150 mg tablet	1		ANTICONVULSANTS
lacosamide 200 mg tablet	1		ANTICONVULSANTS
lacosamide 200 mg/20 ml intravenous solution ^{NP}	*	PA	ANTICONVULSANTS
lacosamide 50 mg tablet	1		ANTICONVULSANTS
LAMICTAL 100 MG TABLET	1	PA	ANTICONVULSANTS
LAMICTAL 150 MG TABLET	1	PA	ANTICONVULSANTS
LAMICTAL 200 MG TABLET	1	PA	ANTICONVULSANTS
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET	1		ANTICONVULSANTS
LAMICTAL 25 MG TABLET	1	PA	ANTICONVULSANTS
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET	1		ANTICONVULSANTS
LAMICTAL ODT 100 MG DISINTEGRATING TABLET	1	PA	ANTICONVULSANTS
LAMICTAL ODT 200 MG DISINTEGRATING TABLET	1	PA	ANTICONVULSANTS
LAMICTAL ODT 25 MG DISINTEGRATING TABLET	1	PA	ANTICONVULSANTS
LAMICTAL ODT 50 MG DISINTEGRATING TABLET	1	PA	ANTICONVULSANTS
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING	1	PA,QL(28 per 90 days)	ANTICONVULSANTS
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT	1	PA,QL(56 per 90 days)	ANTICONVULSANTS
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT	1	PA,QL(35 per 90 days)	ANTICONVULSANTS
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK	1	PA,QL(35 per 90 days)	ANTICONVULSANTS
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK	1	PA,QL(98 per 90 days)	ANTICONVULSANTS
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK	1	PA,QL(49 per 90 days)	ANTICONVULSANTS
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE	1	PA	ANTICONVULSANTS
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE	1	QL(28 per 90 days)	ANTICONVULSANTS
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL	1	QL(35 per 90 days)	ANTICONVULSANTS
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL	1	QL(35 per 90 days)	ANTICONVULSANTS
lamotrigine 100 mg disintegrating tablet	1		ANTICONVULSANTS
lamotrigine 100 mg tablet	1		ANTICONVULSANTS
lamotrigine 150 mg tablet	1		ANTICONVULSANTS
lamotrigine 200 mg disintegrating tablet	1		ANTICONVULSANTS
lamotrigine 200 mg tablet	1		ANTICONVULSANTS
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack	1	QL(28 per 90 days)	ANTICONVULSANTS
lamotrigine 25 mg (35) tablets in a dose pack	1	QL(35 per 90 days)	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	1	QL(49 per 90 days)	ANTICONVULSANTS
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	1	QL(98 per 90 days)	ANTICONVULSANTS
lamotrigine 25 mg chewable dispersible tablet	1		ANTICONVULSANTS
lamotrigine 25 mg disintegrating tablet	1		ANTICONVULSANTS
lamotrigine 25 mg tablet	1		ANTICONVULSANTS
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	1	QL(35 per 90 days)	ANTICONVULSANTS
lamotrigine 5 mg chewable dispersible tablet	1		ANTICONVULSANTS
lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating, pack	1	QL(56 per 90 days)	ANTICONVULSANTS
lamotrigine 50 mg disintegrating tablet	1		ANTICONVULSANTS
lamotrigine er 100 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
lamotrigine er 200 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
lamotrigine er 25 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
lamotrigine er 250 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
lamotrigine er 300 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
lamotrigine er 50 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
levetiracetam 1,000 mg tablet	1		ANTICONVULSANTS
levetiracetam 100 mg/ml oral solution	1		ANTICONVULSANTS
levetiracetam 250 mg tablet	1		ANTICONVULSANTS
levetiracetam 250 mg tablet for oral suspension ^{NP}	*	PA	ANTICONVULSANTS
levetiracetam 500 mg tablet	1		ANTICONVULSANTS
levetiracetam 500 mg/5 ml (5 ml) oral solution	1		ANTICONVULSANTS
levetiracetam 500 mg/5 ml intravenous solution	1		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
LIBERVANT 10 MG BUCCAL FILM ^{NP}	*	PA,QL(10 per 30 days)	ANTICONVULSANTS
LIBERVANT 12.5 MG BUCCAL FILM ^{NP}	*	PA,QL(10 per 30 days)	ANTICONVULSANTS
LIBERVANT 15 MG BUCCAL FILM ^{NP}	*	PA,QL(10 per 30 days)	ANTICONVULSANTS
LIBERVANT 5 MG BUCCAL FILM ^{NP}	*	PA,QL(10 per 30 days)	ANTICONVULSANTS
LIBERVANT 7.5 MG BUCCAL FILM ^{NP}	*	PA,QL(10 per 30 days)	ANTICONVULSANTS
methsuximide 300 mg capsule ^{NP}	*	PA	ANTICONVULSANTS
MOTPOLY XR 100 MG CAPSULE,EXTENDED RELEASE ^{NP}	*	PA	ANTICONVULSANTS
MOTPOLY XR 150 MG CAPSULE,EXTENDED RELEASE ^{NP}	*	PA	ANTICONVULSANTS
MOTPOLY XR 200 MG CAPSULE,EXTENDED RELEASE ^{NP}	*	PA	ANTICONVULSANTS
MYSOLINE 250 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
MYSOLINE 50 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 per 30 days)	ANTICONVULSANTS
NEURONTIN 100 MG CAPSULE	1	QL(1080 per 30 days)	ANTICONVULSANTS
NEURONTIN 250 MG/5 ML ORAL SOLUTION	1	PA,QL(2160 per 30 days)	ANTICONVULSANTS
NEURONTIN 300 MG CAPSULE	1	QL(360 per 30 days)	ANTICONVULSANTS
NEURONTIN 400 MG CAPSULE	1	QL(270 per 30 days)	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NEURONTIN 600 MG TABLET	1	QL(180 per 30 days)	ANTICONVULSANTS
NEURONTIN 800 MG TABLET	1	QL(135 per 30 days)	ANTICONVULSANTS
ONFI 10 MG TABLET	1	PA,QL(240 per 30 days)	ANTICONVULSANTS
ONFI 2.5 MG/ML ORAL SUSPENSION	1	PA,QL(960 per 30 days)	ANTICONVULSANTS
ONFI 20 MG TABLET	1	PA,QL(120 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		ANTICONVULSANTS
oxcarbazepine er 300 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
oxcarbazepine er 600 mg tablet,extended release 24 hr	1		ANTICONVULSANTS
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE	1		ANTICONVULSANTS
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE	1		ANTICONVULSANTS
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE	1		ANTICONVULSANTS
perampanel 10 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
perampanel 12 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
perampanel 2 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
perampanel 4 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
perampanel 6 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
perampanel 8 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
phenobarbital 100 mg tablet	1		ANTICONVULSANTS
phenobarbital 15 mg tablet	1		ANTICONVULSANTS
phenobarbital 16.2 mg tablet	1		ANTICONVULSANTS
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir	1		ANTICONVULSANTS
phenobarbital 30 mg tablet	1		ANTICONVULSANTS
phenobarbital 32.4 mg tablet	1		ANTICONVULSANTS
phenobarbital 60 mg tablet	1		ANTICONVULSANTS
phenobarbital 64.8 mg tablet	1		ANTICONVULSANTS
phenobarbital 97.2 mg tablet	1		ANTICONVULSANTS
phenobarbital sodium 130 mg/ml injection solution	1		ANTICONVULSANTS
phenobarbital sodium 65 mg/ml injection solution	1		ANTICONVULSANTS
PHENYTEK 200 MG CAPSULE	1		ANTICONVULSANTS
PHENYTEK 300 MG CAPSULE	1		ANTICONVULSANTS
phenytoin 100 mg/4 ml oral suspension	1		ANTICONVULSANTS
phenytoin 125 mg/5 ml oral suspension	1		ANTICONVULSANTS
phenytoin 50 mg chewable tablet	1		ANTICONVULSANTS
phenytoin sodium 50 mg/ml intravenous solution	1		ANTICONVULSANTS
phenytoin sodium extended 100 mg capsule	1		ANTICONVULSANTS
phenytoin sodium extended 200 mg capsule	1		ANTICONVULSANTS
phenytoin sodium extended 300 mg capsule	1		ANTICONVULSANTS
primidone 125 mg tablet	1		ANTICONVULSANTS
primidone 250 mg tablet	1		ANTICONVULSANTS
primidone 50 mg tablet	1		ANTICONVULSANTS
roweepra 500 mg tablet	1		ANTICONVULSANTS
roweepra xr 500 mg tablet,extended release	1		ANTICONVULSANTS
roweepra xr 750 mg tablet,extended release	1		ANTICONVULSANTS
rufinamide 200 mg tablet ^{NP}	*	PA	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
rufinamide 40 mg/ml oral suspension ^{NP}	*	PA	ANTICONVULSANTS
rufinamide 400 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
SABRIL 500 MG ORAL POWDER PACKET ^{NP}	*	PA	ANTICONVULSANTS
SABRIL 500 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION ^{NP}	*	PA	ANTICONVULSANTS
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION ^{NP}	*	PA	ANTICONVULSANTS
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION ^{NP}	*	PA	ANTICONVULSANTS
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION ^{NP}	*	PA	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	1	QL(35 per 90 days)	ANTICONVULSANTS
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	1	QL(98 per 90 days)	ANTICONVULSANTS
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	1	QL(49 per 90 days)	ANTICONVULSANTS
SYMPAZAN 10 MG ORAL FILM	1	QL(240 per 30 days)	ANTICONVULSANTS
SYMPAZAN 20 MG ORAL FILM	1	QL(120 per 30 days)	ANTICONVULSANTS
SYMPAZAN 5 MG ORAL FILM	1	QL(240 per 30 days)	ANTICONVULSANTS
TEGRETOL 100 MG/5 ML ORAL SUSPENSION	1		ANTICONVULSANTS
TEGRETOL 200 MG TABLET	1		ANTICONVULSANTS
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	1		ANTICONVULSANTS
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	1		ANTICONVULSANTS
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	1		ANTICONVULSANTS
tiagabine 12 mg tablet	1		ANTICONVULSANTS
tiagabine 16 mg tablet	1		ANTICONVULSANTS
tiagabine 2 mg tablet	1		ANTICONVULSANTS
tiagabine 4 mg tablet	1		ANTICONVULSANTS
TOPAMAX 100 MG TABLET	1	PA	ANTICONVULSANTS
TOPAMAX 15 MG SPRINKLE CAPSULE	1	PA	ANTICONVULSANTS
TOPAMAX 200 MG TABLET	1	PA	ANTICONVULSANTS
TOPAMAX 25 MG SPRINKLE CAPSULE	1	PA	ANTICONVULSANTS
TOPAMAX 25 MG TABLET	1	PA	ANTICONVULSANTS
TOPAMAX 50 MG TABLET	1	PA	ANTICONVULSANTS
topiramate 100 mg tablet	1		ANTICONVULSANTS
topiramate 15 mg sprinkle capsule	1		ANTICONVULSANTS
topiramate 200 mg tablet	1		ANTICONVULSANTS
topiramate 25 mg sprinkle capsule	1		ANTICONVULSANTS
topiramate 25 mg tablet	1		ANTICONVULSANTS
topiramate 50 mg sprinkle capsule	1		ANTICONVULSANTS
topiramate 50 mg tablet	1		ANTICONVULSANTS
topiramate xr 100 mg capsule sprinkle,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 100 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 150 mg capsule sprinkle,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 200 mg capsule sprinkle,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 200 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
topiramate xr 25 mg capsule sprinkle,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 25 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 50 mg capsule sprinkle,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
topiramate xr 50 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS
TRILEPTAL 150 MG TABLET	1	PA	ANTICONVULSANTS
TRILEPTAL 300 MG TABLET	1	PA	ANTICONVULSANTS
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	1		ANTICONVULSANTS
TRILEPTAL 600 MG TABLET	1	PA	ANTICONVULSANTS
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE	1	QL(60 per 30 days)	ANTICONVULSANTS
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE	1	QL(60 per 30 days)	ANTICONVULSANTS
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE	1	QL(60 per 30 days)	ANTICONVULSANTS
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE	1	QL(60 per 30 days)	ANTICONVULSANTS
valproate sodium 500 mg/5 ml (100 mg/ml) intravenous solution	1		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	1	QL(10 per 30 days)	ANTICONVULSANTS
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	1	QL(10 per 30 days)	ANTICONVULSANTS
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	1	QL(10 per 30 days)	ANTICONVULSANTS
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 per 30 days)	ANTICONVULSANTS
vigabatrin 500 mg oral powder packet ^{NP}	*	PA	ANTICONVULSANTS
vigabatrin 500 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
vigadroner 500 mg oral powder packet ^{NP}	*	PA	ANTICONVULSANTS
vigadroner 500 mg tablet ^{NP}	*	PA	ANTICONVULSANTS
VIGAFYDE 100 MG/ML ORAL SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
vigpoder 500 mg oral powder packet ^{NP}	*	PA	ANTICONVULSANTS
VIMPAT 10 MG/ML ORAL SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
VIMPAT 100 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
VIMPAT 150 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
VIMPAT 200 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
VIMPAT 50 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI 100 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI 150 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI 200 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI 25 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI 50 MG TABLET ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS ^{NP}	*	PA	ANTICONVULSANTS
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK ^{NP}	*	PA,QL(28 per 90 days)	ANTICONVULSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK ^{NP}	*	PA,QL(28 per 90 days)	ANTICONVULSANTS
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK ^{NP}	*	PA,QL(28 per 90 days)	ANTICONVULSANTS
ZARONTIN 250 MG CAPSULE ^{NP}	*	PA	ANTICONVULSANTS
ZARONTIN 250 MG/5 ML ORAL SOLUTION ^{NP}	*	PA	ANTICONVULSANTS
ZONISADE 100 MG/5 ML ORAL SUSPENSION ^{NP}	*	PA	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}	*	PA,QL(1080 per 30 days)	ANTICONVULSANTS
ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	1	QL(4 per 28 days)	ANTIDEMENTIA AGENTS
ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	1	QL(4 per 28 days)	ANTIDEMENTIA AGENTS
ARICEPT 10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEMENTIA AGENTS
ARICEPT 23 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEMENTIA AGENTS
ARICEPT 5 MG TABLET	1	PA,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(30 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
donepezil 5 mg tablet	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
ergoloid 1 mg tablet	1	QL(90 per 30 days)	ANTIDEMENTIA AGENTS
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
galantamine 12 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
galantamine 4 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
galantamine 4 mg/ml oral solution	1	QL(180 per 30 days)	ANTIDEMENTIA AGENTS
galantamine 8 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
galantamine er 16 mg 24 hr capsule,extended release	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
galantamine er 24 mg 24 hr capsule,extended release	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
galantamine er 8 mg 24 hr capsule,extended release	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
LEQEMBI 100 MG/ML INTRAVENOUS SOLUTION	1	PA	ANTIDEMENTIA AGENTS
memantine 10 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
memantine 14 mg capsule sprinkle,extended release 24hr	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
memantine 2 mg/ml oral solution	1	QL(300 per 30 days)	ANTIDEMENTIA AGENTS
memantine 21 mg capsule sprinkle,extended release 24hr	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
memantine 28 mg capsule sprinkle,extended release 24hr	1	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	1	QL(49 per 90 days)	ANTIDEMENTIA AGENTS
memantine 7 mg capsule sprinkle,extended release 24hr	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
memantine er 14 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
memantine er 21 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
memantine er 28 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMENDA 10 MG TABLET	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK	1	QL(49 per 90 days)	ANTIDEMENTIA AGENTS
NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 1.5 mg capsule	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 13.3 mg/24 hour transdermal patch	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 3 mg capsule	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 4.5 mg capsule	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 4.6 mg/24 hour transdermal patch	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 6 mg capsule	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
rivastigmine 9.5 mg/24 hour transdermal patch	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS
ZUNVEYL 10 MG TABLET,DELAYED RELEASE	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
ZUNVEYL 15 MG TABLET,DELAYED RELEASE	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
ZUNVEYL 5 MG TABLET,DELAYED RELEASE	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS
amitriptyline 10 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
amitriptyline 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
amitriptyline 150 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
amitriptyline 25 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
amitriptyline 50 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
amitriptyline 75 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet	1	PA	ANTIDEPRESSANTS
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet	1	PA	ANTIDEPRESSANTS
amoxapine 100 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
amoxapine 150 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
amoxapine 25 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
amoxapine 50 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
ANAFRANIL 25 MG CAPSULE	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
ANAFRANIL 50 MG CAPSULE	1	PA,QL(150 per 30 days)	ANTIDEPRESSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ANAFRANIL 75 MG CAPSULE	1	PA,QL(90 per 30 days)	ANTIDEPRESSANTS
APLENZIN 174 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
APLENZIN 348 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
APLENZIN 522 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	1	QL(60 per 30 days)	ANTIDEPRESSANTS
bupropion hcl 100 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
bupropion hcl 75 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1	QL(60 per 30 days)	ANTIDEPRESSANTS
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1	QL(60 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(30 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	1	PA,QL(45 per 30 days)	ANTIDEPRESSANTS
CELEXA 20 MG TABLET	1	PA,QL(45 per 30 days)	ANTIDEPRESSANTS
CELEXA 40 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
citalopram 10 mg tablet	1	QL(45 per 30 days)	ANTIDEPRESSANTS
citalopram 10 mg/5 ml oral solution	1		ANTIDEPRESSANTS
citalopram 10 mg/5 ml oral solution	1	QL(600 per 30 days)	ANTIDEPRESSANTS
citalopram 20 mg tablet	1	QL(45 per 30 days)	ANTIDEPRESSANTS
CITALOPRAM 30 MG CAPSULE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
citalopram 40 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
clomipramine 25 mg capsule	1	QL(60 per 30 days)	ANTIDEPRESSANTS
clomipramine 50 mg capsule	1	QL(150 per 30 days)	ANTIDEPRESSANTS
clomipramine 75 mg capsule	1	QL(90 per 30 days)	ANTIDEPRESSANTS
desipramine 10 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
desipramine 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
desipramine 150 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
desipramine 25 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
desipramine 50 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
desipramine 75 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
desvenlafaxine er 100 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	ANTIDEPRESSANTS
desvenlafaxine er 50 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIDEPRESSANTS
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	ANTIDEPRESSANTS
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIDEPRESSANTS
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIDEPRESSANTS
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(90 per 30 days)	ANTIDEPRESSANTS
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 per 30 days)	ANTIDEPRESSANTS
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 per 30 days)	ANTIDEPRESSANTS
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 per 30 days)	ANTIDEPRESSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
escitalopram 10 mg tablet	1	QL(45 per 30 days)	ANTIDEPRESSANTS
escitalopram 20 mg tablet	1	QL(45 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
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	1	QL(28 per 90 days)	ANTIDEPRESSANTS
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
fluoxetine 10 mg capsule	1	QL(30 per 30 days)	ANTIDEPRESSANTS
fluoxetine 10 mg tablet	1	QL(45 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	QL(600 per 30 days)	ANTIDEPRESSANTS
fluoxetine 40 mg capsule	1	QL(60 per 30 days)	ANTIDEPRESSANTS
fluoxetine 60 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
fluoxetine 90 mg capsule,delayed release	1	QL(4 per 28 days)	ANTIDEPRESSANTS
fluvoxamine 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
fluvoxamine 25 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
fluvoxamine 50 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
fluvoxamine er 100 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTIDEPRESSANTS
fluvoxamine er 150 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTIDEPRESSANTS
FORFIVO XL 450 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
imipramine 10 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
imipramine 25 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
imipramine 50 mg tablet	1	QL(180 per 30 days)	ANTIDEPRESSANTS
imipramine pamoate 100 mg capsule	1	QL(90 per 30 days)	ANTIDEPRESSANTS
imipramine pamoate 125 mg capsule	1	QL(60 per 30 days)	ANTIDEPRESSANTS
imipramine pamoate 150 mg capsule	1	QL(60 per 30 days)	ANTIDEPRESSANTS
imipramine pamoate 75 mg capsule	1	QL(30 per 30 days)	ANTIDEPRESSANTS
LEXAPRO 10 MG TABLET	1	PA,QL(45 per 30 days)	ANTIDEPRESSANTS
LEXAPRO 20 MG TABLET	1	PA,QL(45 per 30 days)	ANTIDEPRESSANTS
LEXAPRO 5 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
MARPLAN 10 MG TABLET	1	QL(90 per 30 days)	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	1	QL(180 per 30 days)	ANTIDEPRESSANTS
nefazodone 100 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
nefazodone 150 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
nefazodone 200 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
nefazodone 250 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
nefazodone 50 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NORPRAMIN 10 MG TABLET	1	PA,QL(120 per 30 days)	ANTIDEPRESSANTS
NORPRAMIN 25 MG TABLET	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
nortriptyline 10 mg capsule	1	QL(120 per 30 days)	ANTIDEPRESSANTS
nortriptyline 10 mg/5 ml oral solution	1	QL(600 per 30 days)	ANTIDEPRESSANTS
nortriptyline 25 mg capsule	1	QL(120 per 30 days)	ANTIDEPRESSANTS
nortriptyline 50 mg capsule	1	QL(90 per 30 days)	ANTIDEPRESSANTS
nortriptyline 75 mg capsule	1	QL(60 per 30 days)	ANTIDEPRESSANTS
olanzapine-fluoxetine 12 mg-25 mg capsule	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
olanzapine-fluoxetine 12 mg-50 mg capsule	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
olanzapine-fluoxetine 3 mg-25 mg capsule	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
olanzapine-fluoxetine 6 mg-25 mg capsule	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
olanzapine-fluoxetine 6 mg-50 mg capsule	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
PAMELOR 10 MG CAPSULE	1	PA,QL(120 per 30 days)	ANTIDEPRESSANTS
PAMELOR 25 MG CAPSULE	1	PA,QL(120 per 30 days)	ANTIDEPRESSANTS
PAMELOR 50 MG CAPSULE	1	PA,QL(90 per 30 days)	ANTIDEPRESSANTS
PAMELOR 75 MG CAPSULE	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
paroxetine 10 mg tablet	1	QL(45 per 30 days)	ANTIDEPRESSANTS
paroxetine 10 mg/5 ml oral suspension	1	QL(1200 per 30 days)	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	1	QL(30 per 30 days)	ANTIDEPRESSANTS
paroxetine er 25 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIDEPRESSANTS
paroxetine er 37.5 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	ANTIDEPRESSANTS
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule	1		ANTIDEPRESSANTS
PAXIL 10 MG TABLET	1	PA,QL(45 per 30 days)	ANTIDEPRESSANTS
PAXIL 10 MG/5 ML ORAL SUSPENSION	1	QL(1200 per 30 days)	ANTIDEPRESSANTS
PAXIL 20 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
PAXIL 30 MG TABLET	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
PAXIL 40 MG TABLET	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
PAXIL CR 25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
perphenazine-amitriptyline 2 mg-10 mg tablet	1	PA	ANTIDEPRESSANTS
perphenazine-amitriptyline 2 mg-25 mg tablet	1	PA	ANTIDEPRESSANTS
perphenazine-amitriptyline 4 mg-10 mg tablet	1	PA	ANTIDEPRESSANTS
perphenazine-amitriptyline 4 mg-25 mg tablet	1	PA	ANTIDEPRESSANTS
perphenazine-amitriptyline 4 mg-50 mg tablet	1	PA	ANTIDEPRESSANTS
phenelzine 15 mg tablet	1	QL(180 per 30 days)	ANTIDEPRESSANTS
PRISTIQ 100 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
PRISTIQ 25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
PRISTIQ 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
protriptyline 10 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
protriptyline 5 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS
PROZAC 10 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
PROZAC 20 MG CAPSULE	1	PA,QL(120 per 30 days)	ANTIDEPRESSANTS
PROZAC 40 MG CAPSULE	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
RALDESY 10 MG/ML ORAL SOLUTION	1	QL(1800 per 30 days)	ANTIDEPRESSANTS
REMERON 15 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
REMERON 30 MG TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
REMERON SOLTAB 15 MG DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
REMERON SOLTAB 30 MG DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
REMERON SOLTAB 45 MG DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
sertraline 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
SERTRALINE 150 MG CAPSULE	1	QL(60 per 30 days)	ANTIDEPRESSANTS
sertraline 20 mg/ml oral concentrate	1	QL(300 per 30 days)	ANTIDEPRESSANTS
SERTRALINE 200 MG CAPSULE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
sertraline 25 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
sertraline 50 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY	1	QL(16 per 28 days)	ANTIDEPRESSANTS
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY	1	QL(24 per 28 days)	ANTIDEPRESSANTS
SYMBYAX 6 MG-25 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIDEPRESSANTS
tranylcypromine 10 mg tablet	1	QL(180 per 30 days)	ANTIDEPRESSANTS
trazodone 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
trazodone 150 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
trazodone 300 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
trazodone 50 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS
trimipramine 100 mg capsule	1	QL(90 per 30 days)	ANTIDEPRESSANTS
trimipramine 25 mg capsule	1	QL(30 per 30 days)	ANTIDEPRESSANTS
trimipramine 50 mg capsule	1	QL(30 per 30 days)	ANTIDEPRESSANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TRINTELLIX 10 MG TABLET	1	QL(30 per 30 days)	ANTIDEPRESSANTS
TRINTELLIX 20 MG TABLET	1	QL(30 per 30 days)	ANTIDEPRESSANTS
TRINTELLIX 5 MG TABLET	1	QL(30 per 30 days)	ANTIDEPRESSANTS
venlafaxine 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
venlafaxine 25 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
venlafaxine 37.5 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
venlafaxine 50 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS
venlafaxine 75 mg tablet	1	QL(90 per 30 days)	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	1	QL(60 per 30 days)	ANTIDEPRESSANTS
venlafaxine er 225 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIDEPRESSANTS
venlafaxine er 37.5 mg capsule,extended release 24 hr	1	QL(30 per 30 days)	ANTIDEPRESSANTS
venlafaxine er 37.5 mg tablet,extended release 24 hr	1	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	1	QL(90 per 30 days)	ANTIDEPRESSANTS
VIIBRYD 10 MG TABLET	1	QL(30 per 30 days)	ANTIDEPRESSANTS
VIIBRYD 20 MG TABLET	1	QL(30 per 30 days)	ANTIDEPRESSANTS
VIIBRYD 40 MG TABLET	1	QL(30 per 30 days)	ANTIDEPRESSANTS
vilazodone 10 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
vilazodone 20 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
vilazodone 40 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 per 30 days)	ANTIDEPRESSANTS
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 per 30 days)	ANTIDEPRESSANTS
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 per 30 days)	ANTIDEPRESSANTS
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 per 30 days)	ANTIDEPRESSANTS
ZOLOFT 100 MG TABLET	1	PA,QL(90 per 30 days)	ANTIDEPRESSANTS
ZOLOFT 20 MG/ML ORAL CONCENTRATE	1	PA,QL(300 per 30 days)	ANTIDEPRESSANTS
ZOLOFT 25 MG TABLET	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
ZOLOFT 50 MG TABLET	1	PA,QL(60 per 30 days)	ANTIDEPRESSANTS
ZURZUVAE 20 MG CAPSULE	1	PA,QL(28 per 365 days)	ANTIDEPRESSANTS
ZURZUVAE 25 MG CAPSULE	1	PA,QL(28 per 365 days)	ANTIDEPRESSANTS
ZURZUVAE 30 MG CAPSULE	1	PA,QL(14 per 365 days)	ANTIDEPRESSANTS
AKYNZEON (FOSNETUPITANT) 235 MG-0.25 MG/20 ML INTRAVENOUS SOLUTION ^{NP}	*		ANTIEMETICS
AKYNZEON (NETUPITANT) 300 MG-0.5 MG CAPSULE ^{NP}	*		ANTIEMETICS
ANZEMET 50 MG TABLET ^{NP}	*		ANTIEMETICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
aprepitant 125 mg (1)-80 mg (2) capsules in a dose pack	1		ANTIEMETICS
aprepitant 125 mg capsule ^{NP}	*		ANTIEMETICS
aprepitant 40 mg capsule	1		ANTIEMETICS
aprepitant 80 mg capsule	1		ANTIEMETICS
bonine 25 mg chewable tablet ^{OTC}	1		ANTIEMETICS
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE ^{NP}	*	QL(60 per 30 days)	ANTIEMETICS
CINVANTI 130 MG/18 ML (7.2 MG/ML) INTRAVENOUS EMULSION ^{NP}	*		ANTIEMETICS
compro 25 mg rectal suppository	1		ANTIEMETICS
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	1	QL(120 per 30 days)	ANTIEMETICS
doxylamine 10 mg-pyridoxine (vit b6) 10 mg tablet,delayed release ^{NP}	*	QL(120 per 30 days)	ANTIEMETICS
dramamine (meclizine) 25 mg chewable tablet ^{OTC}	1		ANTIEMETICS
dramamine (meclizine) 25 mg tablet ^{OTC}	1		ANTIEMETICS
dramamine less drowsy 25 mg tablet ^{OTC}	1		ANTIEMETICS
dronabinol 10 mg capsule ^{NP}	*	PA	ANTIEMETICS
dronabinol 2.5 mg capsule ^{NP}	*	PA	ANTIEMETICS
dronabinol 5 mg capsule ^{NP}	*	PA	ANTIEMETICS
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION ^{NP}	*		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}	*		ANTIEMETICS
EMEND 80 MG CAPSULE ^{NP}	*		ANTIEMETICS
FOCINVEZ 150 MG/50 ML (3 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*		ANTIEMETICS
fosaprepitant 150 mg intravenous powder for solution	1		ANTIEMETICS
gransetron (pf) 1 mg/ml (1 ml) intravenous solution ^{NP}	*		ANTIEMETICS
gransetron hcl 1 mg tablet ^{NP}	*		ANTIEMETICS
gransetron hcl 1 mg/ml (1 ml) intravenous solution ^{NP}	*		ANTIEMETICS
gransetron hcl 1 mg/ml intravenous solution ^{NP}	*		ANTIEMETICS
MARINOL 2.5 MG CAPSULE ^{NP}	*	PA	ANTIEMETICS
meclizine 12.5 mg tablet	1		ANTIEMETICS
meclizine 25 mg chewable tablet ^{OTC}	1		ANTIEMETICS
meclizine 25 mg tablet ^{OTC}	1		ANTIEMETICS
meclizine 25 mg tablet	1		ANTIEMETICS
medi-meclizine 25 mg tablet ^{OTC}	1		ANTIEMETICS
metoclopramide 10 mg tablet	1		ANTIEMETICS
metoclopramide 5 mg tablet	1		ANTIEMETICS
metoclopramide 5 mg/5 ml oral solution	1		ANTIEMETICS
motion sickness (meclizine) 25 mg tablet ^{OTC}	1		ANTIEMETICS
motion sickness relief (meclizine) 25 mg chewable tablet ^{OTC}	1		ANTIEMETICS
motion sickness relief (meclizine) 25 mg tablet ^{OTC}	1		ANTIEMETICS
motion-time 25 mg chewable tablet ^{OTC}	1		ANTIEMETICS
ondansetron 16 mg disintegrating tablet ^{NP}	*	QL(3 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ondansetron hcl (pf) 4 mg/2 ml injection solution	1		ANTIEMETICS
ondansetron hcl (pf) 4 mg/2 ml injection syringe	1		ANTIEMETICS
ondansetron hcl 2 mg/ml intravenous solution	1		ANTIEMETICS
ondansetron hcl 4 mg tablet	1	QL(90 per 30 days)	ANTIEMETICS
ondansetron hcl 4 mg/5 ml oral solution	1		ANTIEMETICS
ondansetron hcl 8 mg tablet	1	QL(90 per 30 days)	ANTIEMETICS
palonosetron 0.25 mg/5 ml intravenous solution ^{NP}	*		ANTIEMETICS
palonosetron 0.25 mg/5 ml intravenous syringe ^{NP}	*		ANTIEMETICS
POSFREA 0.25 MG/5 ML INTRAVENOUS SOLUTION ^{NP}	*		ANTIEMETICS
prochlorperazine 25 mg rectal suppository	1		ANTIEMETICS
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml) injection solution	1	PA	ANTIEMETICS
prochlorperazine edisylate 5 mg/ml injection solution	1	PA	ANTIEMETICS
prochlorperazine maleate 10 mg tablet	1	PA	ANTIEMETICS
prochlorperazine maleate 5 mg tablet	1	PA	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 50 mg rectal suppository	1		ANTIEMETICS
promethazine 50 mg tablet	1		ANTIEMETICS
promethazine 6.25 mg/5 ml oral syrup	1		ANTIEMETICS
promethegan 12.5 mg rectal suppository	1		ANTIEMETICS
promethegan 25 mg rectal suppository	1		ANTIEMETICS
promethegan 50 mg rectal suppository	1		ANTIEMETICS
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{NP}	*		ANTIEMETICS
scopolamine 1 mg over 3 days transdermal patch	1		ANTIEMETICS
SUSTOL 10 MG/0.4 ML LIQUID,EXTENDED RELEASE SUBCUTANEOUS SYRINGE ^{NP}	*		ANTIEMETICS
travel-ease (meclizine) 25 mg chewable tablet ^{OTC}	1		ANTIEMETICS
travel-ease (meclizine) 25 mg tablet ^{OTC}	1		ANTIEMETICS
verticalm 25 mg tablet ^{OTC}	1		ANTIEMETICS
wal-dram 2 25 mg tablet ^{OTC}	1		ANTIEMETICS
1-day 6.5 % vaginal ointment ^{OTC}	1	QL(16 per 30 days)	ANTIFUNGALS
3-day vaginal 2 % cream ^{OTC}	1	QL(42 per 30 days)	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
antifungal (terbinafine) 1 % topical cream ^{OTC}	1		ANTIFUNGALS
antifungal (tolnaftate) 1 % topical cream ^{OTC}	1		ANTIFUNGALS
antifungal (tolnaftate) 1 % topical spray ^{OTC}	1		ANTIFUNGALS
antifungal extra thick 2 % topical cream ^{OTC}	1		ANTIFUNGALS
antifungal ringworm 1 % topical cream ^{OTC}	1		ANTIFUNGALS
antifungal spray 1 % topical powder ^{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 (tolnaftate) 1 % topical cream ^{OTC}	1		ANTIFUNGALS
athlete's foot (tolnaftate) 1 % topical spray ^{OTC}	1		ANTIFUNGALS
athlete's foot (tolnaftate) 1 % topical spray powder ^{OTC}	1		ANTIFUNGALS
athlete's foot 2 % powder ^{OTC}	1		ANTIFUNGALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
athlete's foot 2 % topical spray powder ^{OTC}	1		ANTIFUNGALS
athletic foot cream 1 % topical ^{OTC}	1		ANTIFUNGALS
baza antifungal 2 % topical cream ^{OTC}	1		ANTIFUNGALS
BREXAFEMME 150 MG TABLET ^{NP}	*	PA,QL(4 per 30 days)	ANTIFUNGALS
ciclodan 8 % topical solution	1		ANTIFUNGALS
ciclopirox 0.77 % topical cream	1		ANTIFUNGALS
ciclopirox 0.77 % topical gel ^{NP}	*		ANTIFUNGALS
ciclopirox 0.77 % topical suspension ^{NP}	*		ANTIFUNGALS
ciclopirox 1 % shampoo ^{NP}	*		ANTIFUNGALS
ciclopirox 8 % topical solution	1		ANTIFUNGALS
ciclopirox 8 %-urea-camphor-menthol-eucalyptol topical solution ^{NP}	*		ANTIFUNGALS
clotrimazole 1 % topical cream	1		ANTIFUNGALS
clotrimazole 1 % topical cream ^{OTC}	1		ANTIFUNGALS
clotrimazole 1 % topical solution ^{OTC}	1		ANTIFUNGALS
clotrimazole 1 % topical solution	1		ANTIFUNGALS
clotrimazole 1 % vaginal cream ^{OTC}	1	QL(90 per 30 days)	ANTIFUNGALS
clotrimazole 10 mg troche	1		ANTIFUNGALS
clotrimazole 3 day 2 % vaginal cream ^{OTC}	1	QL(42 per 30 days)	ANTIFUNGALS
clotrimazole af 1 % topical cream ^{OTC}	1		ANTIFUNGALS
clotrimazole-3 2 % vaginal cream ^{OTC}	1	QL(42 per 30 days)	ANTIFUNGALS
clotrimazole-7 1 % vaginal cream ^{OTC}	1	QL(90 per 30 days)	ANTIFUNGALS
clotrimazole-betamethasone 1 %-0.05 % lotion	1		ANTIFUNGALS
clotrimazole-betamethasone 1 %-0.05 % topical cream	1		ANTIFUNGALS
CRESEMDA 186 MG CAPSULE ^{NP}	*		ANTIFUNGALS
CRESEMDA 372 MG INTRAVENOUS SOLUTION ^{NP}	*		ANTIFUNGALS
CRESEMDA 74.5 MG CAPSULE ^{NP}	*		ANTIFUNGALS
dermafungal 2 % topical cream ^{OTC}	1		ANTIFUNGALS
desenex 2 % topical cream ^{OTC}	1		ANTIFUNGALS
desenex 2 % topical powder ^{OTC}	1		ANTIFUNGALS
DIFLUCAN 100 MG TABLET ^{NP}	*		ANTIFUNGALS
DIFLUCAN 200 MG TABLET ^{NP}	*		ANTIFUNGALS
DIFLUCAN 40 MG/ML ORAL SUSPENSION ^{NP}	*		ANTIFUNGALS
econazole nitrate 1 % topical cream ^{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	QL(4 per 30 days)	ANTIFUNGALS
fluconazole 200 mg tablet	1		ANTIFUNGALS
fluconazole 40 mg/ml oral suspension	1		ANTIFUNGALS
fluconazole 50 mg tablet	1	QL(3 per 30 days)	ANTIFUNGALS
flucytosine 250 mg capsule	1		ANTIFUNGALS
flucytosine 500 mg capsule	1		ANTIFUNGALS
foot and sneaker 1 % topical spray powder ^{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 250 mg tablet	1		ANTIFUNGALS
gynazole-1 2 % vaginal cream ^{NP}	*		ANTIFUNGALS
GYNE-LOTRIMIN 2 % VAGINAL CREAM ^{OTC}	1	QL(42 per 30 days)	ANTIFUNGALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
gyne-lotrimin 7 1 % vaginal cream ^{OTC}	1	QL(90 per 30 days)	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}	*		ANTIFUNGALS
itraconazole 100 mg capsule	1		ANTIFUNGALS
jock itch (clotrimazole) 1 % topical cream ^{OTC}	1		ANTIFUNGALS
jock itch (terbinafine) 1 % topical cream ^{OTC}	1		ANTIFUNGALS
jock itch 1 % topical spray powder ^{OTC}	1		ANTIFUNGALS
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR	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
klayesta 100,000 unit/gram topical powder	1		ANTIFUNGALS
lamisil af 1 % topical spray powder ^{OTC}	1		ANTIFUNGALS
LAMISIL AT 1 % TOPICAL CREAM ^{OTC}	1		ANTIFUNGALS
LOTRIMIN AF (CLOTTRIMAZOLE) 1 % TOPICAL CREAM ^{OTC}	1		ANTIFUNGALS
lotrimin af 2 % topical powder ^{OTC}	1		ANTIFUNGALS
luliconazole 1 % topical cream ^{NP}	*		ANTIFUNGALS
LUZU 1 % TOPICAL CREAM ^{NP}	*		ANTIFUNGALS
micatin 2 % 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 ^{NP}	*	PA,QL(14 per 30 days)	ANTIFUNGALS
miconazole nitrate 100 mg vaginal suppository ^{NP}	*	PA,QL(14 per 30 days)	ANTIFUNGALS
miconazole nitrate 2 % topical cream ^{OTC}	1		ANTIFUNGALS
miconazole nitrate 2 % topical powder ^{OTC}	1		ANTIFUNGALS
miconazole nitrate 2 % vaginal cream ^{OTC}	1	QL(90 per 30 days)	ANTIFUNGALS
miconazole nitrate 200 mg-2 % (9 gram) vaginal kit ^{OTC}	1	PA,QL(14 per 30 days)	ANTIFUNGALS
miconazole nitrate 4 % (200 mg)-2 % (9 gram)vaginal,prefill appl,cream ^{NP}	*	PA,QL(14 per 30 days)	ANTIFUNGALS
miconazole-3 200 mg-2 % (9 gram) vaginal kit ^{OTC}	1	PA,QL(14 per 30 days)	ANTIFUNGALS
miconazole-3 200 mg vaginal suppository ^{NP}	*	PA	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 ^{NP}	*	PA,QL(14 per 30 days)	ANTIFUNGALS
miconazole-7 2 % vaginal cream ^{OTC}	1	QL(90 per 30 days)	ANTIFUNGALS
miconazorb af 2 % topical powder ^{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	QL(16 per 30 days)	ANTIFUNGALS
monistat 3 200 mg-2 % (9 gram) vaginal kit ^{NP}	*	PA,QL(14 per 30 days)	ANTIFUNGALS
MONISTAT 7 2 % VAGINAL CREAM ^{OTC}	1	QL(90 per 30 days)	ANTIFUNGALS
mycozyl ac 1 % topical cream ^{OTC}	1		ANTIFUNGALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 1 % TOPICAL GEL ^{NP}	*		ANTIFUNGALS
NAFTIN 2 % TOPICAL GEL ^{NP}	*		ANTIFUNGALS
NOXAFIL 100 MG TABLET,DELAYED RELEASE ^{NP}	*		ANTIFUNGALS
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{NP}	*		ANTIFUNGALS
NOXAFIL 300 MG ORAL SUSPENSION,DELAYED RELEASE IN A PACKET ^{NP}	*		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	1		ANTIFUNGALS
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	1		ANTIFUNGALS
nystop 100,000 unit/gram topical powder	1		ANTIFUNGALS
odor control foot-sneaker 1 % topical spray powder ^{OTC}	1		ANTIFUNGALS
odor-x athlete's foot 1 % topical spray powder ^{OTC}	1		ANTIFUNGALS
oxiconazole 1 % topical cream ^{NP}	*		ANTIFUNGALS
OXISTAT 1 % LOTION ^{NP}	*		ANTIFUNGALS
posaconazole 100 mg tablet,delayed release ^{NP}	*		ANTIFUNGALS
posaconazole 200 mg/5 ml (40 mg/ml) oral suspension ^{NP}	*		ANTIFUNGALS
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM ^{OTC}	1		ANTIFUNGALS
remedy antifungal 2 % topical powder ^{OTC}	1		ANTIFUNGALS
remedy phytoplex antifungal 2 % topical powder ^{OTC}	1		ANTIFUNGALS
ringworm 1 % topical cream ^{OTC}	1		ANTIFUNGALS
secura antifungal 2 % topical cream ^{OTC}	1		ANTIFUNGALS
secura antifungal extra thick 2 % topical cream ^{OTC}	1		ANTIFUNGALS
SPORANOX 10 MG/ML ORAL SOLUTION ^{NP}	*		ANTIFUNGALS
SPORANOX 100 MG CAPSULE ^{NP}	*		ANTIFUNGALS
tavaborole 5 % topical solution with applicator ^{NP}	*		ANTIFUNGALS
terbinafine hcl 1 % topical cream ^{OTC}	1		ANTIFUNGALS
terbinafine hcl 250 mg tablet	1		ANTIFUNGALS
terconazole 0.4 % vaginal cream	1		ANTIFUNGALS
terconazole 0.8 % vaginal cream	1		ANTIFUNGALS
terconazole 80 mg vaginal suppository ^{NP}	*		ANTIFUNGALS
thera antifungal 2 % topical cream ^{OTC}	1		ANTIFUNGALS
thera antifungal 2 % topical powder ^{OTC}	1		ANTIFUNGALS
TINACTIN 1 % TOPICAL CREAM ^{OTC}	1		ANTIFUNGALS
TINACTIN 1 % TOPICAL POWDER ^{OTC}	1		ANTIFUNGALS
TINACTIN 1 % TOPICAL SPRAY ^{OTC}	1		ANTIFUNGALS
TINACTIN 1 % TOPICAL SPRAY POWDER ^{OTC}	1		ANTIFUNGALS
tioconazole 6.5 % vaginal ointment ^{OTC}	1	QL(16 per 30 days)	ANTIFUNGALS
tioconazole-1 6.5 % vaginal ointment ^{OTC}	1	QL(16 per 30 days)	ANTIFUNGALS
tolnaftate 1 % topical cream ^{OTC}	1		ANTIFUNGALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
tolnaftate 1 % topical powder ^{OTC}	1		ANTIFUNGALS
tolnaftate 1 % topical spray powder ^{OTC}	1		ANTIFUNGALS
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE ^{NP}	*		ANTIFUNGALS
trimazole 1 % topical cream ^{OTC}	1		ANTIFUNGALS
TRITOLNACIDE C 1 % TOPICAL CREAM ^{OTC}	1		ANTIFUNGALS
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{NP}	*		ANTIFUNGALS
VFEND 50 MG TABLET ^{NP}	*		ANTIFUNGALS
VIVJOA 150 MG CAPSULE ^{NP}	*	PA,QL(18 per 84 days)	ANTIFUNGALS
voriconazole 200 mg tablet ^{NP}	*		ANTIFUNGALS
voriconazole 200 mg/5 ml (40 mg/ml) oral suspension ^{NP}	*		ANTIFUNGALS
voriconazole 50 mg tablet ^{NP}	*		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
allopurinol 500 mg intravenous solution	1		ANTIGOUT AGENTS
ALOPRIM 500 MG INTRAVENOUS SOLUTION	1		ANTIGOUT AGENTS
colchicine 0.6 mg capsule	1		ANTIGOUT AGENTS
colchicine 0.6 mg tablet	1		ANTIGOUT AGENTS
COLCRYS 0.6 MG TABLET	1		ANTIGOUT AGENTS
febuxostat 40 mg tablet	1		ANTIGOUT AGENTS
febuxostat 80 mg tablet	1		ANTIGOUT AGENTS
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION	1		ANTIGOUT AGENTS
MITIGARE 0.6 MG CAPSULE	1		ANTIGOUT AGENTS
probenecid 500 mg tablet	1		ANTIGOUT AGENTS
probenecid 500 mg-colchicine 0.5 mg tablet	1		ANTIGOUT AGENTS
ULORIC 40 MG TABLET	1		ANTIGOUT AGENTS
ULORIC 80 MG TABLET	1		ANTIGOUT AGENTS
ZYLOPRIM 100 MG TABLET	1		ANTIGOUT AGENTS
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1 per 30 days)	ANTIMIGRAINE AGENTS
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2 per 30 days)	ANTIMIGRAINE AGENTS
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1.5 per 30 days)	ANTIMIGRAINE AGENTS
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS	1	PA,QL(1.5 per 30 days)	ANTIMIGRAINE AGENTS
almotriptan malate 12.5 mg tablet ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
almotriptan malate 6.25 mg tablet ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
eletriptan 20 mg tablet ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
eletriptan 40 mg tablet ^{NP}	*	QL(6 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
FROVA 2.5 MG TABLET ^{NP}	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS
frovatriptan 2.5 mg tablet ^{NP}	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS
IMITREX 100 MG TABLET ^{NP}	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
IMITREX 25 MG TABLET ^{NP}	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS
IMITREX 5 MG/ACTUATION NASAL SPRAY ^{NP}	*	QL(6 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(1 per 30 days)	ANTIMIGRAINE AGENTS
IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
IMITREX STATDOSE REFILL 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE ^{NP}	*	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
IMITREX STATDOSE REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE ^{NP}	*	QL(1 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
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(16 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(6 per 30 days)	ANTIMIGRAINE AGENTS
RELPAX 40 MG TABLET ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
REYVOW 100 MG TABLET ^{NP}	*	PA,QL(8 per 30 days)	ANTIMIGRAINE AGENTS
REYVOW 50 MG TABLET ^{NP}	*	PA,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(6 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 25 mg tablet	1	QL(9 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	1	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 5 mg/actuation nasal spray	1	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 50 mg tablet	1	QL(9 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	1	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(1 per 30 days)	ANTIMIGRAINE AGENTS
sumatriptan 6 mg/0.5 ml subcutaneous syringe	1		ANTIMIGRAINE AGENTS
sumatriptan 85 mg-naproxen 500 mg tablet ^{NP}	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS
TOSYMR A 10 MG/ACTUATION NASAL SPRAY ^{NP}	*		ANTIMIGRAINE AGENTS
UBRELVY 100 MG TABLET	1	PA,QL(10 per 20 days)	ANTIMIGRAINE AGENTS
UBRELVY 50 MG TABLET	1	PA,QL(10 per 20 days)	ANTIMIGRAINE AGENTS
VYEPTI 100 MG/ML INTRAVENOUS SOLUTION ^{NP}	*	PA,QL(3 per 90 days)	ANTIMIGRAINE AGENTS
ZAVZPRET 10 MG/ACTUATION NASAL SPRAY ^{NP}	*	PA,QL(6 per 22 days)	ANTIMIGRAINE AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	QL(2 per 30 days)	ANTIMIGRAINE AGENTS
zolmitriptan 2.5 mg disintegrating tablet ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
zolmitriptan 2.5 mg nasal spray ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
zolmitriptan 2.5 mg tablet ^{NP}	*	QL(6 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(6 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(6 per 30 days)	ANTIMIGRAINE AGENTS
zomig 2.5 mg tablet ^{NP}	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS
ZOMIG 5 MG NASAL SPRAY ^{NP}	*	QL(6 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
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	1		ANTIMYCOBACTERIALS
pyrazinamide 500 mg tablet	1		ANTIMYCOBACTERIALS
rifabutin 150 mg capsule	1		ANTIMYCOBACTERIALS
rifampin 150 mg capsule	1		ANTIMYCOBACTERIALS
rifampin 300 mg capsule	1		ANTIMYCOBACTERIALS
anastrozole 1 mg tablet	1	PA	ANTINEOPLASTICS
ARIMIDEX 1 MG TABLET	1	PA	ANTINEOPLASTICS
AROMASIN 25 MG TABLET	1	PA	ANTINEOPLASTICS
bicalutamide 50 mg tablet	1		ANTINEOPLASTICS
cyclophosphamide 25 mg capsule	1		ANTINEOPLASTICS
cyclophosphamide 50 mg capsule	1		ANTINEOPLASTICS
EMCYT 140 MG CAPSULE	1		ANTINEOPLASTICS
etoposide 50 mg capsule	1		ANTINEOPLASTICS
exemestane 25 mg tablet	1	PA	ANTINEOPLASTICS
FEMARA 2.5 MG TABLET	1	PA	ANTINEOPLASTICS
HYCAMTIN 0.25 MG CAPSULE	1		ANTINEOPLASTICS
HYCAMTIN 1 MG CAPSULE	1		ANTINEOPLASTICS
hydroxyurea 500 mg capsule	1		ANTINEOPLASTICS
letrozole 2.5 mg tablet	1	PA	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
LEUKERAN 2 MG TABLET	1		ANTINEOPLASTICS
LYSODREN 500 MG TABLET	1		ANTINEOPLASTICS
MATULANE 50 MG CAPSULE	1		ANTINEOPLASTICS
melphalan 2 mg tablet	1		ANTINEOPLASTICS
mercaptopurine 50 mg tablet	1		ANTINEOPLASTICS
mesna 400 mg tablet	1		ANTINEOPLASTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MESNEX 400 MG TABLET	1		ANTINEOPLASTICS
MYLERAN 2 MG TABLET	1		ANTINEOPLASTICS
nilutamide 150 mg tablet	1		ANTINEOPLASTICS
PANRETIN 0.1 % TOPICAL GEL	1		ANTINEOPLASTICS
TABLOID 40 MG TABLET	1		ANTINEOPLASTICS
tamoxifen 10 mg tablet	1		ANTINEOPLASTICS
tamoxifen 20 mg tablet	1		ANTINEOPLASTICS
temozolomide 100 mg capsule	1		ANTINEOPLASTICS
temozolomide 140 mg capsule	1		ANTINEOPLASTICS
temozolomide 180 mg capsule	1		ANTINEOPLASTICS
temozolomide 20 mg capsule	1		ANTINEOPLASTICS
temozolomide 250 mg capsule	1		ANTINEOPLASTICS
temozolomide 5 mg capsule	1		ANTINEOPLASTICS
toremifene 60 mg tablet	1		ANTINEOPLASTICS
albendazole 200 mg tablet	1		ANTIPARASITICS
atovaquone 250 mg-proguanil 100 mg tablet	1		ANTIPARASITICS
atovaquone 750 mg/5 ml oral suspension	1	PA	ANTIPARASITICS
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1		ANTIPARASITICS
benznidazole 100 mg tablet	1		ANTIPARASITICS
benznidazole 12.5 mg tablet	1		ANTIPARASITICS
chloroquine 250 mg tablet	1		ANTIPARASITICS
chloroquine 500 mg tablet	1		ANTIPARASITICS
DARAPRIM 25 MG TABLET	1		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
ivermectin 3 mg tablet	1		ANTIPARASITICS
KRINTAFEL 150 MG TABLET	1		ANTIPARASITICS
LAMPIT 120 MG TABLET	1		ANTIPARASITICS
LAMPIT 30 MG TABLET	1		ANTIPARASITICS
mefloquine 250 mg tablet	1		ANTIPARASITICS
MEPRON 750 MG/5 ML ORAL SUSPENSION	1	PA	ANTIPARASITICS
pentamidine 300 mg solution for inhalation	1		ANTIPARASITICS
primaquine 26.3 mg (15 mg base) tablet	1		ANTIPARASITICS
pyrimethamine 25 mg tablet	1		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	1		ANTIPARKINSON AGENTS
apomorphine 10 mg/ml subcutaneous cartridge	1		ANTIPARKINSON AGENTS
AZILECT 0.5 MG TABLET	1		ANTIPARKINSON AGENTS
AZILECT 1 MG TABLET	1		ANTIPARKINSON AGENTS
benztropine 0.5 mg tablet	1		ANTIPARKINSON AGENTS
benztropine 1 mg tablet	1		ANTIPARKINSON AGENTS
benztropine 1 mg/ml injection solution	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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
carbidopa 10 mg-levodopa 100 mg disintegrating tablet	1		ANTIPARKINSON AGENTS
carbidopa 10 mg-levodopa 100 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 25 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 25 mg-levodopa 100 mg disintegrating tablet	1		ANTIPARKINSON AGENTS
carbidopa 25 mg-levodopa 100 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 25 mg-levodopa 250 mg disintegrating tablet	1		ANTIPARKINSON AGENTS
carbidopa 25 mg-levodopa 250 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
carbidopa er 25 mg-levodopa 100 mg tablet,extended release	1		ANTIPARKINSON AGENTS
carbidopa er 50 mg-levodopa 200 mg tablet,extended release	1		ANTIPARKINSON AGENTS
COMTAN 200 MG TABLET	1		ANTIPARKINSON AGENTS
CREXONT 35 MG-140 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(450 per 30 days)	ANTIPARKINSON AGENTS
CREXONT 52.5 MG-210 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(300 per 30 days)	ANTIPARKINSON AGENTS
CREXONT 70 MG-280 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(210 per 30 days)	ANTIPARKINSON AGENTS
CREXONT 87.5 MG-350 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(180 per 30 days)	ANTIPARKINSON AGENTS
DHIVY 25 MG-100 MG TABLET	1		ANTIPARKINSON AGENTS
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP	1		ANTIPARKINSON AGENTS
entacapone 200 mg tablet	1		ANTIPARKINSON AGENTS
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE	1		ANTIPARKINSON AGENTS
INBRIJA 42 MG CAPSULES FOR INHALATION	1		ANTIPARKINSON AGENTS
LODOSYN 25 MG TABLET	1		ANTIPARKINSON AGENTS
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1		ANTIPARKINSON AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1		ANTIPARKINSON AGENTS
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1		ANTIPARKINSON AGENTS
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1		ANTIPARKINSON AGENTS
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1		ANTIPARKINSON AGENTS
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1		ANTIPARKINSON AGENTS
NOURIANZ 20 MG TABLET	1		ANTIPARKINSON AGENTS
NOURIANZ 40 MG TABLET	1		ANTIPARKINSON AGENTS
ONAPGO 4.9 MG/ML SUBCUTANEOUS CARTRIDGE	1		ANTIPARKINSON AGENTS
ONGENTYS 25 MG CAPSULE	1		ANTIPARKINSON AGENTS
ONGENTYS 50 MG CAPSULE	1		ANTIPARKINSON AGENTS
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE	1		ANTIPARKINSON AGENTS
PARLODEL 2.5 MG TABLET	1		ANTIPARKINSON AGENTS
PARLODEL 5 MG CAPSULE	1		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
pramipexole er 0.375 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
pramipexole er 0.75 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
pramipexole er 1.5 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
pramipexole er 2.25 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
pramipexole er 3 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
pramipexole er 3.75 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
pramipexole er 4.5 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
rasagiline 0.5 mg tablet	1		ANTIPARKINSON AGENTS
rasagiline 1 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 0.25 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 0.5 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 1 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 2 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 3 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 4 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole 5 mg tablet	1		ANTIPARKINSON AGENTS
ropinirole er 12 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
ropinirole er 2 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
ropinirole er 4 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
ropinirole er 6 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
ropinirole er 8 mg tablet,extended release 24 hr	1		ANTIPARKINSON AGENTS
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(750 per 30 days)	ANTIPARKINSON AGENTS
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(480 per 30 days)	ANTIPARKINSON AGENTS
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(360 per 30 days)	ANTIPARKINSON AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(300 per 30 days)	ANTIPARKINSON AGENTS
selegiline 5 mg capsule	1		ANTIPARKINSON AGENTS
selegiline 5 mg tablet	1		ANTIPARKINSON AGENTS
SINEMET 10 MG-100 MG TABLET	1		ANTIPARKINSON AGENTS
SINEMET 25 MG-100 MG TABLET	1		ANTIPARKINSON AGENTS
STALEVO 100 25 MG-100 MG-200 MG TABLET	1		ANTIPARKINSON AGENTS
STALEVO 125 31.25 MG-125 MG-200 MG TABLET	1		ANTIPARKINSON AGENTS
STALEVO 150 37.5 MG-150 MG-200 MG TABLET	1		ANTIPARKINSON AGENTS
STALEVO 200 50 MG-200 MG-200 MG TABLET	1		ANTIPARKINSON AGENTS
STALEVO 50 12.5 MG-50 MG-200 MG TABLET	1		ANTIPARKINSON AGENTS
STALEVO 75 18.75 MG-75 MG-200 MG TABLET	1		ANTIPARKINSON AGENTS
TASMAR 100 MG TABLET	1		ANTIPARKINSON AGENTS
tolcapone 100 mg tablet	1		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
XADAGO 100 MG TABLET	1		ANTIPARKINSON AGENTS
XADAGO 50 MG TABLET	1		ANTIPARKINSON AGENTS
ZELAPAR 1.25 MG DISINTEGRATING TABLET	1		ANTIPARKINSON AGENTS
ABILIFY 10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY 15 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY 2 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY 20 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ABILIFY 30 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY 5 MG TABLET	1	PA,QL(45 per 30 days)	ANTIPSYCHOTICS
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 per 56 days)	ANTIPSYCHOTICS
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 per 56 days)	ANTIPSYCHOTICS
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
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY MYCITE MAINTENANCE KIT 15 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY MYCITE MAINTENANCE KIT 2 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY MYCITE MAINTENANCE KIT 20 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ABILIFY MYCITE MAINTENANCE KIT 30 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY MYCITE MAINTENANCE KIT 5 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ABILIFY MYCITE STARTER KIT 10 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 per 90 days)	ANTIPSYCHOTICS
ABILIFY MYCITE STARTER KIT 15 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 per 90 days)	ANTIPSYCHOTICS
ABILIFY MYCITE STARTER KIT 2 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 per 90 days)	ANTIPSYCHOTICS
ABILIFY MYCITE STARTER KIT 20 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 per 90 days)	ANTIPSYCHOTICS
ABILIFY MYCITE STARTER KIT 30 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 per 90 days)	ANTIPSYCHOTICS
ABILIFY MYCITE STARTER KIT 5 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 per 90 days)	ANTIPSYCHOTICS
aripiprazole 1 mg/ml oral solution	1	PA,QL(900 per 30 days)	ANTIPSYCHOTICS
aripiprazole 10 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
aripiprazole 10 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
aripiprazole 15 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
aripiprazole 15 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
aripiprazole 2 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
aripiprazole 20 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
aripiprazole 30 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
aripiprazole 5 mg tablet	1	PA,QL(45 per 30 days)	ANTIPSYCHOTICS
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.9 per 56 days)	ANTIPSYCHOTICS
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(1.6 per 28 days)	ANTIPSYCHOTICS
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 per 28 days)	ANTIPSYCHOTICS
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 per 28 days)	ANTIPSYCHOTICS
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 per 180 days)	ANTIPSYCHOTICS
asenapine 10 mg sublingual tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
asenapine 2.5 mg sublingual tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
asenapine 5 mg sublingual tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
CAPLYTA 10.5 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
CAPLYTA 21 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CAPLYTA 42 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 10 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 100 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 100 mg/ml oral concentrate	1	PA,QL(240 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 200 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 25 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 25 mg/ml injection solution	1	PA	ANTIPSYCHOTICS
chlorpromazine 30 mg/ml oral concentrate	1	PA,QL(801 per 30 days)	ANTIPSYCHOTICS
chlorpromazine 50 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
clozapine 100 mg disintegrating tablet	1	PA,QL(180 per 30 days)	ANTIPSYCHOTICS
clozapine 100 mg tablet	1	PA,QL(180 per 30 days)	ANTIPSYCHOTICS
clozapine 12.5 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
clozapine 150 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
clozapine 200 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
clozapine 200 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
clozapine 25 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
clozapine 25 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
clozapine 50 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
CLOZARIL 100 MG TABLET	1	PA,QL(180 per 30 days)	ANTIPSYCHOTICS
CLOZARIL 200 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
CLOZARIL 25 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
CLOZARIL 50 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
droperidol 2.5 mg/ml injection solution	1		ANTIPSYCHOTICS
ERZOFRI 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.75 per 28 days)	ANTIPSYCHOTICS
ERZOFRI 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
ERZOFRI 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS
ERZOFRI 351 MG/2.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(2.25 per 180 days)	ANTIPSYCHOTICS
ERZOFRI 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.25 per 28 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ERZOFRI 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.5 per 28 days)	ANTIPSYCHOTICS
FANAPT 1 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT 10 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT 12 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT 2 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT 4 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT 6 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT 8 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
FANAPT TITRATION PACK A 1 MG (2)-2 MG (2)-4 MG (2)-6 MG (2) TABLETS	1	PA,QL(8 per 90 days)	ANTIPSYCHOTICS
fluphenazine 1 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
fluphenazine 10 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
fluphenazine 2.5 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
fluphenazine 2.5 mg/5 ml oral elixir	1	PA	ANTIPSYCHOTICS
fluphenazine 2.5 mg/ml injection solution	1	PA	ANTIPSYCHOTICS
fluphenazine 5 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
fluphenazine 5 mg/ml oral concentrate	1	PA	ANTIPSYCHOTICS
fluphenazine decanoate 25 mg/ml injection solution	1	PA	ANTIPSYCHOTICS
GEODON 20 MG CAPSULE	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	1	PA	ANTIPSYCHOTICS
GEODON 40 MG CAPSULE	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
GEODON 60 MG CAPSULE	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
GEODON 80 MG CAPSULE	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION	1	PA	ANTIPSYCHOTICS
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION	1	PA	ANTIPSYCHOTICS
haloperidol 0.5 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
haloperidol 1 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
haloperidol 10 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
haloperidol 2 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
haloperidol 20 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
haloperidol 5 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
haloperidol decanoate 100 mg/ml intramuscular solution	1	PA	ANTIPSYCHOTICS
haloperidol decanoate 50 mg/ml intramuscular solution	1	PA	ANTIPSYCHOTICS
haloperidol lactate 2 mg/ml oral concentrate	1	PA	ANTIPSYCHOTICS
haloperidol lactate 5 mg/ml injection solution	1	PA	ANTIPSYCHOTICS
haloperidol lactate 5 mg/ml intramuscular syringe	1	PA	ANTIPSYCHOTICS
INVEGA 1.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
INVEGA 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
INVEGA 6 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
INVEGA 9 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(3.5 per 168 days)	ANTIPSYCHOTICS
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(5 per 168 days)	ANTIPSYCHOTICS
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.75 per 28 days)	ANTIPSYCHOTICS
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.25 per 28 days)	ANTIPSYCHOTICS
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.5 per 28 days)	ANTIPSYCHOTICS
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.88 per 84 days)	ANTIPSYCHOTICS
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.32 per 84 days)	ANTIPSYCHOTICS
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.75 per 84 days)	ANTIPSYCHOTICS
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	1	PA,QL(2.63 per 84 days)	ANTIPSYCHOTICS
LATUDA 120 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LATUDA 20 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LATUDA 40 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LATUDA 60 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LATUDA 80 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
loxapine succinate 10 mg capsule	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
loxapine succinate 25 mg capsule	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
loxapine succinate 5 mg capsule	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
loxapine succinate 50 mg capsule	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
lurasidone 120 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
lurasidone 20 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
lurasidone 40 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
lurasidone 60 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
lurasidone 80 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
LYBALVI 10 MG-10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LYBALVI 15 MG-10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LYBALVI 20 MG-10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
LYBALVI 5 MG-10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
molindone 10 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
molindone 25 mg tablet	1	PA,QL(270 per 30 days)	ANTIPSYCHOTICS
molindone 5 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
NUPLAZID 10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
NUPLAZID 34 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
olanzapine 10 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
olanzapine 10 mg intramuscular solution	1	PA	ANTIPSYCHOTICS
olanzapine 10 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
olanzapine 15 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
olanzapine 15 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
olanzapine 2.5 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
olanzapine 20 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
olanzapine 20 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
olanzapine 5 mg disintegrating tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
olanzapine 5 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
olanzapine 7.5 mg tablet	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
OPIPZA 10 MG ORAL FILM	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
OPIPZA 2 MG ORAL FILM	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
OPIPZA 5 MG ORAL FILM	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
paliperidone er 1.5 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
paliperidone er 3 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
paliperidone er 6 mg tablet,extended release 24 hr	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
paliperidone er 9 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
perphenazine 16 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
perphenazine 2 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
perphenazine 4 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
perphenazine 8 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
pimozide 1 mg tablet	1	PA,QL(300 per 30 days)	ANTIPSYCHOTICS
pimozide 2 mg tablet	1	PA,QL(150 per 30 days)	ANTIPSYCHOTICS
quetiapine 100 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
quetiapine 150 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
quetiapine 200 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
quetiapine 25 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
quetiapine 300 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
quetiapine 400 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
quetiapine 50 mg tablet	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
quetiapine er 150 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
quetiapine er 200 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
quetiapine er 300 mg tablet,extended release 24 hr	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
quetiapine er 400 mg tablet,extended release 24 hr	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
quetiapine er 50 mg tablet,extended release 24 hr	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
REXULTI 0.25 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
REXULTI 0.5 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
REXULTI 1 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
REXULTI 2 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
REXULTI 3 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
REXULTI 4 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
RISPERDAL 0.5 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
RISPERDAL 1 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
RISPERDAL 1 MG/ML ORAL SOLUTION	1	PA,QL(240 per 30 days)	ANTIPSYCHOTICS
RISPERDAL 2 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
