

2025 Comprehensive Drug List

Humana Healthy
Horizons® in South
Carolina

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER
IN THIS PLAN. THIS
COMPREHENSIVE DRUG LIST WAS
UPDATED ON
02/05/2025.

Humana
Healthy Horizons®
in South Carolina

Healthy Connections 

Welcome to Humana Healthy Horizons® in South Carolina

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

What is the Comprehensive Drug List?

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

How do I use the Comprehensive Drug List?

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

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

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

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

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

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

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

Some drugs may have extra limits. This can include:

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

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

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

Can the Comprehensive Drug List change?

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

How much will I pay for covered medicines?

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

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

For specific coverage and cost information for existing members:

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

Please note: MyHumana only shows information for today.

For more information

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

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

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

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

How to read your Drug List

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

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

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

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution	1	QL(2700 per 30 days)	Analgesics
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution	1	QL(2700 per 30 days)	Analgesics
acetaminophen 300 mg-codeine 15 mg tablet	1	QL(390 per 30 days)	Analgesics
acetaminophen 300 mg-codeine 30 mg tablet	1	QL(360 per 30 days)	Analgesics
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution	1	QL(2700 per 30 days)	Analgesics
acetaminophen 300 mg-codeine 60 mg tablet	1	QL(180 per 30 days)	Analgesics
arthritis pain (diclofenac) 1 % topical gel	1	QL(500 per 30 days)	Analgesics
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH	1		Analgesics
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH	1		Analgesics
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH	1		Analgesics
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH	1		Analgesics
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH	1	QL(4 per 28 days)	Analgesics
celecoxib 100 mg capsule	1	QL(60 per 30 days)	Analgesics
celecoxib 200 mg capsule	1	QL(60 per 30 days)	Analgesics
celecoxib 400 mg capsule	1	QL(60 per 30 days)	Analgesics
celecoxib 50 mg capsule	1	QL(60 per 30 days)	Analgesics
children's ibuprofen 100 mg/5 ml oral suspension	1		Analgesics
codeine sulfate 15 mg tablet	1	QL(360 per 30 days)	Analgesics
codeine sulfate 30 mg tablet	1	QL(360 per 30 days)	Analgesics
codeine sulfate 60 mg tablet	1	QL(180 per 30 days)	Analgesics
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule	1	QL(360 per 30 days)	Analgesics
diclofenac er 100 mg tablet,extended release 24 hr	1		Analgesics
diclofenac sodium 25 mg tablet,delayed release	1		Analgesics
diclofenac sodium 50 mg tablet,delayed release	1		Analgesics
diclofenac sodium 75 mg tablet,delayed release	1		Analgesics
diclofenac 1 % topical gel	1	QL(500 per 30 days)	Analgesics
diclofenac 1 % topical gel	1	QL(500 per 30 days)	Analgesics
endocet 10 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
endocet 2.5 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
endocet 5 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
endocet 7.5 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
fentanyl 100 mcg/hr transdermal patch	1	QL(20 per 30 days)	Analgesics
fentanyl 12 mcg/hr transdermal patch	1	QL(20 per 30 days)	Analgesics
fentanyl 25 mcg/hr transdermal patch	1	QL(20 per 30 days)	Analgesics
fentanyl 50 mcg/hr transdermal patch	1	QL(20 per 30 days)	Analgesics
fentanyl 75 mcg/hr transdermal patch	1	QL(20 per 30 days)	Analgesics
hydrocodone 10 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)	Analgesics
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	Analgesics
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution	1	QL(2700 per 30 days)	Analgesics
hydrocodone 10 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)	Analgesics
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	Analgesics
hydrocodone 5 mg-acetaminophen 300 mg tablet	1	QL(240 per 30 days)	Analgesics
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	Analgesics
hydrocodone 5 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)	Analgesics
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)	Analgesics
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	Analgesics

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	QL(5520 per 30 days)	Analgesics
hydrocodone 7.5 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)	Analgesics
hydromorphone 1 mg/ml oral liquid	1	QL(2400 per 30 days)	Analgesics
hydromorphone 2 mg tablet	1	QL(360 per 30 days)	Analgesics
hydromorphone 3 mg rectal suppository	1	QL(120 per 30 days)	Analgesics
hydromorphone 4 mg tablet	1	QL(360 per 30 days)	Analgesics
hydromorphone 8 mg tablet	1	QL(240 per 30 days)	Analgesics
ibu 400 mg tablet	1		Analgesics
ibu 600 mg tablet	1		Analgesics
ibu 800 mg tablet	1		Analgesics
ibu-200 200 mg tablet	1		Analgesics
ibuprofen ib 200 mg tablet	1		Analgesics
ibuprofen 100 mg/5 ml oral suspension	1		Analgesics
ibuprofen 100 mg/5 ml oral suspension	1		Analgesics
ibuprofen 200 mg tablet	1		Analgesics
ibuprofen 400 mg tablet	1		Analgesics
ibuprofen 600 mg tablet	1		Analgesics
ibuprofen 800 mg tablet	1		Analgesics
indomethacin 25 mg capsule	1		Analgesics
indomethacin 50 mg capsule	1		Analgesics
infant's ibuprofen 50 mg/1.25 ml oral drops,suspension	1		Analgesics
ketorolac 10 mg tablet	1	QL(20 per 30 days)	Analgesics
meloxicam 15 mg tablet	1	QL(30 per 30 days)	Analgesics
meloxicam 7.5 mg tablet	1	QL(60 per 30 days)	Analgesics
meperidine 50 mg tablet	1	QL(480 per 30 days)	Analgesics
meperidine 50 mg/5 ml oral solution	1	QL(720 per 30 days)	Analgesics
methadone intensol 10 mg/ml oral concentrate	1	QL(360 per 30 days)	Analgesics
methadone 10 mg tablet	1	QL(240 per 30 days)	Analgesics
methadone 10 mg/ml oral concentrate	1	QL(360 per 30 days)	Analgesics
methadone 10 mg/5 ml oral solution	1	QL(1800 per 30 days)	Analgesics
methadone 5 mg tablet	1	QL(480 per 30 days)	Analgesics
methadone 5 mg/5 ml oral solution	1	QL(3600 per 30 days)	Analgesics
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution	1	QL(540 per 30 days)	Analgesics
morphine er 100 mg tablet,extended release	1	QL(180 per 30 days)	Analgesics
morphine er 15 mg tablet,extended release	1	QL(120 per 30 days)	Analgesics
morphine er 200 mg tablet,extended release	1	QL(90 per 30 days)	Analgesics
morphine er 30 mg tablet,extended release	1	QL(120 per 30 days)	Analgesics
morphine er 60 mg tablet,extended release	1	QL(120 per 30 days)	Analgesics
morphine 10 mg rectal suppository	1	QL(180 per 30 days)	Analgesics
morphine 10 mg/5 ml oral solution	1	QL(2700 per 30 days)	Analgesics
morphine 15 mg immediate release tablet	1	QL(180 per 30 days)	Analgesics
morphine 20 mg rectal suppository	1	QL(180 per 30 days)	Analgesics
morphine 20 mg/5 ml (4 mg/ml) oral solution	1	QL(1350 per 30 days)	Analgesics
morphine 30 mg immediate release tablet	1	QL(180 per 30 days)	Analgesics
morphine 30 mg rectal suppository	1	QL(180 per 30 days)	Analgesics