RISPERDAL 3 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
RISPERDAL 4 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
risperidone 0.25 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 0.25 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 0.5 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 0.5 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 1 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 1 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 1 mg/ml oral solution	1	PA,QL(240 per 30 days)	ANTIPSYCHOTICS
risperidone 2 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 2 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 3 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 3 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
risperidone 4 mg disintegrating tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone 4 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
RYKINDO 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
RYKINDO 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
RYKINDO 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
SAPHRIS 10 MG SUBLINGUAL TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
SAPHRIS 2.5 MG SUBLINGUAL TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
SAPHRIS 5 MG SUBLINGUAL TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
SEROQUEL 100 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
SEROQUEL 200 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
SEROQUEL 25 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
SEROQUEL 300 MG TABLET	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
SEROQUEL 400 MG TABLET	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
SEROQUEL 50 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
thioridazine 10 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
thioridazine 100 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
thioridazine 25 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
thioridazine 50 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
thiothixene 1 mg capsule	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
thiothixene 10 mg capsule	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
thiothixene 2 mg capsule	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
thiothixene 5 mg capsule	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
trifluoperazine 1 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
trifluoperazine 10 mg tablet	1	PA,QL(120 per 30 days)	ANTIPSYCHOTICS
trifluoperazine 2 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
trifluoperazine 5 mg tablet	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.28 per 28 days)	ANTIPSYCHOTICS
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.35 per 28 days)	ANTIPSYCHOTICS
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.42 per 56 days)	ANTIPSYCHOTICS
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.56 per 56 days)	ANTIPSYCHOTICS
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.7 per 56 days)	ANTIPSYCHOTICS
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.14 per 28 days)	ANTIPSYCHOTICS
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.21 per 28 days)	ANTIPSYCHOTICS
VERSACLOZ 50 MG/ML ORAL SUSPENSION	1	PA,QL(360 per 30 days)	ANTIPSYCHOTICS
VRAYLAR 1.5 MG CAPSULE	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
VRAYLAR 3 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
VRAYLAR 4.5 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
VRAYLAR 6 MG CAPSULE	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ziprasidone 20 mg capsule	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ziprasidone 20 mg/ml (final concentration) intramuscular solution	1	PA	ANTIPSYCHOTICS
ziprasidone 40 mg capsule	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ziprasidone 60 mg capsule	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ziprasidone 80 mg capsule	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	1	PA	ANTIPSYCHOTICS
ZYPREXA 10 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ZYPREXA 15 MG TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ZYPREXA 2.5 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ZYPREXA 20 MG TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
ZYPREXA 5 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ZYPREXA 7.5 MG TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
ZYPREXA RELPREVV 210 MG IM SUSPENSION	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
ZYPREXA RELPREVV 300 MG IM SUSPENSION	1	PA,QL(2 per 28 days)	ANTIPSYCHOTICS
ZYPREXA RELPREVV 405 MG IM SUSPENSION	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET	1	PA,QL(60 per 30 days)	ANTIPSYCHOTICS
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET	1	PA,QL(90 per 30 days)	ANTIPSYCHOTICS
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	ANTIPSYCHOTICS
baclofen 10 mg tablet	1		ANTISPASTICITY AGENTS
baclofen 10 mg/5 ml (2 mg/ml) oral solution ^{NP}	*		ANTISPASTICITY AGENTS
baclofen 15 mg tablet	1		ANTISPASTICITY AGENTS
baclofen 20 mg tablet	1		ANTISPASTICITY AGENTS
baclofen 25 mg/5 ml (5 mg/ml) oral suspension ^{NP}	*		ANTISPASTICITY AGENTS
baclofen 5 mg tablet	1		ANTISPASTICITY AGENTS
baclofen 5 mg/5 ml oral solution ^{NP}	*		ANTISPASTICITY AGENTS
DANTRIUM 25 MG CAPSULE ^{NP}	*		ANTISPASTICITY AGENTS
dantrolene 100 mg capsule ^{NP}	*		ANTISPASTICITY AGENTS
dantrolene 25 mg capsule ^{NP}	*		ANTISPASTICITY AGENTS
dantrolene 50 mg capsule ^{NP}	*		ANTISPASTICITY AGENTS
FLEQSUVY 25 MG/5 ML (5 MG/ML) ORAL SUSPENSION ^{NP}	*		ANTISPASTICITY AGENTS
LYVISPAN 10 MG ORAL GRANULES IN PACKET	1	PA	ANTISPASTICITY AGENTS
LYVISPAN 20 MG ORAL GRANULES IN PACKET	1	PA	ANTISPASTICITY AGENTS
LYVISPAN 5 MG ORAL GRANULES IN PACKET	1	PA	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
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
abacavir 20 mg/ml oral solution	1		ANTIVIRALS
abacavir 300 mg tablet	1		ANTIVIRALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
abacavir 600 mg-lamivudine 300 mg tablet	1		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
acyclovir 5 % topical cream	1		ANTIVIRALS
acyclovir 5 % topical ointment ^{NP}	*		ANTIVIRALS
acyclovir 800 mg tablet	1		ANTIVIRALS
adefovir 10 mg tablet	1		ANTIVIRALS
APTVUS 250 MG CAPSULE	1		ANTIVIRALS
atazanavir 150 mg capsule	1		ANTIVIRALS
atazanavir 200 mg capsule	1		ANTIVIRALS
atazanavir 300 mg capsule	1		ANTIVIRALS
BARACLUDE 0.05 MG/ML ORAL SOLUTION	1		ANTIVIRALS
BIKTARVY 30 MG-120 MG-15 MG TABLET	1		ANTIVIRALS
BIKTARVY 50 MG-200 MG-25 MG TABLET	1		ANTIVIRALS
CIMDUO 300 MG-300 MG TABLET	1		ANTIVIRALS
COMPLERA 200 MG-25 MG-300 MG TABLET	1		ANTIVIRALS
darunavir 600 mg tablet	1		ANTIVIRALS
darunavir 800 mg tablet	1		ANTIVIRALS
DELSTRIGO 100 MG-300 MG-300 MG TABLET	1		ANTIVIRALS
DENAVIR 1 % TOPICAL CREAM ^{NP}	*		ANTIVIRALS
DESCOVY 120 MG-15 MG TABLET	1		ANTIVIRALS
DESCOVY 200 MG-25 MG TABLET	1		ANTIVIRALS
didanosine 250 mg capsule,delayed release	1		ANTIVIRALS
didanosine 400 mg capsule,delayed release	1		ANTIVIRALS
DOVATO 50 MG-300 MG TABLET	1		ANTIVIRALS
EDURANT 25 MG TABLET	1		ANTIVIRALS
efavirenz 200 mg capsule	1		ANTIVIRALS
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1		ANTIVIRALS
efavirenz 50 mg capsule	1		ANTIVIRALS
efavirenz 600 mg tablet	1		ANTIVIRALS
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet	1		ANTIVIRALS
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1		ANTIVIRALS
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	1		ANTIVIRALS
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	1		ANTIVIRALS
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	1		ANTIVIRALS
emtricitabine 200 mg-rilpivirine 25 mg-tenofovir disoproxil 300 mg tablet	1		ANTIVIRALS
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	1		ANTIVIRALS
EMTRIVA 10 MG/ML ORAL SOLUTION	1		ANTIVIRALS
entecavir 0.5 mg tablet	1		ANTIVIRALS
entecavir 1 mg tablet	1		ANTIVIRALS
EPCLUSA 400 MG-100 MG TABLET ^{NP}	*	QL(28 per 28 days)	ANTIVIRALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EVOTAZ 300 MG-150 MG TABLET	1		ANTIVIRALS
famciclovir 125 mg tablet ^{NP}	*		ANTIVIRALS
famciclovir 250 mg tablet ^{NP}	*		ANTIVIRALS
famciclovir 500 mg tablet ^{NP}	*		ANTIVIRALS
fosamprenavir 700 mg tablet	1		ANTIVIRALS
FUZEON 90 MG SUBCUTANEOUS SOLUTION	1		ANTIVIRALS
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	1		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(56 per 28 days)	ANTIVIRALS
HARVONI 90 MG-400 MG TABLET ^{NP}	*	QL(28 per 28 days)	ANTIVIRALS
ISENTRESS 100 MG CHEWABLE TABLET	1		ANTIVIRALS
ISENTRESS 100 MG ORAL POWDER PACKET	1		ANTIVIRALS
ISENTRESS 25 MG CHEWABLE TABLET	1		ANTIVIRALS
ISENTRESS 400 MG TABLET	1		ANTIVIRALS
ISENTRESS HD 600 MG TABLET	1		ANTIVIRALS
JULUCA 50 MG-25 MG TABLET	1		ANTIVIRALS
lamivudine 10 mg/ml oral solution	1		ANTIVIRALS
lamivudine 150 mg tablet	1		ANTIVIRALS
lamivudine 150 mg-zidovudine 300 mg tablet	1		ANTIVIRALS
lamivudine 300 mg tablet	1		ANTIVIRALS
ledipasvir 90 mg-sofosbuvir 400 mg tablet ^{NP}	*	QL(28 per 28 days)	ANTIVIRALS
LEXIVA 50 MG/ML ORAL SUSPENSION	1		ANTIVIRALS
lopinavir-ritonavir 100 mg-25 mg tablet	1		ANTIVIRALS
lopinavir-ritonavir 200 mg-50 mg tablet	1		ANTIVIRALS
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution	1		ANTIVIRALS
nevirapine 200 mg tablet	1		ANTIVIRALS
nevirapine 50 mg/5 ml oral suspension	1		ANTIVIRALS
nevirapine er 100 mg tablet,extended release 24 hr	1		ANTIVIRALS
nevirapine er 400 mg tablet,extended release 24 hr	1		ANTIVIRALS
NORVIR 100 MG ORAL POWDER PACKET	1		ANTIVIRALS
ODEFSEY 200 MG-25 MG-25 MG TABLET	1		ANTIVIRALS
oseltamivir 30 mg capsule	1		ANTIVIRALS
oseltamivir 45 mg capsule	1		ANTIVIRALS
oseltamivir 6 mg/ml oral suspension	1		ANTIVIRALS
oseltamivir 75 mg capsule	1		ANTIVIRALS
PAXLOVID 150 MG(6)-100 MG(5) TABLETS IN A DOSE PACK(SEVERE RENAL DOSE)	1	QL(11 per 30 days)	ANTIVIRALS
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK(MODERATE RENAL DOSE)	1	QL(20 per 30 days)	ANTIVIRALS
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	1	QL(30 per 30 days)	ANTIVIRALS
penciclovir 1 % topical cream ^{NP}	*		ANTIVIRALS
PIFELTRO 100 MG TABLET	1		ANTIVIRALS
PREZCOBIX 800 MG-150 MG TABLET	1		ANTIVIRALS
PREZISTA 100 MG/ML ORAL SUSPENSION	1		ANTIVIRALS
PREZISTA 150 MG TABLET	1		ANTIVIRALS
PREZISTA 75 MG TABLET	1		ANTIVIRALS
RAPIVAB (PF) 200 MG/20 ML (10 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*		ANTIVIRALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	1		ANTIVIRALS
REYATAZ 50 MG ORAL POWDER PACKET	1		ANTIVIRALS
rimantadine 100 mg tablet	1		ANTIVIRALS
ritonavir 100 mg tablet	1		ANTIVIRALS
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	1		ANTIVIRALS
SELZENTRY 150 MG TABLET	1		ANTIVIRALS
SELZENTRY 20 MG/ML ORAL SOLUTION	1		ANTIVIRALS
SELZENTRY 25 MG TABLET	1		ANTIVIRALS
SELZENTRY 300 MG TABLET	1		ANTIVIRALS
SELZENTRY 75 MG TABLET	1		ANTIVIRALS
SOVALDI 150 MG ORAL PELLETS IN PACKET ^{NP}	*	QL(28 per 28 days)	ANTIVIRALS
SOVALDI 200 MG ORAL PELLETS IN PACKET ^{NP}	*	QL(56 per 28 days)	ANTIVIRALS
SOVALDI 200 MG TABLET ^{NP}	*	QL(56 per 28 days)	ANTIVIRALS
SOVALDI 400 MG TABLET ^{NP}	*	QL(28 per 28 days)	ANTIVIRALS
stavudine 15 mg capsule	1		ANTIVIRALS
stavudine 20 mg capsule	1		ANTIVIRALS
stavudine 30 mg capsule	1		ANTIVIRALS
stavudine 40 mg capsule	1		ANTIVIRALS
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	1		ANTIVIRALS
SYMFI 600 MG-300 MG-300 MG TABLET	1		ANTIVIRALS
SYMFI LO 400 MG-300 MG-300 MG TABLET	1		ANTIVIRALS
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	1		ANTIVIRALS
TAMIFLU 30 MG CAPSULE ^{NP}	*		ANTIVIRALS
TAMIFLU 45 MG CAPSULE ^{NP}	*		ANTIVIRALS
TAMIFLU 6 MG/ML ORAL SUSPENSION ^{NP}	*		ANTIVIRALS
TAMIFLU 75 MG CAPSULE ^{NP}	*		ANTIVIRALS
tenofovir disoproxil fumarate 300 mg tablet	1		ANTIVIRALS
TIVICAY 10 MG TABLET	1		ANTIVIRALS
TIVICAY 25 MG TABLET	1		ANTIVIRALS
TIVICAY 50 MG TABLET	1		ANTIVIRALS
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	1		ANTIVIRALS
TRIUMEQ 600 MG-50 MG-300 MG TABLET	1		ANTIVIRALS
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	1		ANTIVIRALS
TYBOST 150 MG TABLET	1		ANTIVIRALS
valacyclovir 1 gram tablet	1		ANTIVIRALS
valacyclovir 500 mg tablet	1		ANTIVIRALS
VALCYTE 450 MG TABLET	1		ANTIVIRALS
VALCYTE 50 MG/ML ORAL SOLUTION	1		ANTIVIRALS
valganciclovir 450 mg tablet	1		ANTIVIRALS
valganciclovir 50 mg/ml oral solution	1		ANTIVIRALS
VALTREX 1 GRAM TABLET ^{NP}	*		ANTIVIRALS
VALTREX 500 MG TABLET ^{NP}	*		ANTIVIRALS
VEMLIDY 25 MG TABLET	1	PA	ANTIVIRALS
VIRACEPT 250 MG TABLET	1		ANTIVIRALS
VIRACEPT 625 MG TABLET	1		ANTIVIRALS
VIREAD 150 MG TABLET	1		ANTIVIRALS
VIREAD 200 MG TABLET	1		ANTIVIRALS
VIREAD 250 MG TABLET	1		ANTIVIRALS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	1		ANTIVIRALS
VOCABRIA 30 MG TABLET	1		ANTIVIRALS
VOSEVI 400 MG-100 MG-100 MG TABLET ^{NP}	*	QL(28 per 28 days)	ANTIVIRALS
XERESE 5 %-1 % TOPICAL CREAM	1	QL(5 per 90 days)	ANTIVIRALS
XOFLUZA 20 MG TABLET	1		ANTIVIRALS
XOFLUZA 40 MG TABLET ^{NP}	*		ANTIVIRALS
XOFLUZA 80 MG TABLET ^{NP}	*		ANTIVIRALS
zidovudine 10 mg/ml oral syrup	1		ANTIVIRALS
zidovudine 100 mg capsule	1		ANTIVIRALS
zidovudine 300 mg tablet	1		ANTIVIRALS
ZOVIRAX 5 % TOPICAL CREAM ^{NP}	*		ANTIVIRALS
ZOVIRAX 5 % TOPICAL OINTMENT ^{NP}	*		ANTIVIRALS
alprazolam 0.25 mg disintegrating tablet	1	QL(120 per 30 days)	ANXIOLYTICS
alprazolam 0.25 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
alprazolam 0.5 mg disintegrating tablet	1	QL(120 per 30 days)	ANXIOLYTICS
alprazolam 0.5 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
alprazolam 1 mg disintegrating tablet	1	PA,QL(120 per 30 days)	ANXIOLYTICS
alprazolam 1 mg tablet	1	PA,QL(120 per 30 days)	ANXIOLYTICS
alprazolam 2 mg disintegrating tablet	1	PA,QL(120 per 30 days)	ANXIOLYTICS
alprazolam 2 mg tablet	1	PA,QL(120 per 30 days)	ANXIOLYTICS
alprazolam er 0.5 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANXIOLYTICS
alprazolam er 1 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANXIOLYTICS
alprazolam er 2 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANXIOLYTICS
alprazolam er 3 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	ANXIOLYTICS
alprazolam intensol 1 mg/ml oral concentrate	1	PA,QL(120 per 30 days)	ANXIOLYTICS
ATIVAN 0.5 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
ATIVAN 1 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
ATIVAN 2 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
ATIVAN 2 MG/ML INJECTION SOLUTION	1	PA	ANXIOLYTICS
ATIVAN 4 MG/ML INJECTION SOLUTION	1	PA	ANXIOLYTICS
BUCAPSOL 10 MG CAPSULE	1		ANXIOLYTICS
BUCAPSOL 15 MG CAPSULE	1		ANXIOLYTICS
BUCAPSOL 7.5 MG CAPSULE	1		ANXIOLYTICS
buspirone 10 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
buspirone 15 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS
buspirone 30 mg tablet	1	QL(60 per 30 days)	ANXIOLYTICS
buspirone 5 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS
buspirone 7.5 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS
chlordiazepoxide 10 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
chlordiazepoxide 25 mg capsule	1	PA,QL(120 per 30 days)	ANXIOLYTICS
chlordiazepoxide 5 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS
clonazepam 0.125 mg disintegrating tablet	1	QL(90 per 30 days)	ANXIOLYTICS
clonazepam 0.25 mg disintegrating tablet	1	QL(90 per 30 days)	ANXIOLYTICS
clonazepam 0.5 mg disintegrating tablet	1	QL(90 per 30 days)	ANXIOLYTICS
clonazepam 0.5 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS
clonazepam 1 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANXIOLYTICS
clonazepam 1 mg tablet	1	PA,QL(90 per 30 days)	ANXIOLYTICS
clonazepam 2 mg disintegrating tablet	1	PA,QL(90 per 30 days)	ANXIOLYTICS
clonazepam 2 mg tablet	1	PA,QL(90 per 30 days)	ANXIOLYTICS
clorazepate dipotassium 15 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
clorazepate dipotassium 3.75 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
clorazepate dipotassium 7.5 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
diazepam 10 mg tablet	1	PA,QL(120 per 30 days)	ANXIOLYTICS
diazepam 2 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
diazepam 5 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
diazepam 5 mg/5 ml (1 mg/ml) oral solution	1		ANXIOLYTICS
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution	1		ANXIOLYTICS
diazepam 5 mg/ml injection solution	1	PA	ANXIOLYTICS
diazepam 5 mg/ml injection syringe	1	PA	ANXIOLYTICS
diazepam 5 mg/ml oral concentrate	1	PA,QL(240 per 30 days)	ANXIOLYTICS
diazepam intensol 5 mg/ml oral concentrate	1	PA,QL(240 per 30 days)	ANXIOLYTICS
doxepin 10 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS
doxepin 10 mg/ml oral concentrate	1	QL(900 per 30 days)	ANXIOLYTICS
doxepin 100 mg capsule	1	QL(60 per 30 days)	ANXIOLYTICS
doxepin 150 mg capsule	1	QL(60 per 30 days)	ANXIOLYTICS
doxepin 25 mg capsule	1	QL(60 per 30 days)	ANXIOLYTICS
doxepin 50 mg capsule	1	QL(60 per 30 days)	ANXIOLYTICS
doxepin 75 mg capsule	1	QL(60 per 30 days)	ANXIOLYTICS
hydroxyzine hcl 10 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
hydroxyzine hcl 10 mg/5 ml oral solution	1	QL(3000 per 30 days)	ANXIOLYTICS
hydroxyzine hcl 25 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
hydroxyzine hcl 25 mg/ml intramuscular solution	1		ANXIOLYTICS
hydroxyzine hcl 50 mg tablet	1	QL(240 per 30 days)	ANXIOLYTICS
hydroxyzine hcl 50 mg/ml intramuscular solution	1		ANXIOLYTICS
KLONOPIN 0.5 MG TABLET	1	PA,QL(90 per 30 days)	ANXIOLYTICS
KLONOPIN 1 MG TABLET	1	PA,QL(90 per 30 days)	ANXIOLYTICS
KLONOPIN 2 MG TABLET	1	PA,QL(90 per 30 days)	ANXIOLYTICS
lorazepam 0.5 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
lorazepam 1 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
lorazepam 2 mg tablet	1	PA,QL(120 per 30 days)	ANXIOLYTICS
lorazepam 2 mg/ml injection solution	1	PA	ANXIOLYTICS
lorazepam 2 mg/ml injection syringe	1	PA	ANXIOLYTICS
lorazepam 2 mg/ml oral concentrate	1	PA	ANXIOLYTICS
lorazepam 4 mg/ml injection solution	1	PA	ANXIOLYTICS
lorazepam intensol 2 mg/ml oral concentrate	1	PA	ANXIOLYTICS
LOREEV XR 1 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANXIOLYTICS
LOREEV XR 1.5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANXIOLYTICS
LOREEV XR 2 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	ANXIOLYTICS
LOREEV XR 3 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(90 per 30 days)	ANXIOLYTICS
meprobamate 200 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
meprobamate 400 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS
oxazepam 10 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS
oxazepam 15 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS
oxazepam 30 mg capsule	1	PA,QL(120 per 30 days)	ANXIOLYTICS
XANAX 0.25 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
XANAX 0.5 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
XANAX 1 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
XANAX 2 MG TABLET	1	PA,QL(120 per 30 days)	ANXIOLYTICS
XANAX XR 0.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANXIOLYTICS
XANAX XR 1 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANXIOLYTICS
XANAX XR 2 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	ANXIOLYTICS
XANAX XR 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 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	1	PA	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}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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}	*		BLOOD GLUCOSE REGULATORS
AFREZZA 12 UNIT CARTRIDGE WITH INHALER ^{NP}	*		BLOOD GLUCOSE REGULATORS
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER ^{NP}	*		BLOOD GLUCOSE REGULATORS
AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER ^{NP}	*		BLOOD GLUCOSE REGULATORS
AFREZZA 4 UNIT CARTRIDGE WITH INHALER ^{NP}	*		BLOOD GLUCOSE REGULATORS
AFREZZA 8 UNIT CARTRIDGE WITH INHALER ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 12.5 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 12.5 mg-metformin 1,000 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 12.5 mg-metformin 500 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 12.5 mg-pioglitazone 30 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 25 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 25 mg-pioglitazone 15 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 25 mg-pioglitazone 30 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 25 mg-pioglitazone 45 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
alogliptin 6.25 mg tablet ^{NP}	*		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
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
BASAGLAR TEMPO PEN (U-100) INSULIN 100 UNIT/ML (3 ML) SUBCUT PEN, SENS ^{NP}	*		BLOOD GLUCOSE REGULATORS
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-Injector ^{NP}	*	PA, QL(3.4 per 28 days)	BLOOD GLUCOSE REGULATORS
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA, QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS
dapagliflozin propaned 10 mg-metformin er 1,000 mg tablet,ext rel 24hr ^{NP}	*		BLOOD GLUCOSE REGULATORS
dapagliflozin propaned 5 mg-metformin er 1,000 mg tablet, ext rel 24hr ^{NP}	*		BLOOD GLUCOSE REGULATORS
dapagliflozin propanediol 10 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
dapagliflozin propanediol 5 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
DUETACT 30 MG-2 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
DUETACT 30 MG-4 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
exenatide 5 mcg/dose (250 mcg/ml)1.2 ml subcutaneous pen injector	1	PA,QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS
FARXIGA 10 MG TABLET	1		BLOOD GLUCOSE REGULATORS
FARXIGA 5 MG TABLET	1		BLOOD GLUCOSE REGULATORS
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE	1		BLOOD GLUCOSE REGULATORS
FIASP PUMPCART 100 UNIT/ML (1.6 ML) SUBCUTANEOUS CARTRIDGE	1		BLOOD GLUCOSE REGULATORS
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		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 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION ^{NP}	*		BLOOD GLUCOSE REGULATORS
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION ^{NP}	*		BLOOD GLUCOSE REGULATORS
GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE ^{NP}	*		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 1.5 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}	*		BLOOD GLUCOSE REGULATORS
GLYXAMBI 25 MG-5 MG TABLET ^{NP}	*		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 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	1		BLOOD GLUCOSE REGULATORS
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	1		BLOOD GLUCOSE REGULATORS
GVOKE PFS 2-PACK 0.5 MG/0.1 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 ^{NP}	*		BLOOD GLUCOSE REGULATORS
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS ^{NP}	*		BLOOD GLUCOSE REGULATORS
HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS ^{NP}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	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 ^{NP}	*		BLOOD GLUCOSE REGULATORS
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{NP}	*		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
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 ^{NP}	*		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
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN	1		BLOOD GLUCOSE REGULATORS
INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS
INSULIN ASPAR PRT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS SOLN	1		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 ^{NP}	*		BLOOD GLUCOSE REGULATORS
INSULIN DEGLUDEC (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{NP}	*		BLOOD GLUCOSE REGULATORS
INSULIN DEGLUDEC (U-200) 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{NP}	*		BLOOD GLUCOSE REGULATORS
INSULIN GLARGINE (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{NP}	*		BLOOD GLUCOSE REGULATORS
INSULIN GLARGINE (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{NP}	*		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 ^{NP}	*		BLOOD GLUCOSE REGULATORS
INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{NP}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET 150 MG-500 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET 50 MG-1,000 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET 50 MG-500 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKANA 100 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
INVOKANA 300 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
JANUMET 50 MG-1,000 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JANUMET 50 MG-500 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST	BLOOD GLUCOSE REGULATORS
JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST	BLOOD GLUCOSE REGULATORS
JANUMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE	1	ST	BLOOD GLUCOSE REGULATORS
JANUVIA 100 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JANUVIA 25 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JANUVIA 50 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JARDIANCE 10 MG TABLET	1		BLOOD GLUCOSE REGULATORS
JARDIANCE 25 MG TABLET	1		BLOOD GLUCOSE REGULATORS
JENTADUETO 2.5 MG-1,000 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JENTADUETO 2.5 MG-500 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS
JENTADUETO 2.5 MG-850 MG TABLET	1	ST	BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST	BLOOD GLUCOSE REGULATORS
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST	BLOOD GLUCOSE REGULATORS
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE ^{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 ^{NP}	*		BLOOD GLUCOSE REGULATORS
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{NP}	*		BLOOD GLUCOSE REGULATORS
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) subcutaneous pen injector	1	PA,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
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}	*		BLOOD GLUCOSE REGULATORS
metformin 625 mg tablet	1		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.)	1		BLOOD GLUCOSE REGULATORS
metformin er 1,000 mg tablet,extended release 24hr (osmotic) ^{NP}	*		BLOOD GLUCOSE REGULATORS
metformin er 500 mg 24 hr tablet,extended release (gastric retention)	1		BLOOD GLUCOSE REGULATORS
metformin er 500 mg tablet,extended release 24 hr	1		BLOOD GLUCOSE REGULATORS
metformin er 500 mg tablet,extended release 24hr (osmotic) ^{NP}	*		BLOOD GLUCOSE REGULATORS
metformin er 750 mg tablet,extended release 24 hr	1		BLOOD GLUCOSE REGULATORS
miglitol 100 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
miglitol 25 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
miglitol 50 mg tablet ^{NP}	*		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 ^{NP}	*		BLOOD GLUCOSE REGULATORS
nateglinide 60 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS ^{OTC}	1		BLOOD GLUCOSE REGULATORS
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{OTC}	1		BLOOD GLUCOSE REGULATORS
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{OTC}	1		BLOOD GLUCOSE REGULATORS
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP ^{OTC}	1		BLOOD GLUCOSE REGULATORS
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{OTC}	1		BLOOD GLUCOSE REGULATORS
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{OTC}	1		BLOOD GLUCOSE REGULATORS
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS ^{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
ONGLYZA 2.5 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
ONGLYZA 5 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 per 28 days)	BLOOD GLUCOSE REGULATORS
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 per 28 days)	BLOOD GLUCOSE REGULATORS
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 per 28 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}	*		BLOOD GLUCOSE REGULATORS
pioglitazone 15 mg-metformin 850 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
pioglitazone 30 mg tablet	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS
pioglitazone 30 mg-glimepiride 2 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
pioglitazone 30 mg-glimepiride 4 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
pioglitazone 45 mg tablet	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS
QTERN 10 MG-5 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
QTERN 5 MG-5 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
repaglinide 0.5 mg tablet	1		BLOOD GLUCOSE REGULATORS
repaglinide 1 mg tablet	1		BLOOD GLUCOSE REGULATORS
repaglinide 2 mg tablet	1		BLOOD GLUCOSE REGULATORS
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS ^{NP}	*		BLOOD GLUCOSE REGULATORS
RYBELSUS 14 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS
RYBELSUS 3 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS
RYBELSUS 7 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS
saxagliptin 2.5 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp ^{NP}	*		BLOOD GLUCOSE REGULATORS
saxagliptin 5 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp ^{NP}	*		BLOOD GLUCOSE REGULATORS
saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp ^{NP}	*		BLOOD GLUCOSE REGULATORS
SEGLUROMET 2.5 MG-1,000 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
SEGLUROMET 2.5 MG-500 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
SEGLUROMET 7.5 MG-1,000 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
SEGLUROMET 7.5 MG-500 MG TABLET ^{NP}	*		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}	*		BLOOD GLUCOSE REGULATORS
sitagliptin 25 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
sitagliptin 50 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
sitagliptin 50 mg-metformin 1,000 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
sitagliptin 50 mg-metformin 500 mg tablet ^{NP}	*		BLOOD GLUCOSE REGULATORS
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN	1	PA,QL(15 per 24 days)	BLOOD GLUCOSE REGULATORS
STEGLATRO 15 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
STEGLATRO 5 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
STEGLUJAN 15 MG-100 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
STEGLUJAN 5 MG-100 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	1		BLOOD GLUCOSE REGULATORS
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	1		BLOOD GLUCOSE REGULATORS
SYNJARDY 12.5 MG-1,000 MG TABLET	1		BLOOD GLUCOSE REGULATORS
SYNJARDY 12.5 MG-500 MG TABLET	1		BLOOD GLUCOSE REGULATORS
SYNJARDY 5 MG-1,000 MG TABLET	1		BLOOD GLUCOSE REGULATORS
SYNJARDY 5 MG-500 MG TABLET	1		BLOOD GLUCOSE REGULATORS
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		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	ST	BLOOD GLUCOSE REGULATORS
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4 per 28 days)	BLOOD GLUCOSE REGULATORS
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,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	PA,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	PA,QL(9 per 30 days)	BLOOD GLUCOSE REGULATORS
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	1		BLOOD GLUCOSE REGULATORS
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	1		BLOOD GLUCOSE REGULATORS
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	1		BLOOD GLUCOSE REGULATORS
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	1		BLOOD GLUCOSE REGULATORS
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	1		BLOOD GLUCOSE REGULATORS
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{NP}	*	PA,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}	*		BLOOD GLUCOSE REGULATORS
ZITUVIMET 50 MG-500 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
ZITUVIMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
ZITUVIMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
ZITUVIMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE ^{NP}	*		BLOOD GLUCOSE REGULATORS
ZITUvio 100 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
ZITUvio 25 MG TABLET ^{NP}	*		BLOOD GLUCOSE REGULATORS
ZITUvio 50 MG TABLET ^{NP}	*		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
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	1	PA	BLOOD PRODUCTS AND MODIFIERS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase	1		BLOOD PRODUCTS AND MODIFIERS
aspirin 81 mg chewable 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	1		BLOOD PRODUCTS AND MODIFIERS
cilostazol 50 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
clopidogrel 300 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
clopidogrel 75 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
dabigatran etexilate 110 mg capsule ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
dabigatran etexilate 150 mg capsule ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
dabigatran etexilate 75 mg capsule ^{NP}	*		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
ecotrin low strength 81 mg tablet,enteric coated ^{OTC}	1		BLOOD PRODUCTS AND MODIFIERS
EFFIENT 10 MG TABLET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
EFFIENT 5 MG TABLET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
ELIQUIS 2.5 MG TABLET	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS
ELIQUIS 5 MG TABLET	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	1	QL(74 per 90 days)	BLOOD PRODUCTS AND MODIFIERS
enoxaparin 100 mg/ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 150 mg/ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 300 mg/3 ml subcutaneous solution	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1		BLOOD PRODUCTS AND MODIFIERS
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1		BLOOD PRODUCTS AND MODIFIERS
FYLNETRA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1		BLOOD PRODUCTS AND MODIFIERS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
hep flush-10 (pf) 10 unit/ml intravenous solution	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 lock flush (porcine) 10 unit/ml intravenous solution	1		BLOOD PRODUCTS AND MODIFIERS
heparin lock flush (porcine) 100 unit/ml intravenous solution	1		BLOOD PRODUCTS AND MODIFIERS
heparin, porcine (pf) 1 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS
heparin, porcine (pf) 10 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS
heparin, porcine (pf) 100 unit/ml (1 ml) intravenous solution	1		BLOOD PRODUCTS AND MODIFIERS
heparin, porcine (pf) 100 unit/ml intravenous syringe	1		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
LEUKINE 250 MCG SOLUTION FOR INJECTION ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
MIRCERA 120 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
MIRCERA 150 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
MIRCERA 200 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MIRCERA 30 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
MIRCERA 50 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
MIRCERA 75 MCG/0.3 ML INJECTION SYRINGE ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
NEULASTA ONPRO 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR ^{NP}	*		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
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PLAVIX 75 MG TABLET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 110 MG CAPSULE	1		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 110 MG ORAL PELLETS IN PACKET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 150 MG CAPSULE	1		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 150 MG ORAL PELLETS IN PACKET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 20 MG ORAL PELLETS IN PACKET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 30 MG ORAL PELLETS IN PACKET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 40 MG ORAL PELLETS IN PACKET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 50 MG ORAL PELLETS IN PACKET ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
PRADAXA 75 MG CAPSULE	1		BLOOD PRODUCTS AND MODIFIERS
prasugrel hcl 10 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
prasugrel hcl 5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
PROCIT 10,000 UNIT/ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
REBLOZYL 25 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
REBLOZYL 75 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	BLOOD PRODUCTS AND MODIFIERS
RELEUKO 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1		BLOOD PRODUCTS AND MODIFIERS
RELEUKO 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE	1		BLOOD PRODUCTS AND MODIFIERS
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	1	PA	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}	*		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
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}	*		BLOOD PRODUCTS AND MODIFIERS
tranexamic acid 650 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
UDENYCA AUTOINJECTOR 6 MG/0.6 ML SUBCUTANEOUS AUTO-Injector ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
UDENYCA ONBODY 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR ^{NP}	*		BLOOD PRODUCTS AND MODIFIERS
warfarin 1 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS
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
XARELTO 1 MG/ML ORAL SUSPENSION	1	QL(600 per 30 days)	BLOOD PRODUCTS AND MODIFIERS
XARELTO 10 MG TABLET	1	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS
XARELTO 15 MG TABLET	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS
XARELTO 2.5 MG TABLET	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS
XARELTO 20 MG TABLET	1	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	QL(51 per 90 days)	BLOOD PRODUCTS AND MODIFIERS
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}	*		BLOOD PRODUCTS AND MODIFIERS
ACCUPRIL 10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ACCUPRIL 20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ACCUPRIL 40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ACCUPRIL 5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ACCURETIC 10 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ACCURETIC 20 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
acebutolol 200 mg capsule	1		CARDIOVASCULAR AGENTS
acebutolol 400 mg capsule	1		CARDIOVASCULAR AGENTS
acetazolamide 125 mg tablet	1		CARDIOVASCULAR AGENTS
acetazolamide 250 mg tablet	1		CARDIOVASCULAR AGENTS
acetazolamide er 500 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
ALTACE 10 MG CAPSULE ^{NP}	*		CARDIOVASCULAR AGENTS
ALTACE 2.5 MG CAPSULE ^{NP}	*		CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ALTOPREV 20 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
ALTOPREV 40 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
ALTOPREV 60 MG TABLET,EXTENDED RELEASE ^{NP}	*		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		CARDIOVASCULAR AGENTS
amlodipine 10 mg-atorvastatin 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-atorvastatin 20 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-atorvastatin 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-atorvastatin 80 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
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 ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-olmesartan 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-valsartan 160 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-valsartan 320 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 2.5 mg tablet	1		CARDIOVASCULAR AGENTS
amlodipine 2.5 mg-atorvastatin 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 2.5 mg-atorvastatin 20 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 2.5 mg-atorvastatin 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 2.5 mg-benazepril 10 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
amlodipine 5 mg tablet	1		CARDIOVASCULAR AGENTS
amlodipine 5 mg-atorvastatin 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-atorvastatin 20 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-atorvastatin 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-atorvastatin 80 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-benazepril 10 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
amlodipine 5 mg-benazepril 20 mg capsule	1	QL(30 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 ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-olmesartan 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-valsartan 160 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
amlodipine 5 mg-valsartan 320 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
ASPRUZO SPRINKLE 1,000 MG GRANULES,EXTENDED RELEASE IN PACKET	1		CARDIOVASCULAR AGENTS
ASPRUZO SPRINKLE 500 MG GRANULES,EXTENDED RELEASE IN PACKET	1		CARDIOVASCULAR AGENTS
ATACAND 16 MG TABLET ^{NP}	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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}	*		CARDIOVASCULAR AGENTS
ATACAND HCT 32 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ATACAND HCT 32 MG-25 MG TABLET ^{NP}	*		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}	*		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}	*		CARDIOVASCULAR AGENTS
AVALIDE 300 MG-12.5 MG TABLET ^{NP}	*		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
AVAPRO 75 MG TABLET ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
AZOR 10 MG-20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
AZOR 10 MG-40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
AZOR 5 MG-20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
AZOR 5 MG-40 MG TABLET ^{NP}	*		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(90 per 30 days)	CARDIOVASCULAR AGENTS
BENICAR HCT 20 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
BENICAR HCT 40 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
BENICAR HCT 40 MG-25 MG TABLET ^{NP}	*		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
betaxolol 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
betaxolol 20 mg tablet ^{NP}	*		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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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}	*		CARDIOVASCULAR AGENTS
BYSTOLIC 2.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
BYSTOLIC 20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
BYSTOLIC 5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 10 MG-10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 10 MG-20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 10 MG-40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 10 MG-80 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 5 MG-10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 5 MG-20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 5 MG-40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CADUET 5 MG-80 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CALAN SR 120 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
CAMZYOS 10 MG CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
CAMZYOS 15 MG CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
CAMZYOS 2.5 MG CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
CAMZYOS 5 MG CAPSULE ^{NP}	*	PA,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 ^{NP}	*		CARDIOVASCULAR AGENTS
candesartan 32 mg tablet ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
candesartan 32 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
candesartan 32 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		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 ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 25 mg-hydrochlorothiazide 15 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 25 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 50 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 50 mg-hydrochlorothiazide 15 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
captopril 50 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM 120 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM 30 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM 60 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM CD 120 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM CD 180 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM CD 240 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS
cartia xt 120 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
cartia xt 180 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
cartia xt 240 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
cartia xt 300 mg capsule,extended release	1		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
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH	1	PA,QL(4 per 28 days)	CARDIOVASCULAR AGENTS
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH	1	PA,QL(8 per 28 days)	CARDIOVASCULAR AGENTS
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH	1	PA,QL(8 per 28 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 ^{NP}	*		CARDIOVASCULAR AGENTS
cholestyramine light 4 gram oral powder	1		CARDIOVASCULAR AGENTS
cholestyramine light 4 gram powder for suspension in a packet ^{NP}	*		CARDIOVASCULAR AGENTS
clonidine 0.1 mg/24 hr weekly transdermal patch	1	PA,QL(4 per 28 days)	CARDIOVASCULAR AGENTS
clonidine 0.2 mg/24 hr weekly transdermal patch	1	PA,QL(8 per 28 days)	CARDIOVASCULAR AGENTS
clonidine 0.3 mg/24 hr weekly transdermal patch	1	PA,QL(8 per 28 days)	CARDIOVASCULAR AGENTS
clonidine hcl 0.1 mg tablet	1	PA,QL(720 per 30 days)	CARDIOVASCULAR AGENTS
clonidine hcl 0.2 mg tablet	1	PA,QL(360 per 30 days)	CARDIOVASCULAR AGENTS
clonidine hcl 0.3 mg tablet	1	PA,QL(240 per 30 days)	CARDIOVASCULAR AGENTS
colesevelam 3.75 gram oral powder packet	1		CARDIOVASCULAR AGENTS
colesevelam 625 mg tablet	1		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}	*	PA,QL(60 per 30 days)	CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CORLANOR 5 MG/5 ML ORAL SOLUTION	1	PA,QL(450 per 30 days)	CARDIOVASCULAR AGENTS
CORLANOR 7.5 MG TABLET ^{NP}	*	PA,QL(60 per 30 days)	CARDIOVASCULAR AGENTS
COZAAR 100 MG TABLET ^{NP}	*	QL(30 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 10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CRESTOR 20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CRESTOR 40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
CRESTOR 5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
digitek 125 mcg (0.125 mg) tablet	1		CARDIOVASCULAR AGENTS
digitek 250 mcg (0.25 mg) tablet	1		CARDIOVASCULAR AGENTS
digoxin 125 mcg (0.125 mg) tablet	1		CARDIOVASCULAR AGENTS
digoxin 250 mcg (0.25 mg) tablet	1		CARDIOVASCULAR AGENTS
digoxin 50 mcg/ml (0.05 mg/ml) oral solution	1		CARDIOVASCULAR AGENTS
dilt-xr 120 mg capsule, extended release	1		CARDIOVASCULAR AGENTS
dilt-xr 180 mg capsule, extended release	1		CARDIOVASCULAR AGENTS
dilt-xr 240 mg capsule, extended release	1		CARDIOVASCULAR AGENTS
diltiazem 120 mg tablet	1		CARDIOVASCULAR AGENTS
diltiazem 30 mg tablet	1		CARDIOVASCULAR AGENTS
diltiazem 5 mg/ml intravenous solution	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		CARDIOVASCULAR AGENTS
diltiazem cd 180 mg capsule,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem cd 240 mg capsule,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem cd 300 mg capsule,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem cd 360 mg capsule,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled	1		CARDIOVASCULAR AGENTS
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled	1		CARDIOVASCULAR AGENTS
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled	1		CARDIOVASCULAR AGENTS
diltiazem er 120 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS
diltiazem er 120 mg capsule,extended release 12 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 120 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 180 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS
diltiazem er 180 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 240 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS
diltiazem er 240 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 300 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS
diltiazem er 300 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 360 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS
diltiazem er 360 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 420 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS
diltiazem er 420 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 60 mg capsule,extended release 12 hr	1		CARDIOVASCULAR AGENTS
diltiazem er 90 mg capsule,extended release 12 hr	1		CARDIOVASCULAR AGENTS
DIOVAN 160 MG TABLET ^{NP}	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DIOVAN 320 MG TABLET ^{NP}	*	QL(30 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}	*		CARDIOVASCULAR AGENTS
DIOVAN HCT 160 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
DIOVAN HCT 320 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
DIOVAN HCT 320 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
DIOVAN HCT 80 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
disopyramide phosphate 100 mg capsule	1		CARDIOVASCULAR AGENTS
disopyramide phosphate 150 mg capsule	1		CARDIOVASCULAR AGENTS
dofetilide 125 mcg capsule	1		CARDIOVASCULAR AGENTS
dofetilide 250 mcg capsule	1		CARDIOVASCULAR AGENTS
dofetilide 500 mcg capsule	1		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
EDARBI 40 MG TABLET	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
EDARBI 80 MG TABLET	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
EDARBYCLOR 40 MG-12.5 MG TABLET	1		CARDIOVASCULAR AGENTS
EDARBYCLOR 40 MG-25 MG TABLET	1		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
ENTRESTO 24 MG-26 MG TABLET	1		CARDIOVASCULAR AGENTS
ENTRESTO 49 MG-51 MG TABLET	1		CARDIOVASCULAR AGENTS
ENTRESTO 97 MG-103 MG TABLET	1		CARDIOVASCULAR AGENTS
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLET ^{NP}	*	PA	CARDIOVASCULAR AGENTS
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLET ^{NP}	*	PA	CARDIOVASCULAR AGENTS
EPANED 1 MG/ML ORAL SOLUTION ^{NP}	*		CARDIOVASCULAR AGENTS
EVKEEZA 150 MG/ML INTRAVENOUS SOLUTION ^{NP}	*	PA	CARDIOVASCULAR AGENTS
EXFORGE 10 MG-160 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE 10 MG-320 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE 5 MG-160 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE 5 MG-320 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE HCT 10 MG-160 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE HCT 10 MG-320 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EXFORGE HCT 5 MG-160 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
EZALLOR SPRINKLE 10 MG CAPSULE ^{NP}	*		CARDIOVASCULAR AGENTS
EZALLOR SPRINKLE 20 MG CAPSULE ^{NP}	*		CARDIOVASCULAR AGENTS
EZALLOR SPRINKLE 40 MG CAPSULE ^{NP}	*		CARDIOVASCULAR AGENTS
EZALLOR SPRINKLE 5 MG CAPSULE ^{NP}	*		CARDIOVASCULAR AGENTS
ezetimibe 10 mg tablet	1		CARDIOVASCULAR AGENTS
ezetimibe 10 mg-simvastatin 10 mg tablet	1	ST	CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ezetimibe 10 mg-simvastatin 20 mg tablet	1	ST	CARDIOVASCULAR AGENTS
ezetimibe 10 mg-simvastatin 40 mg tablet	1	ST	CARDIOVASCULAR AGENTS
ezetimibe 10 mg-simvastatin 80 mg tablet	1	ST	CARDIOVASCULAR AGENTS
felodipine er 10 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
felodipine er 2.5 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
felodipine er 5 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
fenofibrate 120 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
fenofibrate 150 mg capsule ^{NP}	*		CARDIOVASCULAR AGENTS
fenofibrate 160 mg tablet	1		CARDIOVASCULAR AGENTS
fenofibrate 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
fenofibrate 50 mg capsule ^{NP}	*		CARDIOVASCULAR AGENTS
fenofibrate 54 mg tablet	1		CARDIOVASCULAR AGENTS
fenofibrate micronized 130 mg capsule	1		CARDIOVASCULAR AGENTS
fenofibrate micronized 134 mg capsule	1		CARDIOVASCULAR AGENTS
fenofibrate micronized 200 mg capsule	1		CARDIOVASCULAR AGENTS
fenofibrate micronized 43 mg capsule	1		CARDIOVASCULAR AGENTS
fenofibrate micronized 67 mg capsule	1		CARDIOVASCULAR AGENTS
fenofibrate nanocrystallized 145 mg tablet	1		CARDIOVASCULAR AGENTS
fenofibrate nanocrystallized 48 mg tablet	1		CARDIOVASCULAR AGENTS
fenofibric acid (choline) 135 mg capsule,delayed release ^{NP}	*		CARDIOVASCULAR AGENTS
fenofibric acid (choline) 45 mg capsule,delayed release ^{NP}	*		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}	*		CARDIOVASCULAR AGENTS
fluvastatin 40 mg capsule ^{NP}	*		CARDIOVASCULAR AGENTS
fluvastatin er 80 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
fosinopril 10 mg tablet	1		CARDIOVASCULAR AGENTS
fosinopril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
fosinopril 20 mg tablet	1		CARDIOVASCULAR AGENTS
fosinopril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
fosinopril 40 mg tablet	1		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		CARDIOVASCULAR AGENTS
guanfacine 1 mg tablet	1	PA	CARDIOVASCULAR AGENTS
guanfacine 2 mg tablet	1	PA	CARDIOVASCULAR AGENTS
HEMANGEOL 4.28 MG/ML ORAL SOLUTION ^{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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
hydrochlorothiazide 50 mg tablet	1		CARDIOVASCULAR AGENTS
HYZAAR 100 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
HYZAAR 100 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
HYZAAR 50 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
icosapent ethyl 0.5 gram capsule	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS
icosapent ethyl 1 gram capsule	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS
indapamide 1.25 mg tablet	1		CARDIOVASCULAR AGENTS
indapamide 2.5 mg tablet	1		CARDIOVASCULAR AGENTS
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
INPEFA 200 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
INPEFA 400 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
irbesartan 150 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
irbesartan 300 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
irbesartan 75 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
isosorbide 20 mg-hydralazine 37.5 mg tablet	1		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
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	1	PA,QL(60 per 30 days)	CARDIOVASCULAR AGENTS
ivabradine 7.5 mg tablet	1	PA,QL(60 per 30 days)	CARDIOVASCULAR AGENTS
JUXTAPID 10 MG CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
JUXTAPID 20 MG CAPSULE ^{NP}	*	PA,QL(60 per 30 days)	CARDIOVASCULAR AGENTS
JUXTAPID 30 MG CAPSULE ^{NP}	*	PA,QL(60 per 30 days)	CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
JUXTAPID 5 MG CAPSULE ^{NP}	*	PA,QL(90 per 30 days)	CARDIOVASCULAR AGENTS
KAPSPARGO SPRINKLE 100 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
KAPSPARGO SPRINKLE 25 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
KAPSPARGO SPRINKLE 50 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
KATERZIA 1 MG/ML ORAL SUSPENSION ^{NP}	*		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
LEQVIO 284 MG/1.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA,QL(4.5 per 365 days)	CARDIOVASCULAR AGENTS
LESCOL XL 80 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
levamlodipine 2.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
levamlodipine 5 mg tablet ^{NP}	*		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}	*		CARDIOVASCULAR AGENTS
LIPOFEN 50 MG CAPSULE ^{NP}	*		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}	*		CARDIOVASCULAR AGENTS
LIVALO 2 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
LIVALO 4 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
LOPID 600 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
LOPRESSOR 100 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
LOPRESSOR 50 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
losartan 100 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS
losartan 100 mg-hydrochlorothiazide 25 mg tablet	1		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		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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
LOTENSIN HCT 20 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
LOTENSIN HCT 20 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
LOTREL 10 MG-20 MG CAPSULE ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
LOTREL 10 MG-40 MG CAPSULE ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
LOTREL 5 MG-10 MG CAPSULE ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
LOTREL 5 MG-20 MG CAPSULE ^{NP}	*	QL(30 per 30 days)	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 ^{NP}	*		CARDIOVASCULAR AGENTS
matzim la 240 mg tablet,extended release ^{NP}	*		CARDIOVASCULAR AGENTS
matzim la 300 mg tablet,extended release ^{NP}	*		CARDIOVASCULAR AGENTS
matzim la 360 mg tablet,extended release ^{NP}	*		CARDIOVASCULAR AGENTS
matzim la 420 mg tablet,extended release ^{NP}	*		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
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 ^{NP}	*		CARDIOVASCULAR AGENTS
metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet ^{NP}	*		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 ^{NP}	*		CARDIOVASCULAR AGENTS
metoprolol tartrate 75 mg tablet	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 20 MG TABLET ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
MICARDIS 40 MG TABLET ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
MICARDIS 80 MG TABLET ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
MICARDIS HCT 40 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
MICARDIS HCT 80 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
MICARDIS HCT 80 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
midodrine 10 mg tablet	1		CARDIOVASCULAR AGENTS
midodrine 2.5 mg tablet	1		CARDIOVASCULAR AGENTS
midodrine 5 mg tablet	1		CARDIOVASCULAR AGENTS
MINIPRESS 1 MG CAPSULE	1	PA	CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MINIPRESS 2 MG CAPSULE	1	PA	CARDIOVASCULAR AGENTS
MINIPRESS 5 MG CAPSULE	1	PA	CARDIOVASCULAR AGENTS
minoxidil 10 mg tablet	1		CARDIOVASCULAR AGENTS
minoxidil 2.5 mg tablet	1		CARDIOVASCULAR AGENTS
moexipril 15 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
moexipril 7.5 mg tablet ^{NP}	*		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	1		CARDIOVASCULAR AGENTS
nebivolol 2.5 mg tablet	1		CARDIOVASCULAR AGENTS
nebivolol 20 mg tablet	1		CARDIOVASCULAR AGENTS
nebivolol 5 mg tablet	1		CARDIOVASCULAR AGENTS
NEXLETOL 180 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
NEXLIZET 180 MG-10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
niacin er 1,000 mg tablet,extended release 24 hr ^{NP}	*	PA	CARDIOVASCULAR AGENTS
niacin er 500 mg tablet,extended release 24 hr ^{NP}	*	PA	CARDIOVASCULAR AGENTS
niacin er 750 mg tablet,extended release 24 hr ^{NP}	*	PA	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		CARDIOVASCULAR AGENTS
nifedipine er 30 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
nifedipine er 60 mg tablet,extended release	1		CARDIOVASCULAR AGENTS
nifedipine er 60 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
nifedipine er 90 mg tablet,extended release	1		CARDIOVASCULAR AGENTS
nifedipine er 90 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS
nimodipine 30 mg capsule	1		CARDIOVASCULAR AGENTS
nisoldipine er 17 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
nisoldipine er 20 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
nisoldipine er 25.5 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
nisoldipine er 30 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
nisoldipine er 34 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
nisoldipine er 40 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
nisoldipine er 8.5 mg tablet,extended release 24 hr ^{NP}	*		CARDIOVASCULAR AGENTS
NITRO-BID 2 % TRANSDERMAL OINTMENT	1		CARDIOVASCULAR AGENTS
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	1		CARDIOVASCULAR AGENTS
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	1		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		CARDIOVASCULAR AGENTS
nitroglycerin 0.6 mg sublingual tablet	1		CARDIOVASCULAR AGENTS
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	1		CARDIOVASCULAR AGENTS
nitroglycerin 2 % transdermal ointment	1		CARDIOVASCULAR AGENTS
NORLIQVA 1 MG/ML ORAL SOLUTION	1	PA	CARDIOVASCULAR AGENTS
NORVASC 10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
NORVASC 2.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
NORVASC 5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY) ^{NP}	*		CARDIOVASCULAR AGENTS
NYMALIZE 60 MG/10 ML ORAL SOLUTION ^{NP}	*		CARDIOVASCULAR AGENTS
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY) ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 20 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
olmesartan 20 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 40 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
olmesartan 5 mg tablet	1	QL(90 per 30 days)	CARDIOVASCULAR AGENTS
omega-3 acid ethyl esters 1 gram capsule	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
pindolol 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
pindolol 5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
pitavastatin calcium 1 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
pitavastatin calcium 2 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
pitavastatin calcium 4 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	CARDIOVASCULAR AGENTS
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR	1	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
PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
PROCARDIA XL 90 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
propafenone 150 mg tablet	1		CARDIOVASCULAR AGENTS
propafenone 225 mg tablet	1		CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
propafenone 300 mg tablet	1		CARDIOVASCULAR AGENTS
propranolol 1 mg/ml intravenous solution	1		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-hydrochlorothiazide 25 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 80 mg-hydrochlorothiazide 25 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}	*		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 ^{NP}	*		CARDIOVASCULAR AGENTS
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
quinapril 20 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
quinapril 20 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
quinapril 40 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
quinapril 5 mg tablet ^{NP}	*		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	1		CARDIOVASCULAR AGENTS
ranolazine er 500 mg tablet,extended release,12 hr	1		CARDIOVASCULAR AGENTS
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR	1	PA,QL(3.5 per 28 days)	CARDIOVASCULAR AGENTS
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 per 28 days)	CARDIOVASCULAR AGENTS
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	1	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
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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
sotalol 240 mg tablet	1		CARDIOVASCULAR AGENTS
sotalol 80 mg tablet	1		CARDIOVASCULAR AGENTS
sotalol af 120 mg tablet	1		CARDIOVASCULAR AGENTS
sotalol af 160 mg tablet	1		CARDIOVASCULAR AGENTS
sotalol af 80 mg tablet	1		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 50 mg tablet	1		CARDIOVASCULAR AGENTS
SULAR 17 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
SULAR 34 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
SULAR 8.5 MG TABLET,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
TEKTURNA 150 MG TABLET	1		CARDIOVASCULAR AGENTS
TEKTURNA 300 MG TABLET	1		CARDIOVASCULAR AGENTS
TEKTURNA HCT 150 MG-12.5 MG TABLET	1		CARDIOVASCULAR AGENTS
TEKTURNA HCT 150 MG-25 MG TABLET	1		CARDIOVASCULAR AGENTS
TEKTURNA HCT 300 MG-12.5 MG TABLET	1		CARDIOVASCULAR AGENTS
TEKTURNA HCT 300 MG-25 MG TABLET	1		CARDIOVASCULAR AGENTS
telmisartan 20 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
telmisartan 40 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
telmisartan 40 mgamlodipine 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
telmisartan 40 mgamlodipine 5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
telmisartan 80 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
telmisartan 80 mgamlodipine 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
telmisartan 80 mgamlodipine 5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet ^{NP}	*		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
tiadylt er 120 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
tiadylt er 180 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
tiadylt er 240 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
tiadylt er 300 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
tiadylt er 360 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
tiadylt er 420 mg capsule,extended release	1		CARDIOVASCULAR AGENTS
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
timolol 10 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
timolol 20 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
timolol 5 mg tablet ^{NP}	*		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 ^{NP}	*		CARDIOVASCULAR AGENTS
trandolapril 1 mg-verapamil er 240 mg tablet,immed-exten release 24 hr ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
trandolapril 2 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
trandolapril 2 mg-verapamil er 180 mg tablet,immed-exten release 24 hr ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
trandolapril 2 mg-verapamil er 240 mg tablet,immed-exten release 24 hr ^{NP}	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
trandolapril 4 mg tablet ^{NP}	*		CARDIOVASCULAR AGENTS
trandolapril 4 mg-verapamil er 240 mg tablet,immed-exten release 24 hr ^{NP}	*	QL(30 per 30 days)	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 75 mg-hydrochlorothiazide 50 mg tablet	1		CARDIOVASCULAR AGENTS
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRIBENZOR 40 MG-10 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRIBENZOR 40 MG-5 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRICOR 145 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRICOR 48 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
TRILIPIX 135 MG CAPSULE,DELAYED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
TRILIPIX 45 MG CAPSULE,DELAYED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
valsartan 160 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS
valsartan 160 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS
valsartan 320 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS
valsartan 320 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS
valsartan 4 mg/ml oral solution ^{NP}	*		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		CARDIOVASCULAR AGENTS
VASERETIC 10 MG-25 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
VASOTEC 10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
VASOTEC 2.5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
VASOTEC 20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