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
morphine 5 mg rectal suppository	1	QL(180 per 30 days)	Analgesics
nabumetone 500 mg tablet	1		Analgesics
nabumetone 750 mg tablet	1		Analgesics
naproxen 125 mg/5 ml oral suspension	1		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
oxycodone 10 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone 15 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone 20 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone 20 mg/ml oral concentrate	1	QL(270 per 30 days)	Analgesics
oxycodone 30 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone 5 mg capsule	1	QL(360 per 30 days)	Analgesics
oxycodone 5 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone 5 mg/5 ml oral solution	1	QL(5400 per 30 days)	Analgesics
oxycodone-acetaminophen 10 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone-acetaminophen 5 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	QL(360 per 30 days)	Analgesics
OXYCONTIN 10 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(90 per 30 days)	Analgesics
OXYCONTIN 15 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(90 per 30 days)	Analgesics
OXYCONTIN 20 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(90 per 30 days)	Analgesics
OXYCONTIN 30 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(90 per 30 days)	Analgesics
OXYCONTIN 40 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(90 per 30 days)	Analgesics
OXYCONTIN 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(90 per 30 days)	Analgesics
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE	1	QL(120 per 30 days)	Analgesics
piroxicam 10 mg capsule	1		Analgesics
piroxicam 20 mg capsule	1		Analgesics
sulindac 150 mg tablet	1		Analgesics
sulindac 200 mg tablet	1		Analgesics
tramadol er 100 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Analgesics
tramadol er 200 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Analgesics
tramadol er 300 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Analgesics
tramadol 25 mg tablet	1	QL(180 per 30 days)	Analgesics
tramadol 37.5 mg-acetaminophen 325 mg tablet	1	QL(240 per 30 days)	Analgesics
tramadol 50 mg tablet	1	QL(240 per 30 days)	Analgesics
glydo 2 % mucosal jelly in applicator	1		Anesthetics
lidocaine hcl 2 % mucosal solution	1		Anesthetics
lidocaine viscous 2 % mucosal solution	1		Anesthetics
lidocaine 2 % mucosal jelly in applicator	1		Anesthetics
lidocaine 4 % topical cream	1		Anesthetics
lidocaine-prilocaine 2.5 %-2.5 % topical cream	1		Anesthetics

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
acamprosate 333 mg tablet,delayed release	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI MONTHLY 128 MG/0.36 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI MONTHLY 64 MG/0.18 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI MONTHLY 96 MG/0.27 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI WEEKLY 16 MG/0.32 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI WEEKLY 24 MG/0.48 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI WEEKLY 32 MG/0.64 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
BRIXADI WEEKLY 8 MG/0.16 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
buprenorphine hcl 2 mg sublingual tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
buprenorphine hcl 8 mg sublingual tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1	QL(90 per 30 days)	Anti-Addiction/Substance Abuse Treatment Agents
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	1	QL(56 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	1	QL(53 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
CHANTIX 0.5 MG TABLET	1	QL(56 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
CHANTIX 1 MG TABLET	1	QL(56 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
disulfiram 250 mg tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
disulfiram 500 mg tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
LIFEMS NALOXONE 2 MG/2 ML SYRINGE KIT	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
naltrexone 50 mg tablet	1		Anti-Addiction/Substance Abuse Treatment Agents
NARCAN 4 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)	Anti-Addiction/Substance Abuse Treatment Agents
NARCAN 4 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)	Anti-Addiction/Substance Abuse Treatment Agents
nicotine 14 mg/24 hr daily transdermal patch	1		Anti-Addiction/Substance Abuse Treatment Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
nicotine 21 mg/24 hr daily transdermal patch	1		Anti-Addiction/Substance Abuse Treatment Agents
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl	1		Anti-Addiction/Substance Abuse Treatment Agents
nicotine 7 mg/24 hr daily transdermal patch	1		Anti-Addiction/Substance Abuse Treatment Agents
NICOTROL NS 10 MG/ML NASAL SPRAY	1		Anti-Addiction/Substance Abuse Treatment Agents
NICOTROL 10 MG INHALATION CARTRIDGE	1		Anti-Addiction/Substance Abuse Treatment Agents
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1		Anti-Addiction/Substance Abuse Treatment Agents
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	1		Anti-Addiction/Substance Abuse Treatment Agents
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	1		Anti-Addiction/Substance Abuse Treatment Agents
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	1		Anti-Addiction/Substance Abuse Treatment Agents
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	1		Anti-Addiction/Substance Abuse Treatment Agents
varenicline tartrate 0.5 mg (11)-1 mg (42) tablets in a dose pack	1	QL(53 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
varenicline tartrate 0.5 mg tablet	1	QL(56 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
varenicline tartrate 1 mg tablet	1	QL(56 per 28 days)	Anti-Addiction/Substance Abuse Treatment Agents
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1		Anti-Addiction/Substance Abuse Treatment Agents
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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
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		Antibacterials
azithromycin 500 mg tablet	1		Antibacterials
azithromycin 600 mg tablet	1	QL(16 per 60 days)	Antibacterials
cefdinir 125 mg/5 ml oral suspension	1		Antibacterials
cefdinir 250 mg/5 ml oral suspension	1		Antibacterials
cefdinir 300 mg capsule	1		Antibacterials
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
ciprofloxacin 100 mg tablet	1		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
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
clindamycin 2 % vaginal cream	1		Antibacterials
clindamycin 75 mg/5 ml oral solution	1		Antibacterials
dicloxacillin 250 mg capsule	1		Antibacterials
dicloxacillin 500 mg capsule	1		Antibacterials
doxycycline hyclate 100 mg capsule	1	QL(90 per 30 days)	Antibacterials
doxycycline hyclate 100 mg tablet	1		Antibacterials
doxycycline hyclate 150 mg tablet	1	QL(30 per 30 days)	Antibacterials
doxycycline hyclate 20 mg tablet	1		Antibacterials
doxycycline hyclate 50 mg capsule	1		Antibacterials
doxycycline hyclate 50 mg tablet	1	QL(180 per 30 days)	Antibacterials
doxycycline hyclate 75 mg tablet	1	QL(60 per 30 days)	Antibacterials
ERYTHROCIN (AS STEARATE) 250 MG TABLET	1		Antibacterials
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1		Antibacterials

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1		Antibacterials
EXTENCILLINE 1.2 MILLION UNIT IM SUSPENSION	1		Antibacterials
EXTENCILLINE 2.4 MILLION UNIT IM SUSPENSION	1		Antibacterials
FIRVANQ 25 MG/ML ORAL SOLUTION	1		Antibacterials
FIRVANQ 50 MG/ML ORAL SOLUTION	1		Antibacterials
levofloxacin 250 mg tablet	1		Antibacterials
levofloxacin 500 mg tablet	1		Antibacterials
levofloxacin 750 mg tablet	1		Antibacterials
linezolid 100 mg/5 ml oral suspension	1	QL(1800 per 30 days)	Antibacterials
linezolid 600 mg tablet	1	QL(30 per 30 days)	Antibacterials
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1		Antibacterials
metronidazole 0.75 % lotion	1		Antibacterials
metronidazole 0.75 % topical cream	1		Antibacterials
metronidazole 0.75 % topical gel	1		Antibacterials
metronidazole 1 % topical gel	1		Antibacterials
metronidazole 250 mg tablet	1		Antibacterials
metronidazole 375 mg capsule	1		Antibacterials
metronidazole 500 mg tablet	1		Antibacterials
minocycline 100 mg capsule	1		Antibacterials
minocycline 100 mg tablet	1		Antibacterials
minocycline 50 mg capsule	1		Antibacterials
minocycline 50 mg tablet	1		Antibacterials
minocycline 75 mg capsule	1		Antibacterials
minocycline 75 mg tablet	1		Antibacterials
morgidox 50 mg capsule	1		Antibacterials
nitrofurantoin macrocrystal 100 mg capsule	1		Antibacterials
nitrofurantoin macrocrystal 50 mg capsule	1		Antibacterials
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	1		Antibacterials
nitrofurantoin 25 mg/5 ml oral suspension	1	QL(2400 per 30 days)	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
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
tetracycline 250 mg capsule	1		Antibacterials
tetracycline 250 mg tablet	1		Antibacterials
tetracycline 500 mg capsule	1		Antibacterials
tetracycline 500 mg tablet	1		Antibacterials
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization	1	PA,QL(280 per 28 days)	Antibacterials
trimethoprim 100 mg tablet	1		Antibacterials
vancomycin 125 mg capsule	1	QL(120 per 30 days)	Antibacterials
vancomycin 250 mg capsule	1	QL(240 per 30 days)	Antibacterials