VASOTEC 5 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
verapamil 120 mg tablet	1		CARDIOVASCULAR AGENTS
verapamil 40 mg tablet	1		CARDIOVASCULAR AGENTS
verapamil 80 mg tablet	1		CARDIOVASCULAR AGENTS
verapamil er (pm) 100 mg capsule 24hr pellet ct,ext.release ^{NP}	*		CARDIOVASCULAR AGENTS
verapamil er (pm) 200 mg capsule 24hr pellet ct,ext.release ^{NP}	*		CARDIOVASCULAR AGENTS
verapamil er (pm) 300 mg capsule 24hr pellet ct,ext.release ^{NP}	*		CARDIOVASCULAR AGENTS
verapamil er (sr) 120 mg tablet,extended release	1		CARDIOVASCULAR AGENTS
verapamil er (sr) 180 mg tablet,extended release	1		CARDIOVASCULAR AGENTS
verapamil er (sr) 240 mg tablet,extended release	1		CARDIOVASCULAR AGENTS
verapamil er 120 mg 24 hr capsule,extended release	1		CARDIOVASCULAR AGENTS
verapamil er 180 mg 24 hr capsule,extended release	1		CARDIOVASCULAR AGENTS
verapamil er 240 mg 24 hr capsule,extended release	1		CARDIOVASCULAR AGENTS
verapamil er 360 mg 24 hr capsule,extended release	1		CARDIOVASCULAR AGENTS
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE ^{NP}	*		CARDIOVASCULAR AGENTS
VERQUVO 10 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
VERQUVO 2.5 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
VERQUVO 5 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS
VYTORIN 10 MG-10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
VYTORIN 10 MG-20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
VYTORIN 10 MG-40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
VYTORIN 10 MG-80 MG TABLET ^{NP}	*		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}	*		CARDIOVASCULAR AGENTS
ZOCOR 10 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ZOCOR 20 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ZOCOR 40 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ZYPITAMAG 2 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ZYPITAMAG 4 MG TABLET ^{NP}	*		CARDIOVASCULAR AGENTS
ADDERALL 10 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL 12.5 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ADDERALL 15 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL 20 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL 30 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL 5 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL 7.5 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADZENYS XR-ODT 3.1 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADZENYS XR-ODT 6.3 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
amphetamine sulfate 10 mg tablet	1	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
amphetamine sulfate 5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AMPYRA 10 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
atomoxetine 10 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
atomoxetine 100 mg capsule	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
atomoxetine 18 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
atomoxetine 25 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
atomoxetine 40 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
atomoxetine 60 mg capsule	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
atomoxetine 80 mg capsule	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUBAGIO 14 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUBAGIO 7 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO 12 MG TABLET	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO 6 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO 9 MG TABLET	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR TITRATION (WEEK 1-4) 12-18-24-30 MG TABLET, ER 24HR DOSE PK	1	PA,QL(28 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG-12 MG-24 MG TABLET,ER DOSEPACK	1	PA,QL(42 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	1	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	1	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
AZSTARYS 26.1 MG-5.2 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AZSTARYS 39.2 MG-7.8 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
AZSTARYS 52.3 MG-10.4 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
BETASERON 0.3 MG SUBCUTANEOUS KIT	1	PA,QL(15 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
BRIUMVI 25 MG/ML INTRAVENOUS SOLUTION ^{NP}	*	PA	CENTRAL NERVOUS SYSTEM AGENTS
clonidine hcl er 0.1 mg tablet,extended release,12 hr	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CONCERTA 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CONCERTA 27 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CONCERTA 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CONCERTA 54 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(30 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(30 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dalfampridine er 10 mg tablet,extended release,12 hr	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DAYTRANA 10 MG/9 HR DAILY PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DAYTRANA 15 MG/9 HR DAILY PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DAYTRANA 20 MG/9 HR DAILY PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DAYTRANA 30 MG/9 HR DAILY PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DESOXYN 5 MG TABLET	1	PA	CENTRAL NERVOUS SYSTEM AGENTS
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate 10 mg tablet	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate 2.5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate 5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 10 mg tablet	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 15 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 2.5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 20 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 30 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 5 mg/5 ml oral solution	1	PA,QL(1200 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate 7.5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate er 10 mg capsule,extended release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate er 15 mg capsule,extended release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine sulfate er 5 mg capsule,extended release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 10 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 12.5 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 15 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 20 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 30 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 5 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine 7.5 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 12.5 mg capsule, 3 bead, ext rel 24hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 25 mg capsule,3 bead,ext release 24hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dextroamphetamine-amphetamine er 50 mg capsule,3 bead,ext release 24hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	1	PA	CENTRAL NERVOUS SYSTEM AGENTS
dimethyl fumarate 120 mg capsule,delayed release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
dimethyl fumarate 240 mg capsule,delayed release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
duloxetine 20 mg capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
duloxetine 30 mg capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
duloxetine 40 mg capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
duloxetine 60 mg capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DYANAVEL XR 10 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DYANAVEL XR 15 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION	1	PA,QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DYANAVEL XR 20 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
DYANAVEL XR 5 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
EVEKEO 10 MG TABLET	1	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
EVEKEO 5 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
fingolimod 0.5 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FOCALIN 10 MG TABLET	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN 2.5 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN 5 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
GILENYA 0.25 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
GILENYA 0.5 MG CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
glatiramer 20 mg/ml subcutaneous syringe ^{NP}	*	PA,QL(30 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
glatiramer 40 mg/ml subcutaneous syringe ^{NP}	*	PA,QL(30 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
glatopa 20 mg/ml subcutaneous syringe ^{NP}	*	PA,QL(30 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
glatopa 40 mg/ml subcutaneous syringe ^{NP}	*	PA,QL(30 per 25 days)	CENTRAL NERVOUS SYSTEM AGENTS
guanfacine er 1 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
guanfacine er 2 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
guanfacine er 3 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
guanfacine er 4 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INGREZZA 40 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INGREZZA 60 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INGREZZA 80 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INGREZZA INITIATION (TARDIVE) 40 MG (7)-80 MG (21) CAPSULES, DOSE PACK	1	PA,QL(28 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
INGREZZA SPRINKLE 40 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INGREZZA SPRINKLE 60 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
INGREZZA SPRINKLE 80 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
INTUNIV ER 4 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 per 365 days)	CENTRAL NERVOUS SYSTEM AGENTS
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION ^{NP}	*	PA,QL(6 per 311 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 10 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 10 mg chewable tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 20 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 20 mg chewable tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 30 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 30 mg chewable tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 40 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 40 mg chewable tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 50 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 50 mg chewable tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 60 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 60 mg chewable tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
lisdexamfetamine 70 mg capsule	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 100 MG CAPSULE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 150 MG CAPSULE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
LYRICA 20 MG/ML ORAL SOLUTION	1	PA,QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 200 MG CAPSULE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 225 MG CAPSULE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 25 MG CAPSULE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 300 MG CAPSULE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 50 MG CAPSULE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
LYRICA 75 MG CAPSULE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (10 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (4 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (5 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (6 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (7 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (8 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAVENCLAD (9 TABLET PACK) 10 MG TABLET ^{NP}	*	PA,QL(20 per 10 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAYZENT 0.25 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAYZENT 1 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAYZENT 2 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAYZENT STARTER PACK (FOR 1 MG MAINT DOSE) 0.25 MG (7 TABS) TABLETS ^{NP}	*	PA,QL(7 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
MAYZENT STARTER PACK (FOR 2 MG MAINT DOSE) 0.25 MG (12 TABS) TABLETS ^{NP}	*	PA,QL(12 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
METADATE CD 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
METADATE CD 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
METADATE CD 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
METADATE CD 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
METADATE CD 50 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
METADATE CD 60 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
metadate er 20 mg tablet,extended release	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methamphetamine 5 mg tablet	1	PA	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
METHYLIN 10 MG/5 ML ORAL SOLUTION	1	PA,QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
METHYLIN 5 MG/5 ML ORAL SOLUTION	1	PA,QL(1800 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 10 mg chewable tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 10 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 10 mg/5 ml oral solution	1	PA,QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 10 mg/9 hr daily transdermal patch	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 15 mg/9 hr daily transdermal patch	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 2.5 mg chewable tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 20 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 20 mg/9 hr daily transdermal patch	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 30 mg/9 hr daily transdermal patch	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 5 mg chewable tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 5 mg tablet	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate 5 mg/5 ml oral solution	1	PA,QL(1800 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 10 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 10 mg tablet,extended release	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 15 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 18 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 20 mg tablet,extended release	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 27 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 36 mg tablet,extended release 24 hr	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 45 mg tablet,extended release 24 hr	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 54 mg tablet,extended release 24 hr	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 60 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 63 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate er 72 mg tablet,extended release 24 hr	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate la 10 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate la 20 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate la 30 mg biphasic 50-50 capsule,extended release	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate la 40 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
methylphenidate la 60 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
NUEDEXTA 20 MG-10 MG CAPSULE	1	PA	CENTRAL NERVOUS SYSTEM AGENTS
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION	1	PA,QL(20 per 168 days)	CENTRAL NERVOUS SYSTEM AGENTS
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SUBCUTANEOUS SOLUTION	1	PA,QL(23 per 180 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}	*	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA,QL(1 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PONVORY 14-DAY STARTER PACK 2-3-4-5-6-7-8-9-10 MG TABLETS ^{NP}	*	PA,QL(14 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
PONVORY 20 MG TABLET ^{NP}	*	PA,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
procentra 5 mg/5 ml oral solution	1	PA,QL(1200 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
QELBREE 100 MG CAPSULE,EXTENDED RELEASE	1	QL(30 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
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.	1	PA,QL(4.2 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(4.2 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
RELEXXII 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RELEXXII 27 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RELEXXII 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RELEXXII 45 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RELEXXII 54 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RELEXXII 63 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RELEXXII 72 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
riluzole 50 mg tablet	1		CENTRAL NERVOUS SYSTEM AGENTS
RITALIN 10 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RITALIN 20 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RITALIN 5 MG TABLET	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
SAVELLA 100 MG TABLET	1		CENTRAL NERVOUS SYSTEM AGENTS
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	1	QL(55 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
SAVELLA 12.5 MG TABLET	1		CENTRAL NERVOUS SYSTEM AGENTS
SAVELLA 25 MG TABLET	1		CENTRAL NERVOUS SYSTEM AGENTS
SAVELLA 50 MG TABLET	1		CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 10 MG CAPSULE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 100 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 18 MG CAPSULE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 25 MG CAPSULE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 40 MG CAPSULE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 60 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
STRATTERA 80 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
TASCENO ODT 0.25 MG DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
TASCENO ODT 0.5 MG DISINTEGRATING TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE ^{NP}	*	PA	CENTRAL NERVOUS SYSTEM AGENTS
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
teriflunomide 14 mg tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
teriflunomide 7 mg tablet	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
tetrabenazine 12.5 mg tablet	1	PA,QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
tetrabenazine 25 mg tablet	1	PA,QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION	1	PA,QL(15 per 23 days)	CENTRAL NERVOUS SYSTEM AGENTS
VEOZAH 45 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VUMERTY 231 MG CAPSULE,DELAYED RELEASE ^{NP}	*	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 10 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 10 MG CHEWABLE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 20 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 20 MG CHEWABLE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 30 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 30 MG CHEWABLE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 40 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 40 MG CHEWABLE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 50 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 50 MG CHEWABLE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 60 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 60 MG CHEWABLE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
VYVANSE 70 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
XELSTRYM 13.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
XELSTRYM 18 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
XELSTRYM 4.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
XELSTRYM 9 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
XENAZINE 12.5 MG TABLET ^{NP}	*	PA,QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
XENAZINE 25 MG TABLET ^{NP}	*	PA,QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
zenzedi 10 mg tablet	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZENZEDI 15 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZENZEDI 2.5 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZENZEDI 20 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZENZEDI 30 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
zenzedi 5 mg tablet	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZENZEDI 7.5 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZEPOSIA 0.92 MG CAPSULE	1	PA,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	1	PA,QL(28 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)-0.46 MG (3) CAPSULES DOSEPACK	1	PA,QL(7 per 90 days)	CENTRAL NERVOUS SYSTEM AGENTS
chlorhexidine gluconate 0.12 % mouthwash	1		DENTAL & ORAL AGENTS
oralone 0.1 % dental paste	1		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}	*		DERMATOLOGICAL AGENTS
ABSORICA 20 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA 25 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA 30 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA 35 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA 40 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA LD 16 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA LD 24 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA LD 32 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ABSORICA LD 8 MG CAPSULE ^{NP}	*		DERMATOLOGICAL AGENTS
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP ^{NP}	*		DERMATOLOGICAL AGENTS
acitretin 10 mg capsule	1	PA	DERMATOLOGICAL AGENTS
acitretin 17.5 mg capsule	1	PA	DERMATOLOGICAL AGENTS
acitretin 25 mg capsule	1	PA	DERMATOLOGICAL AGENTS
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
adapalene 0.3 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
adapalene 0.3 % topical gel with pump ^{NP}	*		DERMATOLOGICAL AGENTS
adapalene 0.3 %-benzoyl peroxide 2.5 % topical gel with pump ^{NP}	*		DERMATOLOGICAL AGENTS
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA	DERMATOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	DERMATOLOGICAL AGENTS
AKLIEF 0.005 % TOPICAL CREAM ^{NP}	*		DERMATOLOGICAL AGENTS
ALTRENO 0.05 % LOTION ^{NP}	*		DERMATOLOGICAL AGENTS
ammonium lactate 12 % lotion	1		DERMATOLOGICAL AGENTS
ammonium lactate 12 % topical cream	1		DERMATOLOGICAL AGENTS
ammonium lactate 12 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
amnesteem 10 mg capsule	1		DERMATOLOGICAL AGENTS
amnesteem 20 mg capsule	1		DERMATOLOGICAL AGENTS
amnesteem 30 mg capsule	1		DERMATOLOGICAL AGENTS
amnesteem 40 mg capsule	1		DERMATOLOGICAL AGENTS
anti-dandruff 1 % shampoo ^{OTC}	1		DERMATOLOGICAL AGENTS
anti-itch (hydrocortisone) 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
anti-itch (hydrocortisone) 1 % topical ointment ^{OTC}	1		DERMATOLOGICAL AGENTS
anti-itch (hydrocortisone) with aloe 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
anusol-hc 2.5 % topical cream with perineal applicator	1		DERMATOLOGICAL AGENTS
aquaphor itch relief 1 % topical ointment ^{OTC}	1		DERMATOLOGICAL AGENTS
ARAZLO 0.045 % LOTION ^{NP}	*		DERMATOLOGICAL AGENTS
ATRALIN 0.05 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
AVEENO ANTI-ITCH (HYDROCORTISONE) 1 % TOPICAL CREAM ^{OTC}	1		DERMATOLOGICAL AGENTS
BENZAMYCIN 3 %-5 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
betamethasone dipropionate 0.05 % lotion	1	PA	DERMATOLOGICAL AGENTS
betamethasone dipropionate 0.05 % topical cream	1	PA	DERMATOLOGICAL AGENTS
betamethasone dipropionate 0.05 % topical ointment	1	PA	DERMATOLOGICAL AGENTS
betamethasone valerate 0.1 % lotion	1		DERMATOLOGICAL AGENTS
betamethasone valerate 0.1 % topical cream	1		DERMATOLOGICAL AGENTS
betamethasone valerate 0.1 % topical ointment	1		DERMATOLOGICAL AGENTS
betamethasone, augmented 0.05 % lotion	1		DERMATOLOGICAL AGENTS
betamethasone, augmented 0.05 % topical cream	1		DERMATOLOGICAL AGENTS
betamethasone, augmented 0.05 % topical gel	1	PA	DERMATOLOGICAL AGENTS
betamethasone, augmented 0.05 % topical ointment	1		DERMATOLOGICAL AGENTS
bp 10-1 10 %-1 % topical cleanser ^{NP}	*		DERMATOLOGICAL AGENTS
CABTREO 0.15 %-3.1 %-1.2 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
calcipotriene 0.005 % scalp solution	1		DERMATOLOGICAL AGENTS
calcipotriene 0.005 % topical cream	1		DERMATOLOGICAL AGENTS
calcipotriene 0.005 % topical foam ^{NP}	*		DERMATOLOGICAL AGENTS
calcipotriene 0.005 % topical ointment ^{NP}	*		DERMATOLOGICAL AGENTS
calcipotriene-betamethasone 0.005 %-0.064 % topical ointment ^{NP}	*		DERMATOLOGICAL AGENTS
calcipotriene-betamethasone 0.005 %-0.064 % topical suspension ^{NP}	*		DERMATOLOGICAL AGENTS
calcitriol 3 mcg/gram topical ointment ^{NP}	*		DERMATOLOGICAL AGENTS
CARAC 0.5 % TOPICAL CREAM	1		DERMATOLOGICAL AGENTS
claravis 10 mg capsule	1		DERMATOLOGICAL AGENTS
claravis 20 mg capsule	1		DERMATOLOGICAL AGENTS
claravis 30 mg capsule	1		DERMATOLOGICAL AGENTS
claravis 40 mg capsule	1		DERMATOLOGICAL AGENTS
CLEOCIN T 1 % LOTION ^{NP}	*		DERMATOLOGICAL AGENTS
clindacin 1 % topical foam ^{NP}	*		DERMATOLOGICAL AGENTS
CLINDACIN ETZ 1 % TOPICAL KIT ^{NP}	*		DERMATOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
clindacin etz 1 % topical swab ^{NP}	*		DERMATOLOGICAL AGENTS
clindacin p 1 % topical swab ^{NP}	*		DERMATOLOGICAL AGENTS
CLINDACIN PAC 1 % TOPICAL KIT ^{NP}	*		DERMATOLOGICAL AGENTS
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY ^{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	1		DERMATOLOGICAL AGENTS
clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump	1		DERMATOLOGICAL AGENTS
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	1		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 0.05 % lotion	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % scalp solution	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % shampoo	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % topical cream	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % topical foam	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % topical gel	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % topical ointment	1	PA	DERMATOLOGICAL AGENTS
clobetasol 0.05 % topical spray	1	PA	DERMATOLOGICAL AGENTS
clobetasol-emollient 0.05 % topical cream	1		DERMATOLOGICAL AGENTS
clodan 0.05 % shampoo	1	PA	DERMATOLOGICAL AGENTS
cortisone (hydrocortisone) 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
cortisone with aloe 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
cortizone-10 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
cortizone-10 1 % topical ointment ^{OTC}	1		DERMATOLOGICAL AGENTS
cortizone-10 with aloe 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
crotan 10 % lotion ^{NP}	*		DERMATOLOGICAL AGENTS
dandruff shampoo (selenium sulfide) 1 % ^{OTC}	1		DERMATOLOGICAL AGENTS
dapsone 5 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
dapsone 7.5 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
dapsone 7.5 % topical gel with pump ^{NP}	*		DERMATOLOGICAL AGENTS
diclofenac 3 % topical gel	1	PA	DERMATOLOGICAL AGENTS
DIFFERIN 0.1 % TOPICAL CREAM	1	ST	DERMATOLOGICAL AGENTS
DIFFERIN 0.1 % TOPICAL GEL ^{OTC}	1		DERMATOLOGICAL AGENTS
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP	1	ST	DERMATOLOGICAL AGENTS
DUOBRII 0.01 %-0.045 % LOTION ^{NP}	*		DERMATOLOGICAL AGENTS
EBGLYSS PEN 250 MG/2 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	DERMATOLOGICAL AGENTS
EBGLYSS SYRINGE 250 MG/2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	DERMATOLOGICAL AGENTS
effaclar adapalene 0.1 % topical gel ^{OTC}	1		DERMATOLOGICAL AGENTS
EFUDEX 5 % TOPICAL CREAM	1		DERMATOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ELIDEL 1 % TOPICAL CREAM ^{NP}	*	PA	DERMATOLOGICAL AGENTS
ELIMITE 5 % TOPICAL CREAM ^{NP}	*		DERMATOLOGICAL AGENTS
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM	1		DERMATOLOGICAL AGENTS
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP ^{NP}	*		DERMATOLOGICAL AGENTS
ery pads 2 % topical swab ^{NP}	*		DERMATOLOGICAL AGENTS
ERYGEL 2 % TOPICAL ^{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	DERMATOLOGICAL AGENTS
FABIOR 0.1 % TOPICAL FOAM ^{NP}	*		DERMATOLOGICAL AGENTS
FINACEA 15 % TOPICAL FOAM	1		DERMATOLOGICAL AGENTS
fluocinolone 0.01 % topical cream	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	PA	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	1		DERMATOLOGICAL AGENTS
fluorouracil 2 % topical solution	1		DERMATOLOGICAL AGENTS
fluorouracil 5 % topical cream	1		DERMATOLOGICAL AGENTS
fluorouracil 5 % topical solution	1		DERMATOLOGICAL AGENTS
fluticasone propionate 0.005 % topical ointment	1		DERMATOLOGICAL AGENTS
fluticasone propionate 0.05 % topical cream	1		DERMATOLOGICAL AGENTS
halobetasol propionate 0.05 % topical cream	1	PA	DERMATOLOGICAL AGENTS
halobetasol propionate 0.05 % topical foam	1	PA	DERMATOLOGICAL AGENTS
halobetasol propionate 0.05 % topical ointment	1	PA	DERMATOLOGICAL AGENTS
hydrocortisone 0.5 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
hydrocortisone 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
hydrocortisone 1 % topical cream	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 2.5 % lotion	1		DERMATOLOGICAL AGENTS
hydrocortisone 2.5 % topical cream	1		DERMATOLOGICAL AGENTS
hydrocortisone 2.5 % topical cream with perineal applicator	1		DERMATOLOGICAL AGENTS
hydrocortisone 2.5 % topical ointment	1		DERMATOLOGICAL AGENTS
hydrocortisone 20 mg tablet	1		DERMATOLOGICAL AGENTS
hydrocortisone 5 mg tablet	1		DERMATOLOGICAL AGENTS
hydrocortisone plus 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
hydrocortisone-aloe vera 0.5 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
hydrocortisone-aloe vera 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
hydrocream 1 % topical ^{OTC}	1		DERMATOLOGICAL AGENTS
imiquimod 5 % topical cream packet	1		DERMATOLOGICAL AGENTS
IMPEKLO 0.05 % TOPICAL LOTION IN PUMP	1	PA	DERMATOLOGICAL AGENTS
isotretinoin 10 mg capsule ^{NP}	*		DERMATOLOGICAL AGENTS
isotretinoin 20 mg capsule ^{NP}	*		DERMATOLOGICAL AGENTS
isotretinoin 25 mg capsule ^{NP}	*		DERMATOLOGICAL AGENTS
isotretinoin 30 mg capsule ^{NP}	*		DERMATOLOGICAL AGENTS
isotretinoin 35 mg capsule ^{NP}	*		DERMATOLOGICAL AGENTS
isotretinoin 40 mg capsule ^{NP}	*		DERMATOLOGICAL AGENTS
itch relief (hc) 1 % topical ointment ^{OTC}	1		DERMATOLOGICAL AGENTS
LEXETTE 0.05 % TOPICAL FOAM	1	PA	DERMATOLOGICAL AGENTS
lice killing (permethrin) 1 % topical liquid ^{OTC}	1		DERMATOLOGICAL AGENTS
lice treatment (permethrin) 1 % topical liquid ^{OTC}	1		DERMATOLOGICAL AGENTS
lice treatment 1 % topical liquid ^{OTC}	1		DERMATOLOGICAL AGENTS
malathion 0.5 % lotion ^{NP}	*		DERMATOLOGICAL AGENTS
methoxsalen 10 mg liquid-filled,rapid release capsule ^{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
NATROBA 0.9 % TOPICAL SUSPENSION	1		DERMATOLOGICAL AGENTS
neuac 1.2 % (1 % base)-5 % topical gel	1		DERMATOLOGICAL AGENTS
NIX CREME RINSE 1 % TOPICAL LIQUID ^{OTC}	1		DERMATOLOGICAL AGENTS
noble formula hc 1 % topical cream ^{OTC}	1		DERMATOLOGICAL AGENTS
OLUX 0.05 % TOPICAL FOAM	1	PA	DERMATOLOGICAL AGENTS
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP ^{NP}	*		DERMATOLOGICAL AGENTS
OPZELURA 1.5 % TOPICAL CREAM	1	PA,QL(360 per 365 days)	DERMATOLOGICAL AGENTS
OTEZLA 20 MG TABLET	1	PA	DERMATOLOGICAL AGENTS
OTEZLA 30 MG TABLET	1	PA	DERMATOLOGICAL AGENTS
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK	1	PA	DERMATOLOGICAL AGENTS
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK	1	PA	DERMATOLOGICAL AGENTS
permethrin 5 % topical cream	1		DERMATOLOGICAL AGENTS
pimecrolimus 1 % topical cream	1	PA	DERMATOLOGICAL AGENTS
PLEXION 9.8 %-4.8 % LOTION ^{NP}	*		DERMATOLOGICAL AGENTS
podofilox 0.5 % topical solution	1		DERMATOLOGICAL AGENTS
preparation h hydrocortisone 1 % topical cream ^{OTC}	1		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
protozone-hc 2.5 % topical cream perineal applicator	1		DERMATOLOGICAL AGENTS
RETIN-A 0.01 % TOPICAL GEL	1		DERMATOLOGICAL AGENTS
RETIN-A 0.025 % TOPICAL CREAM	1		DERMATOLOGICAL AGENTS
RETIN-A 0.025 % TOPICAL GEL	1		DERMATOLOGICAL AGENTS
RETIN-A 0.05 % TOPICAL CREAM	1		DERMATOLOGICAL AGENTS
RETIN-A 0.1 % TOPICAL CREAM	1		DERMATOLOGICAL AGENTS
RETIN-A MICRO 0.04 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
RETIN-A MICRO 0.1 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
RETIN-A MICRO PUMP 0.04 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RETIN-A MICRO PUMP 0.06 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
RETIN-A MICRO PUMP 0.08 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
RETIN-A MICRO PUMP 0.1 % TOPICAL GEL ^{NP}	*		DERMATOLOGICAL AGENTS
selenium sulfide 2.25 % shampoo	1		DERMATOLOGICAL AGENTS
selenium sulfide 2.3 % shampoo	1		DERMATOLOGICAL AGENTS
selenium sulfide 2.5 % lotion	1		DERMATOLOGICAL AGENTS
selsun blue 1 % shampoo ^{OTC}	1		DERMATOLOGICAL AGENTS
selsun blue 2-in-1 1 % shampoo ^{OTC}	1		DERMATOLOGICAL AGENTS
silver sulfadiazine 1 % topical cream	1		DERMATOLOGICAL AGENTS
SORILUX 0.005 % TOPICAL FOAM ^{NP}	*		DERMATOLOGICAL AGENTS
spinosad 0.9 % topical suspension ^{NP}	*		DERMATOLOGICAL AGENTS
sss 10-5 10 %-5 % (w/w) topical cream ^{NP}	*		DERMATOLOGICAL AGENTS
sss 10-5 10 %-5 % topical foam ^{NP}	*		DERMATOLOGICAL AGENTS
sulfacetamide sodium 8 %-sulfur 4 % 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 9.8 %-sulfur 4.8 % topical cream ^{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 %-5 % (w/w) topical cleanser ^{NP}	*		DERMATOLOGICAL AGENTS
sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cream ^{NP}	*		DERMATOLOGICAL AGENTS
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
SUMADAN 9 %-4.5 % TOPICAL CLEANSER ^{NP}	*		DERMATOLOGICAL AGENTS
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
SUMAXIN CP 10 %-4 % TOPICAL KIT ^{NP}	*		DERMATOLOGICAL AGENTS
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION	1		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	1		DERMATOLOGICAL AGENTS
tazarotene 0.1 % topical foam ^{NP}	*		DERMATOLOGICAL AGENTS
tazarotene 0.1 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
TEMOVATE 0.05 % TOPICAL OINTMENT	1	PA	DERMATOLOGICAL AGENTS
TERSI FOAM 2.25 % TOPICAL	1		DERMATOLOGICAL AGENTS
tretinoin 0.01 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin 0.025 % topical cream ^{NP}	*		DERMATOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
tretinoin 0.025 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin 0.05 % topical cream ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin 0.05 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin 0.1 % topical cream ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin microspheres 0.04 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin microspheres 0.04 % topical gel with pump ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin microspheres 0.08 % topical gel with pump ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin microspheres 0.1 % topical gel ^{NP}	*		DERMATOLOGICAL AGENTS
tretinoin microspheres 0.1 % topical gel with pump ^{NP}	*		DERMATOLOGICAL AGENTS
TWYNEO 0.1 %-3 % TOPICAL CREAM ^{NP}	*		DERMATOLOGICAL AGENTS
ULTRAVATE 0.05 % LOTION	1	PA	DERMATOLOGICAL AGENTS
VANOS 0.1 % TOPICAL CREAM	1	PA	DERMATOLOGICAL AGENTS
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT	1		DERMATOLOGICAL AGENTS
VTAMA 1 % TOPICAL CREAM ^{NP}	*		DERMATOLOGICAL AGENTS
WINLEVI 1 % TOPICAL CREAM ^{NP}	*		DERMATOLOGICAL AGENTS
zenatane 10 mg capsule	1		DERMATOLOGICAL AGENTS
zenatane 20 mg capsule	1		DERMATOLOGICAL AGENTS
zenatane 30 mg capsule	1		DERMATOLOGICAL AGENTS
zenatane 40 mg capsule	1		DERMATOLOGICAL AGENTS
ZIANA 1.2 %-0.025 % TOPICAL GEL	1		DERMATOLOGICAL AGENTS
ZMA CLEAR 9 %-4.5 % TOPICAL SUSPENSION ^{NP}	*		DERMATOLOGICAL AGENTS
ZORYVE 0.15 % TOPICAL CREAM ^{NP}	*	PA,QL(180 per 30 days)	DERMATOLOGICAL AGENTS
ZORYVE 0.3 % TOPICAL CREAM ^{NP}	*	PA,QL(180 per 30 days)	DERMATOLOGICAL AGENTS
ZORYVE 0.3 % TOPICAL FOAM ^{NP}	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS
ACTICAL CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ALGAE BASED CALCIUM 333.33 MG-6.67 MCG-32 MG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
aquastat 0.9% sodium chloride injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
aquastat sfr 0.9% sodium chloride injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
AURYXIA 210 MG IRON TABLET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
bd posiflush normal saline 0.9 % injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
BIOCAL 500 MG-100 UNIT-45 MG-800 MCG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
BONEUP (CALCIUM ASCORBATE) 166.6 MG-4.15 MCG-83.3 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
BONEUP 333 MG-8.3 MCG-116.7 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
cal-citrate 250 mg-2.5 mcg (100 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CAL-QUICK 500 MG-10 MCG (400 UNIT)/5 ML ORAL LIQUID ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
calcium 1,000 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 1,000 mg (citrate)-vit d3 10 mcg (400 unit)/30 ml oral liquid ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 200 mg (as citrate)-vitamin d3 3.125 mcg (125 unit) 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 mcg (120 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)-vitamin d3 5 mcg (200 unit) 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
calcium 315 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 + d 500 mg-10 mcg (400 unit) chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 + d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 + d 500 mg-5 mcg (200 unit) 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 (as carbonate)-d3 2.5 mcg (100 unit) chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg (as carbonate)-vit d3 10 mcg (400 unit) chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg (as carbonate)-vitamin d3 15 mcg (600 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg (as carbonate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg (as citrate)-vit d3 12.5 mcg (500 unit) chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension ^{OTC}	1	QL(900 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 500 with d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 + d(3) 600 mg-10 mcg (400 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 + d(3) 600 mg-5 mcg (200 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 + d(3) 600 mg-5 mcg (200 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
calcium 600 mg (as carbonate)-vit d3 10 mcg (400 unit)-minerals tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 12.5 mcg (500 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 25 mcg (1,000 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 mg (as carbonate)-vitamin d3 62.5 mcg (2,500 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium 600 with vitamin d3 600 mg-10 mcg (400 unit) chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium acetate 668 mg (169 mg calcium) tablet ^{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 with vit d3 600 mg (as carbonate)-12.5 mcg (500 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium with vitamin d 600 mg-10 mcg (400 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium-500 500 mg (as calcium carbonate 1,250 mg) chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CALPHRON 667 MG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CALTRATE PLUS D 600 MG (CARBONATE)-20 MCG (800 UNIT) CHEWABLE TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CALTRATE WITH VITAMIN D3 600 MG-20 MCG (800 UNIT) TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CARBAGLU 200 MG DISPERSIBLE TABLET	1	PA	ELECTROLYTES/MINERALS/METALS/VITAMINS
carglumic acid 200 mg dispersible tablet ^{NP}	*	PA	ELECTROLYTES/MINERALS/METALS/VITAMINS
centratex 106 mg iron-1 mg capsule ^{OTC}	1		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
citracal regular 250 mg (as citrate)-5 mcg (200 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
CITRACAL-D3 PETITES 200 MG (AS CITRATE)-6.25 MCG (250 UNIT) TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CLASSIC PRENATAL 28 MG IRON-800 MCG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
clearshield 0.9% sodium chloride flush injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
complete natal dha 29 mg iron-1 mg-200 mg oral pack	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
completenate 29 mg iron-1 mg chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
DERMACINRX PRENATRIX 27 MG IRON-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
DERMACINRX PRENATRYL 27 MG IRON-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
DERMACINRX PRETRATE 27 MG IRON-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ferrex 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
folivane-f 125 mg-1 mg-40 mg-3 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
folivane-ob 85 mg-1 mg capsule	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
folivane-plus 125 mg iron-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
FOSRENOL 1,000 MG CHEWABLE TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
FOSRENOL 1,000 MG ORAL POWDER PACKET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
FOSRENOL 500 MG CHEWABLE TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
FOSRENOL 750 MG CHEWABLE TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
FOSRENOL 750 MG ORAL POWDER PACKET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
GENADEK STEP 1 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
GENADEK STEP 2 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
hematinic plus vit/minerals 106 mg iron-1 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
hi-cal plus vit d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ifex 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
kionex (with sorbitol) 15 gram-20 gram/60 ml oral suspension ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
KPN 9 MG IRON-267 MCG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
lanthanum 1,000 mg chewable tablet ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
lanthanum 500 mg chewable tablet ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
lanthanum 750 mg chewable tablet ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
levocarnitine (with sugar) 100 mg/ml oral solution	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
levocarnitine 330 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
liquid calcium with vitamin d 600 mg-5 mcg (200 unit) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
LOKELMA 10 GRAM ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
LOKELMA 5 GRAM ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
LYSIPLEX PLUS TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
m-natal plus 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
MAGNEBIND 300 250 MG-300 MG TABLET ^{OTC}	1	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS
MINI PRENATAL 6.75 MG IRON-200 MCG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
monoject 0.9% sodium chloride injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
monoject prefill advanced 0.9 % sodium chloride injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
neo-vital rx 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
NEONATAL COMPLETE 29 MG-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
normal saline flush 0.9 % injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON-800 MCG ORAL PACK ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
one daily prenatal 28 mg-800 mcg-440 mg oral pack ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ONE-A-DAY PRENATAL-1 27 MG IRON-800 MCG-235 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ORAZINC 50 MG ZINC (220 MG) CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ORTHO-TABS 500 MG-400 UNIT-15 MCG-200 MCG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
OS-CAL 500 + D3 500 MG-15 MCG (600 UNIT) TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
os-cal 500 + d3 500 mg-5 mcg (200 unit) tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
OSTEOPRIME PLUS CALCIUM-MAGNESIUM 200 MG-5 MCG-75 MG-200 MCGDFE TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
oysco 500/d 500 mg-5 mcg (200 unit) tablet ^{OTC}	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-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
penicillamine 250 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION	1	QL(1800 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS
phospha neutral 250 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	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/crust)	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
potassium chloride er 15 meq tablet,extended release(part/crust)	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/crust)	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
potassium chloride er 8 meq capsule,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
potassium chloride er 8 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
potassium citrate er 10 meq (1,080 mg) tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
potassium citrate er 15 meq (1,620 mg) tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
potassium citrate er 5 meq (540 mg) tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
PRENATABS FA 29 MG-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal + dha 28 mg iron-800 mcg-200 mg oral pack ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal + dha 28 mg iron-975 mcg-200 mg oral pack ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal 19 29 mg iron-1 mg chewable tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal 19 29 mg iron-1 mg chewable tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal 28 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal 28 mg-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal complete 14 mg iron-400 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal formula 28 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal formula 9 mg iron-267 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
PRENATAL FORMULA-DHA 28 MG-800 MCG-200 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal multi 27 mg-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal multi-dha (algal oil) 27 mg iron-800 mcg-250 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal multi-dha (with vitamin k) 27 mg iron-800 mcg-260 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal multivitamins 28 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal one daily 27 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal plus vitamin-mineral 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal tablet 28 mg iron-800 mcg ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal vit no.95-ferrous fumarate 28 mg-folic acid 800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal vitamin 27 mg iron-0.8 mg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal vitamin 27 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal vitamin 28 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
prenatal vitamin-ferrous fumarate 28 mg iron-folic acid 800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal vitamins plus low iron 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 with minerals 28 mg iron-800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
prenatal vits no.179-ferrous fumarate 28 mg-folic acid 800 mcg tablet ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
PRENATE AM 1 MG-500 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
PRO-CAL 187.5 MG-40 MG-7.5 MG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
RENELA 0.8 GRAM ORAL POWDER PACKET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
RENELA 2.4 GRAM ORAL POWDER PACKET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
RENELA 800 MG TABLET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
se-natal 19 chewable 29 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sevelamer carbonate 0.8 gram oral powder packet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sevelamer carbonate 2.4 gram oral powder packet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sevelamer carbonate 800 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sevelamer hcl 400 mg tablet ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
sevelamer hcl 800 mg tablet ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sodium chloride 0.9 % (flush) injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sodium chloride 0.9 % (flush) injection syringe with alcohol swab cap	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
sodium polystyrene sulfonate oral powder	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
swabflush 0.9 % injection syringe with alcohol swab cap	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
taron forte 150 mg-60 mg-25 mcg-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
taron-c dha 35 mg-1 mg-200 mg capsule	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
THERANATAL 27 MG IRON-1 MG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
THERANATAL COMPLETE 27 MG IRON-1 MG-150 MG ORAL PACK ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
THERANATAL ONE 27 MG IRON-1,000 MCG-300 MG CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
THERANATAL OVAVITE 18 MG-1 MG-125 UNIT ORAL PACK ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
THERANATAL PLUS 27 MG IRON-1 MG-300 MG ORAL PACK ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
TRICARE 27 MG IRON-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
tricon 110 mg-0.5 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
trinatal rx 1 60 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
ULTRA BONEUP 200 MG-8.3 MCG-83.3 MG-8.3 MG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
UPCAL D 500 MG (AS CITRATE)-12.5 MCG (500 UNIT)/5 GRAM ORAL POWDER ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
UPCAL D 500 MG (CITRATE)-12.5 MCG (500 UNIT)/5 GRAM ORAL POWDER PACKET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
VEGETARIAN BONEUP 166.6 MG-4.15 MCG-83.3 MG TABLET ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
VELPHORO 500 MG CHEWABLE TABLET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
VELTASSA 1 GRAM ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
VELTASSA 16.8 GRAM ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
VELTASSA 25.2 GRAM ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
VELTASSA 8.4 GRAM ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
westab plus 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
women's prenatal plus dha 28 mg-975 mcg-200 mg oral pack ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
XPHOZAH 20 MG TABLET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
XPHOZAH 30 MG TABLET ^{NP}	*		ELECTROLYTES/MINERALS/METALS/VITAMINS
ZINC (WITH VITAMINS A AND C) LOZENGES ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
zinc gluconate 10 mg lozenges ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
zinc sulfate 50 mg zinc (220 mg) capsule ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ZINC-220 50 MG ZINC (220 MG) CAPSULE ^{OTC}	1		ELECTROLYTES/MINERALS/METALS/VITAMINS
acid controller 10 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
acid controller 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
acid gone antacid 95 mg-358 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
acid gone antacid extra strength 160 mg-105 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
acid reducer (famotidine) 10 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
acid reducer (famotidine) 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
acid-pep 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	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
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
aluminum hydroxide gel 320 mg/5 ml oral suspension ^{OTC}	1	QL(1800 per 30 days)	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
AMITIZA 24 MCG CAPSULE ^{NP}	*		GASTROINTESTINAL AGENTS
AMITIZA 8 MCG CAPSULE ^{NP}	*		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 300 mg (as calcium carb 750 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
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-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	QL(120 per 14 days)	GASTROINTESTINAL AGENTS
anti-diarrheal (loperamide) 2 mg capsule ^{OTC}	1		GASTROINTESTINAL AGENTS
anti-diarrheal (loperamide) 2 mg tablet ^{OTC}	1	QL(12 per 14 days)	GASTROINTESTINAL AGENTS
anti-diarrheal 262 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
anti-gas ultra strength 180 mg capsule ^{OTC}	1	QL(60 per 30 days)	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}	*		GASTROINTESTINAL AGENTS
bismuth subsalicylate 262 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
bismuth subsalicylate 262 mg/15 ml oral suspension ^{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
CARAFATE 100 MG/ML ORAL SUSPENSION ^{NP}	*		GASTROINTESTINAL AGENTS
cimetidine 200 mg tablet	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
cimetidine 200 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
cimetidine 300 mg tablet	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
cimetidine 300 mg/5 ml oral solution	1		GASTROINTESTINAL AGENTS
cimetidine 400 mg tablet	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
cimetidine 800 mg tablet	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
clearlax 17 gram oral powder packet ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
clearlax 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
constulose 10 gram/15 ml oral solution	1		GASTROINTESTINAL AGENTS
CYTOTEC 100 MCG TABLET ^{NP}	*		GASTROINTESTINAL AGENTS
CYTOTEC 200 MCG TABLET ^{NP}	*		GASTROINTESTINAL AGENTS
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
dexlansoprazole 30 mg capsule,biphasic delayed release ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
dexlansoprazole 60 mg capsule,biphasic delayed release ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
diamode 2 mg tablet ^{OTC}	1	QL(12 per 14 days)	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
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
DIOTAME INSTYDOSE 524 MG/30 ML ORAL SUSPENSION IN PACKET ^{OTC}	1		GASTROINTESTINAL AGENTS
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	1		GASTROINTESTINAL AGENTS
ed-spaz 0.125 mg disintegrating tablet	1		GASTROINTESTINAL AGENTS
enulose 10 gram/15 ml oral solution	1		GASTROINTESTINAL AGENTS
esomeprazole magnesium 20 mg capsule,delayed release	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
esomeprazole magnesium 20 mg capsule,delayed release ^{OTC}	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
esomeprazole magnesium 40 mg capsule,delayed release	1	QL(30 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
esomeprazole sodium 40 mg intravenous solution ^{NP}	*	PA	GASTROINTESTINAL AGENTS
famotidine 10 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
famotidine 20 mg tablet	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
famotidine 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
famotidine 40 mg tablet	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
famotidine 40 mg/5 ml (8 mg/ml) oral suspension ^{NP}	*		GASTROINTESTINAL AGENTS
flavor chews antacid 300 mg (as calcium carbonate 750 mg) tablet ^{OTC}	1		GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
foaming antacid 95 mg-358 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
gas relief (simethicone) 180 mg capsule ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
GAS RELIEF (SIMETHICONE) 80 MG CHEWABLE TABLET ^{OTC}	1	QL(180 per 30 days)	GASTROINTESTINAL AGENTS
gas relief 80 (simethicone) 80 mg chewable tablet ^{OTC}	1	QL(180 per 30 days)	GASTROINTESTINAL AGENTS
gas relief extra strength 125 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
gas relief ultra strength 180 mg capsule ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
GAS-X ULTRA-STRENGTH 180 MG CAPSULE ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
gavilax 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	1		GASTROINTESTINAL AGENTS
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	1		GASTROINTESTINAL AGENTS
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
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		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
geri-peptate 262 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
glycopyrrrolate 1 mg tablet	1		GASTROINTESTINAL AGENTS
glycopyrrrolate 2 mg tablet	1		GASTROINTESTINAL AGENTS
healthylax 17 gram oral powder packet ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
heartburn antacid 160 mg-105 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
heartburn prevention 10 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
heartburn prevention 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
heartburn relief (famotidine) 10 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
heartburn relief (famotidine) 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	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
hyoscyamine sulfate 0.125 mg tablet	1		GASTROINTESTINAL AGENTS
IBSRELA 50 MG TABLET ^{NP}	*		GASTROINTESTINAL AGENTS
IMODIUM A-D 1 MG/7.5 ML ORAL LIQUID ^{OTC}	1	QL(120 per 14 days)	GASTROINTESTINAL AGENTS
IMODIUM A-D 2 MG CAPSULE ^{OTC}	1		GASTROINTESTINAL AGENTS
IMODIUM A-D 2 MG TABLET ^{OTC}	1	QL(12 per 14 days)	GASTROINTESTINAL AGENTS
infants gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1		GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
infants simethicone 40 mg/0.6 ml oral drops,suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
infants' myliron 40 mg/0.6 ml oral drops,suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
k-pec antidiarrheal (bism sub) 262 mg/15 ml oral suspension ^{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
KONVOMEP 2 MG-84 MG/ML ORAL SUSPENSION ^{NP}	*	PA,QL(1200 per 30 days)	GASTROINTESTINAL AGENTS
lactulose 10 gram/15 ml oral solution	1		GASTROINTESTINAL AGENTS
lansoprazole 15 mg capsule,delayed release ^{OTC}	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
lansoprazole 15 mg capsule,delayed release	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
lansoprazole 15 mg delayed release,disintegrating tablet ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
lansoprazole 15 mg delayed release,disintegrating tablet ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
lansoprazole 30 mg capsule,delayed release	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
lansoprazole 30 mg delayed release,disintegrating tablet ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
laxaclear 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS
laxative peg 3350 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS
LINZESS 145 MCG CAPSULE	1	PA	GASTROINTESTINAL AGENTS
LINZESS 290 MCG CAPSULE	1	PA	GASTROINTESTINAL AGENTS
LINZESS 72 MCG CAPSULE	1	PA	GASTROINTESTINAL AGENTS
liquid antacid 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
little remedies gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
little tummys gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
loperamide 1 mg/7.5 ml oral liquid ^{OTC}	1	QL(120 per 14 days)	GASTROINTESTINAL AGENTS
loperamide 2 mg capsule	1		GASTROINTESTINAL AGENTS
loperamide 2 mg tablet ^{OTC}	1	QL(12 per 14 days)	GASTROINTESTINAL AGENTS
lubiprostone 24 mcg capsule	1	PA	GASTROINTESTINAL AGENTS
lubiprostone 8 mcg capsule	1	PA	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
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
MIRALAX 17 GRAM ORAL POWDER PACKET ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
misoprostol 100 mcg tablet	1		GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
misoprostol 200 mcg tablet	1		GASTROINTESTINAL AGENTS
mix-in laxative 17 gram oral powder packet ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
MOTEGRITY 1 MG TABLET ^{NP}	*		GASTROINTESTINAL AGENTS
MOTEGRITY 2 MG TABLET ^{NP}	*		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		GASTROINTESTINAL AGENTS
NEXIUM 20 MG CAPSULE,DELAYED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
NEXIUM 40 MG CAPSULE,DELAYED RELEASE ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
nizatidine 150 mg capsule	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
nizatidine 300 mg capsule	1	QL(60 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(120 per 30 days)	GASTROINTESTINAL AGENTS
omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet ^{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 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
opium tincture 10 mg/ml (morphine) oral	1	PA	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 intravenous solution ^{NP}	*	PA	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
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1		GASTROINTESTINAL AGENTS
peg-electrolyte solution 420 gram oral solution	1		GASTROINTESTINAL AGENTS
pep-t-med 262 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
pepcid 20 mg tablet ^{NP}	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
pepcid 40 mg tablet ^{NP}	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PEPCID AC 10 MG TABLET ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
PEPCID AC 20 MG TABLET ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
PEPCID AC MAXIMUM STRENGTH 20 MG TABLET ^{OTC}	1	QL(60 per 30 days)	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
PHAZYME 180 MG CAPSULE ^{OTC}	1	QL(60 per 30 days)	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	PA	GASTROINTESTINAL AGENTS
polyethylene glycol 3350 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS
powderlax 17 gram oral powder packet ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
powderlax 17 gram/dose oral ^{OTC}	1		GASTROINTESTINAL AGENTS
PREVACID 30 MG CAPSULE,DELAYED RELEASE ^{NP}	*	PA,QL(30 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	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
PROTONIX 40 MG INTRAVENOUS SOLUTION ^{NP}	*	PA	GASTROINTESTINAL AGENTS
PROTONIX 40 MG TABLET,DELAYED RELEASE ^{NP}	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS
purelax 17 gram oral powder packet ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
purelax 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS
PYLERA 140 MG-125 MG-125 MG CAPSULE	1		GASTROINTESTINAL AGENTS
rabeprazole 20 mg tablet,delayed release ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION	1	PA	GASTROINTESTINAL AGENTS
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	PA	GASTROINTESTINAL AGENTS
RELISTOR 150 MG TABLET ^{NP}	*	QL(90 per 30 days)	GASTROINTESTINAL AGENTS
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA	GASTROINTESTINAL AGENTS
simethicone 180 mg capsule ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
simethicone 80 mg chewable tablet ^{OTC}	1	QL(180 per 30 days)	GASTROINTESTINAL AGENTS
smooth antacid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
smoothlax 17 gram oral powder packet ^{OTC}	1	PA	GASTROINTESTINAL AGENTS
smoothlax 17 gram/dose oral powder ^{OTC}	1		GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
sodium bicarbonate 325 mg tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
sodium bicarbonate 650 mg tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
soothe (bismuth subsalicylate) 262 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
soothe (bismuth subsalicylate) 262 mg tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
soothe regular strength 262 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
stomach relief 262 mg chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
stomach relief 262 mg tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
stomach relief 262 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
stomach relief 525 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
stomach relief max strength 525 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
stomach relief original 262 mg/15 ml oral suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
sucralfate 1 gram tablet	1		GASTROINTESTINAL AGENTS
sucralfate 100 mg/ml oral suspension	1		GASTROINTESTINAL AGENTS
SYMPROIC 0.2 MG TABLET ^{NP}	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE ^{NP}	*		GASTROINTESTINAL AGENTS
TAME THE FLAME 195 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
teeny tummy infant gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1		GASTROINTESTINAL AGENTS
TRULANCE 3 MG TABLET ^{NP}	*		GASTROINTESTINAL AGENTS
TUMS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
TUMS 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
TUMS 320 MG CALCIUM (750 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
TUMS E-X 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (AS CARB 750 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
TUMS FRESHERS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
TUMS ULTRA 400 MG (AS CALCIUM CARBONATE 1,000 MG) CHEWABLE TABLET ^{OTC}	1		GASTROINTESTINAL AGENTS
ultra a-d 2 mg tablet ^{OTC}	1	QL(12 per 14 days)	GASTROINTESTINAL AGENTS
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1		GASTROINTESTINAL AGENTS
ursodiol 250 mg tablet	1		GASTROINTESTINAL AGENTS
ursodiol 300 mg capsule	1		GASTROINTESTINAL AGENTS
ursodiol 500 mg tablet	1		GASTROINTESTINAL AGENTS
VOQUEZNA DUAL PAK 20 MG (28)-500 MG (84) ORAL PACK ^{NP}	*		GASTROINTESTINAL AGENTS
VOQUEZNA TRIPLE PAK 20 MG-500 MG-500 MG ORAL PACK	1		GASTROINTESTINAL AGENTS
zantac-360 (famotidine) 10 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
zantac-360 (famotidine) 20 mg tablet ^{OTC}	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS
ZEGERID 20 MG-1,680 MG ORAL PACKET ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
ZEGERID 20 MG-1.1 GRAM CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ZEGERID 40 MG-1,680 MG ORAL PACKET ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
ZEGERID 40 MG-1.1 GRAM CAPSULE ^{NP}	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS
betaine 1 gram/scoop oral powder	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER ^{NP}	*	PA,QL(532 per 25 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
BUPHENYL 500 MG TABLET ^{NP}	*	PA,QL(1000 per 25 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
CYSTAGON 150 MG CAPSULE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
CYSTAGON 50 MG CAPSULE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
OLPRUVA 2 GRAM ORAL PELLETS IN PACKET ^{NP}	*	PA,QL(180 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
OLPRUVA 3 GRAM ORAL PELLETS IN PACKET ^{NP}	*	PA,QL(180 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
OLPRUVA 4 GRAM ORAL PELLETS IN PACKET ^{NP}	*	PA,QL(270 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
OLPRUVA 5 GRAM ORAL PELLETS IN PACKET ^{NP}	*	PA,QL(270 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
OLPRUVA 6 GRAM ORAL PELLETS IN PACKET ^{NP}	*	PA,QL(270 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