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BANZEL 200 MG TABLET	1	PA,QL(480 per 30 days)	Anticonvulsants
BANZEL 40 MG/ML ORAL SUSPENSION	1	PA,QL(2760 per 30 days)	Anticonvulsants
BANZEL 400 MG TABLET	1	PA,QL(240 per 30 days)	Anticonvulsants
carbamazepine 100 mg chewable tablet	1		Anticonvulsants
carbamazepine 200 mg chewable tablet	1		Anticonvulsants
carbamazepine 200 mg tablet	1		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
clobazam 10 mg tablet	1	PA,QL(60 per 30 days)	Anticonvulsants
clobazam 2.5 mg/ml oral suspension	1	PA,QL(480 per 30 days)	Anticonvulsants
clobazam 20 mg tablet	1	PA,QL(60 per 30 days)	Anticonvulsants
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	1		Anticonvulsants
diazepam 2.5 mg rectal kit	1		Anticonvulsants
diazepam 5 mg-7.5 mg-10 mg rectal kit	1		Anticonvulsants
divalproex er 250 mg tablet,extended release 24 hr	1		Anticonvulsants
divalproex er 500 mg tablet,extended release 24 hr	1		Anticonvulsants
divalproex 125 mg capsule,delayed release sprinkle	1		Anticonvulsants
divalproex 125 mg tablet,delayed release ^{EDS}	1		Anticonvulsants
divalproex 250 mg tablet,delayed release ^{EDS}	1		Anticonvulsants
divalproex 500 mg tablet,delayed release ^{EDS}	1		Anticonvulsants
epitol 200 mg tablet	1		Anticonvulsants
ethosuximide 250 mg capsule	1		Anticonvulsants
ethosuximide 250 mg/5 ml oral solution	1		Anticonvulsants
felbamate 400 mg tablet	1		Anticonvulsants
felbamate 600 mg tablet	1		Anticonvulsants
felbamate 600 mg/5 ml oral suspension	1		Anticonvulsants
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	1	PA,QL(680 per 28 days)	Anticonvulsants
FYCOMPA 10 MG TABLET	1	PA,QL(30 per 30 days)	Anticonvulsants
FYCOMPA 12 MG TABLET	1	PA,QL(30 per 30 days)	Anticonvulsants
FYCOMPA 2 MG TABLET	1	PA,QL(30 per 30 days)	Anticonvulsants
FYCOMPA 4 MG TABLET	1	PA,QL(30 per 30 days)	Anticonvulsants
FYCOMPA 6 MG TABLET	1	PA,QL(30 per 30 days)	Anticonvulsants
FYCOMPA 8 MG TABLET	1	PA,QL(30 per 30 days)	Anticonvulsants
gabapentin 100 mg capsule	1	QL(270 per 30 days)	Anticonvulsants
gabapentin 250 mg/5 ml (5 ml) oral solution	1	QL(2250 per 30 days)	Anticonvulsants
gabapentin 250 mg/5 ml oral solution	1	QL(2250 per 30 days)	Anticonvulsants

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
gabapentin 300 mg capsule	1	QL(270 per 30 days)	Anticonvulsants
gabapentin 300 mg/6 ml (6 ml) oral solution	1	QL(2250 per 30 days)	Anticonvulsants
gabapentin 400 mg capsule	1	QL(270 per 30 days)	Anticonvulsants
gabapentin 600 mg tablet	1	QL(180 per 30 days)	Anticonvulsants
gabapentin 800 mg tablet	1	QL(180 per 30 days)	Anticonvulsants
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
lamotrigine 100 mg disintegrating tablet	1		Anticonvulsants
lamotrigine 100 mg tablet ^{EDS}	1		Anticonvulsants
lamotrigine 150 mg tablet ^{EDS}	1		Anticonvulsants
lamotrigine 200 mg disintegrating tablet	1		Anticonvulsants
lamotrigine 200 mg tablet ^{EDS}	1		Anticonvulsants
lamotrigine 25 mg chewable dispersible tablet	1	QL(120 per 30 days)	Anticonvulsants
lamotrigine 25 mg disintegrating tablet	1		Anticonvulsants
lamotrigine 25 mg tablet ^{EDS}	1		Anticonvulsants
lamotrigine 5 mg chewable dispersible tablet	1	QL(150 per 30 days)	Anticonvulsants
lamotrigine 50 mg disintegrating 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
levetiracetam 1,000 mg tablet	1		Anticonvulsants
levetiracetam 100 mg/ml oral solution ^{EDS}	1	QL(900 per 30 days)	Anticonvulsants
levetiracetam 250 mg tablet ^{EDS}	1		Anticonvulsants
levetiracetam 500 mg tablet ^{EDS}	1		Anticonvulsants
levetiracetam 500 mg/5 ml (5 ml) oral solution	1	QL(900 per 30 days)	Anticonvulsants
levetiracetam 750 mg tablet ^{EDS}	1		Anticonvulsants
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 per 30 days)	Anticonvulsants
oxcarbazepine 150 mg tablet	1		Anticonvulsants
oxcarbazepine 300 mg tablet	1		Anticonvulsants
oxcarbazepine 600 mg tablet	1		Anticonvulsants
phenobarbital 100 mg tablet	1	QL(90 per 30 days)	Anticonvulsants
phenobarbital 15 mg tablet	1	QL(120 per 30 days)	Anticonvulsants
phenobarbital 16.2 mg tablet	1	QL(90 per 30 days)	Anticonvulsants
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir	1	QL(1500 per 30 days)	Anticonvulsants
phenobarbital 30 mg tablet	1	QL(300 per 30 days)	Anticonvulsants
phenobarbital 32.4 mg tablet	1	QL(90 per 30 days)	Anticonvulsants
phenobarbital 60 mg tablet	1	QL(120 per 30 days)	Anticonvulsants
phenobarbital 64.8 mg tablet	1	QL(90 per 30 days)	Anticonvulsants
phenobarbital 97.2 mg tablet	1	QL(90 per 30 days)	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
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
primidone 125 mg tablet	1		Anticonvulsants