OLPRUVA 6.67 GRAM ORAL PELLETS IN PACKET ^{NP}	*	PA,QL(270 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE ^{NP}	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE ^{NP}	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE ^{NP}	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE ^{NP}	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
PHEBURANE 483 MG/GRAM ORAL GRANULES	1	PA,QL(1218 per 28 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
RAVICTI 1.1 GRAM/ML ORAL LIQUID ^{NP}	*	PA,QL(525 per 25 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
sodium phenylbutyrate 0.94 gram/gram oral powder	1	PA,QL(532 per 25 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
sodium phenylbutyrate 500 mg tablet	1	PA,QL(1000 per 25 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
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}	*	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
VOXZOGO 0.56 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
VOXZOGO 1.2 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
VYNDAMAX 61 MG CAPSULE	1	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
VYndaQEL 20 MG CAPSULE	1	PA	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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT
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
alfuzosin er 10 mg tablet,extended release 24 hr	1		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}	*		GENITOURINARY AGENTS
darifenacin er 15 mg tablet,extended release 24 hr ^{NP}	*		GENITOURINARY AGENTS
darifenacin er 7.5 mg tablet,extended release 24 hr ^{NP}	*		GENITOURINARY AGENTS
DETROL 1 MG TABLET ^{NP}	*		GENITOURINARY AGENTS
DETROL 2 MG TABLET ^{NP}	*		GENITOURINARY AGENTS
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		GENITOURINARY AGENTS
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		GENITOURINARY AGENTS
dutasteride 0.5 mg capsule	1		GENITOURINARY AGENTS
dutasteride 0.5 mg-tamsulosin er 0.4 mg capsule ext.release 24hr mphas ^{NP}	*		GENITOURINARY AGENTS
ELMIRON 100 MG CAPSULE	1	PA	GENITOURINARY AGENTS
fesoterodine er 4 mg tablet,extended release 24 hr	1		GENITOURINARY AGENTS
fesoterodine er 8 mg tablet,extended release 24 hr	1		GENITOURINARY AGENTS
finasteride 5 mg tablet	1		GENITOURINARY AGENTS
flavoxate 100 mg tablet ^{NP}	*		GENITOURINARY AGENTS
FLOMAX 0.4 MG CAPSULE ^{NP}	*		GENITOURINARY AGENTS
GEMTESA 75 MG TABLET ^{NP}	*		GENITOURINARY AGENTS
mirabegron er 25 mg tablet,extended release 24 hr ^{NP}	*		GENITOURINARY AGENTS
mirabegron er 50 mg tablet,extended release 24 hr ^{NP}	*		GENITOURINARY AGENTS
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE	1		GENITOURINARY AGENTS
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE	1		GENITOURINARY AGENTS
MYRBETRIQ 8 MG/ML ORAL SUSPENSION,EXTENDED RELEASE ^{NP}	*		GENITOURINARY AGENTS
oxybutynin chloride 2.5 mg tablet	1		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		GENITOURINARY AGENTS
oxybutynin chloride er 15 mg tablet,extended release 24 hr	1		GENITOURINARY AGENTS
oxybutynin chloride er 5 mg tablet,extended release 24 hr	1		GENITOURINARY AGENTS
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH	1		GENITOURINARY AGENTS
PROSCAR 5 MG TABLET ^{NP}	*		GENITOURINARY AGENTS
RAPAFLO 4 MG CAPSULE ^{NP}	*		GENITOURINARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RAPAFLO 8 MG CAPSULE ^{NP}	*		GENITOURINARY AGENTS
silodosin 4 mg capsule ^{NP}	*		GENITOURINARY AGENTS
silodosin 8 mg capsule ^{NP}	*		GENITOURINARY AGENTS
solifenacin 10 mg tablet	1		GENITOURINARY AGENTS
solifenacin 5 mg tablet	1		GENITOURINARY AGENTS
tadalafil 2.5 mg tablet ^{NP}	*		GENITOURINARY AGENTS
tadalafil 5 mg tablet ^{NP}	*		GENITOURINARY AGENTS
tamsulosin 0.4 mg capsule	1		GENITOURINARY AGENTS
tolterodine 1 mg tablet	1		GENITOURINARY AGENTS
tolterodine 2 mg tablet	1		GENITOURINARY AGENTS
tolterodine er 2 mg capsule,extended release 24 hr	1		GENITOURINARY AGENTS
tolterodine er 4 mg capsule,extended release 24 hr	1		GENITOURINARY AGENTS
TOVIAZ 4 MG TABLET,EXTENDED RELEASE ^{NP}	*		GENITOURINARY AGENTS
TOVIAZ 8 MG TABLET,EXTENDED RELEASE ^{NP}	*		GENITOURINARY AGENTS
trospium 20 mg tablet ^{NP}	*		GENITOURINARY AGENTS
trospium er 60 mg capsule,extended release 24 hr ^{NP}	*		GENITOURINARY AGENTS
VESICARE 10 MG TABLET ^{NP}	*		GENITOURINARY AGENTS
VESICARE 5 MG TABLET ^{NP}	*		GENITOURINARY AGENTS
VESICARE LS 1 MG/ML ORAL SUSPENSION ^{NP}	*		GENITOURINARY AGENTS
deflazacort 18 mg tablet	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
deflazacort 22.75 mg/ml oral suspension	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
deflazacort 30 mg tablet	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
deflazacort 36 mg tablet	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
deflazacort 6 mg tablet	1	PA	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 tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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)
EMFLAZA 18 MG TABLET	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
EMFLAZA 22.75 MG/ML ORAL SUSPENSION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
EMFLAZA 30 MG TABLET	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
EMFLAZA 36 MG TABLET	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
EMFLAZA 6 MG TABLET	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
fludrocortisone 0.1 mg tablet	1		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 ointment ^{OTC}	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
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)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
prednisolone 15 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)
prednisone 1 mg tablet	1		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 2.5 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 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)
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 0.1 % 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 0.5 % topical cream	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
triamcinolone acetonide 0.5 % topical ointment	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT IM POWDER FOR SOLUTION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
DDAVP 0.1 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
DDAVP 0.2 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
DDAVP 4 MCG/ML INJECTION SOLUTION	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
desmopressin 0.1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
desmopressin 0.2 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
desmopressin 10 mcg/spray (0.1 ml) nasal spray	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated)	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
desmopressin 4 mcg/ml injection solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
HUMATROPE 12 MG (36 UNIT) INJECTION CARTRIDGE ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
HUMATROPE 24 MG (72 UNIT) INJECTION CARTRIDGE ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
HUMATROPE 6 MG (18 UNIT) INJECTION CARTRIDGE ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NGENLA 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NGENLA 60 MG/1.2 ML (50 MG/ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NOVAREL 5,000 UNIT INTRAMUSCULAR SOLUTION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 11 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 13.3 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 3 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 3.6 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 4.3 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 5.2 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 6.3 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 7.6 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SKYTROFA 9.1 MG SUBCUTANEOUS CARTRIDGE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SOGROYA 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SOGROYA 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
SOGROYA 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)
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)
afirmelle 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
after pill 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
AFTERA 1.5 MG TABLET ^{OTC}	1	QL(3 per 30 days)	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)
amabelz 0.5 mg-0.1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
amabelz 1 mg-0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	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)
ANGELIQ 0.25 MG-0.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ANGELIQ 0.5 MG-1 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING	1		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		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
aubra 0.1 mg-20 mcg tablet	1		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)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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}	*	PA	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)
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	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
BIJUVA 0.5 MG-100 MG CAPSULE ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
BIJUVA 1 MG-100 MG CAPSULE ^{NP}	*		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)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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		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		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1		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}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CLIMARA 0.0375 MG/24 HR TRANSDERMAL PATCH ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CLIMARA 0.05 MG/24 HR TRANSDERMAL PATCH ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CLIMARA 0.06 MG/24 HR TRANSDERMAL PATCH ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CLIMARA 0.075 MG/24 HR TRANSDERMAL PATCH ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CLIMARA 0.1 MG/24 HR TRANSDERMAL PATCH ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CRINONE 4 % VAGINAL GEL ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
CRINONE 8 % VAGINAL GEL ^{NP}	*		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	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
cyred 0.15 mg-0.03 mg tablet	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)
danazol 100 mg capsule ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
danazol 200 mg capsule ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
danazol 50 mg capsule ^{NP}	*	PA	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		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
desogestrel-e.estradol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet	1		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)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
dotti 0.0375 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
dotti 0.05 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
dotti 0.075 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
dotti 0.1 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
drospirene-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)
drospirene-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}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
econtra ez 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
econtra one-step 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
elinet 0.3 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ELLA 30 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
emzahh 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	1		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)
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ESTRACE 0.5 MG TABLET ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ESTRACE 1 MG TABLET ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ESTRACE 2 MG TABLET ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
estradiol 0.01% (0.1 mg/gram) vaginal cream ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.025 mg/24 hr semiweekly transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.025 mg/24 hr weekly transdermal patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.0375 mg/24 hr weekly transdermal patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.05 mg/24 hr semiweekly transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.05 mg/24 hr weekly transdermal patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.06 mg/24 hr weekly transdermal patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.075 mg/24 hr semiweekly transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.075 mg/24 hr weekly transdermal patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.1 mg/24 hr semiweekly transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.1 mg/24 hr weekly transdermal patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.25 mg/0.25 gram (0.1 %) transdermal gel packet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
estradiol 0.5 mg/0.5 gram (0.1 %) transdermal gel packet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 0.75 mg/0.75 gram (0.1%) transdermal gel packet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 1 mg/gram (0.1 %) transdermal gel packet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 1.25 gram/actuation (0.06%) transdermal gel pump	1		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)
estradiol 10 mcg vaginal tablet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol 2 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol valerate 10 mg/ml intramuscular oil	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol valerate 20 mg/ml intramuscular oil	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol valerate 40 mg/ml intramuscular oil	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
estradiol-norethindrone acet 1 mg-0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
EVISTA 60 MG TABLET ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
falmina (28) 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
feirza 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
feirza 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
FEMLYV 1 MG-20 MCG DISINTEGRATING TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
FEMRING 0.05 MG/24 HR VAGINAL ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
FEMRING 0.1 MG/24 HR VAGINAL ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
fyavolv 0.5 mg-2.5 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
fyavolv 1 mg-5 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
galbriela 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
gallifrey 5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
hailey 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
heather 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
her style 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
IMVEXXY MAINTENANCE PACK 10 MCG VAGINAL INSERT ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
IMVEXXY MAINTENANCE PACK 4 MCG VAGINAL INSERT ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
IMVEXXY STARTER PACK 10 MCG VAGINAL INSERT, DOSE PACK ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
IMVEXXY STARTER PACK 4 MCG VAGINAL INSERT, DOSE PACK ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
incassia 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
INTRAROSA 6.5 MG VAGINAL INSERT ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
isibloom 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
jasmiel (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
JATENZO 158 MG CAPSULE ^{NP}	*	PA,QL(60 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
JATENZO 198 MG CAPSULE ^{NP}	*	PA,QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
JATENZO 237 MG CAPSULE ^{NP}	*	PA,QL(60 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
jencycla 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
jinteli 1 mg-5 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
juleber 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
julie 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
junel 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
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)
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
kalliga 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
kelnor 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
kelnor 1/50 (28) 1 mg-50 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)
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
I norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
I.norgest-eth.estradol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
larin 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lessina 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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 0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
levonorgestrel 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
levonorgestrel-ethynodiol 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
levonorgestrel-ethynodiol 90 mcg-20 mcg (28) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
levora-28 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lo-zumandimine (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lojaimies 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
Ioryna (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
low-ogestrel (28) 0.3 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lulera (28) 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
lyeq 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lyllana 0.025 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lyllana 0.0375 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lyllana 0.05 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lyllana 0.075 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lyllana 0.1 mg/24 hr transdermal patch ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
lyza 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
marlissa (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone 10 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone 150 mg/ml intramuscular suspension	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone 150 mg/ml intramuscular syringe	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone 2.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
medroxyprogesterone 5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
megestrol 20 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
megestrol 40 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
megestrol 400 mg/10 ml (10 ml) oral suspension	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
megestrol 400 mg/10 ml (40 mg/ml) oral suspension	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
megestrol 625 mg/5 ml (125 mg/ml) oral suspension	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
meleya 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MENEST 0.3 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MENEST 0.625 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MENEST 1.25 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MENEST 2.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
merzee 1 mg-20 mcg (24)/75 mg (4) capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
METHITEST 10 MG TABLET ^{NP}	*	PA,QL(150 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
methyltestosterone 10 mg capsule ^{NP}	*	PA,QL(150 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
microgestin 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
mili 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
mimvey 1 mg-0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
minzoya 0.1 mg-0.02 mg (21)/iron (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
mono-linyah 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
my choice 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
my way 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP ^{NP}	*	PA,QL(21.96 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
new day 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
NEXPLANON 68 MG SUBDERMAL IMPLANT	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
nikki (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
nora-be 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethrin-ethynodiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethrin-ethynodiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
norethindrone (contraceptive) 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone 1 mg-ethynodiol dihydrogen phosphate 20 mcg (21)-iron 75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone 1.5 mg-ethynodiol dihydrogen phosphate 30 mcg(21)/iron 75 mg(7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone acetate 0.5 mg-ethynodiol dihydrogen phosphate 2.5 mcg tablet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone acetate 1 mg-ethynodiol dihydrogen phosphate 20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone acetate 1 mg-ethynodiol dihydrogen phosphate 5 mcg tablet ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone acetate 1.5 mg-ethynodiol dihydrogen phosphate 30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone acetate 5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norgestimate 0.18 mg/0.215mg/0.25 mg-ethynodiol dihydrogen phosphate 0.025 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norgestimate 0.25 mg-ethynodiol dihydrogen phosphate 0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
norgestimate-ethynodiol dihydrogen phosphate 0.18mg/0.215mg/0.25mg-0.035mg(28)tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
nortrel 1/35 (21) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
nylia 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
nymyo 0.25 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
ocella 3 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
opcicon one-step 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
OPILL 0.075 MG TABLET ^{OTC}	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
option-2 1.5 mg tablet ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
OSPHENA 60 MG TABLET ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
philith 0.4 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PLAN B ONE-STEP 1.5 MG TABLET ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
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)
PREMARIN 0.625 MG/GRAM VAGINAL CREAM	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMARIN 0.9 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMARIN 1.25 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMARIN 25 MG SOLUTION FOR INJECTION	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMPRO 0.3 MG-1.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMPRO 0.45 MG-1.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PREMPRO 0.625 MG-2.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PREMPRO 0.625 MG-5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
progesterone 50 mg/ml intramuscular oil	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
progesterone micronized 100 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
progesterone micronized 200 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PROMETRIUM 100 MG CAPSULE ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PROMETRIUM 200 MG CAPSULE ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PROVERA 10 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PROVERA 2.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
PROVERA 5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
raloxifene 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
reclipsen (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
rosyrah 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
sharobel 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
sronyx 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
syeda 3 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
TAKE ACTION 1.5 MG TABLET ^{OTC}	1	QL(3 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL	1	PA,QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
TESTOPEL 75 MG IMPLANT PELLET ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 1 % (25 mg/2.5 gram) transdermal gel packet	1	PA,QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 1 % (50 mg/5 gram) transdermal gel packet	1	PA,QL(60 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 1.62 % (20.25 mg/1.25 gram) transdermal gel packet ^{NP}	*	PA,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}	*	PA,QL(150 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 10 mg/0.5 gram/actuation transdermal gel pump ^{NP}	*	PA,QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel	1	PA,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	1	PA,QL(150 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 30 mg/actuation (1.5 ml) transderm solution metered pump ^{NP}	*	PA,QL(180 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone 50 mg/5 gram (1 %) transdermal gel ^{NP}	*	PA,QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone cypionate 100 mg/ml intramuscular oil	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
testosterone cypionate 200 mg/ml intramuscular oil	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
testosterone enanthate 200 mg/ml intramuscular oil ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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}	*	PA,QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
tri-estarrylla (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-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
tri-lo-estarrylla 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)
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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)
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
tulana 0.35 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)
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
UNDECATREX 200 MG CAPSULE ^{NP}	*	PA,QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
VAGIFEM 10 MCG VAGINAL TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
valtya 1 mg-50 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
velvet 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)
vienna 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)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
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)
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		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
XYOSTED 100 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
XYOSTED 50 MG/0.5 ML SUBCUTANEOUS AUTO-Injector ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
XYOSTED 75 MG/0.5 ML SUBCUTANEOUS AUTO-Injector ^{NP}	*	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
YASMIN (28) 3 MG-0.03 MG TABLET	1	PA	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
YAZ (28) 3 MG-0.02 MG TABLET	1	PA	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 ^{NP}	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)
zarah 3 mg-0.03 mg tablet	1		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)
EUTHYROX 100 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 112 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 125 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 137 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 150 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 175 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EUTHYROX 200 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 25 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 50 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 75 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
EUTHYROX 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)
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)
liothyronine 25 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
liothyronine 5 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
liothyronine 50 mcg 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)
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)
THYQUIDITY 20 MCG/ML ORAL SOLUTION	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)
cabergoline 0.5 mg tablet	1		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
lanreotide 120 mg/0.5 ml subcutaneous syringe	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
lanreotide 60 mg/0.2 ml subcutaneous syringe	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
lanreotide 90 mg/0.3 ml subcutaneous syringe	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET	1	PA,QL(30 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 1,000 mcg/ml injection solution	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 100 mcg/ml (1 ml) injection syringe	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 100 mcg/ml injection solution	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 200 mcg/ml injection solution	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
octreotide acetate 50 mcg/ml (1 ml) injection syringe	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 50 mcg/ml injection solution	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 500 mcg/ml (1 ml) injection syringe	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide acetate 500 mcg/ml injection solution	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide,microspheres er 10 mg intramuscular susp, extended release	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide,microspheres er 20 mg intramuscular susp, extended release	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
octreotide,microspheres er 30 mg intramuscular susp, extended release	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	1	PA,QL(60 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
ORILISSA 150 MG TABLET	1	PA,QL(30 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
ORILISSA 200 MG TABLET	1	PA,QL(60 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR LAR 10 MG IM SUSPENSION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR LAR 20 MG IM SUSPENSION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR LAR 30 MG IM SUSPENSION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR LAR 40 MG IM SUSPENSION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SIGNIFOR LAR 60 MG IM SUSPENSION	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE	1	PA	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE	1	PA	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}	*	PA	IMMUNOLOGICAL AGENTS
ABRILADA(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ABRILADA(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ABRYSOV (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ACTEMRA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	1	PA	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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ADALIMUMAB-AACF 40 MG/0.8 ML SUBCUTANEOUS PEN KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AACF 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AACF(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AACF(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AATY 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AATY 40 MG/0.4 ML SUBCUTANEOUS AUTO-Injector KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AATY 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AATY 80 MG/0.8 ML SUBCUTANEOUS AUTO-Injector KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-AATY(CF) AUTOINJ CROHN-UC-HS START 80 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADAZ 10 MG/0.1 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADAZ 20 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADAZ 40 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADAZ 40 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADAZ 80 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM 40 MG/0.4 ML SUBCUTANEOUS PEN KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS PEN KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.4 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.4 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-ADBM(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-FKJP 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	1	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ADALIMUMAB-RYVK 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ADALIMUMAB-RYVK 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AFLURIA 2025-2026 (3YR UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
AFLURIA 2025-2026 (6 MOS UP) 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	1		IMMUNOLOGICAL AGENTS
AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
AFLURIA TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
AFLURIA TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
AMJEVITA(CF) 10 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AMJEVITA(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ARCALYST 220 MG SUBCUTANEOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
auranofin 3 mg capsule	1		IMMUNOLOGICAL AGENTS
AVSOLA 100 MG INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
azathioprine 50 mg tablet	1		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}	*	PA	IMMUNOLOGICAL AGENTS
BIMZELX 320 MG/2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
BIMZELX AUTOINJECTOR 160 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
BIMZELX AUTOINJECTOR 320 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
CIBINQO 100 MG TABLET ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CIBINQO 200 MG TABLET ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CIBINQO 50 MG TABLET ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CIMZIA 200 MG/ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT	1	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
COMIRNATY 2024-25 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
COSENTYX 25 MG/ML INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
COSENTYX PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
COSENTYX UNREADY PEN 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
cyclosporine 100 mg capsule	1		IMMUNOLOGICAL AGENTS
cyclosporine 25 mg capsule	1		IMMUNOLOGICAL AGENTS
cyclosporine modified 100 mg capsule	1		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}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) PEN CROHN-ULC COLITIS-HID SUP STRT 40 MG/0.4 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) PEN CROHN-ULC COLITIS-HID SUP STRT 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) PEN PSORIASIS-UVEITIS STARTER 40 MG/0.4 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
CYLTEZO(CF) PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	1	PA	IMMUNOLOGICAL AGENTS
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
ENTYVIO 300 MG INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
ENTYVIO PEN 108 MG/0.68 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
FLUAD 2025-26 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUAD TRIV 2024-25(65Y UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUARIX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUBLOK TRIV 2024-2025 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUCELVAX 2025-2026 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUCELVAX 2025-2026 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
FLUCELVAX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUCELVAX TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUMIST 2025-2026 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUMIST HOME 2025-2026 0.2 ML NASAL SPRAY SYRINGE (HOME ADMIN)	1		IMMUNOLOGICAL AGENTS
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUMIST TRIVALENT 2024-2025 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY	1		IMMUNOLOGICAL AGENTS
FLUZONE 2025-2026 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUZONE 2025-2026 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS
FLUZONE HIGH-DOSE 2025-2026 (PF) 180 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUZONE HIGH-DOSE TRIV 2024-2025 (PF) 180 MCG/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	1		IMMUNOLOGICAL AGENTS
FLUZONE TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
FLUZONE TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	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		IMMUNOLOGICAL AGENTS
gengraf 100 mg/ml oral solution	1		IMMUNOLOGICAL AGENTS
gengraf 25 mg capsule	1		IMMUNOLOGICAL AGENTS
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
HADLIMA PUSHTOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
HADLIMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	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
HULIO(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HULIO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HULIO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	1	PA	IMMUNOLOGICAL AGENTS
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT	1	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) PEDI CROHNS START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTR 80 MG/0.8 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
HYRIMOZ(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) PEN CROHN-ULC COLITIS START 80MG/0.8ML SUBCUT PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
HYRIMOZ(CF) PEN PSORIASIS START 80MG/0.8ML(1)-40MG/0.4ML(2) SUBCUT PEN ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
IDACIO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
IDACIO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
IDACIO(CF) PEN CROHN-ULCERATIVE COLITIS STARTR 40 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
IDACIO(CF) PEN PLAQUE PSORIASIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ILARIS (PF) 150 MG/ML SUBCUTANEOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
INFLECTRA 100 MG INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
INFILIXIMAB 100 MG INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
IXCHIQ (PF) 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS
JYLAMVO 2 MG/ML ORAL SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
leflunomide 10 mg tablet	1		IMMUNOLOGICAL AGENTS
leflunomide 20 mg tablet	1		IMMUNOLOGICAL AGENTS
LITFULO 50 MG CAPSULE	1	PA	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
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
MODERNA COVID 2024-25(6M-11Y)(PF)(EUA) 25 MCG/0.25 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS
mycophenolate mofetil 200 mg/ml oral powder for suspension	1		IMMUNOLOGICAL AGENTS
mycophenolate mofetil 250 mg capsule	1		IMMUNOLOGICAL AGENTS
mycophenolate mofetil 500 mg tablet	1		IMMUNOLOGICAL AGENTS
mycophenolate sodium 180 mg tablet,delayed release	1		IMMUNOLOGICAL AGENTS
mycophenolate sodium 360 mg tablet,delayed release	1		IMMUNOLOGICAL AGENTS
NEMLUVIO 30 MG SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NOVAVAX COVID 2024-25(PF)(EUA) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
OLUMIANT 1 MG TABLET	1	PA	IMMUNOLOGICAL AGENTS
OLUMIANT 2 MG TABLET	1	PA	IMMUNOLOGICAL AGENTS
OLUMIANT 4 MG TABLET	1	PA	IMMUNOLOGICAL AGENTS
OMVOH 100 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
OMVOH 300 MG/15 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
OMVOH 300MG/3ML(100MG/ML-200MG/2ML) SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
OMVOH PEN 100 MG/ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
OMVOH PEN 300MG/3ML(100MG/ML-200MG/2ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ORENCIA (WITH MALTOSE) 250 MG INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	1		IMMUNOLOGICAL AGENTS
PFIZER COVID 2024-25(5Y-11Y)(PF)(EUA) 10 MCG/0.3 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
PFIZER COVID 2024-25(6MOS-4YRS)(PF)(EUA) 3 MCG/0.3 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION	1		IMMUNOLOGICAL AGENTS
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	1		IMMUNOLOGICAL AGENTS
PREHEVBRIOD (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	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	1		IMMUNOLOGICAL AGENTS
PROGRAF 1 MG ORAL GRANULES IN PACKET	1		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}	*	PA	IMMUNOLOGICAL AGENTS
RENFLEXIS 100 MG INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
RIDAURA 3 MG CAPSULE	1		IMMUNOLOGICAL AGENTS
RINVOQ 15 MG TABLET,EXTENDED RELEASE	1	PA	IMMUNOLOGICAL AGENTS
RINVOQ 30 MG TABLET,EXTENDED RELEASE	1	PA	IMMUNOLOGICAL AGENTS
RINVOQ 45 MG TABLET,EXTENDED RELEASE	1	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RINVOQ LQ 1 MG/ML ORAL SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	1		IMMUNOLOGICAL AGENTS
SHINGRIX ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS
SHINGRIX GE ANTIGEN COMPONENT 50 MCG IM SUSPENSION	1		IMMUNOLOGICAL AGENTS
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
SIMLANDI(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
SIMLANDI(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
SIMLANDI(CF) 80 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA	IMMUNOLOGICAL AGENTS
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT	1	PA	IMMUNOLOGICAL AGENTS
SIMLANDI(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR KIT	1	PA	IMMUNOLOGICAL AGENTS
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
sirolimus 0.5 mg tablet	1		IMMUNOLOGICAL AGENTS
sirolimus 1 mg tablet	1		IMMUNOLOGICAL AGENTS
sirolimus 1 mg/ml oral solution	1		IMMUNOLOGICAL AGENTS
sirolimus 2 mg tablet	1		IMMUNOLOGICAL AGENTS
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SKYRIZI 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SKYRIZI 360 MG/2.4 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SKYRIZI 60 MG/ML INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SOTYKTU 6 MG TABLET ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SPEVIGO 150 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SPEVIGO 60 MG/ML INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
SPIKEVAX 2024-2025(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
STEQEYMA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
STEQEYMA 90 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
STEQEYMA I.V. 130 MG/26 ML INTRAVENOUS SOLUTION ^{NP}	*	PA	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		IMMUNOLOGICAL AGENTS
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS	1	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS	1	PA	IMMUNOLOGICAL AGENTS
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS	1	PA	IMMUNOLOGICAL AGENTS
TALTZ SYRINGE 20 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
TALTZ SYRINGE 40 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS	1	PA	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	IMMUNOLOGICAL AGENTS
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
TOFIDENCE 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TOFIDENCE 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TOFIDENCE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA 200 MG/2 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA 200 MG/20 ML (10 MG/ML) INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA PEN 100 MG/ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA PEN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TREMFYA PEN INDUCTION PACK-CROHN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
TYENNE 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
TYENNE 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
TYENNE 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
TYENNE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA	IMMUNOLOGICAL AGENTS
TYENNE AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
USTEKINUMAB 130 MG/26 ML INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
USTEKINUMAB 45 MG/0.5 ML SUBCUTANEOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
USTEKINUMAB 45 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
USTEKINUMAB 90 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
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
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
VELSIPITY 2 MG TABLET ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
VIMKUNYA 40 MCG/0.8 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS
XATMEP 2.5 MG/ML ORAL SOLUTION	1	PA	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	IMMUNOLOGICAL AGENTS
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA	IMMUNOLOGICAL AGENTS
YESINTEK 130 MG/26 ML INTRAVENOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YESINTEK 45 MG/0.5 ML SUBCUTANEOUS SOLUTION ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YESINTEK 45 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YESINTEK 90 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YUFLYMA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YUFLYMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YUFLYMA(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YUFLYMA(CF) AUTOINJECTOR CROHN'S-UC-HS STARTER 80 MG/0.8 ML SUBCUT KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
YUSIMRY(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR	1	PA	IMMUNOLOGICAL AGENTS
ZYMFENTRA 120 MG/ML SUBCUTANEOUS PEN KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
ZYMFENTRA 120 MG/ML SUBCUTANEOUS SYRINGE KIT ^{NP}	*	PA	IMMUNOLOGICAL AGENTS
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE	1		INFLAMMATORY BOWEL DISEASE AGENTS
AZULFIDINE 500 MG TABLET ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
balsalazide 750 mg capsule	1		INFLAMMATORY BOWEL DISEASE AGENTS
budesonide 2 mg/actuation rectal foam ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
budesonide dr - er 3 mg capsule,delayed,extended release	1		INFLAMMATORY BOWEL DISEASE AGENTS
budesonide dr-er 9 mg tablet,delayed and extended release ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
CANASA 1,000 MG RECTAL SUPPOSITORY ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
COLAZAL 750 MG CAPSULE ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
DIPENTUM 250 MG CAPSULE	1		INFLAMMATORY BOWEL DISEASE AGENTS
hydrocortisone 100 mg/60 ml enema	1		INFLAMMATORY BOWEL DISEASE AGENTS
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine 1,000 mg rectal suppository	1		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine 1.2 gram tablet,delayed release	1		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine 4 gram/60 ml enema	1		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine 400 mg capsule (with delayed release tablets inside)	1		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine 800 mg tablet,delayed release ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine er 0.375 gram capsule,extended release 24 hr ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine er 500 mg capsule,extended release ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit	1		INFLAMMATORY BOWEL DISEASE AGENTS
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE	1		INFLAMMATORY BOWEL DISEASE AGENTS
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE	1		INFLAMMATORY BOWEL DISEASE AGENTS
ROWASA RECTAL SUSPENSION ENEMA 4 GRAM/60 ML KIT ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
SFROWASA 4 GRAM/60 ML ENEMA	1		INFLAMMATORY BOWEL DISEASE AGENTS
sulfasalazine 500 mg tablet	1		INFLAMMATORY BOWEL DISEASE AGENTS
sulfasalazine 500 mg tablet,delayed release	1		INFLAMMATORY BOWEL DISEASE AGENTS
UCERIS 2 MG/ACTUATION RECTAL FOAM ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
UCERIS 9 MG TABLET, EXTENDED RELEASE ^{NP}	*		INFLAMMATORY BOWEL DISEASE AGENTS
ACTONEL 150 MG TABLET ^{NP}	*		METABOLIC BONE DISEASE AGENTS
ACTONEL 35 MG TABLET ^{NP}	*		METABOLIC BONE DISEASE AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
alendronate 10 mg tablet	1		METABOLIC BONE DISEASE AGENTS
alendronate 35 mg tablet	1		METABOLIC BONE DISEASE AGENTS
alendronate 5 mg tablet	1		METABOLIC BONE DISEASE AGENTS
alendronate 70 mg tablet	1		METABOLIC BONE DISEASE AGENTS
alendronate 70 mg/75 ml oral solution ^{NP}	*		METABOLIC BONE DISEASE AGENTS
ATELVIA 35 MG TABLET,DELAYED RELEASE ^{NP}	*		METABOLIC BONE DISEASE AGENTS
BINOSTO 70 MG EFFERVESCENT TABLET ^{NP}	*		METABOLIC BONE DISEASE AGENTS
calcitonin (salmon) 200 unit/actuation nasal spray	1		METABOLIC BONE DISEASE AGENTS
calcitonin (salmon) 200 unit/ml injection solution ^{NP}	*		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	1		METABOLIC BONE DISEASE AGENTS
cinacalcet 60 mg tablet	1		METABOLIC BONE DISEASE AGENTS
cinacalcet 90 mg tablet	1		METABOLIC BONE DISEASE AGENTS
EVENITY 105 MG/1.17 ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA	METABOLIC BONE DISEASE AGENTS
EVENITY 210 MG/2.34 ML (105 MG/1.17 ML X 2) SUBCUTANEOUS SYRINGE ^{NP}	*	PA	METABOLIC BONE DISEASE AGENTS
FORTEO 20 MCG/DOSE (560 MCG/2.24 ML) SUBCUTANEOUS PEN INJECTOR	1	PA	METABOLIC BONE DISEASE AGENTS
FOSAMAX 70 MG TABLET ^{NP}	*		METABOLIC BONE DISEASE AGENTS
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET ^{NP}	*		METABOLIC BONE DISEASE AGENTS
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET ^{NP}	*		METABOLIC BONE DISEASE AGENTS
ibandronate 150 mg tablet	1		METABOLIC BONE DISEASE AGENTS
ibandronate 3 mg/3 ml intravenous syringe ^{NP}	*	QL(3 per 90 days)	METABOLIC BONE DISEASE AGENTS
MIACALCIN 200 UNIT/ML INJECTION SOLUTION ^{NP}	*		METABOLIC BONE DISEASE AGENTS
paricalcitol 1 mcg capsule	1		METABOLIC BONE DISEASE AGENTS
paricalcitol 2 mcg capsule	1		METABOLIC BONE DISEASE AGENTS
paricalcitol 4 mcg capsule	1		METABOLIC BONE DISEASE AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE ^{NP}	*	PA,QL(1 per 168 days)	METABOLIC BONE DISEASE AGENTS
risedronate 150 mg tablet	1	ST	METABOLIC BONE DISEASE AGENTS
risedronate 30 mg tablet	1	ST	METABOLIC BONE DISEASE AGENTS
risedronate 35 mg tablet	1	ST	METABOLIC BONE DISEASE AGENTS
risedronate 35 mg tablet,delayed release ^{NP}	*		METABOLIC BONE DISEASE AGENTS
risedronate 5 mg tablet	1	ST	METABOLIC BONE DISEASE AGENTS
SENSIPAR 30 MG TABLET	1		METABOLIC BONE DISEASE AGENTS
SENSIPAR 60 MG TABLET	1		METABOLIC BONE DISEASE AGENTS
SENSIPAR 90 MG TABLET	1		METABOLIC BONE DISEASE AGENTS
teriparatide 20 mcg/dose (560 mcg/2.24 ml) subcutaneous pen injector ^{NP}	*	PA	METABOLIC BONE DISEASE AGENTS
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR ^{NP}	*	PA	METABOLIC BONE DISEASE AGENTS
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION ^{NP}	*	PA	METABOLIC BONE DISEASE AGENTS
12 hour decongestant er 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
12 hour nasal decongestant (pse) 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
12-hour cough relief 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
2-IN-1 LANCET DEVICE 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
2-in-1 laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
4-N-1 NO RINSE WASH 1 % TOPICAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
4-n-1 no rinse wash 1 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
50 plus adult eye health 250 mg-5 mg-1 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
a and d (lanolin-petrolatum) topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
A AND D DIAPER RASH CREAM 1 %-10 % TOPICAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
a thru z 18 mg-500 mcg-300 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
a thru z advanced formula 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
a thru z high potency 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 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 SENIOR WOMEN'S 8 MG IRON-400 MCG-50 MCG 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK FASTCLIX LANCET DRUM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK FASTCLIX LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK GUIDE GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK GUIDE ME GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK GUIDE TEST STRIPS ^{OTC}	1	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK SAFE-T-PRO 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK SMARTVIEW CONTROL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK SMARTVIEW TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK SOFTCLIX LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCUTREND GLUCOSE CONTROL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACCUTREND GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ACE AEROSOL CLOUD ENHANCER SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
acerola c 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
acetaminophen 120 mg rectal suppository ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
acetaminophen 160 mg chewable tablet ^{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
acetaminophen pain relief 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
acne control (benzoyl peroxide) 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
acne foaming wash 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACNE MEDICATION 10 % TOPICAL GEL ^{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
ACTI-LANCE LANCETS 17 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACTI-LANCE LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACTI-LANCE LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACTIVNUTRIENTS (NO IRON) 170 MCG DFE CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ACTIVNUTRIENTS (WITHOUT COPPER-IRON) 170 MCG DFE CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACTIVNUTRIENTS 1.25 MG IRON-170 MCG DFE CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACTIVNUTRIENTS CHEWABLE 0.75 MG-85 MCG DFE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ACTIVNUTRIENTS PERFORMANCE 72.25 MCG DFE-22.5 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADJUSTABLE LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADUHELM 100 MG/ML INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
adult 50 plus eye health 250 mg-5 mg-1 mg capsule ^{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 tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
adult tussin dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
adult wal-tussin 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
adult wal-tussin dm max 10 mg-200 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
ADULTS' DAILY FORMULA 18 MG IRON-25 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVANCED ALL-IN-ONE GLUCOSE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
advanced exfoliating cleanser 5 % topical ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVANCED GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ADVANCED GLUCOSE METER TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ADVANCED LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVANCED MULTI EA 22.5 MG-400 MCG-150 MCG-10 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVANCED TRAVEL LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE LANCET 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ADVOCATE REDI-CODE PLUS ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE REDI-CODE PLUS STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER MINI	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER MV SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS FLOW-VU	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS Z STAT LARGE MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS Z STAT MEDIUM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS Z STAT SMALL MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER PLUS Z STAT SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROCHAMBER2GO	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROGEAR ACTION ASTHMA KIT	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROTRACH PLUS SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
AEROVENT PLUS SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
AGAMATRIX AMP TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
AGAMATRIX JAZZ TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
AGAMATRIX JAZZ WIRELESS 2 MONITORING SYSTEM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
AGAMATRIX PRESTO SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
AGAMATRIX PRESTO TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIMSCO LATEX CONDOM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE (ASCORBATE SODIUM) 333 MG-1.7 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE (ASCORBATE SODIUM) 334 MG-1.7 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE (ASCORBIC ACID) 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE (WITH LYSINE ACETATE) 250 MG-12.5 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE ELDERBERRY COMPLEX 90 MG-3.15 MCG-3.35 MG-150 MG CHEW TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE GUMMY 250 MG-11.66 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE IMMUNE SUPPORT 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE KIDS 250 MG-11.66 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE KIDS 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE NATURAL ENERGY 500 MG-175 MG/30 ML ORAL LIQUID IN PACKET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE PLUS GOOD REST 250 MG-66.6 MG-15 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE PLUS PROBIOTIC 250 MG-166.67 MILLION CELL CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AIRBORNE VITS ZINC ELDERBERRY 65 MG-3.15 MCG-3.35 MG-1 MG CHEW TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
airshield 250 mg-87.5 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
alavert d-12 allergy-sinus 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ALAWAY 0.025 % (0.035 %) EYE DROPS ^{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
ALIVE CALCIUM-VITAMIN D3-K2 300 MG-25 MCG-66 MG-37.5 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE DAILY ENERGY 18 MG IRON-240 MCG-40 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE DIABETIC MULTIVITAMIN 120 MCG-100 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE ENERGY 50 PLUS 240 MCG-45 MCG-900 MCG-250MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ALIVE HAIR, SKIN AND NAILS 1,250 MCG-50 MG-67.5 MG-15 MG CHEW TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE IMMUNE HEALTH 900 MCG-90 MG-20 MCG-5.5 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE KIDS CHEWABLE 75 MG-15 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE MAX POTENCY 300 MCG-80 MCG/30 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE MEN'S 50 PLUS MULTIVIT (VIT K) 240 MCG-120 MCG-300 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE MEN'S 50 PLUS MULTIVITAMIN 120 MCG-150 MCG-50 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE MEN'S ENERGY 240 MCG-120 MCG-100 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE MEN'S GUMMY 120 MCG-50 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE PREMIUM PRENATAL 120 MCG-25 MG-66.7 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE WOMEN'S 50 PLUS GUMMY 120 MCG-150 MCG-37.5 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE WOMEN'S 50 PLUS ULTRA POTENCY 800 MCG DFE-150 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE WOMEN'S ENERGY 18 MG IRON-240 MCG-120 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE WOMEN'S GUMMY VITAMIN 120 MCG-37.5 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALIVE WOMEN'S ULTRA POTENCY 18 MG-800 MCG DFE-150 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALKA-SELTZER ORIGINAL 325 MG EFFERVESCENT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALKA-SELTZER ORIGINAL 325 MG-1,916 MG-1,000 MG EFFERVESCENT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
alka-seltzer plus allergy 25 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
alka-seltzer plus mucus-congestion 10 mg-200 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
all day allergy-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
aller-tec d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allerclear d-12hr 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allerclear d-24hr 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
allergy and congestion relief 10 mg-240 mg tablet,extend release 24 hr ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy and congestion relief 5 mg-120 mg tablet,extend release 12 hr ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy complete-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy d-12 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy eye (ketotifen) 0.025 % (0.035 %) drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
allergy eye (naphazoline-pheniramine) 0.025 %-0.3 % drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
allergy relief and nasal decongestant 10 mg-240 mg tablet,extended rel ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy relief d-24hr 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy relief d12 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy relief-d (cetirizine) 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy relief-d (loratadine) 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
allergy-congestion relief-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
alophen (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALPHA BETIC 240 MCG-100 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
altamist 0.65 % nasal spray aerosol ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALTERNATE SITE LANCET 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALTERNATE SITE LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
altituss 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ALTRIXA 1,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
amladex 1 mg-5 mg-50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
animal chews tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
anti-dandruff with menthol 1 % shampoo ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
antibiotic (bacitracin zinc) 500 unit/gram topical ointment ^{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
antioxidant a/c/e/selenium capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ANTIOXIDANT FORMULA (SELENIUM YEAST) 8,333 UNIT-167 MG-133 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
antiseptic 10 % topical solution ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
antitussive dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
APATATE FORTE ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
APETIBEX 12.5 MG-12.5 MCG-30 MG-5 MG SPRINKLE CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
aphen 325 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
APPE-CURB 18.8 MG-187.5 MG-93.8 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AQUA LANCE LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AQUA-E 13.4 MG-16 MG/ML ORAL EMULSION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ARGININE (L-ARGININE) (BULK) 100 % CRYSTALS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ARGININE (L-ARGININE) (BULK) 100 % POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ARGININE (L-ARGININE) (BULK) 100 % POWDER	1		MISCELLANEOUS THERAPEUTIC AGENTS
arginine (l-arginine) 500 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
arginine (l-arginine) 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
arginine (l-arginine) oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
arginine hcl (l-arginine) 1,000 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
arginine hcl (l-arginine) 500 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ARGININE HCL(L-ARGININE)(BULK) 100 % POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ARGININE HCL(L-ARGININE)(BULK) 100 % POWDER	1		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
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 (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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
artificial tears(dextran-hypromel-glycern) 0.1 %-0.3 %-0.2 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) 1,000 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) 250 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) 500 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ascorbic acid (vitamin c) er 500 mg capsule,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
aspirin 300 mg rectal suppository ^{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,buffered (calcium carbonate-magnesium) 325 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE 4 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE HAEMOLANCE PLUS 25 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE HAEMOLANCE PLUS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE LANCE 25 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE LANCE 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE LANCE PLUS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE LANCE PLUS 25 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE LANCE PLUS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE PLATINUM GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE PLATINUM TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE PRISM MULTI METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ASSURE PRISM MULTI STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ASTHMAPACK CHILDREN'S KIT	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
athenol 325 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTO-LANCET MINI ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOLET IMPRESSION LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOLET LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOLET LITE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{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
AZO HORMONAL HEALTH CYCLE CARE 100 MG-50 MG-50 MG-15 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AZO HORMONAL HEALTH HAPPY CYCLE 100 MG-50 MG-50 MG-50 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
AZO URINARY PAIN RELIEF 95 MG TABLET ^{OTC}	1	QL(30 per 60 days)	MISCELLANEOUS THERAPEUTIC AGENTS
b-sure 50 % topical pads ^{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
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/gram topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BACMIN 27 MG IRON-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BARIATRIC MULTIVITAMINS 45 MG IRON-800 MCG-120 MCG CAPSULE ^{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
BAZA CLEANSE AND PROTECT 2 % LOTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BD ALCOHOL SWABS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD MICROTAINER LANCET 1.5 MM X 2 MM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD MICROTAINER LANCET 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD MICROTAINER LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
belladonna alkaloids-opium 16.2 mg-30 mg rectal suppository ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
belladonna alkaloids-opium 16.2 mg-60 mg rectal suppository ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
BENEFIBER HEALTHY SHAPE 5 GRAM/7.4 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/3.8 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/4 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
benzonatate 100 mg capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS
benzonatate 200 mg capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS
benzoyl peroxide 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
benzoyl peroxide 10 % topical gel ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
benzoyl peroxide 5 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
benzoyl peroxide 5 % topical gel ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
best fiber 3 gram/3.5 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BETADINE 10 % TOPICAL SOLUTION ^{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
BIO-35, GLUTEN FREE 3 MG-133 MCG-33 MCG CAPSULE ^{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
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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
biotect plus oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BIOTEL CARE BGM-4 METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
biotin 5 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
bisacodyl 10 mg rectal suppository ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
bisacodyl 5 mg tablet,delayed release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
black-draught lax-senna 8.6 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BLOOD GLUCOSE MONITORING KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
BLOOD GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
BLOOD-GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
BLOOD-GLUCOSE METER 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
BODY, HAIR, SKIN AND NAILS 3 MG-133 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BOOSTNOW IMMUNE SUPPORT 166.6 MG-83.3 MG-33.3 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
bp wash 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
bp wash 5 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE MDI SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE SPACER AND MASK, ADULT	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE SPACER AND MASK, CHILD	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE SPACER AND MASK, INFANT	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE SPACER AND MASK, NEONATE	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE SPACER AND MASK, SMALL CHILD	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE VALVED MDI CHAMBER SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
BREATHERITE VALVED MDI SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	1		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
BULLSEYE MINI SAFETY LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BULLSEYE MINI SAFETY LANCETS 25 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
BULLSEYE MINI SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
butalbital 50 mg-acetaminophen 325 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS
BUTTERFLY TOUCH LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
c complex 500 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
c-1000 1,000 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
c-1000 with rose hips 1,000 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
c-500 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
c-500 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
c-500 500 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
c-lax laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
calcidiol 200 mcg/ml (8,000 unit/ml) oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CAPRON DMT 30 MG-30 MG TABLET ^{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
CAREONE LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CAREONE ULTRA THIN LANCET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARESENS LANCETS 30 GAUGE ^{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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CARESENS N VOICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH GLUCOSE MONITORING SYSTEM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH SAFETY LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH TWIST LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH TWIST LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CARETOUCH TWIST LANCET 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
castor oil 100 % oral ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CAVILON DURABLE BARRIER 1.3 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	1		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 0.4 mg-162 mg-18 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
centravites 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
centravites 50 plus 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 adult 50 plus 80 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM ADULT 50 PLUS FRESH-FRUITY 120 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM ADULTS 12 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CENTRUM CHEWABLES 8 MG IRON-400 MCG-10 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM CHEWABLES 8 MG IRON-400 MCG-80 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
centrum complete 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM KIDS (WITH VIT D3, VIT K) 8 MG IRON-10 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM MEN 8 MG IRON-200 MCG-600 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM MINIS ADULTS 50 PLUS 200 MCG-15 MCG-150 MCG-125MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM MINIS MEN 50 PLUS 150 MCG-30 MCG-300 MCG-150 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM MINIS WOMEN 50 PLUS 4 MG IRON-200 MCG-25 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
centrum silver 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM SILVER 400 MCG-250 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM SILVER MEN 300 MCG-60 MCG-600 MCG-300 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM SILVER ULTRA MEN'S 300 MCG-60 MCG-600 MCG-300 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-50 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
centrum specialist heart 3 mg-200 mcg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM ULTRA MEN'S 8 MG IRON-200 MCG-600 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
centrum women 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CENTRUM WOMEN IMMUNE MINIS 9 MG IRON-200 MCG-25 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
century 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
century mature 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CEROVITE JR 18 MG IRON-10 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CEROVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
certa plus 18 mg-0.4 mg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CERTAVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CERTAVITE-ANTIOXIDANT 18 MG-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cetiri-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
cetirizine 5 mg-pseudoephedrine er 120 mg tablet,extended release,12hr ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CHEMSTRIP 10 MD ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CHEST CONGESTION RELIEF 100 MG/5 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
chest congestion relief 400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
chest congestion relief dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
chest congestion relief dm 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
chest congestion-cough hbp 10 mg-200 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
chest congestion-cough relief 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child chest congestion-cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child complete multivitamin 18 mg iron chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child mucus relief expectorant 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child multivitamin plus iron 18 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child robitussin cough-chest dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
child robitussin elderberry dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children delsym cough-chest congestion dm 5 mg-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 80 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CHILDREN'S ALAWAY 0.025 % (0.035 %) EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's chest congestion 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CHILDREN'S CHEW MULTIVIT WITH IRON 15 MG IRON TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's chewable complete 9 mg iron-200 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's chewable multivitamin 300 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's chewable vitamin complete 18 mg iron tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CHILDREN'S CHEWABLE VITAMIN TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
children's chewables 300 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's chewables extra c 300 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's cough dm er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
children's cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CHILDREN'S DELSYM COUGH 30 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE ^{OTC}	1	QL(600 per 30 days)	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 mucinex cough 5 mg-100 mg/5 ml oral liquid ^{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 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 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 elixir ^{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 saline nasal spray 0.65 % aerosol ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CHILDREN'S SLEEP (MELATONIN) 1 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
children's sleep (melatonin) 1 mg/ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
cholecalciferol (vitamin d3) 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 10 mcg (400 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 10 mcg (400 unit) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 10 mcg (400 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 250 mcg (10,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 50 mcg (2,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cholecalciferol (vitamin d3) 50 mcg (2,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
citrate of magnesia oral ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CITRUCEL (SUCROSE) ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CITRUCEL SUGAR FREE ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE ^{NP}	*	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CLARITIN-D 12 HOUR 5 MG-120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CLARITIN-D 24 HOUR 10 MG-240 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
clear eyes natural tears 0.5 %-0.6 % drops ^{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 CHEK LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE MICRO ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE MICRO TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE MINI BLOOD GLUCOSE MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE TALK BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE TALK TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CLEVER CHOICE VOICE PLUS TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
clinere ear wax removal 6.5 % drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COAGUCHEK LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COBENFY 100 MG-20 MG CAPSULE	1	PA,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
COBENFY 125 MG-30 MG CAPSULE	1	PA,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
COBENFY 50 MG-20 MG CAPSULE	1	PA,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	PA,QL(1 per 90 days)	MISCELLANEOUS THERAPEUTIC AGENTS
codeine 10 mg-guaifenesin 100 mg/5 ml oral liquid ^{OTC}	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
col-rite 100 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	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
COLOR LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMFORT EZ LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMPACT SPACE CHAMBER	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMPACT SPACE CHAMBER-LRG MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMPACT SPACE CHAMBER-MED MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
COMPACT SPACE CHAMBER-SM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
complete multivitamin adult 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
complete multivitamin-multimineral 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
complete multivitamin-multimineral 9 mg iron/15 ml oral liquid ^{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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CONTOUR PLUS BLUE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
CONTOUR PLUS TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
CONTOUR TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
cool bottoms 1 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
coricidin hbp chest congestion-cough 10 mg-200 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CORN STARCH (BULK) POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
corn starch topical powder ^{OTC}	1		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
CORVITE 1.25 MG-2.5 MG-7 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cough dm er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
cough syrup 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cough syrup dm 5 mg-50 mg/5 ml ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CULTURELLE PROBIOTIC-MULTIVIT 1 BILLION CELL-1 GRAM CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CURITY ALCOHOL SWABS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CUTTER BACKWOODS 25 % TOPICAL PUMP SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CUTTER BACKWOODS 25 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CUTTER BACKWOODS DRY 25 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
CUTTER SKINSATIONS 7 % TOPICAL PUMP SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) 1,000 mcg sublingual lozenge ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) 1,000 mcg sublingual tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) 1,000 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) 1,000 mcg/15 ml oral liquid ^{OTC}	1	QL(450 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) 5,000 mcg/ml sublingual drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vit b-12) er 1,000 mcg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
cyanocobalamin (vitamin b-12) 1,000 mcg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
d-vi-sol 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
d3 dots 50 mcg (2,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
d3-2000 50 mcg (2,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
d3-5000 125 mcg (5,000 unit) capsule ^{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 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 200 mcg-100 mcg-500 mcg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
daily multivitamin with iron 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
dandruff shampoo (selenium sulfide-aloe) 1 % ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DAYAVITE 1 MG-75 MG-10 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
daylogic acne foaming wash 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
daylogic acne treatment 10 % topical gel ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
daytime-nighttime 10-5-325mg(d)/15-325-6.25mg capsules ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEBROX 6.5 % EAR DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
decara 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
DECUBI VITE 400 MCG-50 MG-500 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
deep sea nasal 0.65 % spray aerosol ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEKAS BARIATRIC 22.5 MG-400 MCG-500 MCG-10 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEKAS PLUS (FOLIC ACID) 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEKAS PLUS (FOLIC ACID) 200 MCG-1,000 MCG-10 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEKAS PLUS LIQUID 500 MCG/ML ORAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DELSYM 12 HOUR 30 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
delta d3 10 mcg (400 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX DEXATRAN 18 MG IRON-1 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dermacinrx dimopair 5 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX FOLIFLEX 9 MG IRON-500 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX FOLITIN-Z 9 MG IRON-500 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX MULTITAM 1,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX PENETRAL 0.025 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX RIBOTIN-E 9 MG IRON-500 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DERMACINRX VENEXA 1,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX VENEXA FE 27 MG IRON-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX VENTRIXYL 1,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX VENTRIXYL FE 27 MG IRON-1 MG 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 VITRANOL FE 27 MG IRON-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX VITREXATE 1,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX VITREXATE FE 27 MG IRON-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DERMACINRX ZINTREXYL-C 9 MG IRON-500 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dex4 glucose 4 gram chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dex4 glucose quick dissolve 4 gram chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEXCOM G6 RECEIVER	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEXCOM G6 SENSOR DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEXCOM G6 TRANSMITTER DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEXCOM G7 RECEIVER	1		MISCELLANEOUS THERAPEUTIC AGENTS
DEXCOM G7 SENSOR DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
dextromethorphan polistirex er 30 mg/5 ml oral susp ext.release 12hr ^{OTC}	1	QL(600 per 30 days)	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
dextromethorphan-guaifenesin 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dextromethorphan-guaifenesin 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dextrose 40 % oral gel ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
diabetes health formula 500 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
diabetic multivitamin 120 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
diabetic support formula 167 mcg-100 mcg-83 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
diabetic tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
diabetic tussin dm 10 mg-200 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
diabetic tussin ex 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DIALYVITE 800-ULTRA D 0.8 MG-2,000 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dalyvite vitamin d 125 mcg (5,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DIATROL 1,700 MCG DFE-90 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DIATRUE PLUS BLOOD GLUCOSE METER SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
DIATRUE PLUS TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
dibucaine 1 % topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dimenhydrinate 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
diphenhydramine 25 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
docosanol 10 % topical cream ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
docuprene 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
docusate calcium 240 mg capsule ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
docusate sodium 100 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
docusate sodium 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
docusate sodium 50 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
docuzen 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
dodex 1,000 mcg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
dok 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DRAMAMINE 50 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
driminate 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET GENTEEEL LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DROPLET INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPLET LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
DRY EYE FORMULA 133 MG-167 MG-170 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dry eye relief (propylene glycol-peg 400) 0.4 %-0.3 % eye gel 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
DULCOLAX (BISACODYL) 5 MG TABLET,DELAYED RELEASE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
dulcolax (magnesium hydroxide) 400 mg/5 ml oral suspension ^{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
e-200 90 mg (200 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
e-400 c-500 and beta carotene tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
E-Z JECT LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
E-Z JECT LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
E-Z JECT LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
E-Z JECT LANCETS 32 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
E-Z JECT LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
E-Z JECT THIN LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ear drops (carbamide peroxide) 6.5 % ^{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
EASIVENT HOLDING CHAMBER	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASIVENT MASK LARGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASIVENT MASK MEDIUM	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASIVENT MASK SMALL	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 0.3 ML 31 X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1/2 ML 29 X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT PEN NEEDLES 29 GAUGE X 3/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY COMFORT PEN NEEDLES 29 GAUGE X 5/32" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EASY MINI EJECT LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY PLUS II BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY PLUS II TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY STEP BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY STEP STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TALK BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TALK GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TALK PLUS II TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH ALCOHOL PREP PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH BLULINK GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH BLULINK TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH GLUCOSE MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 5/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH LANCETS 32 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SAFETY LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SAFETY LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SAFETY LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SAFETY LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SAFETY LANCETS 32 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH TWIST LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EASY TOUCH TWIST LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH TWIST LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH TWIST LANCETS 32 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH TWIST LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TOUCH UNI-SLIP 1 ML SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TRAK BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TRAK GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TRAK II BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASY TRAK II TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASY TWIST AND CAP LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EASY-C IMMUNE HEALTH 500 MG TABLET ^{OTC}	1		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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASymax 15 TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASymax NG KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASymax NG METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASymax STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EASymax T1 KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EASymax V SPEAKING BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ECLIPSE NEEDLE 23 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
ECLIPSE NEEDLE 25 GAUGE X 5/8"	1		MISCELLANEOUS THERAPEUTIC AGENTS
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
ECOTRIN 325 MG TABLET,ENTERIC COATED ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ed-apap 160 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ELDERTONIC 3.6 MG-0.75 MG/15 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ELEMENT COMPACT GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ELEMENT COMPACT TEST STRIPS ^{NP}	*	QL(200 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
elfolate 15 mg tablet ^{OTC}	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
elfolate 7.5 mg tablet ^{OTC}	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
ELYXYB 120 MG/4.8 ML (25 MG/ML) ORAL SOLUTION	1	PA,QL(28.8 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS ^{NP}	*	QL(200 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE PRO BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE PRO TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE WAVE BLOOD GLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EMBRACE WAVE PLUS BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EMERGEN-C 500 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
endit (zinc oxide) 20 % topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
endur-c with rose hips 500 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ENDUR-VM IRON-FREE 400 MCG TABLET,EXTENDED RELEASE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ENDUR-VM WITH IRON 18 MG IRON-400 MCG TABLET,EXTENDED RELEASE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
ENFAMIL ENFALYTE ORAL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS
ergocalciferol (vitamin d2) 10 mcg (400 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) tablet ^{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
ESSENTIAL WOMAN 50 PLUS 0.4 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
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EVERSENSE 365 TRANSMITTER DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EVERSENSE E3 SMART TRANSMITTER DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EVOLUTION BLOOD GLUCOSE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
EVOLUTION TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EXCEDRIN EXTRA STRENGTH 250 MG-250 MG-65 MG TABLET ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EXCEDRIN MIGRAINE 250 MG-250 MG-65 MG TABLET ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
expectorant 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
expectorant cough syrup 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
expectorant dm 20 mg-300 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
extra pain relief 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
extraprin 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
eye allergy relief (naphazoline-pheniramine) 0.025 %-0.3 % drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
eye health plus lutein 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
eye itch relief 0.025 % (0.035 %) drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
eye multivitamin 2,148 mcg-113 mg-45 mg-17.4 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EYEPROTECT 7,160 UNIT-113 MG-100 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
eyes alive 0.5 % drops in a dropperette ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
EZ SMART LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FANTASY CONDOM ^{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
FEMCAP 22 MM VAGINAL DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
FEMCAP 26 MM VAGINAL DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
FEMCAP 30 MM VAGINAL DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
FENESIN DM IR 15 MG-400 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
fenesin dm ir 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
feosol 325 mg (65 mg iron) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ferosul 325 mg (65 mg iron) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ferrex 150 mg iron capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ferric x-150 150 mg iron capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ferro-time 325 mg (65 mg iron) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ferrous fumarate 324 mg (106 mg iron) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ferrous gluconate 324 mg (37.5 mg iron) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ferrous gluconate 324 mg (38 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
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 (psyllium husk-sugar) 3 gram/11 gram oral powder ^{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 supplement(wheat dextrin) 3 gram/3.8 gram oral powder ^{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 (psyllium seed-sucrose) oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FILTER NEEDLES 19 X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
FILTER NEEDLES 19 X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
FINGERSTIX LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FIORICET WITH CODEINE 50 MG-300 MG-40 MG-30 MG CAPSULE ^{NP}	*	PA	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 antiseptic (povidone-iodine) 10 % topical solution ^{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 ENEMA EXTRA 19 GRAM-7 GRAM/197 ML ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
fleet glycerin (adult) rectal suppository ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLEXICHAMBER SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLEXICHAMBER-LARGE CHILD MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLEXICHAMBER-SMALL ADULT MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLEXICHAMBER-SMALL CHILD MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES COMPLETE (FERROUS SULFATE) 10 MG IRON CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
flintstones complete (iron) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES COMPLETE CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES GUMMIES CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES IMMUNITY SUPPORT 10 MG IRON CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES MULTI-VITAMINS GUMMIES 100 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES MULTI-VITAMINS GUMMIES 200 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES MULTIVITAMIN 300 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES SOUR GUMMIES COMPLETE CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES TAB CHEW 100 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES WITH EXTRA IRON 18 MG IRON CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES WITH IRON 18 MG IRON CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FLINTSTONES/EXTRA C 100 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
foaming acne face wash 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FOLAGENT DHA 28 MG-1,000 MCG-35 MG-200 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
folamax 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FOLAMED DHA 28 MG-1,000 MCG-35 MG-200 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
folaprime 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FOLCYTEINE 1 MG-47 MG-20 MCG-16 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
folic acid 1 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
folic acid 1 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS
folic acid 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
for sty relief eye ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FORA 6 CONNECT GLUCOSE STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA 6 CONNECT-GTEL-TEST N'GO ADVANCE-VOICE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA D15G STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA D20 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA D40-G31 TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA G20 KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA G20 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA G30-PREMIUM V10 TEST STRIP ^{NP}	*	QL(200 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA GTEL GLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA GTEL MULTI-FUNCTIONAL MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FORA LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FORA PREMIUM V10 GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA TEST N'GO ADVANCE PRO TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA TEST N'GO VOICE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA TN'G VOICE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA TN'G VOICE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA V10 KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA V10 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA V10-V12-D10-D20 STRIPS ^{NP}	*	QL(200 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA V20 KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA V20 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORA V30A ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA V30A KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORA V30A STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORACARE GD20 GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORACARE GD20 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORACARE GD40 TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORACARE GD40A GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORACARE GD40B GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FORACARE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FORTAVIT CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FORTISCARE G1 TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FORTISCARE GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FORTISCARE T1 BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREEDAVITE 1.8 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE FREEDOM LITE KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE INSULINX STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE INSULINX TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 14 DAY READER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 14 DAY SENSOR KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 2 READER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 2 SENSOR KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 3 READER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LIBRE 3 SENSOR DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LITE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE LITE STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE PRECISION NEO METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE PRECISION NEO STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
FREESTYLE UNISTIK 2 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
freshkote 2.7 %-2 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
fruit c-500 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
g tussin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
g-fenesin dm 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
G-ZYNCOF 20 MG-400 MG/5 ML ORAL LIQUID ^{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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GE333 BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GE333 BLOOD GLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GENADEK 19 MCG-500 MCG/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
genicin vita-q 1 mg-25 mg-12.5 mg-1 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
gentearl tears mild 0.1 %-0.3 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GENTEARL TEARS MODERATE (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GENTEARL TEARS MODERATE 0.1 %-0.3 %-0.2 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GENTEARL TEARS SEVERE 0.3 % EYE GEL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GENTEARL TEARS SEVERE GEL DROPS 0.4 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GENTEEL VACUUM LANCING DEVICE COMBO PACK ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
gentle laxative (bisacodyl) 10 mg rectal suppository ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
gentle laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
geri-kot 8.6 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
geri-mucil (aspartame) 3.4 gram/5.8 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
geri-mucil (sugar) 3.4 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
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 hbp 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
gluco burst 40 % oral gel ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
GLUCO NAVII TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD 01 METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD 01 SENSOR PLUS STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD EXPRESSION ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD EXPRESSION KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD EXPRESSION STRIPS ^{NP}	*	QL(200 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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD SHINE XL METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD VITAL KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD VITAL SENSOR STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCARD VITAL TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCOM BLOOD GLUCOSE KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCOM GLUCOSE STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCOM LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCOM LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GLUCOCOM LANCETS 33 GAUGE ^{OTC}	1		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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
glycerin (child) rectal suppository ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GM100 KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GM100 STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GOJJI BLOOD GLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
GOJJI LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GOJJI LANCETS 30 GAUGE-GLUCOSE TEST STRIPS COMBO PACK ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GOJJI LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaiasorb dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GUAICON DMS 20 MG-200 MG/10 ML ORAL LIQUID IN PACKET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin 200 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin 400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin er 1,200 mg tablet, extended release 12 hr ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin er 600 mg tablet, extended release 12 hr ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
guaifenesin-dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GUARDIAN 4 GLUCOSE SENSOR DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GUARDIAN 4 TRANSMITTER DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GUARDIAN CONNECT TRANSMITTER DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GUARDIAN LINK 3 TRANSMITTER DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
GUARDIAN SENSOR 3 DEVICE ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
gummi bear multivitamin chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
GUMMIES CHILDREN MULTIVITAMIN CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
gummy dinos chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hair vitamins tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HAIR, SKIN AND NAILS (HERBS) 120 MCG-1,250 MCG-60 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hair, skin and nails advanced 3.3 mg iron-25 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
HAIR, SKIN AND NAILS-ARGAN OIL 66.7 MCG-1,666.7 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hair,skin and nails (folic acid-biotin) 100 mcg-1,500 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 133.3 MCG-1,666.7 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 66.7 MCG-1,000 MCG 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 1 mg iron-66.7 mcg-1,000 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hair,skin and nails tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HAIR-SKIN-NAIL (VIT A,C-BIOTIN-ZN-CU) 2,500 UNIT-100 MG-2,500 MCG CAP ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HAIR-SKIN-NAILS (MULTIVIT-FOLIC-BIOTIN) 400 MCG-2,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHPRO GLUCOSE MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHPRO TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHY ACCENTS UNILET LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
healthy eyes 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
healthy eyes lutein-zeaxanthin 60 mg-13.5 mg-15 mg-2 mg-6 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
healthy eyes supervision 4,296 mcg-226 mg-90 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HEALTHY EYES SUPERVISION2 250 MG-90 MG-10 MG-1 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hematex 150 mg iron tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hemorrhoidal (phenyleph-cocoa) 0.25 %-88.44 % rectal suppository ^{OTC}	1	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
HEMORRHOIDAL (PHENYLEPHRINE-HARD FAT) 0.25 %-88.7 % RECTAL SUPPOSITORY ^{OTC}	1	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
hemorrhoidal (witch hazel) 50 % topical pads ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hemorrhoidal 0.25 %-3 % rectal suppository ^{OTC}	1	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
hemorrhoidal hygiene 50 % topical pads ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hemorrhoidal ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hemorrhoidal(phenyleph-min oil-petrolat)0.25 %-14 %-74.9 % rectal oint ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HI-D ADEK GUMMIES PLUS ZINC 2,400 MCG-62.5 MCG-67 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HI-D DROP 76 MCG-1,000 MCG/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
high potency multivitamin (w-iron) 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
high potency multivitamin (w-iron) 9 mg iron-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
high potency multivitamin 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HONEY BEARS WITH IRON-ZINC 4.5 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG TABLET ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG/5 ML ORAL SOLUTION ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
HYCODAN 5 MG-1.5 MG/5 ML (5 ML) ORAL SOLUTION ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
HYDRAGUARD-D 12.5 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HYDROCIL ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
hydrocodone 10 mg-chlorpheniramine 8 mg/5 ml oral susp extend.rel 12hr ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
hydrocodone-homatropine 5 mg-1.5 mg tablet	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral solution	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral solution	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
hydromet 5 mg-1.5 mg/5 ml oral solution	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
HYLAZINC 1 MG-1.5 MG-1.7 MG-50 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
HYPOLANCE AST LANCING KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
I-VITE 300 MCG-200 MG-27 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
iferex 150 150 mg iron capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
IGALMI 120 MCG SUBLINGUAL FILM	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
IGALMI 180 MCG SUBLINGUAL FILM	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
IGLUCOSE BLOOD GLUCOSE MONITOR KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
IGLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
IHEALTH GLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
IMMUNE ESSENTIALS DAILY 750 MCG-150 MG-31.25 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
immune support (vit c, d and zinc) 180 mg-10 mcg-5.5 mg-150 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
immune support 250 mg-12.5 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INCONTROL ALCOHOL PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INCONTROL LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INCONTROL SUPER THIN LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INCONTROL ULTRA THIN LANCETS 28 GAUGE ^{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
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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
INJECT EASE LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INJECT EASE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
insect repellent (deet) 15 % topical spray ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 5/8 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INSUPEN PEN NEEDLE 32 GAUGE X 1/4"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
INVACARE LANCETS 30 GAUGE ^{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
iron er 159 mg (45 mg iron) tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
JUST 4 KIDZ MULTIVITAMIN-PROBIOTIC 1.25 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
k-pax immune support 2.25 mg iron-100 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KAOPECTATE (DOCUSATE CALCIUM) 240 MG CAPSULE ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
KETONE URINE TEST STRIPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ketotifen 0.025 % (0.035 %) eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
keyfolic 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
kids melatonin 1 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KIDS MULTI ZERO CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KIDS MULTIVITAMIN-MINERALS 200 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
kids vitamin d3 10 mcg (400 unit) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
kids' gummy 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
kindermed infants pain-fever 160 mg/5 ml oral suspension ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
kindermed kids cough-congest 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
kindermed kids pain-fever 160 mg/5 ml oral suspension ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
konsyl (sugar) 3 gram/12 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
konsyl (sugar) 3.4 gram/12 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KONSYL DAILY FIBER (STEVIA) 3.5 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KONSYL SUGAR-FREE 6 GRAM/6 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
KYLEENA 17.5 MCG/24 HR (UP TO 5 YEARS) 19.5 MG INTRAUTERINE DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
l-arginine (alpha-ketoglutarate) 350 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS, SUPER THIN ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS, THIN ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS, THIN 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCETS, ULTRA THIN ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCING DEVICE WITH LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCING DEVICE WITH LANCETS KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANCING SYSTEM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LANZO LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
laxa basic 100 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
laxacin 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	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
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	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
levomefolate 15 mg-algal oil 90.314 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
levomefolate calcium 15 mg tablet ^{OTC}	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
levomefolate calcium 7.5 mg tablet ^{OTC}	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
lice killing 0.33 %-4 % shampoo ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
lice pyrinyl shampoo 0.33 %-4 % ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
lice treatment 0.33 %-4 % shampoo ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LILETTA 20.4 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
lintera 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
liquid b-12 1,000 mcg/15 ml oral ^{OTC}	1	QL(450 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
LIQUID MULTIVITAMIN 9 MG IRON/15 ML (15 ML) ORAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
liquituss gg 200 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
LITE TOUCH LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITE TOUCH-MEDIUM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITEAIRE MDI CHAMBER	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITETOUGH-LARGE MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
LITETOUGH-SMALL MASK	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
little remedies fever and pain reliever 160 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LIVITA FOR ADULT 1,700 MCG DFE-500 MG/15 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
LIVITA FOR CHILDREN ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
long acting nasal decongestant (pse) 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
lorata-d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
lorata-dine d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
loratadine-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
loratadine-d 5 mg-120 mg tablet,extended release 12 hr ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
lubricant dry eye relief 1 % eye liquid gel drops ^{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 0.5 % ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
lubricating tears 0.1 %-0.3 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
lubrifresh pm 83 %-15 % eye ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
lysiplex plus oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
m-pap 160 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MACULAR HEALTH FORMULA 5 MG-1 MG-7.5 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MACUVITE EYE CARE 7,160 UNIT-113 MG-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MACUVITE WITH LUTEIN 5,000 UNIT-60 MG-30 UNIT-2 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16"	1		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"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
magnesium 400 mg (as magnesium oxide) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
magnesium citrate oral solution ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
magnesium hydroxide 400 mg/5 ml oral suspension ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
magnesium oxide 400 mg (241.3 mg magnesium) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAGOX 400 MG (241.3 MG MAGNESIUM) TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mapap (acetaminophen) 500 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
max sleep junior 1 mg/ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
maxi-tuss ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
maxi-tuss g 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
maxi-tuss gmx 10 mg-200 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2 ^{OTC}	1		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
MEDI-PADS 50 % TOPICAL PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
medicated pads 50 % topical pads ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
medicated wipes 50 % (pads) ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEDISENSE THIN LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEDLANCE PLUS LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEDLANCE PLUS LANCETS 25 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEDLANCE PLUS LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEDLANCE PLUS SPECIAL BLADE 0.8 MM X 2 MM MISC ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mega multi for women 13.5 mg-200 mcg-250 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEGA MULTIVITAMIN FOR MEN 200 MCG-175 MCG-250 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEGAVITE 18 MG IRON-800 MCG-150 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEGAVITE GOLDEN YEARS 55 PLUS 800 MCG-150 MG-25 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 1 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 1 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 1 mg/4 ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 1 mg/ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 10 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
melatonin 10 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 10 mg-lemon balm leaf extract 1 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 10 mg/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 12 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 2.5 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 2.5 mg/10 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 3 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 3 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 3 mg/4 ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 300 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 5 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 5 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 5 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin 5 mg/15 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
melatonin-pyridoxine hcl (vitamin b6) 3 mg-10 mg 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'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 0.4 MG-600 MCG CAPSULE ^{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 multivitamin 200 mcg-60 mcg-600 mcg 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
MENATROL 220 MG-15 MCG-100 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MERIBIN 5 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.95 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
metamucil (sugar) oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
METAMUCIL (WITH SUGAR) 3 GRAM/7 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
metamucil (with sugar) 3.4 gram/12 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
METAMUCIL (WITH SUGAR) 3.4 GRAM/7 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
METAMUCIL 3.4 GRAM/5.4 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
METAMUCIL FREE (WITH SUGAR) 3 GRAM/7 GRAM ORAL POWDER ^{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
metamucil sunrise oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
methylergonovine 0.2 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS
MEXSANA (CORNSTARCH) 83.7 % TOPICAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mgo 400 mg (241.3 mg magnesium) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICRO BLOOD GLUCOSE STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
MICRO THIN LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICROCHAMBER SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
microdot glucose gel 40 % oral ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICRODOT XTRA BLOOD GLUCOSE STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
MICROLET 2 LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICROLET LANCE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICROLET NEXT LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MICROSPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
midazolam (pf) 1 mg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
midazolam (pf) 2 mg/2 ml (1 mg/ml) injection syringe	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
midazolam (pf) 5 mg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
midazolam (pf) 5 mg/ml injection syringe	1		MISCELLANEOUS THERAPEUTIC AGENTS
midazolam 1 mg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
midazolam 10 mg/5 ml (2 mg/ml) oral syrup	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
midazolam 2 mg/ml oral syrup	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
midazolam 5 mg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
migraine formula 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
migraine relief 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	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
milltrium senior tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mineral oil enema ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MINI LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MINI WRIGHT PEAK FLOW METER	1		MISCELLANEOUS THERAPEUTIC AGENTS
MIRENA 21 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MOBILE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MOISTUREL THERAPEUTIC 3 % LOTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOCAPS 14 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ENFIT STERILE SYRINGE 1 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ENFIT STERILE SYRINGE 3 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ENFIT STERILE SYRINGE 35 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ENFIT STERILE SYRINGE 6 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MONOJECT ENFIT STERILE SYRINGE 60 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ENFIT SYRINGE 12 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ENFIT SYRINGE 12 ML ^{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 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	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 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SAFETY SYRINGES 6 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 1/2 ML 28 GAUGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 3 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML 20 X 1 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML 21 X 1 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML 21 X 1" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML 21 X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT TB LUER LOK 1 ML SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT TUBERCULIN SYRINGE 1 ML ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOLET LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MONOLET THIN LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MOOD FOOD 250 MG-50MG-50MG-1,360MCG DFE CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MOOD FOOD ES 50 MG-50 MG-50 MG-150 MG CAPSULE ^{OTC}	1		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/5 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MUCINEX 600 MG TABLET, EXTENDED RELEASE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucinex cough-chest congestion hbp 10 mg-200 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucinex fast-max dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucosa 400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucosa dm 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus dm 30 mg-600 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus dm max er 60 mg-1,200 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus relief 400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus relief dm 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus relief dm cough 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
mucus relief dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus relief er 600 mg tablet, extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
mucus relief er dm-max 60 mg-1,200 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multi complete with iron 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTI FOR HER 18 MG IRON-600 MCG-40 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTI FOR HER 18 MG IRON-600 MCG-80 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTI FOR HER 50 PLUS 400 MCG-80 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTI PRO 32 MG IRON-1 MG-315 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multi vitamin 9 mg iron/15 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTI-DAY PLUS MINERALS 18 MG IRON-400 MCG-25 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multi-day with iron 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTI-LANCET DEVICE 2 KIT ^{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 with fluoride 0.25 mg/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multi-vitamin with fluoride 0.5 mg/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multi-vite 9 mg iron/15 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTIA DAILY MULTIVITAMIN 4.5 MG IRON-500 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet ^{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
MULTITOL-M 2,040 MCG DFE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multivit,calc,mins-folic 240 mcg-vit k1 30 mcg-lycopene 300 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multivitamin 50 plus tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multivitamin gummies 200 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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-ferrous fumarate 15 mg iron tablet ^{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 women 50 plus 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multivitamin-minerals-ferrous gluconate 12 mg iron/15 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multivitamin-minerals-iron fumarate 7.5 mg-folic acid 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
multivitamin-mins-folic acid 200 mcg-lutein 137.5 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MULTIVITAMIN-ZINC-STRESS 500 MG-400 MCG-23.9 MG-3 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MURINE EAR 6.5 % DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
murine ear wax removal system 6.5 % drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW ADEK GUMMIES PLUS ZINC 2400 MCG-18.75 MCG-67 MG-400MCG CHEW TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION D3000 3,000 UNIT-1,000 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION D3000 3,000 UNIT-800 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION D5000 5,000 UNIT-1,000 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION D5000 5,000 UNIT-800 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION MULTIVITAMIN 1,500 UNIT-1,000 MCG CHEW TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION MULTIVITAMIN 1,500 UNIT-800 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW COMPLETE FORMULATION MULTIVITAMIN 750 UNIT-500 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW MODULATOR FORMUL PEDIATRIC 2,000 MCG-150 MG-19 MCG/3 ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW MODULATOR FORMULATION MULTIVIT 6,000 MCG-400 MG-37.5 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MVW MODULATOR FORMULN MINI MULTIVIT 3,000 MCG-200 MG-18.75 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
my-vitalife capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
myferon 150 150 mg iron capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MYGLUCOHEALTH KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MYGLUCOHEALTH LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
MYGLUCOHEALTH STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NANO PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NAPHCON-A 0.025 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
nasal decongestant (phenylephrine) 10 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
nasal decongestant (pseudoephedrine) 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
nasal decongestant (pseudoephedrine) 30 mg tablet ^{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 (aspartame) oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
natural fiber laxative (sugar) oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
natural fiber supplement 6 gram/6 gram oral powder ^{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
NEO-TUSS 30 MG-200 MG/5 ML ORAL LIQUID ^{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(neo-bac-polym) 3.5 mg-400 unit-5,000 unit top ointment packt ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NEOVITE 1 MG-100 MG-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NEUTEK 2TEK TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
neutrophor 1 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NEXAFED 30 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacin (inositol niacinate) 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacin 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacin 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacin 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