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
primidone 250 mg tablet ^{EDS}	1		Anticonvulsants
primidone 50 mg tablet ^{EDS}	1		Anticonvulsants
roweepra xr 500 mg tablet,extended release	1		Anticonvulsants
roweepra xr 750 mg tablet,extended release	1		Anticonvulsants
roweepra 500 mg tablet	1		Anticonvulsants
SABRIL 500 MG ORAL POWDER PACKET	1	PA,QL(180 per 30 days)	Anticonvulsants
SABRIL 500 MG TABLET	1	PA,QL(180 per 30 days)	Anticonvulsants
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	1	QL(120 per 30 days)	Anticonvulsants
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	1	QL(120 per 30 days)	Anticonvulsants
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	1	QL(120 per 30 days)	Anticonvulsants
tiagabine 12 mg tablet	1	PA,QL(140 per 30 days)	Anticonvulsants
tiagabine 16 mg tablet	1	PA,QL(105 per 30 days)	Anticonvulsants
tiagabine 2 mg tablet	1	PA,QL(840 per 30 days)	Anticonvulsants
tiagabine 4 mg tablet	1	PA,QL(120 per 30 days)	Anticonvulsants
topiramate 100 mg tablet ^{EDS}	1	QL(120 per 30 days)	Anticonvulsants
topiramate 15 mg sprinkle capsule ^{EDS}	1	QL(120 per 30 days)	Anticonvulsants
topiramate 200 mg tablet ^{EDS}	1	QL(120 per 30 days)	Anticonvulsants
topiramate 25 mg sprinkle capsule ^{EDS}	1	QL(180 per 30 days)	Anticonvulsants
topiramate 25 mg tablet ^{EDS}	1	QL(90 per 30 days)	Anticonvulsants
topiramate 50 mg tablet ^{EDS}	1	QL(120 per 30 days)	Anticonvulsants
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	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 ^{EDS}	1		Anticonvulsants
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution	1		Anticonvulsants
valproic acid 250 mg capsule ^{EDS}	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
vigpoder 500 mg oral powder packet	1	PA,QL(180 per 30 days)	Anticonvulsants
VIMPAT 10 MG/ML ORAL SOLUTION	1	PA,QL(1395 per 30 days)	Anticonvulsants
VIMPAT 100 MG TABLET	1	PA	Anticonvulsants
VIMPAT 150 MG TABLET	1	PA	Anticonvulsants
VIMPAT 200 MG TABLET	1	PA	Anticonvulsants
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	1	PA	Anticonvulsants
VIMPAT 50 MG TABLET	1	PA	Anticonvulsants
zonisamide 100 mg capsule ^{EDS}	1		Anticonvulsants
zonisamide 25 mg capsule ^{EDS}	1		Anticonvulsants
zonisamide 50 mg capsule ^{EDS}	1		Anticonvulsants

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
donepezil 10 mg disintegrating tablet ^{EDS}	1	QL(30 per 30 days)	Antidementia Agents
donepezil 10 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidementia Agents
donepezil 5 mg disintegrating tablet ^{EDS}	1	QL(30 per 30 days)	Antidementia Agents
donepezil 5 mg tablet ^{EDS}	1	QL(30 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
memantine 10 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidementia Agents
memantine 2 mg/ml oral solution	1	QL(360 per 30 days)	Antidementia Agents
memantine 5 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidementia Agents
rivastigmine 1.5 mg capsule ^{EDS}	1	QL(90 per 30 days)	Antidementia Agents
rivastigmine 3 mg capsule ^{EDS}	1	QL(90 per 30 days)	Antidementia Agents
rivastigmine 4.5 mg capsule ^{EDS}	1	QL(60 per 30 days)	Antidementia Agents
rivastigmine 6 mg capsule ^{EDS}	1	QL(60 per 30 days)	Antidementia Agents
amitriptyline 10 mg tablet	1		Antidepressants
amitriptyline 100 mg tablet	1		Antidepressants
amitriptyline 150 mg tablet	1		Antidepressants
amitriptyline 25 mg tablet	1		Antidepressants
amitriptyline 50 mg tablet	1		Antidepressants
amitriptyline 75 mg tablet	1		Antidepressants
amoxapine 100 mg tablet	1		Antidepressants
amoxapine 150 mg tablet	1		Antidepressants
amoxapine 25 mg tablet	1		Antidepressants
amoxapine 50 mg tablet	1		Antidepressants
bupropion hcl sr 100 mg tablet,12 hr sustained-release ^{EDS}	1	QL(120 per 30 days)	Antidepressants
bupropion hcl sr 150 mg tablet,12 hr sustained-release ^{EDS}	1	QL(90 per 30 days)	Antidepressants
bupropion hcl sr 200 mg tablet,12 hr sustained-release ^{EDS}	1	QL(60 per 30 days)	Antidepressants
bupropion hcl xl 150 mg 24 hr tablet, extended release ^{EDS}	1	QL(90 per 30 days)	Antidepressants
bupropion hcl xl 300 mg 24 hr tablet, extended release ^{EDS}	1	QL(30 per 30 days)	Antidepressants
bupropion hcl 100 mg tablet ^{EDS}	1	QL(180 per 30 days)	Antidepressants
bupropion hcl 75 mg tablet ^{EDS}	1	QL(180 per 30 days)	Antidepressants
citalopram 10 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
citalopram 10 mg/5 ml oral solution	1		Antidepressants
citalopram 20 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidepressants
citalopram 40 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
clomipramine 25 mg capsule	1		Antidepressants
clomipramine 50 mg capsule	1		Antidepressants
clomipramine 75 mg capsule	1		Antidepressants
desipramine 10 mg tablet	1		Antidepressants
desipramine 100 mg tablet	1		Antidepressants
desipramine 150 mg tablet	1		Antidepressants
desipramine 25 mg tablet	1		Antidepressants
desipramine 50 mg tablet	1		Antidepressants
desipramine 75 mg tablet	1		Antidepressants
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	1		Antidepressants

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	1		Antidepressants
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	1		Antidepressants
escitalopram 10 mg tablet ^{EDS}	1	QL(45 per 30 days)	Antidepressants
escitalopram 20 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
escitalopram 5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
fluoxetine 10 mg capsule ^{EDS}	1	QL(60 per 30 days)	Antidepressants
fluoxetine 10 mg tablet	1	QL(60 per 30 days)	Antidepressants
fluoxetine 20 mg capsule ^{EDS}	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 ^{EDS}	1		Antidepressants
fluoxetine 40 mg capsule ^{EDS}	1	QL(60 per 30 days)	Antidepressants
fluvoxamine 100 mg tablet	1	QL(90 per 30 days)	Antidepressants
fluvoxamine 25 mg tablet	1	QL(90 per 30 days)	Antidepressants
fluvoxamine 50 mg tablet	1	QL(90 per 30 days)	Antidepressants
imipramine 10 mg tablet	1		Antidepressants
imipramine 25 mg tablet	1		Antidepressants
imipramine 50 mg tablet	1		Antidepressants
mirtazapine 15 mg disintegrating tablet	1	QL(30 per 30 days)	Antidepressants
mirtazapine 15 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
mirtazapine 30 mg disintegrating tablet	1	QL(30 per 30 days)	Antidepressants
mirtazapine 30 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
mirtazapine 45 mg disintegrating tablet	1	QL(30 per 30 days)	Antidepressants
mirtazapine 45 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
mirtazapine 7.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
nefazodone 100 mg tablet	1		Antidepressants
nefazodone 150 mg tablet	1		Antidepressants
nefazodone 200 mg tablet	1		Antidepressants
nefazodone 250 mg tablet	1		Antidepressants
nefazodone 50 mg tablet	1		Antidepressants
nortriptyline 10 mg capsule	1		Antidepressants
nortriptyline 10 mg/5 ml oral solution	1		Antidepressants
nortriptyline 25 mg capsule	1		Antidepressants
nortriptyline 50 mg capsule	1		Antidepressants
nortriptyline 75 mg capsule	1		Antidepressants
paroxetine 10 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
paroxetine 20 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antidepressants
paroxetine 30 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidepressants
paroxetine 40 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidepressants
perphenazine-amitriptyline 2 mg-10 mg tablet	1		Antidepressants
perphenazine-amitriptyline 2 mg-25 mg tablet	1		Antidepressants
perphenazine-amitriptyline 4 mg-10 mg tablet	1		Antidepressants
perphenazine-amitriptyline 4 mg-25 mg tablet	1		Antidepressants
perphenazine-amitriptyline 4 mg-50 mg tablet	1		Antidepressants
phenelzine 15 mg tablet	1		Antidepressants
protriptyline 10 mg tablet	1		Antidepressants
protriptyline 5 mg tablet	1		Antidepressants
sertraline 100 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antidepressants
sertraline 25 mg tablet ^{EDS}	1	QL(90 per 30 days)	Antidepressants
sertraline 50 mg tablet ^{EDS}	1	QL(90 per 30 days)	Antidepressants