niacin 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacinamide 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacinamide 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niacinamide 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NICADAN ZX 400 MG-5 MG-250 MCG-10 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NICORETTE 2 MG BUCCAL LOZENGE ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NICORETTE 2 MG BUCCAL MINI LOZENGE ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NICORETTE 2 MG GUM ^{OTC}	1	QL(720 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NICORETTE 4 MG BUCCAL LOZENGE ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NICORETTE 4 MG BUCCAL MINI LOZENGE ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NICORETTE 4 MG GUM ^{OTC}	1	QL(720 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nicotine (polacrilex) 2 mg buccal lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nicotine (polacrilex) 2 mg buccal mini lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nicotine (polacrilex) 2 mg gum ^{OTC}	1	QL(720 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nicotine (polacrilex) 4 mg buccal lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nicotine (polacrilex) 4 mg buccal mini lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nicotine (polacrilex) 4 mg gum ^{OTC}	1	QL(720 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
nighttime dry-eye relief 57.3 %-42.5 % ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
niva-plus 27 mg iron-1 mg tablet ^{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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NORMLSHIELD 4.5 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
nortemp 160 mg/5 ml oral suspension ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NOVA MAX GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
NOVA MAX PLUS GLUCOSE-KETONE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
NOVA MAX PLUS GLUCOSE-KETONE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
NOVA SAFETY LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NOVA SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NOVA SUREFLEX LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NOVAFERRUM YUM PEDIATRIC MULTIVITAMIN-IRON 10 MG IRON/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NOVAFERRUM YUMMY PEDIATRIC 15 MG IRON/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NOVAMV MMM PEDIATRIC MULTIVITAMIN 750 UNIT-35 MG-400UNIT/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
NU-IRON 150 MG IRON CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
nusyllium 3.4 gram/12 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OCULAR VITAMINS 7,160 UNIT-113 MG-0.5 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ocutabs tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OCUVEL 0.5 MG-250 MG-200 UNIT-40 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OCUVITE ADULT 50 PLUS 250 MG (90 MG-160 MG) CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OCUVITE EYE HEALTH 50 MG-15 UNIT-4.5 MG-2.5 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OCUVITE EYE PLUS MULTI 200 MCG-15 MCG-150 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OCUVITE LUTEIN AND ZEAXANTHIN 60 MG-13.5 MG-15 MG-2 MG-6 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ocuvite with lutein 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF ACTIVE 15 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
off deep woods 25 % topical pump spray ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF DEEP WOODS 25 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF DEEP WOODS DRY 25 % TOPICAL SPRAY POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
off deep woods sportsmen 25 % topical spray pump ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF DEEP WOODS SPORTSMEN 30 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
OFF DEEP WOODS SPORTSMEN 98.25 % TOPICAL SPRAY PUMP ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF FAMILYCARE (WITH DEET) 15 % TOPICAL SPRAY POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF FAMILYCARE (WITH DEET) 5 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
off familycare (with deet) 7 % topical spray ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OFF FAMILYCARE (WITH PICARIDIN) 5 % TOPICAL SPRAY WITH PUMP ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
omnicap 0.4 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIFLEX DIAPHRAGM 65 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD 5 G6-G7 INTRO KIT(GEN 5) SUBCUTANEOUS CARTRIDGE AND CONTROLLER	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD DASH PDM KIT (GEN 4)	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
ON CALL EXPRESS METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ON CALL EXPRESS TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ON CALL LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ON CALL LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ON CALL PLUS LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ON CALL PLUS LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ON-THE-GO LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
oncovite tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE A DAY MEN COMPLETE 240 MCG-25 MCG-300 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
one daily 0.4 mg-600 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
one daily calcium/iron tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE DAILY COMPLETE 18 MG-0.4 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE DAILY COMPLETE 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 0.5 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 men 50 plus adv 400 mcg-600 mcg-120 mg 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-0.4 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
one daily men's 50 plus memory support 400 mcg-600 mcg-120 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
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 MULTIVITAMINS WITH MINERALS 4.5 MG IRON TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
one daily plus iron 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE DAILY PLUS MINERALS TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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-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 metabolism 300 mg-18 mg-400 mcg-50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
one daily womens 50 plus 0.4 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE WAY VALVED MOUTHPIECE DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY ENERGY 9 MG IRON-400 MCG-200 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 vitacrvaves 200 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY MEN'S 50 PLUS (WITH GINKGO) 400 MCG-300 MCG-120 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY MEN'S 50 PLUS 400 MCG-370 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY MEN'S COMPLETE 240 MCG-30 MCG-300 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY MEN'S MULTIVITAMIN 400 MCG-20 MCG-300 MCG 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 MENOPAUSE FORMULA 400 MCG-60 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 teen advantage 9 mg iron-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY TEEN FOR HER VITACRAVES 300 UNIT-37.5 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY TEEN FOR HIM VITACRAVES 300 UNIT-37.5 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY TRIPLE IMMUNE SUPPORT 400 MCG-370 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY VITACRAVES 200 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY VITACRAVES IMMUNITY 200 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY WEIGHTSMART 200 MG-18 MG-0.4 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
one-a-day women vitacrvaves 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 ACTIVE 18 MG IRON-400 MCG-180 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY WOMEN'S COMPLETE 18 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 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-DAILY MULTI 800 MCG-1 MG-500 MCG-500 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
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 magnesium citrate oral solution ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
onelax senna 8.8 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONETOUCH DELICA PLUS LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONETOUCH DELICA PLUS LANCET 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONETOUCH DELICA PLUS LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONETOUCH ULTRA TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ONETOUCH ULTRA2 METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE ^{OTC}	1		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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
onevite daily multivitamin 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ONEVITE(WITH LUTEIN) 1 MG-100 MG-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OPTICHAMBER ADULT MASK-LARGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
OPTICHAMBER DIAMOND VHC SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
OPTIFAST 120 MCG-30 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
optimal d3 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
OPTISOURCE 9 MG IRON-200 MCG-40 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
OPTIUM EZ STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
OPURITY MULTIVITAMIN 30 MG IRON-800 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
oralyte oral solution ^{OTC}	1		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	QL(240 per 30 days)	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 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
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	QL(80 per 30 days)	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	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
pain-off 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PALFORZIA INITIAL(4-17YRS) 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRNK CAPSULE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
PANDA MASK ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
panoxyl 10 % topical cleanser ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
PARAGARD T380A (SINGLE HAND) 380 SQUARE MM INTRAUTERINE DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
PARVLEX 29 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pecgen dmx 10 mg-187 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pedia d-vite 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pedia iron 15 mg iron (75 mg)/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PEDIA POLY-VITE WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PEDIALYTE FREEZER POPS ORAL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PEDIALYTE ORAL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PEDIALYTE SINGLES ORAL SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pediatric d-vite 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
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 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 multivitamin no.194-ferrous sulfate 10 mg iron/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 POLY-VITE WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PEDIATRIC SMALL MASK ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PERDIEM OVERNIGHT RELIEF 15 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PERFECT POINT SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PERFECT POINT SAFETY LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PERSA-GEL 10 % TOPICAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pharbetol 325 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pharbetol 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pharinex-dm 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PHARMACIST CHOICE BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
PHARMACIST CHOICE GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
PHASEAL PROTECTOR 13 MM DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
PHASEAL PROTECTOR 20 MM DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
PHASEAL PROTECTOR 28 MM DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
phenazopyridine 100 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS
phenazopyridine 95 mg tablet ^{OTC}	1	QL(30 per 60 days)	MISCELLANEOUS THERAPEUTIC AGENTS
phenylephrine 10 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL	1	QL(5 per 30 days)	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
PHYTOMULTI 3 MG-3 MG-200 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe	1		MISCELLANEOUS THERAPEUTIC AGENTS
phytonadione (vitamin k1) 10 mg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
PIP BLOOD GLUCOSE MONITORING SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PIP BLOOD GLUCOSE TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
PIP LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PIP LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PLATINUM TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
POCKET CHAMBER SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
poly bacitracin (zinc) 500 unit-10,000 unit/gram topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
poly-iron 150 mg iron capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
POLY-VI-SOL 250 MCG-50 MG-10 MCG/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
POLY-VI-SOL WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
poly-vita drops 750 unit-35 mg-400 unit/ml oral ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
poly-vita with iron 10 mg/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
POLYETHYLENE GLYCOL 3350 (BULK) POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
POLYETHYLENE GLYCOL 3350 (BULK) POWDER	1		MISCELLANEOUS THERAPEUTIC AGENTS
polysaccharide iron complex 150 mg iron capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
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
potassium iodide 1 gram/ml oral solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
povidone-iodine 10 % topical solution ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
povidone-iodine 10 % topical spray ^{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(200 per 30 days)	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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
preparation h (witch hazel) 50 % topical pads ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESERVISION AREDS 2 PLUS MULTIVIT 200 MCG-15 MCG-5 MG-1 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESERVISION AREDS 2,148 MCG-113 MG-45 MG-17.4 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESERVISION AREDS 4,296 MCG-226 MG-90 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESERVISION AREDS-2 250 MG-90 MG-40 MG-1 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESERVISION AREDS-2 250 MG-90 MG-40 MG-1 MG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESERVISION LUTEIN 226 MG-90 MG-0.8 MG-5 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESSURE ACTIVATED LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRESSURE ACTIVATED LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PREVENT CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRIMEAIRE SPACER	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT ALCOHOL PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT LANCET 31 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT SAFETY LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT SPACER-ADULT MASK ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRO COMFORT SPACER-CHILD MASK ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
PRO VOICE V9 GLUCOSE MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
PROCARE SPACER WITH ADULT MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
PROCARE SPACER WITH CHILD MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
PROCERV HP 9 MG IRON-300 MCG-50 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PROCHAMBER	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" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY NO CODING STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY POCKET METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY TWIST TOP LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRODIGY VOICE GLUCOSE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
profola 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	1		MISCELLANEOUS THERAPEUTIC AGENTS
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	1		MISCELLANEOUS THERAPEUTIC AGENTS
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup	1		MISCELLANEOUS THERAPEUTIC AGENTS
promolaxin 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PRORENAL 8 MG IRON-800 MCG-1,000 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PRORENAL QD 400 MCG-500 UNIT CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PROSIGHT 5,000 UNIT-60 MG-30 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PROTECT CARDIO AF 0.5 MG-30 MG-60 MG-90 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PROTECT PLUS SO 0.5 MG-15 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pseudoephedrine 30 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pseudoephedrine 60 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pseudoephedrine er 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
psyllium husk (with sugar) 3 gram/7 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
psyllium husk 2.6 gram/4.1 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pure and gentle (saline) 19 gram-7 gram/118 ml enema ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pure and gentle eye 0.3 % drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PURE COMFORT ALCOHOL PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PURE COMFORT LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PURE COMFORT SAFETY LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pure l-citrulline 600 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PUSH BUTTON SAFETY LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
PUSH BUTTON SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pvp prep 10 % topical solution ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pyridoxine (vitamin b6) 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pyridoxine (vitamin b6) 25 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pyridoxine (vitamin b6) 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pyridoxine (vitamin b6) 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
pyridoxine (vitamin b6) 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
QUIN B STRONG 500 MG-400 MCG-15 MG TABLET ^{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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
quintabs-m iron free 0.4 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
QUINTET AC METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
QUINTET AC STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
QUINTET BLOOD GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
QUINTET GLUCOSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
quit 2 mg buccal lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
quit 2 mg gum ^{OTC}	1	QL(720 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
quit 4 mg buccal lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
quit 4 mg gum ^{OTC}	1	QL(720 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
QUTENZA 8 % TOPICAL KIT ^{NP}	*	QL(4 per 84 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ranger ready repellent 20 % topical spray with pump ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ready-to-use enema 19 gram-7 gram/118 ml ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
READYLANCE SAFETY LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
READYLANCE SAFETY LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
READYLANCE SAFETY LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
READYLANCE SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
READYLANCE SAFETY LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
readyprep pvp 10 % topical solution ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
refenesen dm 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH CELUVISC 1 % EYE GEL IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH CLASSIC (PF) 1.4 %-0.6 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH DIGITAL 0.5 %-1 %-0.5 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH DIGITAL PF 0.5 %-1 %-0.5 % EYE DROPS IN A DROPPERETTE ^{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 OPTIVE 0.5 %-0.9 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH OPTIVE 1 %-0.9 % EYE GEL DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
REFRESH OPTIVE ADVANCED (PF) 0.5 %-1 %-0.5 % EYE DROPS IN DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH OPTIVE ADVANCED 0.5 %-1 %-0.5 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH OPTIVE MEGA-3 (PF) 0.5 %-1 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH OPTIVE SENSITIVE (PF) 0.5 %-0.9 % EYE DROPS IN A DROPPERETTE ^{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
REFRESH RELIEVA 0.5 %-0.9 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH RELIEVA PF 0.5 %-0.9 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH TEARS 0.5 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFRESH TEARS PF 0.5 %-0.9 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REFUAH PLUS GLUCOSE MONITOR KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
REFUAH PLUS STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
reguloid (aspartame) 3 gram/5.8 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
reguloid (psyllium husk) 3 gram/5.4 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REGULOID (PSYLLIUM HUSK-SUCROSE) 3 GRAM/12 GRAM ORAL POWDER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
reguloid (psyllium husk-sucrose) 3 gram/7 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED LANCET 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED MINI LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED SAFETY SEAL LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELIAMED TWIST AND CAP LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RELION CONFIRM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
RELION CONFIRM-MICRO STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
RELION MICRO GLUCOSE MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
RELION MICRO GLUCOSE MONITOR KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RELION PRIME METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
RELION PRIME TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
REMEDIENT 3.6 MG-1,000 MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REMEDY CLEANSING BODY 1.5 % TOPICAL CLEANSER ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REMEDY DIMETHICONIC CREAM 5 % TOPICAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REMEDY SKIN REPAIR 1.5 % CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RENAPLEX 800 MCG-12.5 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RENAPLEX-D 800 MCG-12.5 MG-2,000 UNIT TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL 100 98.11 % TOPICAL PUMP SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL FAMILY 10 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
repel family 15 % topical spray powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL HUNTER'S 25 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL SPORTSMEN 25 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL SPORTSMEN DRY 25 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL SPORTSMEN MAX 40 % TOPICAL PUMP SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REPEL SPORTSMEN MAX 40 % TOPICAL SPRAY ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
REQ49 PLUS 200 MCG-1.5 MG-1.5 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RESOURCE THICKENUP ORAL PACKET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RESOURCE THICKENUP ORAL POWDER ^{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
RETAINÉ MGD (PF) 0.5 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
retaine pm 80 %-20 % eye ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
riboflavin (vitamin b2) 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
riboflavin (vitamin b2) 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
rid lice killing 0.33 %-4 % shampoo ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RIGHTEST GD500 LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RIGHTEST GL300 LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
RIGHTEST GM550 SYSTEM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
RIGHTEST GS550 TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
RIGHTEST GT333 GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
RIGHTEST GT333 TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
RITEFLO AEROCHAMBER	1		MISCELLANEOUS THERAPEUTIC AGENTS
robafen dm 5 mg-50 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
robitussin cough-chest congestion dm 10 mg-200 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
robitussin cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ROBITUSSIN COUGH-CHEST CONGESTION DM 5 MG-50 MG/5 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
robitussin elderberry max dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
robitussin er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
robitussin honey max dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
safe tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFETY LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFETY LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFETY NEEDLES 18 GAUGE X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFETY SEAL LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SAFETY-LET LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
saline mist 0.65 % nasal spray aerosol ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
saline nasal 0.65 % spray aerosol ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
saline nasal mist 0.65 % spray aerosol ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
saline nose 0.65 % spray aerosol ^{OTC}	1		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
secura dimethicone 5 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SECURESAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
selsun blue moisturizing 1 % shampoo ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
senexon-s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	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 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 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	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
senna-s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
senna-time s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
sennosides 8.6 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
sennosides 8.6 mg-docusate sodium 50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
sennosides 8.8 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SENOKOT 8.6 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SENOKOT-S 8.6 MG-50 MG TABLET ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
sentia 0.6 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
SIDEROL TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SIDESTREAM PEDIATRIC FACE MASK ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SILICONE MASK - INFANT	1		MISCELLANEOUS THERAPEUTIC AGENTS
SINGLE-LET MISC ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
sinus 12 hour 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
skin protectant a and d (petrolatum, lanolin) topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SKYLA 14 MCG/24 HR (UP TO 3 YEARS) 13.5 MG INTRAUTERINE DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
slow release iron 143 mg (45 mg iron) tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SMART SENSE LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SMART SENSE LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SMART SENSE LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SMART SENSE MONITORING SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SMART SENSE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
SMARTDIABETES VANTAGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SMARTTEST EJECT KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SMARTTEST LANCE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SMARTTEST PERSONA STARTER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SMARTTEST PRONTO STARTER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SMARTTEST PROTEGE KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SMARTTEST TEST STRIPS ^{NP}	*	QL(200 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
SOLO 400 MCG-80 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SOLUS V2 AUDIBLE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SOLUS V2 AUDIBLE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
SOLUS V2 LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOLUS V2 LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOLUS V2 LANCING DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOLUS V2 TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
soluvita 0.5 mg (1.1 mg sod.fluor)/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOOTHE AND COOL BODY POWDER TOPICAL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOOTHE HYDRATION 1.25 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOOTHE NIGHT TIME LUBRICANT 80 %-20 % EYE OINTMENT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SOOTHE XP (PF) 1 %-4.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
soothe xp 1 %-4.5 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
soothing pureway-c 500 mg tablet ^{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
SORBUTUSS 10 MG-100 MG-85 MG/5 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SPACE CHAMBER	1		MISCELLANEOUS THERAPEUTIC AGENTS
SPACE CHAMBER WITH LARGE MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
SPACE CHAMBER WITH MEDIUM MASK	1		MISCELLANEOUS THERAPEUTIC AGENTS
SPACE CHAMBER WITH SMALL MASK	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 adult 50 plus(with lutein) 500 mcg-250 mcg chewable 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
spectravite women 50 plus 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
sski 1 gram/ml oral solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
STERILANCE TL 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STERILANCE TL 32 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
stimulant laxative plus 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
stool softener (docusate calcium) 240 mg capsule ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
stool softener 100 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
stool softener 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
stool softener 50 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
stool softener-laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	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	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
stop smoking aid 2 mg buccal lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
stop smoking aid 4 mg buccal lozenge ^{OTC}	1	QL(600 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
strawberry c 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STRESS B-COMPLEX 500 MG-400 MCG-23.9 MG-3 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STRESS FORMULA TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STRESS FORMULA WITH IRON 500 MG-400 MCG-18 MG IRON TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STRESS FORMULA WITH IRON(SULF) 500 MG-400 MCG-27 MG IRON TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
stresstabs energy 120 mg-400 mcg-62.5 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STROVITE FORTE 10 MG-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
STROVITE ONE 1 MG-1,000 UNIT-15 MG-5 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
stye (pva-povidone) 0.5 %-0.6 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUDAFED 12 HOUR 120 MG TABLET,EXTENDED RELEASE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUDAFED 30 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
sudogest 12-hour 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
sudogest 30 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
sudogest 60 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
sulfacetamide sodium 10 % shampoo	1		MISCELLANEOUS THERAPEUTIC AGENTS
sulfacetamide sodium 10 % topical cleanser ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
sulfacetamide sodium 10 % topical cleanser, gel	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUNVITE 18 MG IRON-400 MCG-25 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
super antioxidant capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPER MULTIPLE - LOW IRON 400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPER MULTIVITAMIN TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
super thera vite m tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPER THIN LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPER THIN LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPERIOR MEN'S MULTI 400 MCG DFE-30 MCG-30 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPERIOR WOMEN'S MULTI 2.5 MG IRON-400 MCG DFE-30MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
suphedrin 30 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
suphedrine 12 hour 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
suphedrine 30 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
support oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPPORT-500 CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUPPRESS DM 5 MG-50 MG/ML ORAL DROPS ^{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" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT LANCETS 18 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE COMFORT LANCING PEN ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SURE-LANCE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-LANCE 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-LANCE 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-LANCE ULTRA THIN 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-PEN LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-PREP ALCOHOL PREP PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURE-TOUCH LANCET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SUREFLEX LANCING DEVICE WITH LANCETS KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURFAK 240 MG CAPSULE ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	1		MISCELLANEOUS THERAPEUTIC AGENTS
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS
SWEEN 24 6 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE BALANCE 0.6 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE COMPLETE 0.6 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE COMPLETE PF 0.6 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE COMPLETE PF 0.6 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE CONTACTS EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SYSTANE GEL 0.3 % EYE GEL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE GEL 0.4 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE HYDRATION (PF) 0.4 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE HYDRATION (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE ULTRA (PF) 0.4 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE ULTRA (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
SYSTANE ULTRA 0.4 %-0.3 % EYE DROPS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tab-a-vite 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TAB-A-VITE MULTIVITAMIN W-IRON 15 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TAB-A-VITE MULTIVITAMIN W-IRON 18 MG-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TD GOLD LEVEL 2 CONTROL SOLUTION ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TECHLITE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TEL CARE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TEL CARE TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TEMPO WELCOME KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TEST N'GO BLOOD GLUCOSE SYSTEM ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TEST N'GO TEST STRIPS ^{NP}	*	QL(200 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 M PLUS (FERROUS FUMARATE) 9 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THERA MOISTURIZING 1.5 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THERA MOISTURIZING 1.75 % TOPICAL CREAM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
thera-d 50 mcg (2,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THERA-M 19 MG IRON-400 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THERA-M 27 MG-0.4 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THERA-M 9 MG IRON-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
theragran-m premier 50 plus 400 mcg-250 mcg-375 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
theralogix companion 0.4 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THERAMIL FORTE 67 MCG-12.5 MG-12.5 MG-17 MG CAPSULE ^{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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
therapeutic-m 9 mg iron-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
theratears 1 % gel in a dropperette ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
theratrum complete 50 plus with lutein tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
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
therems-m 9 mg iron-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
thiamine hcl (vitamin b1) 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
thiamine hcl (vitamin b1) 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
thiamine hcl (vitamin b1) 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
thiamine mononitrate (vitamin b1) 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THIN LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
THRESHOLD IMT TRAINER DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
THRESHOLD PEP DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS
tm-daily vite 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE UNIVERSAL1 LANCET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TOPCARE UNIVERSAL1 LANCET 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
total home insect repellent 30 % topical spray ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
travel sickness 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tri-buffered aspirin 325 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRI-VI-SOL 250 MCG-50 MG-10 MCG/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
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-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt ^{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
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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
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" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT PRO INS SYRINGE 1/2 ML 32 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 32 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE COVER CONDOM ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX AIR GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX AIR GLUCOSE METER KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TRUE METRIX GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX GLUCOSE TEST STRIP ^{OTC}	1	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX GO GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX LEVEL 1 SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX LEVEL 2 SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX LEVEL 3 SOLUTION ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUE METRIX PRO TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
true multivitamin 400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUEDRAW LANCING DEVICE ^{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 LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUEPLUS LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUEPLUS LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TRUERESULT BLOOD GLUCOSE SYSTEM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TRUETEST TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TRUETRACK BLOOD GLUCOSE SYSTEM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TRUETRACK SMART SYSTEM KIT ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
TRUETRACK TEST STRIPS ^{NP}	*	QL(200 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
TRUZONE PEAK FLOW METER	1		MISCELLANEOUS THERAPEUTIC AGENTS
tucks (witch hazel) 50 % topical pads ^{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 400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin chest congestion 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin cough (dm only) 15 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin cough and chest congestion 10 mg-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 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin dm 5 mg-50 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin dm clear 10 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin dm clear 10 mg-100 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin dm max 10 mg-200 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
tussin dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tussin mucus-chest congestion 100 mg/5 ml oral liquid ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TUXARIN ER 8 MG-54.3 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS
TWIST LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TWIST LANCETS 32 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TYLENOL 325 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
TYLENOL EXTRA STRENGTH 500 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
tylenol pm extra strength 25 mg-500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UDAMIN SP 1,000 MCG-320 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTI-LANCE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTI-LANCE MISC ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		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 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET ALCOHOL SWAB ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET BASIC LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET CLASSIC LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET CLASSIC LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET CLASSIC LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET CLASSIC LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET INSULIN SYRINGE 1/2 ML 29 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTILET SAFETY LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIMA MONITOR ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ULTIMA TEST STRIPS ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA ANTIOXIDANT FORMULA TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FINE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA FREEDA 267 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 fresh pm eye ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ultra lubricant eye 0.4 %-0.3 % drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA THIN II LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA THIN LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA THIN LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA THIN LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA THIN LANCETS 31 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA THIN PLUS LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA TLC LANCETS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ultra tuss safe 10 mg-100 mg/5 ml oral syrup ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-CARE LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ULTRA-FINE PEN NEEDLE 32 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRA-THIN II LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRALANCE LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ULTRALANCE LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ultrathon 25 % topical spray ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIFINE OTC PEN NEEDLE 31 GAUGE X 3/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIFINE OTC PEN NEEDLE 32 GAUGE X 5/32 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 1/4 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 3/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 5/16 ^{"OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNILET COMFORTOUCH LANCET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
UNILET COMFORTOUCH LANCET 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNILET GP LANCET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNILET LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNILET LANCET 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNILET LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 2 DEVICE KIT ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 2 EXTRA LANCET 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 2 NORMAL LANCET 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 3 COMFORT LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 3 DUAL LANCET 18 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 3 EXTRA LANCET 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 3 GENTLE 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK 3 NORMAL LANCET 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK COMFORT LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK CZT LANCET 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK CZT LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK EXTRA LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK PRO LANCET 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK PRO LANCET 25 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK PRO LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK SAFETY 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK SAFETY 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK TOUCH LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK TOUCH LANCETS 23 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK TOUCH LANCETS 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTIK TOUCH LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNISTRIP1 TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
UNIVERSAL 1 LANCETS 21 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIVERSAL 1 LANCETS 26 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIVERSAL 1 LANCETS 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
UNIVERSAL 1 LANCETS 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
urinary pain relief 95 mg tablet ^{OTC}	1	QL(30 per 60 days)	MISCELLANEOUS THERAPEUTIC AGENTS
urinary pain relief 97.5 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
urinary pain relief 99.5 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
uro-pain 95 mg tablet ^{OTC}	1	QL(30 per 60 days)	MISCELLANEOUS THERAPEUTIC AGENTS
v-c forte 1 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VAGINAL CONTRACEPTIVE FILM 28 % ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
VANACOF XP 18 MG-396 MG/15 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VANALICE 0.3 %-3.5 % TOPICAL GEL ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vanquish 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
vcf contraceptive 4 % vaginal gel ^{OTC}	1	QL(153 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
VCF CONTRACEPTIVE FILM 28 % VAGINAL ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
vegetable laxative 8.6 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vegetable laxative-stool softener 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
VEKLURY 100 MG INTRAVENOUS POWDER FOR SOLUTION	1		MISCELLANEOUS THERAPEUTIC AGENTS
ventiva tears 0.5 % eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
VERIFINE UNIVERSAL LANCET 28 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE UNIVERSAL LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VERIFINE UNIVERSAL LANCET 33 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vic-forte 1 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VICKS DAYQUIL MUCUS CONTROL DM 10 MG-200 MG/15 ML ORAL LIQUID ^{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
vision formula (with lutein) 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vision formula(a-c-e-zn-se-cu) 1,000 unit-60 mg-30 unit tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vision health 250 mg-90 mg-40 mg-2 mg-5 mg capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VISION OPTIMIZER 66.6MG-3.33MCG-3.33MG-0.66MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vision plus lutein tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VISTA ADVANCED AREDS2 250 MG-137.5 MG-12.5 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VISTA ADVANCED DRY EYE 250 MG-667 MG-12.5 MG-12.5MCG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vista gel 0.3 % eye gel ^{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
VITABEX PLUS 500 MCG-25 MG-10 MG CAPSULE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VITACEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitajoy adult multi 200 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitajoy daily d 25 mcg (1,000 unit) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitajoy melatonin 2.5 mg 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
vitalets chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin a 2,400 mcg capsule ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
vitamin a 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
vitamin a palmitate 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
vitamin a palmitate 3,000 mcg (10,000 unit) tablet ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-1 (mononitrate) 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-1 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-1 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-1 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-12 1,000 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-2 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-2 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-6 100 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-6 25 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-6 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin b-6 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c 1,000 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c 250 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c 250 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c 500 mg capsule,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c er 1,000 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c er 500 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c with rose hips 1,000 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c with rose hips 500 mg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c with rose hips 500 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin c with rose hips 500 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d2 1,250 mcg (50,000 unit) capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 10 mcg (400 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
vitamin d3 10 mcg (400 unit) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 125 mcg (5,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 25 mcg (1,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 25 mcg (1,000 unit) chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 25 mcg (1,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 50 mcg (2,000 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin d3 50 mcg (2,000 unit) tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VITAMIN D3 COMPLETE 18 MG IRON-800 MCG-150 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e (dl, acetate) 180 mg (400 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e (dl, acetate) 22.5 mg (50 unit)/ml oral drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e (dl, acetate) 45 mg (100 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e (dl, acetate) 90 mg (200 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e 268 mg (400 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e acetate 134 mg (200 unit) capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin e mixed 400 unit capsule ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin k 1 mg/0.5 ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamin k1 10 mg/ml injection solution	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamins a and d-white petrolatum-lanolin topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitamins a-d-e with selenium 10,000 unit-400 unit tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VITATRUM 18 MG-500 MCG-300 MCG-250 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VITREXYL 1,000 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VITREXYL PLUS IRON 27 MG IRON-1 MG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VITRUM SENIOR 500 MCG-300 MCG-250 MCG TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
vitrum senior tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VIVAGUARD INO GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
VIVAGUARD INO SMART GLUCOSE METER ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
VIVAGUARD INO TEST STRIP ^{NP}	*	QL(200 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
VIVAGUARD LANCET 30 GAUGE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VIVAGUARD LANCING DEVICE ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
VORTEX HOLDING CHAMBER	1		MISCELLANEOUS THERAPEUTIC AGENTS
VORTEX VHC FROG MASK-CHILD	1		MISCELLANEOUS THERAPEUTIC AGENTS
VORTEX VHC LADYBUG MASK-TODDLER	1		MISCELLANEOUS THERAPEUTIC AGENTS
wal-dram 50 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
wal-itin d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
wal-itin d 12 hour 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	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 natural fiber laxative 3.4 gram/12 gram oral powder ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
wal-phed 12 hour 120 mg tablet,extended release ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
wal-phed 30 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
wal-phed d 120 mg tablet,extended release ^{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
wal-zyr (ketotifen) 0.025 % (0.035 %) eye drops ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
wal-zyr d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
WEBCOL TOPICAL PADS ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
weekly-d 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
wellfola 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	1		MISCELLANEOUS THERAPEUTIC AGENTS
woman's laxative (bisacodyl) 5 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
women's 50 plus advanced 400 mcg-20 mcg 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 50 plus multivitamin 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 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 18 mg-400 mcg-500 mg-50 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
women's multivitamin gummies 200 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
WOMEN'S MULTIVITAMIN WITH BIOTIN 200 MCG-300 MCG CHEWABLE TABLET ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
WOMEN'S MULTIVITAMIN WITH COLLAGEN 200 MCG-25 MG 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
womens daily gummies 200 mcg chewable tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
xcellent a 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
yelets 18 mg-400 mcg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zaditor 0.025 % (0.035 %) eye drops ^{NP}	*		MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 10 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA,QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ZEPBOUND 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(12 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA,QL(12 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 5 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA,QL(6 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ZEPBOUND 7.5 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA,QL(4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS
zephrex-d 30 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zinc oxide 20 % topical ointment ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zinc oxide diaper cream 1 %-10 % topical ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zinc with vitamins a and c 15 mg lozenges ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zostrix-hp 0.1 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zostrix-hp foot 0.1 % topical cream ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
zyncof 20 mg-400 mg tablet ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ZYNCOF 20 MG-400 MG/5 ML ORAL LIQUID ^{OTC}	1		MISCELLANEOUS THERAPEUTIC AGENTS
ZYRTEC-D 5 MG-120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS
ACULAR 0.5 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
ACULAR LS 0.4 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE ^{NP}	*		OPHTHALMIC AGENTS
advanced eye relief (olopatadine hcl) 0.2 % drops ^{OTC}	1		OPHTHALMIC AGENTS
ALOMIDE 0.1 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
ALPHAGAN P 0.1 % EYE DROPS	1		OPHTHALMIC AGENTS
ALPHAGAN P 0.15 % EYE DROPS	1		OPHTHALMIC AGENTS
ALREX 0.2 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
apraclonidine 0.5 % eye drops	1		OPHTHALMIC AGENTS
atropine 1 % eye drops	1		OPHTHALMIC AGENTS
AZASITE 1 % EYE DROPS	1		OPHTHALMIC AGENTS
azelastine 0.05 % eye drops	1		OPHTHALMIC AGENTS
AZOPT 1 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
bacitracin 500 unit/gram eye ointment ^{NP}	*		OPHTHALMIC AGENTS
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1		OPHTHALMIC AGENTS
bepotastine besilate 1.5 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
BEPREVE 1.5 % EYE DROPS	1		OPHTHALMIC AGENTS
BESIVANCE 0.6 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
betaxolol 0.5 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
BETIMOL 0.25 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
BETIMOL 0.5 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
bimatoprost 0.03 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
brimonidine 0.1 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
brimonidine 0.15 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
brimonidine 0.2 % eye drops	1		OPHTHALMIC AGENTS
brimonidine 0.2 %-timolol 0.5 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
brinzolamide 1 % eye drops,suspension ^{NP}	*		OPHTHALMIC AGENTS
bromfenac 0.07 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
bromfenac 0.075 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
bromfenac 0.09 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
BROMSITE 0.075 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
carteolol 1 % eye drops	1		OPHTHALMIC AGENTS
CEQUA 0.09 % EYE DROPS IN A DROPPERETTE ^{NP}	*	PA,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	1		OPHTHALMIC AGENTS
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE ^{NP}	*		OPHTHALMIC AGENTS
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
cromolyn 4 % eye drops	1		OPHTHALMIC AGENTS
cyclopentolate 1 % eye drops	1		OPHTHALMIC AGENTS
cyclosporine 0.05 % eye drops in a dropperette ^{NP}	*	PA,QL(60 per 30 days)	OPHTHALMIC AGENTS
dexamethasone sodium phosphate 0.1 % eye drops	1		OPHTHALMIC AGENTS
diclofenac 0.1 % eye drops	1		OPHTHALMIC AGENTS
difluprednate 0.05 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
dorzolamide 2 % eye drops	1		OPHTHALMIC AGENTS
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	1		OPHTHALMIC AGENTS
dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette	1		OPHTHALMIC AGENTS
DUREZOL 0.05 % EYE DROPS	1		OPHTHALMIC AGENTS
epinastine 0.05 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
erythromycin 5 mg/gram (0.5 %) eye ointment	1		OPHTHALMIC AGENTS
eye allergy itch relief 0.2 % drops ^{OTC}	1		OPHTHALMIC AGENTS
eye allergy itch-redness relief 0.1 % drops ^{OTC}	1		OPHTHALMIC AGENTS
EYSUVIS 0.25 % EYE DROPS,SUSPENSION ^{NP}	*	PA,QL(16.6 per 90 days)	OPHTHALMIC AGENTS
FLAREX 0.1 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
fluorometholone 0.1 % eye drops,suspension ^{NP}	*		OPHTHALMIC AGENTS
flurbiprofen 0.03 % eye drops	1		OPHTHALMIC AGENTS
FML FORTE 0.25 % EYE DROPS,SUSPENSION ^{NP}	*		OPHTHALMIC AGENTS
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
gatifloxacin 0.5 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
gentamicin 0.3 % eye drops	1		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	1		OPHTHALMIC AGENTS
ISTALOL 0.5 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
IFYUZEH (PF) 0.005 % EYE DROPS IN A DROPPERETTE ^{NP}	*		OPHTHALMIC AGENTS
ketorolac 0.4 % eye drops	1		OPHTHALMIC AGENTS
ketorolac 0.5 % eye drops	1		OPHTHALMIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
latanoprost 0.005 % eye drops	1		OPHTHALMIC AGENTS
levobunolol 0.5 % eye drops	1		OPHTHALMIC AGENTS
LOTEMAX 0.5 % EYE GEL DROPS	1		OPHTHALMIC AGENTS
LOTEMAX 0.5 % EYE OINTMENT	1		OPHTHALMIC AGENTS
LOTEMAX SM 0.38 % EYE GEL DROPS ^{NP}	*		OPHTHALMIC AGENTS
loteprednol etabonate 0.2 % eye drops,suspension ^{NP}	*		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	1		OPHTHALMIC AGENTS
MAXIDEX 0.1 % EYE DROPS,SUSPENSION ^{NP}	*		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
MIEBO (PF) 100 % EYE DROPS ^{NP}	*	PA,QL(12 per 30 days)	OPHTHALMIC AGENTS
moxifloxacin 0.5 % eye drops	1		OPHTHALMIC AGENTS
moxifloxacin 0.5 % viscous eye drops	1		OPHTHALMIC AGENTS
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment ^{NP}	*		OPHTHALMIC AGENTS
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment ^{NP}	*		OPHTHALMIC AGENTS
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops ^{NP}	*		OPHTHALMIC AGENTS
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp ^{NP}	*		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 ^{NP}	*		OPHTHALMIC AGENTS
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint ^{NP}	*		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	1		OPHTHALMIC AGENTS
OCUFLOX 0.3 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
ofloxacin 0.3 % eye drops	1		OPHTHALMIC AGENTS
olopatadine 0.1 % eye drops ^{OTC}	1		OPHTHALMIC AGENTS
olopatadine 0.1 % eye drops	1		OPHTHALMIC AGENTS
olopatadine 0.2 % eye drops	1		OPHTHALMIC AGENTS
olopatadine 0.2 % eye drops ^{OTC}	1		OPHTHALMIC AGENTS
OXERVATE 0.002 % EYE DROPS	1	PA	OPHTHALMIC AGENTS
PATADAY ONCE DAILY RELIEF 0.2 % EYE DROPS ^{OTC}	1		OPHTHALMIC AGENTS
PATADAY TWICE DAILY RELIEF 0.1 % EYE DROPS ^{OTC}	1		OPHTHALMIC AGENTS
PHOSPHOLINE IODIDE 0.125 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
pilocarpine 1 % eye drops	1		OPHTHALMIC AGENTS
pilocarpine 2 % eye drops	1		OPHTHALMIC AGENTS
pilocarpine 4 % eye drops	1		OPHTHALMIC AGENTS
polycin 500 unit-10,000 unit/gram eye ointment	1		OPHTHALMIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1		OPHTHALMIC AGENTS
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	1		OPHTHALMIC AGENTS
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	1	PA,QL(60 per 30 days)	OPHTHALMIC AGENTS
RESTASIS MULTIDOSE 0.05 % EYE DROPS ^{NP}	*	PA,QL(11 per 30 days)	OPHTHALMIC AGENTS
retaine allergy 0.2 % eye drops ^{OTC}	1		OPHTHALMIC AGENTS
RHOPRESSA 0.02 % EYE DROPS	1		OPHTHALMIC AGENTS
ROCKLATAN 0.02 %-0.005 % EYE DROPS	1		OPHTHALMIC AGENTS
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
sulfacetamide sodium 10 % eye drops	1		OPHTHALMIC AGENTS
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1		OPHTHALMIC AGENTS
tafluprost (pf) 0.0015 % eye drops in a dropperette ^{NP}	*		OPHTHALMIC AGENTS
timolol maleate (pf) 0.25 % eye drops in a dropperette	1		OPHTHALMIC AGENTS
timolol maleate (pf) 0.5 % eye drops in a dropperette	1		OPHTHALMIC AGENTS
timolol maleate 0.25 % eye drops	1		OPHTHALMIC AGENTS
timolol maleate 0.25 % eye gel forming solution ^{NP}	*		OPHTHALMIC AGENTS
timolol maleate 0.5 % eye drops	1		OPHTHALMIC AGENTS
timolol maleate 0.5 % eye gel forming solution ^{NP}	*		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	1		OPHTHALMIC AGENTS
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
tobramycin 0.3 % eye drops	1		OPHTHALMIC AGENTS
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1		OPHTHALMIC AGENTS
TOBREX 0.3 % EYE OINTMENT	1		OPHTHALMIC AGENTS
TRAVATAN Z 0.004 % EYE DROPS	1		OPHTHALMIC AGENTS
travoprost 0.004 % eye drops ^{NP}	*		OPHTHALMIC AGENTS
trifluridine 1 % eye drops	1		OPHTHALMIC AGENTS
tropicamide 0.5 % eye drops	1		OPHTHALMIC AGENTS
tropicamide 1 % eye drops	1		OPHTHALMIC AGENTS
TYRVAYA 0.03 MG/SPRAY NASAL SPRAY ^{NP}	*	PA,QL(8.4 per 30 days)	OPHTHALMIC AGENTS
VERKAZIA 0.1 % EYE DROPS IN A DROPPERETTE ^{NP}	*	PA,QL(120 per 30 days)	OPHTHALMIC AGENTS
VEVYE 0.1 % EYE DROPS ^{NP}	*	PA,QL(6 per 30 days)	OPHTHALMIC AGENTS
VIGAMOX 0.5 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
VUITY 1.25 % EYE DROPS ^{NP}	*	PA,QL(5 per 20 days)	OPHTHALMIC AGENTS
VYZULTA 0.024 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
XALATAN 0.005 % EYE DROPS ^{NP}	*		OPHTHALMIC AGENTS
XELPROS 0.005 % EYE DROP EMULSION ^{NP}	*		OPHTHALMIC AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	1	PA,QL(60 per 30 days)	OPHTHALMIC AGENTS
ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE ^{NP}	*		OPHTHALMIC AGENTS
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE ^{NP}	*		OPHTHALMIC AGENTS
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION	1		OTIC AGENTS
ciprofloxacin 0.2 % ear drops in a dropperette ^{NP}	*		OTIC AGENTS
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1		OTIC AGENTS
ciprofloxacin 0.3 %-fluocinolone 0.025 % (0.25 ml) ear solution ^{NP}	*		OTIC AGENTS
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	1		OTIC AGENTS
DERMOTIC OIL 0.01 % EAR DROPS ^{NP}	*		OTIC AGENTS
fluocinolone acetonide oil 0.01 % ear drops	1		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
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
24 hour nasal allergy 55 mcg spray aerosol ^{OTC}	1		RESPIRATORY TRACT/PULMONARY 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 ^{NP}	*	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ADEMPAS 0.5 MG TABLET ^{NP}	*	PA,QL(900 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ADEMPAS 1 MG TABLET ^{NP}	*	PA,QL(225 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ADEMPAS 1.5 MG TABLET ^{NP}	*	PA,QL(100 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ADEMPAS 2 MG TABLET ^{NP}	*	PA,QL(57 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ADEMPAS 2.5 MG TABLET ^{NP}	*	PA,QL(36 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

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR ^{NP}	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
AIRDUO DIGIHALER 232 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR ^{NP}	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
AIRSUPRA 90 MCG-80 MCG/ACTUATION HFA AEROSOL INHALER ^{NP}	*	QL(21.4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ALAVERT 10 MG DISINTEGRATING TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
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	1		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 concentrate 5 mg/ml(0.5 %) solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS
albuterol sulfate er 4 mg tablet,extended release,12 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS
albuterol sulfate er 8 mg tablet,extended release,12 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler ^{NP}	*	QL(54 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 tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
ALLEGRA ALLERGY 180 MG TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
ALLEGRA ALLERGY 60 MG TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
ALLEGRA HIVES 180 MG TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
ALLER-CHLOR 4 MG TABLET ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
aller-ease 180 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
aller-fex 180 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
aller-g-time 25 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
aller-tec 10 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allerclear 10 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allergy (chlorpheniramine) 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	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
allergy (diphenhydramine) 25 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allergy 12.5 mg/5 ml oral liquid ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allergy 25 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
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
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 (chlorpheniramine) 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	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 tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allergy relief (fexofenadine) 180 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allergy relief (fexofenadine) 60 mg tablet ^{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/5 ml oral solution ^{OTC}	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
allergy-hives relief 180 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
allergy-time 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
alyq 20 mg tablet	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ambrisentan 10 mg tablet ^{NP}	*	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ambrisentan 5 mg tablet ^{NP}	*	PA,QL(60 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}	*		RESPIRATORY TRACT/PULMONARY AGENTS
ARMONAIR DIGIHALER 113 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
ARMONAIR DIGIHALER 232 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR ^{NP}	*		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	1	QL(13 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER	1	QL(13 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	1	QL(13 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 30 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 ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS) ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
azelastine 137 mcg (0.1 %) nasal spray	1		RESPIRATORY TRACT/PULMONARY AGENTS
azelastine 137 mcg-fluticasone 50 mcg/spray nasal spray ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
azelastine 205.5 mcg (0.15 %) nasal spray ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
azelastine 205.5 mcg (0.15 %) nasal spray ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
banophen 25 mg capsule ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
banophen 25 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
banophen 50 mg capsule ^{OTC}	1		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	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
bosentan 62.5 mg tablet	1	PA,QL(120 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
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
budesonide 0.25 mg/2 ml suspension for nebulization	1	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
budesonide 0.5 mg/2 ml suspension for nebulization	1	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
budesonide 1 mg/2 ml suspension for nebulization	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
budesonide 32 mcg/actuation nasal spray ^{OTC}	1		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/5 ml oral liquid	1		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
cetirizine 10 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
cetirizine 5 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
cetirizine 5 mg/5 ml oral solution ^{OTC}	1	QL(300 per 30 days)	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 ALLEGRA ALLERGY 30 MG/5 ML ORAL SUSPENSION ^{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/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 (fexofenadine) 30 mg/5 ml oral suspension ^{OTC}	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
children's allergy relief (loratadine) 5 mg/5 ml oral solution ^{OTC}	1	QL(300 per 30 days)	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 CLARITIN 5 MG/5 ML ORAL SOLUTION ^{OTC}	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
children's diphenhydramine 12.5 mg/5 ml oral liquid ^{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-fex 30 mg/5 ml oral suspension ^{OTC}	1	QL(300 per 30 days)	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 ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION ^{OTC}	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
chlorhist 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
chlorpheniramine 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
chlortabs 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
CLARINEX 5 MG TABLET ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
CLARITIN 10 MG TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
CLARITIN 5 MG/5 ML ORAL SOLUTION ^{OTC}	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
CLARITIN REDITABS 10 MG DISINTEGRATING TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(8 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
complete allergy 25 mg capsule ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 5.2 mg/spray (4 %) nasal spray ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
ciproheptadine 2 mg/5 ml oral syrup	1		RESPIRATORY TRACT/PULMONARY AGENTS
ciproheptadine 4 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS
desloratadine 2.5 mg disintegrating tablet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
desloratadine 5 mg disintegrating tablet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
desloratadine 5 mg tablet ^{NP}	*		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
diphen 25 mg tablet ^{OTC}	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(13 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	1		RESPIRATORY TRACT/PULMONARY AGENTS
ed chlorped jr 2 mg/5 ml oral syrup ^{OTC}	1	QL(900 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1		RESPIRATORY TRACT/PULMONARY AGENTS
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	1		RESPIRATORY TRACT/PULMONARY AGENTS
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
FASENRA 10 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
fexofenadine 180 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
fexofenadine 60 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
flunisolide 25 mcg (0.025 %) nasal spray ^{NP}	*		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 200 mcg-vilanterol 25 mcg/dose inhalation powder ^{NP}	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
fluticasone propionate 100 mcg/actuation blister powder for inhalation	1		RESPIRATORY TRACT/PULMONARY AGENTS
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	1		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		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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		RESPIRATORY TRACT/PULMONARY AGENTS
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	1		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		RESPIRATORY TRACT/PULMONARY AGENTS
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1		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}	*		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
GRASTEK 2,800 BAU SUBLINGUAL TABLET	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
hydroxyzine pamoate 100 mg capsule	1	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
hydroxyzine pamoate 25 mg capsule	1	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
hydroxyzine pamoate 50 mg capsule	1	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
hyper-sal 7 % solution for nebulization	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	QL(270 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ipratropium bromide 0.02 % solution for inhalation	1	QL(125 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ipratropium bromide 21 mcg (0.03 %) nasal spray	1		RESPIRATORY TRACT/PULMONARY AGENTS
ipratropium bromide 42 mcg (0.06 %) nasal spray	1		RESPIRATORY TRACT/PULMONARY AGENTS
LETAIRIS 10 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
LETAIRIS 5 MG TABLET ^{NP}	*	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
levalbuterol 0.31 mg/3 ml solution for nebulization ^{NP}	*	QL(150 per 180 days)	RESPIRATORY TRACT/PULMONARY AGENTS
levalbuterol 0.63 mg/3 ml solution for nebulization ^{NP}	*	QL(150 per 180 days)	RESPIRATORY TRACT/PULMONARY AGENTS
levalbuterol 1.25 mg/3 ml solution for nebulization ^{NP}	*	QL(150 per 180 days)	RESPIRATORY TRACT/PULMONARY AGENTS
levalbuterol concentrate 1.25 mg/0.5 ml solution for nebulization ^{NP}	*	QL(60 per 180 days)	RESPIRATORY TRACT/PULMONARY AGENTS
levalbuterol hfa 45 mcg/actuation aerosol inhaler ^{NP}	*	QL(45 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
levocetirizine 2.5 mg/5 ml oral solution	1	ST,QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
levocetirizine 5 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
levocetirizine 5 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS
LIQREV 10 MG/ML ORAL SUSPENSION ^{NP}	*	PA,QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
loradamed 10 mg 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	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
m-dryl 12.5 mg/5 ml oral liquid ^{OTC}	1		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}	*		RESPIRATORY TRACT/PULMONARY AGENTS
mometasone 50 mcg/actuation nasal spray ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
montelukast 10 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS
montelukast 4 mg chewable tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS
montelukast 4 mg oral granules in packet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
montelukast 5 mg chewable tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS
naramin 12.5 mg/5 ml oral liquid in packet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
nasal allergy 55 mcg spray aerosol ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
NASALCROM 5.2 MG/SPRAY (4 %) SPRAY ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
nebusal 3 % solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS
NEFFY 1 MG/SPRAY (0.1 ML) NASAL SPRAY ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
NEFFY 2 MG/SPRAY (0.1 ML) NASAL SPRAY ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
nighttime allergy relief 25 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
NUCALA 100 MG SUBCUTANEOUS SOLUTION	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
olopatadine 0.6 % nasal spray ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
OMNARIS 50 MCG NASAL SPRAY	1		RESPIRATORY TRACT/PULMONARY AGENTS
OPSUMIT 10 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
OPSYNVI 10 MG-20 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
OPSYNVI 10 MG-40 MG TABLET ^{NP}	*	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORALAIR 300 IR SUBLINGUAL TABLET	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM 1 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM 5 MG TABLET, EXTENDED RELEASE ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM MONTH 1 TITRATION 0.125 MG (126)-0.25 MG (42) TABLET,ER DSPK ^{NP}	*	PA,QL(168 per 90 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM MONTH 2 TITRATION 0.125 MG (126)-0.25 MG(210) TABLET,ER DSPK ^{NP}	*	PA,QL(336 per 90 days)	RESPIRATORY TRACT/PULMONARY AGENTS
ORENITRAM MONTH 3 TITRATION 0.125MG(126)-0.25MG(42)-1MG TABLET,ER DSPK ^{NP}	*	PA,QL(252 per 90 days)	RESPIRATORY TRACT/PULMONARY AGENTS
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
pharbechlor 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
pharbedryl 25 mg capsule ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
pharbedryl 50 mg capsule ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR ^{NP}	*	QL(3 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED ^{NP}	*	QL(3 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
PULMICORT 0.25 MG/2 ML SUSPENSION FOR NEBULIZATION ^{NP}	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
PULMICORT 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION ^{NP}	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION ^{NP}	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED	1		RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED	1		RESPIRATORY TRACT/PULMONARY AGENTS
pulmosal 7 % solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1		RESPIRATORY TRACT/PULMONARY AGENTS
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1		RESPIRATORY TRACT/PULMONARY AGENTS
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS
REVATIO 10 MG/12.5 ML INTRAVENOUS SOLUTION ^{NP}	*	PA,QL(2250 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
REVATIO 10 MG/ML ORAL SUSPENSION ^{NP}	*	PA,QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
REVATIO 20 MG TABLET ^{NP}	*	PA,QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
RYALTRIS 665 MCG-25 MCG-SPRAY NASAL SPRAY ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	1		RESPIRATORY TRACT/PULMONARY AGENTS
sildenafil (pulmonary hypertension) 10 mg/12.5 ml intravenous solution	1	PA,QL(2250 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
sildenafil (pulmonary hypertension) 10 mg/ml oral powdr for suspension	1	PA,QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
sildenafil (pulmonary hypertension) 20 mg tablet	1	PA,QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
SINGULAIR 10 MG TABLET ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
SINGULAIR 4 MG CHEWABLE TABLET ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
SINGULAIR 4 MG ORAL GRANULES IN PACKET ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
SINGULAIR 5 MG CHEWABLE TABLET ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
sodium chloride 0.9 % for nebulization	1		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
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION	1	PA,QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION	1	ST,QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{NP}	*	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{NP}	*		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
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}	*	PA,QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
terbutaline 1 mg/ml subcutaneous solution ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
terbutaline 2.5 mg tablet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
terbutaline 5 mg tablet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
theophylline 80 mg/15 ml oral elixir	1		RESPIRATORY TRACT/PULMONARY AGENTS
theophylline 80 mg/15 ml oral solution	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 ^{NP}	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
total allergy medicine 25 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
TRACLEER 125 MG TABLET ^{NP}	*	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 ^{NP}	*	PA,QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
triamcinolone acetonide 55 mcg nasal spray aerosol ^{OTC}	1		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}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO DPI 16 (112)-32 (112)-48 (28) MCG CARTRIDGE WITH INHALER ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO DPI 16 MCG CARTRIDGE WITH INHALER ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TYVASO DPI 32 MCG CARTRIDGE WITH INHALER ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO DPI 48 MCG CARTRIDGE WITH INHALER ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO DPI 64 MCG CARTRIDGE WITH INHALER ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
umeclidinium 62.5 mcg-vilanterol 25 mcg/actuation powdr for inhalation	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 1,000 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 1,200 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 1,400 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 1,600 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 1,800 MCG INTRAVENOUS SOLUTION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 200 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 400 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 600 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
UPTRAVI 800 MCG TABLET ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	1	QL(54 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
VISTARIL 25 MG CAPSULE	1	PA,QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
wal-dryl allergy 12.5 mg/5 ml oral liquid ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
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-fex allergy 180 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
wal-fex allergy 60 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
wal-finate 4 mg tablet ^{OTC}	1	QL(180 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
wal-itin 10 mg tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
wal-itin 5 mg/5 ml oral solution ^{OTC}	1	QL(300 per 30 days)	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 tablet ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
WINREVAIR 45 MG SUBCUTANEOUS KIT ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
WINREVAIR 60 MG SUBCUTANEOUS KIT ^{NP}	*	PA	RESPIRATORY TRACT/PULMONARY AGENTS
wixela inhlu 100 mcg-50 mcg/dose powder for inhalation ^{NP}	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
wixela inhlu 250 mcg-50 mcg/dose powder for inhalation ^{NP}	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
wixela inhlu 500 mcg-50 mcg/dose powder for inhalation ^{NP}	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER	1	ST,QL(45 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
zafirlukast 10 mg tablet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
zafirlukast 20 mg tablet ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
zileuton er 600 mg tablet,extended release 12hr mphase ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
ZYFLO 600 MG TABLET ^{NP}	*		RESPIRATORY TRACT/PULMONARY AGENTS
ZYRTEC 10 MG TABLET ^{OTC}	1		RESPIRATORY TRACT/PULMONARY AGENTS
AMRIX 15 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		SKELETAL MUSCLE RELAXANTS
AMRIX 30 MG CAPSULE,EXTENDED RELEASE ^{NP}	*		SKELETAL MUSCLE RELAXANTS
carisoprodol 250 mg tablet ^{NP}	*	PA,QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS
carisoprodol 350 mg tablet ^{NP}	*	PA,QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS
chlorzoxazone 250 mg tablet	1		SKELETAL MUSCLE RELAXANTS
chlorzoxazone 375 mg tablet	1		SKELETAL MUSCLE RELAXANTS
chlorzoxazone 500 mg tablet	1		SKELETAL MUSCLE RELAXANTS
chlorzoxazone 750 mg tablet	1		SKELETAL MUSCLE RELAXANTS
cyclobenzaprine 10 mg tablet	1		SKELETAL MUSCLE RELAXANTS
cyclobenzaprine 5 mg tablet	1		SKELETAL MUSCLE RELAXANTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
cyclobenzaprine 7.5 mg tablet	1		SKELETAL MUSCLE RELAXANTS
cyclobenzaprine er 15 mg capsule,extended release 24 hr ^{NP}	*		SKELETAL MUSCLE RELAXANTS
cyclobenzaprine er 30 mg capsule,extended release 24 hr ^{NP}	*		SKELETAL MUSCLE RELAXANTS
FEXMID 7.5 MG TABLET ^{NP}	*		SKELETAL MUSCLE RELAXANTS
metaxalone 400 mg tablet ^{NP}	*		SKELETAL MUSCLE RELAXANTS
METAXALONE 640 MG TABLET ^{NP}	*		SKELETAL MUSCLE RELAXANTS
metaxalone 800 mg tablet ^{NP}	*		SKELETAL MUSCLE RELAXANTS
methocarbamol 1,000 mg tablet	1		SKELETAL MUSCLE RELAXANTS
methocarbamol 100 mg/ml injection solution	1		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}	*		SKELETAL MUSCLE RELAXANTS
NORGESIC FORTE 50 MG-770 MG-60 MG TABLET ^{NP}	*		SKELETAL MUSCLE RELAXANTS
orphenadrine citrate 30 mg/ml injection solution	1		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 ^{NP}	*		SKELETAL MUSCLE RELAXANTS
orphengesic forte 50 mg-770 mg-60 mg tablet ^{NP}	*		SKELETAL MUSCLE RELAXANTS
ROBAXIN 100 MG/ML INJECTION SOLUTION ^{NP}	*		SKELETAL MUSCLE RELAXANTS
SOMA 250 MG TABLET ^{NP}	*	PA,QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS
SOMA 350 MG TABLET ^{NP}	*	PA,QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS
tanlor 1,000 mg tablet ^{NP}	*		SKELETAL MUSCLE RELAXANTS
AMBIEN 10 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
AMBIEN 5 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
armodafinil 150 mg tablet	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
armodafinil 200 mg tablet	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
armodafinil 250 mg tablet	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
armodafinil 50 mg tablet	1	PA,QL(60 per 30 days)	SLEEP DISORDER AGENTS
BELSOMRA 10 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
BELSOMRA 15 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
BELSOMRA 20 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
BELSOMRA 5 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
DAYVIGO 10 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
DAYVIGO 5 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
DORAL 15 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
doxepin 3 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
doxepin 6 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
EDLUAR 10 MG SUBLINGUAL TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
EDLUAR 5 MG SUBLINGUAL TABLET	1	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	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
eszopiclone 1 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
eszopiclone 2 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
eszopiclone 3 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
flurazepam 15 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
flurazepam 30 mg capsule	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
HALCION 0.25 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
HETLIOZ 20 MG CAPSULE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
HETLIOZ LQ 4 MG/ML ORAL SUSPENSION	1	PA,QL(150 per 30 days)	SLEEP DISORDER AGENTS
LUNESTA 1 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
LUNESTA 2 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
LUNESTA 3 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
modafinil 100 mg tablet	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
modafinil 200 mg tablet	1	PA,QL(60 per 30 days)	SLEEP DISORDER AGENTS
NUVIGIL 150 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
NUVIGIL 200 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
NUVIGIL 250 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
NUVIGIL 50 MG TABLET	1	PA,QL(60 per 30 days)	SLEEP DISORDER AGENTS
PROVIGIL 100 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
PROVIGIL 200 MG TABLET	1	PA,QL(60 per 30 days)	SLEEP DISORDER AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