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
trazodone 100 mg tablet	1		Antidepressants
trazodone 150 mg tablet	1		Antidepressants
trazodone 300 mg tablet	1		Antidepressants
trazodone 50 mg tablet	1		Antidepressants
trimipramine 100 mg capsule	1		Antidepressants
trimipramine 25 mg capsule	1		Antidepressants
trimipramine 50 mg capsule	1		Antidepressants
venlafaxine er 150 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Antidepressants
venlafaxine er 37.5 mg capsule,extended release 24 hr ^{EDS}	1	QL(90 per 30 days)	Antidepressants
venlafaxine er 75 mg capsule,extended release 24 hr ^{EDS}	1	QL(90 per 30 days)	Antidepressants
venlafaxine 100 mg tablet ^{EDS}	1		Antidepressants
venlafaxine 25 mg tablet ^{EDS}	1		Antidepressants
venlafaxine 37.5 mg tablet ^{EDS}	1		Antidepressants
venlafaxine 50 mg tablet ^{EDS}	1		Antidepressants
venlafaxine 75 mg tablet ^{EDS}	1		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
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK	1		Antiemetics
EMEND 80 MG CAPSULE	1	QL(4 per 28 days)	Antiemetics
metoclopramide 10 mg tablet	1		Antiemetics
metoclopramide 5 mg tablet	1		Antiemetics
metoclopramide 5 mg/5 ml oral solution	1		Antiemetics
ondansetron hcl 4 mg tablet	1	QL(90 per 30 days)	Antiemetics
ondansetron hcl 4 mg/5 ml oral solution	1	QL(450 per 30 days)	Antiemetics
ondansetron hcl 8 mg tablet	1	QL(90 per 30 days)	Antiemetics
ondansetron 16 mg disintegrating tablet	1	QL(30 per 30 days)	Antiemetics
ondansetron 4 mg disintegrating tablet	1	QL(90 per 30 days)	Antiemetics
ondansetron 8 mg disintegrating tablet	1	QL(90 per 30 days)	Antiemetics
prochlorperazine maleate 10 mg tablet	1		Antiemetics
prochlorperazine maleate 5 mg tablet	1		Antiemetics
prochlorperazine 25 mg rectal suppository	1		Antiemetics
promethazine 12.5 mg rectal suppository	1		Antiemetics
promethazine 12.5 mg tablet	1		Antiemetics
promethazine 25 mg rectal suppository	1		Antiemetics
promethazine 25 mg tablet	1		Antiemetics
promethazine 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
TRANSDERM-SCOP 1 MG OVER 3 DAYS TRANSDERMAL PATCH	1	QL(10 per 30 days)	Antiemetics
ciclopirox 0.77 % topical cream	1		Antifungals
ciclopirox 0.77 % topical suspension	1		Antifungals
ciclopirox 8 % topical solution	1		Antifungals
clotrimazole 1 % topical cream	1		Antifungals
clotrimazole 1 % topical cream	1		Antifungals
clotrimazole 1 % topical solution	1		Antifungals

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
clotrimazole 1 % topical solution	1		Antifungals
clotrimazole 1 % vaginal cream	1		Antifungals
clotrimazole-betamethasone 1 %-0.05 % lotion	1		Antifungals
clotrimazole-betamethasone 1 %-0.05 % topical cream	1		Antifungals
clotrimazole-3 2 % vaginal cream	1		Antifungals
econazole nitrate 1 % topical cream	1		Antifungals
fluconazole 10 mg/ml oral suspension	1		Antifungals
fluconazole 100 mg tablet	1		Antifungals
fluconazole 150 mg tablet	1		Antifungals
fluconazole 200 mg tablet	1		Antifungals
fluconazole 40 mg/ml oral suspension	1		Antifungals
fluconazole 50 mg tablet	1		Antifungals
griseofulvin microsize 125 mg/5 ml oral suspension	1		Antifungals
griseofulvin ultramicrosize 125 mg tablet	1		Antifungals
griseofulvin ultramicrosize 250 mg tablet	1		Antifungals
gynazole-1 2 % vaginal cream	1		Antifungals
ketoconazole 2 % shampoo	1		Antifungals
ketoconazole 2 % topical cream	1		Antifungals
klayesta 100,000 unit/gram topical powder	1		Antifungals
miconazole nitrate 2 % vaginal cream	1		Antifungals
miconazole-3 200 mg-2 % (9 gram) vaginal kit	1		Antifungals
miconazole-3 200 mg vaginal suppository	1		Antifungals
miconazole-3 4 % (200 mg)-2 % (9 gram) vaginal pack,prefil appl, cream	1		Antifungals
miconazole-7 100 mg vaginal suppository	1		Antifungals
miconazole-7 2 % vaginal cream	1		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
terbinafine hcl 250 mg tablet	1	QL(90 per 365 days)	Antifungals
terconazole 0.4 % vaginal cream	1		Antifungals
terconazole 0.8 % vaginal cream	1		Antifungals
tioconazole 6.5 % vaginal ointment	1		Antifungals
tioconazole-1 6.5 % vaginal ointment	1		Antifungals
3-day vaginal 2 % cream	1		Antifungals
allopurinol 100 mg tablet ^{EDS}	1		Antigout Agents
allopurinol 300 mg tablet ^{EDS}	1		Antigout Agents
colchicine 0.6 mg tablet	1	QL(120 per 30 days)	Antigout Agents
probenecid 500 mg tablet	1		Antigout Agents
probenecid 500 mg-colchicine 0.5 mg tablet	1		Antigout Agents
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 30 days)	Antimigraine Agents
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 per 30 days)	Antimigraine Agents
RELPAK 20 MG TABLET	1	QL(9 per 30 days)	Antimigraine Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RELPAx 40 MG TABLET	1	QL(9 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 25 mg tablet	1	QL(9 per 30 days)	Antimigraine Agents
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(6 per 30 days)	Antimigraine Agents
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	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(6 per 30 days)	Antimigraine Agents
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	1	QL(6 per 30 days)	Antimigraine Agents
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(6 per 30 days)	Antimigraine Agents
sumatriptan 6 mg/0.5 ml subcutaneous syringe	1	QL(3 per 30 days)	Antimigraine Agents
UBRELVY 100 MG TABLET	1	PA,QL(16 per 30 days)	Antimigraine Agents
UBRELVY 50 MG TABLET	1	PA,QL(16 per 30 days)	Antimigraine Agents
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
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 ^{EDS}	1	QL(30 per 30 days)	Antineoplastics
bicalutamide 50 mg tablet	1	QL(30 per 30 days)	Antineoplastics
cyclophosphamide 25 mg capsule	1	QL(960 per 30 days)	Antineoplastics
cyclophosphamide 50 mg capsule	1	QL(480 per 30 days)	Antineoplastics
EMCYT 140 MG CAPSULE	1	QL(540 per 30 days)	Antineoplastics
etoposide 50 mg capsule	1	QL(100 per 30 days)	Antineoplastics
exemestane 25 mg tablet	1	QL(60 per 30 days)	Antineoplastics
HYCAMTIN 0.25 MG CAPSULE	1	QL(100 per 25 days)	Antineoplastics
HYCAMTIN 1 MG CAPSULE	1	QL(25 per 25 days)	Antineoplastics
hydroxyurea 500 mg capsule	1		Antineoplastics
letrozole 2.5 mg tablet	1	QL(30 per 30 days)	Antineoplastics
leucovorin calcium 10 mg tablet	1		Antineoplastics
leucovorin calcium 15 mg tablet	1		Antineoplastics
leucovorin calcium 25 mg tablet	1		Antineoplastics
leucovorin calcium 5 mg tablet	1		Antineoplastics
LEUKERAN 2 MG TABLET	1	QL(480 per 30 days)	Antineoplastics
LYSODREN 500 MG TABLET	1		Antineoplastics
MATULANE 50 MG CAPSULE	1		Antineoplastics
melphalan 2 mg tablet	1	QL(80 per 30 days)	Antineoplastics
mercaptopurine 50 mg tablet	1	QL(480 per 30 days)	Antineoplastics

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
mesna 400 mg tablet	1		Antineoplastics
MESNEX 400 MG TABLET	1		Antineoplastics
MYLERAN 2 MG TABLET	1	QL(150 per 30 days)	Antineoplastics
nilutamide 150 mg tablet	1	QL(60 per 30 days)	Antineoplastics
PANRETIN 0.1 % TOPICAL GEL	1		Antineoplastics
TABLOID 40 MG TABLET	1	QL(360 per 30 days)	Antineoplastics
tamoxifen 10 mg tablet ^{EDS}	1		Antineoplastics
tamoxifen 20 mg tablet ^{EDS}	1		Antineoplastics
temozolomide 100 mg capsule	1	QL(60 per 30 days)	Antineoplastics
temozolomide 140 mg capsule	1	QL(60 per 30 days)	Antineoplastics
temozolomide 180 mg capsule	1	QL(60 per 30 days)	Antineoplastics
temozolomide 20 mg capsule	1	QL(270 per 30 days)	Antineoplastics
temozolomide 250 mg capsule	1	QL(10 per 30 days)	Antineoplastics
temozolomide 5 mg capsule	1	QL(90 per 30 days)	Antineoplastics
toremifene 60 mg tablet	1	QL(30 per 30 days)	Antineoplastics
albendazole 200 mg tablet	1		Antiparasitics
atovaquone 250 mg-proguanil 100 mg tablet	1	QL(30 per 30 days)	Antiparasitics
atovaquone 750 mg/5 ml oral suspension	1	QL(600 per 30 days)	Antiparasitics
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1	QL(30 per 30 days)	Antiparasitics
benznidazole 100 mg tablet	1		Antiparasitics
benznidazole 12.5 mg tablet	1		Antiparasitics
chloroquine 250 mg tablet	1		Antiparasitics
chloroquine 500 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
LAMPIT 120 MG TABLET	1		Antiparasitics
LAMPIT 30 MG TABLET	1		Antiparasitics
mefloquine 250 mg tablet	1		Antiparasitics
pentamidine 300 mg solution for inhalation	1		Antiparasitics
primaquine 26.3 mg (15 mg base) tablet	1		Antiparasitics
amantadine hcl 100 mg capsule	1		Antiparkinson Agents
amantadine hcl 50 mg/5 ml oral solution	1		Antiparkinson Agents
benztropine 0.5 mg tablet ^{EDS}	1		Antiparkinson Agents
benztropine 1 mg tablet ^{EDS}	1		Antiparkinson Agents
benztropine 2 mg tablet ^{EDS}	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
carbidopa 10 mg-levodopa 100 mg tablet ^{EDS}	1		Antiparkinson Agents
carbidopa 25 mg-levodopa 100 mg tablet ^{EDS}	1		Antiparkinson Agents
carbidopa 25 mg-levodopa 250 mg tablet ^{EDS}	1		Antiparkinson Agents
entacapone 200 mg tablet	1	QL(300 per 30 days)	Antiparkinson Agents
pramipexole 0.125 mg tablet ^{EDS}	1		Antiparkinson Agents
pramipexole 0.25 mg tablet ^{EDS}	1		Antiparkinson Agents
pramipexole 0.5 mg tablet ^{EDS}	1		Antiparkinson Agents
pramipexole 0.75 mg tablet ^{EDS}	1		Antiparkinson Agents
pramipexole 1 mg tablet ^{EDS}	1		Antiparkinson Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
pramipexole 1.5 mg tablet ^{EDS}	1		Antiparkinson Agents
ropinirole 0.25 mg tablet ^{EDS}	1	QL(180 per 30 days)	Antiparkinson Agents
ropinirole 0.5 mg tablet ^{EDS}	1	QL(90 per 30 days)	Antiparkinson Agents
ropinirole 1 mg tablet ^{EDS}	1	QL(90 per 30 days)	Antiparkinson Agents
ropinirole 2 mg tablet ^{EDS}	1	QL(90 per 30 days)	Antiparkinson Agents
ropinirole 3 mg tablet ^{EDS}	1	QL(180 per 30 days)	Antiparkinson Agents
ropinirole 4 mg tablet ^{EDS}	1	QL(180 per 30 days)	Antiparkinson Agents
ropinirole 5 mg tablet ^{EDS}	1	QL(120 per 30 days)	Antiparkinson Agents
selegiline 5 mg capsule	1		Antiparkinson Agents
selegiline 5 mg tablet	1		Antiparkinson Agents
trihexyphenidyl 0.4 mg/ml oral elixir	1		Antiparkinson Agents
trihexyphenidyl 2 mg tablet ^{EDS}	1		Antiparkinson Agents
trihexyphenidyl 5 mg tablet ^{EDS}	1		Antiparkinson Agents
XADAGO 100 MG TABLET	1	QL(30 per 30 days)	Antiparkinson Agents
XADAGO 50 MG TABLET	1	QL(30 per 30 days)	Antiparkinson Agents
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(2.4 per 56 days)	Antipsychotics
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(3.2 per 56 days)	Antipsychotics
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	QL(1 per 28 days)	Antipsychotics
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	QL(1 per 28 days)	Antipsychotics
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	QL(1 per 28 days)	Antipsychotics
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	QL(1 per 28 days)	Antipsychotics
aripiprazole 10 mg tablet	1	QL(30 per 30 days)	Antipsychotics
aripiprazole 15 mg tablet	1	QL(30 per 30 days)	Antipsychotics
aripiprazole 2 mg tablet	1	QL(30 per 30 days)	Antipsychotics
aripiprazole 20 mg tablet	1	QL(30 per 30 days)	Antipsychotics
aripiprazole 30 mg tablet	1	QL(30 per 30 days)	Antipsychotics
aripiprazole 5 mg tablet	1	QL(30 per 30 days)	Antipsychotics
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(2.4 per 42 days)	Antipsychotics
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(3.9 per 56 days)	Antipsychotics
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(1.6 per 28 days)	Antipsychotics
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(2.4 per 28 days)	Antipsychotics
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(3.2 per 28 days)	Antipsychotics
clozapine 100 mg tablet	1		Antipsychotics
clozapine 200 mg tablet	1		Antipsychotics
clozapine 25 mg tablet	1		Antipsychotics
clozapine 50 mg tablet	1		Antipsychotics
fluphenazine decanoate 25 mg/ml injection solution	1		Antipsychotics
fluphenazine 2.5 mg/5 ml oral elixir	1		Antipsychotics
fluphenazine 5 mg/ml oral concentrate	1		Antipsychotics
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION	1	QL(5 per 30 days)	Antipsychotics