DRUG NAME	DRUG LEVEL GROUP	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
quazepam 15 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
QUVIVIQ 25 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
QUVIVIQ 50 MG TABLET	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
ramelteon 8 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
RESTORIL 15 MG CAPSULE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
RESTORIL 22.5 MG CAPSULE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
RESTORIL 30 MG CAPSULE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
RESTORIL 7.5 MG CAPSULE	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
ROZEREM 8 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
SILENOR 3 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
SILENOR 6 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
sodium oxybate 500 mg/ml oral solution	1	PA,QL(540 per 30 days)	SLEEP DISORDER AGENTS
SUNOSI 150 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
SUNOSI 75 MG TABLET	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
tasimelteon 20 mg capsule	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
temazepam 15 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
temazepam 22.5 mg capsule	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
temazepam 30 mg capsule	1	PA,QL(30 per 30 days)	SLEEP DISORDER AGENTS
temazepam 7.5 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
triazolam 0.125 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
triazolam 0.25 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
WAKIX 17.8 MG TABLET	1	PA,QL(60 per 30 days)	SLEEP DISORDER AGENTS
WAKIX 4.45 MG TABLET	1	PA,QL(60 per 30 days)	SLEEP DISORDER AGENTS
XYREM 500 MG/ML ORAL SOLUTION	1	PA,QL(540 per 30 days)	SLEEP DISORDER AGENTS
XYWAV 0.5 GRAM/ML ORAL SOLUTION	1	PA,QL(540 per 30 days)	SLEEP DISORDER AGENTS
zaleplon 10 mg capsule	1	QL(60 per 30 days)	SLEEP DISORDER AGENTS
zaleplon 5 mg capsule	1	QL(60 per 30 days)	SLEEP DISORDER AGENTS
zolpidem 1.75 mg sublingual tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
zolpidem 10 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
zolpidem 3.5 mg sublingual tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
zolpidem 5 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
ZOLPIDEM 7.5 MG CAPSULE	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
zolpidem er 12.5 mg tablet,extended release,multiphase	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS
zolpidem er 6.25 mg tablet,extended release,multiphase	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS

• NP – Non-Preferred Drug • OTC – Over The Counter • QL – Quantity Limit • PA – Prior Authorization • ST – Step Therapy

Notes

Notes

Notes

**Auxiliary aids and services, free of charge, are available to you.
866-274-5888 (TTY: 711), Monday through Friday, from 8:00 a.m. to
8:00 p.m., Eastern 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.

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

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

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

Nederlands (Dutch) Bel het bovenstaande nummer om gratis taalkundige hulp te ontvangen.

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

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

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

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

हिन्दी (Hindi) भाषा सहायता सेवाएं मुफ़्त में पापृत करने के लिए ऊपर के नंबर पर कॉकिरे।

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

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

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

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

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

This notice is available at Humana.com/IndianaDocuments.

Humana Healthy Horizons in Indiana is a Medicaid Product of Arcadian Health Plan, Inc.

INHMEDMEN_Approved