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION	1	QL(9 per 30 days)	Antipsychotics
haloperidol decanoate 100 mg/ml intramuscular solution	1	QL(5 per 30 days)	Antipsychotics
haloperidol decanoate 50 mg/ml intramuscular solution	1	QL(9 per 30 days)	Antipsychotics
haloperidol lactate 2 mg/ml oral concentrate	1		Antipsychotics
haloperidol lactate 5 mg/ml injection solution	1		Antipsychotics
haloperidol lactate 5 mg/ml intramuscular syringe	1		Antipsychotics
haloperidol 0.5 mg tablet	1		Antipsychotics
haloperidol 1 mg tablet	1		Antipsychotics
haloperidol 10 mg tablet	1		Antipsychotics
haloperidol 2 mg tablet	1		Antipsychotics
haloperidol 20 mg tablet	1		Antipsychotics
haloperidol 5 mg tablet	1		Antipsychotics
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	1	QL(3.5 per 180 days)	Antipsychotics
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	1	QL(5 per 180 days)	Antipsychotics
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)	Antipsychotics
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	1	QL(1 per 28 days)	Antipsychotics
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)	Antipsychotics
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)	Antipsychotics
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)	Antipsychotics
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	1	QL(0.88 per 90 days)	Antipsychotics
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	1	QL(1.32 per 90 days)	Antipsychotics
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	1	QL(1.75 per 90 days)	Antipsychotics
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	1	QL(2.63 per 90 days)	Antipsychotics
loxapine succinate 10 mg capsule	1		Antipsychotics
loxapine succinate 25 mg capsule	1		Antipsychotics
loxapine succinate 5 mg capsule	1		Antipsychotics
loxapine succinate 50 mg capsule	1		Antipsychotics
lurasidone 120 mg tablet	1	QL(30 per 30 days)	Antipsychotics
lurasidone 20 mg tablet	1	QL(30 per 30 days)	Antipsychotics
lurasidone 40 mg tablet	1	QL(30 per 30 days)	Antipsychotics
lurasidone 60 mg tablet	1	QL(30 per 30 days)	Antipsychotics
lurasidone 80 mg tablet	1	QL(60 per 30 days)	Antipsychotics
olanzapine 10 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antipsychotics
olanzapine 15 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
olanzapine 2.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antipsychotics
olanzapine 20 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
olanzapine 5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antipsychotics
olanzapine 7.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Antipsychotics
perphenazine 16 mg tablet	1		Antipsychotics

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
perphenazine 2 mg tablet	1		Antipsychotics
perphenazine 4 mg tablet	1		Antipsychotics
perphenazine 8 mg tablet	1		Antipsychotics
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	QL(1 per 28 days)	Antipsychotics
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	QL(1 per 28 days)	Antipsychotics
pimozide 1 mg tablet	1		Antipsychotics
pimozide 2 mg tablet	1		Antipsychotics
quetiapine er 150 mg tablet,extended release 24 hr ^{EDS}	1	QL(90 per 30 days)	Antipsychotics
quetiapine er 200 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)	Antipsychotics
quetiapine er 300 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
quetiapine er 400 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
quetiapine er 50 mg tablet,extended release 24 hr ^{EDS}	1	QL(120 per 30 days)	Antipsychotics
quetiapine 100 mg tablet ^{EDS}	1	QL(90 per 30 days)	Antipsychotics
quetiapine 150 mg tablet	1	QL(30 per 30 days)	Antipsychotics
quetiapine 200 mg tablet ^{EDS}	1	QL(120 per 30 days)	Antipsychotics
quetiapine 25 mg tablet ^{EDS}	1	QL(120 per 30 days)	Antipsychotics
quetiapine 300 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
quetiapine 400 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
quetiapine 50 mg tablet ^{EDS}	1	QL(120 per 30 days)	Antipsychotics
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)	Antipsychotics
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)	Antipsychotics
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)	Antipsychotics
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)	Antipsychotics
risperidone 0.25 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 0.25 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 0.5 mg disintegrating tablet ^{EDS}	1	QL(120 per 30 days)	Antipsychotics
risperidone 0.5 mg tablet ^{EDS}	1	QL(120 per 30 days)	Antipsychotics
risperidone 1 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 1 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 1 mg/ml oral solution ^{EDS}	1		Antipsychotics
risperidone 2 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 2 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 3 mg disintegrating tablet	1	QL(60 per 30 days)	Antipsychotics
risperidone 3 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 4 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
risperidone 4 mg tablet ^{EDS}	1	QL(60 per 30 days)	Antipsychotics
SAPHRIS 10 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)	Antipsychotics
SAPHRIS 2.5 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)	Antipsychotics
SAPHRIS 5 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)	Antipsychotics
thioridazine 10 mg tablet	1		Antipsychotics
thioridazine 100 mg tablet	1		Antipsychotics
thioridazine 25 mg tablet	1		Antipsychotics
thioridazine 50 mg tablet	1		Antipsychotics
thiothixene 1 mg capsule	1		Antipsychotics
thiothixene 10 mg capsule	1		Antipsychotics
thiothixene 2 mg capsule	1		Antipsychotics

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
thiothixene 5 mg capsule	1		Antipsychotics
trifluoperazine 1 mg tablet	1		Antipsychotics
trifluoperazine 10 mg tablet	1		Antipsychotics
trifluoperazine 2 mg tablet	1		Antipsychotics
trifluoperazine 5 mg tablet	1		Antipsychotics
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	1		Antipsychotics
VRAYLAR 1.5 MG CAPSULE	1	QL(30 per 30 days)	Antipsychotics
VRAYLAR 3 MG CAPSULE	1	QL(30 per 30 days)	Antipsychotics
VRAYLAR 4.5 MG CAPSULE	1	QL(30 per 30 days)	Antipsychotics
VRAYLAR 6 MG CAPSULE	1	QL(30 per 30 days)	Antipsychotics
ziprasidone 20 mg capsule	1	QL(60 per 30 days)	Antipsychotics
ziprasidone 40 mg capsule	1	QL(60 per 30 days)	Antipsychotics
ziprasidone 60 mg capsule	1	QL(60 per 30 days)	Antipsychotics
ziprasidone 80 mg capsule	1	QL(60 per 30 days)	Antipsychotics
baclofen 10 mg tablet	1	QL(240 per 30 days)	Antispasticity Agents
baclofen 15 mg tablet	1	QL(150 per 30 days)	Antispasticity Agents
baclofen 20 mg tablet	1	QL(120 per 30 days)	Antispasticity Agents
baclofen 5 mg tablet	1	QL(90 per 30 days)	Antispasticity Agents
dantrolene 100 mg capsule	1		Antispasticity Agents
dantrolene 25 mg capsule	1		Antispasticity Agents
dantrolene 50 mg capsule	1		Antispasticity Agents
tizanidine 2 mg tablet	1		Antispasticity Agents
tizanidine 4 mg tablet	1		Antispasticity Agents
abacavir 20 mg/ml oral solution	1	QL(960 per 30 days)	Antivirals
abacavir 300 mg tablet	1	QL(60 per 30 days)	Antivirals
abacavir 600 mg-lamivudine 300 mg tablet	1	QL(30 per 30 days)	Antivirals
acyclovir 200 mg capsule	1		Antivirals
acyclovir 200 mg/5 ml oral suspension	1		Antivirals
acyclovir 400 mg tablet	1		Antivirals
acyclovir 5 % topical cream	1		Antivirals
acyclovir 800 mg tablet	1		Antivirals
APTIVUS 250 MG CAPSULE	1	QL(120 per 30 days)	Antivirals
atazanavir 150 mg capsule	1	QL(60 per 30 days)	Antivirals
atazanavir 200 mg capsule	1	QL(60 per 30 days)	Antivirals
atazanavir 300 mg capsule	1	QL(30 per 30 days)	Antivirals
ATRIPLA 600 MG-200 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
BARACLUDE 0.05 MG/ML ORAL SOLUTION	1	QL(630 per 30 days)	Antivirals
BIKTARVY 30 MG-120 MG-15 MG TABLET	1	QL(30 per 30 days)	Antivirals
BIKTARVY 50 MG-200 MG-25 MG TABLET	1	QL(30 per 30 days)	Antivirals
CIMDUO 300 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
COMPLERA 200 MG-25 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
darunavir 600 mg tablet	1	QL(60 per 30 days)	Antivirals
darunavir 800 mg tablet	1	QL(30 per 30 days)	Antivirals
DELSTRIGO 100 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
DESCOVY 120 MG-15 MG TABLET	1	QL(30 per 30 days)	Antivirals
DESCOVY 200 MG-25 MG TABLET	1	QL(30 per 30 days)	Antivirals
didanosine 250 mg capsule,delayed release	1	QL(30 per 30 days)	Antivirals
didanosine 400 mg capsule,delayed release	1	QL(30 per 30 days)	Antivirals
DOVATO 50 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
EDURANT 25 MG TABLET	1	QL(30 per 30 days)	Antivirals

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
efavirenz 200 mg capsule	1	QL(120 per 30 days)	Antivirals
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	QL(30 per 30 days)	Antivirals
efavirenz 50 mg capsule	1	QL(480 per 30 days)	Antivirals
efavirenz 600 mg tablet	1	QL(30 per 30 days)	Antivirals
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet	1	QL(30 per 30 days)	Antivirals
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	QL(30 per 30 days)	Antivirals
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	1	QL(30 per 30 days)	Antivirals
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	1	QL(30 per 30 days)	Antivirals
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	1	QL(30 per 30 days)	Antivirals
emtricitabine 200 mg capsule	1	QL(30 per 30 days)	Antivirals
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	1	QL(30 per 30 days)	Antivirals
EMTRIVA 10 MG/ML ORAL SOLUTION	1	QL(680 per 28 days)	Antivirals
EMTRIVA 200 MG CAPSULE	1	QL(30 per 30 days)	Antivirals
entecavir 0.5 mg tablet	1	QL(30 per 30 days)	Antivirals
entecavir 1 mg tablet	1	QL(30 per 30 days)	Antivirals
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET	1	PA,QL(28 per 28 days)	Antivirals
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET	1	PA,QL(56 per 28 days)	Antivirals
EPCLUSA 200 MG-50 MG TABLET	1	PA,QL(28 per 28 days)	Antivirals
EPIVIR 10 MG/ML ORAL SOLUTION	1	QL(960 per 30 days)	Antivirals
EPIVIR 150 MG TABLET	1	QL(60 per 30 days)	Antivirals
EPIVIR 300 MG TABLET	1	QL(30 per 30 days)	Antivirals
etravirine 100 mg tablet	1	QL(120 per 30 days)	Antivirals
etravirine 200 mg tablet	1	QL(60 per 30 days)	Antivirals
EVOTAZ 300 MG-150 MG TABLET	1	QL(30 per 30 days)	Antivirals
fosamprenavir 700 mg tablet	1	QL(120 per 30 days)	Antivirals
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	1	QL(30 per 30 days)	Antivirals
INTELENCE 100 MG TABLET	1	QL(120 per 30 days)	Antivirals
INTELENCE 200 MG TABLET	1	QL(60 per 30 days)	Antivirals
INTELENCE 25 MG TABLET	1	QL(120 per 30 days)	Antivirals
ISENTRESS HD 600 MG TABLET	1	QL(60 per 30 days)	Antivirals
ISENTRESS 100 MG CHEWABLE TABLET	1	QL(180 per 30 days)	Antivirals
ISENTRESS 100 MG ORAL POWDER PACKET	1	QL(300 per 30 days)	Antivirals
ISENTRESS 25 MG CHEWABLE TABLET	1	QL(180 per 30 days)	Antivirals
ISENTRESS 400 MG TABLET	1	QL(120 per 30 days)	Antivirals
JULUCA 50 MG-25 MG TABLET	1	QL(30 per 30 days)	Antivirals
KALETRA 100 MG-25 MG TABLET	1	QL(300 per 30 days)	Antivirals
KALETRA 200 MG-50 MG TABLET	1	QL(150 per 30 days)	Antivirals
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION	1		Antivirals
lamivudine 10 mg/ml oral solution	1	QL(960 per 30 days)	Antivirals
lamivudine 100 mg tablet	1	QL(90 per 30 days)	Antivirals
lamivudine 150 mg tablet	1	QL(60 per 30 days)	Antivirals
lamivudine 150 mg-zidovudine 300 mg tablet	1	QL(60 per 30 days)	Antivirals

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
lamivudine 300 mg tablet	1	QL(30 per 30 days)	Antivirals
lopinavir-ritonavir 100 mg-25 mg tablet	1	QL(300 per 30 days)	Antivirals
lopinavir-ritonavir 200 mg-50 mg tablet	1	QL(150 per 30 days)	Antivirals
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution	1		Antivirals
maraviroc 150 mg tablet	1	QL(240 per 30 days)	Antivirals
maraviroc 300 mg tablet	1	QL(120 per 30 days)	Antivirals
MAVYRET 100 MG-40 MG TABLET	1	PA,QL(84 per 28 days)	Antivirals
MAVYRET 50 MG-20 MG ORAL PELLETS IN PACKET	1	PA,QL(150 per 30 days)	Antivirals
nevirapine er 100 mg tablet,extended release 24 hr	1	QL(120 per 30 days)	Antivirals
nevirapine er 400 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Antivirals
nevirapine 200 mg tablet	1	QL(60 per 30 days)	Antivirals
nevirapine 50 mg/5 ml oral suspension	1	QL(1200 per 30 days)	Antivirals
NORVIR 100 MG ORAL POWDER PACKET	1	QL(360 per 30 days)	Antivirals
NORVIR 100 MG TABLET	1	QL(360 per 30 days)	Antivirals
ODEFSEY 200 MG-25 MG-25 MG TABLET	1	QL(30 per 30 days)	Antivirals
oseltamivir 30 mg capsule	1	QL(224 per 365 days)	Antivirals
oseltamivir 45 mg capsule	1	QL(112 per 365 days)	Antivirals
oseltamivir 6 mg/ml oral suspension	1	QL(1440 per 365 days)	Antivirals
oseltamivir 75 mg capsule	1	QL(112 per 365 days)	Antivirals
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	1	QL(40 per 10 days)	Antivirals
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	1	QL(60 per 10 days)	Antivirals
PIFELTRO 100 MG TABLET	1	QL(60 per 30 days)	Antivirals
PREZCOBIX 800 MG-150 MG TABLET	1	QL(30 per 30 days)	Antivirals
PREZISTA 100 MG/ML ORAL SUSPENSION	1	QL(360 per 30 days)	Antivirals
PREZISTA 150 MG TABLET	1	QL(240 per 30 days)	Antivirals
PREZISTA 600 MG TABLET	1	QL(60 per 30 days)	Antivirals
PREZISTA 75 MG TABLET	1	QL(480 per 30 days)	Antivirals
PREZISTA 800 MG TABLET	1	QL(30 per 30 days)	Antivirals
RETROVIR 10 MG/ML ORAL SYRUP	1	QL(1680 per 28 days)	Antivirals
RETROVIR 100 MG CAPSULE	1	QL(180 per 30 days)	Antivirals
REYATAZ 200 MG CAPSULE	1	QL(60 per 30 days)	Antivirals
REYATAZ 300 MG CAPSULE	1	QL(30 per 30 days)	Antivirals
REYATAZ 50 MG ORAL POWDER PACKET	1		Antivirals
rimantadine 100 mg tablet	1		Antivirals
ritonavir 100 mg tablet	1	QL(360 per 30 days)	Antivirals
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)	Antivirals
SELZENTRY 150 MG TABLET	1	QL(240 per 30 days)	Antivirals
SELZENTRY 20 MG/ML ORAL SOLUTION	1	QL(1800 per 30 days)	Antivirals
SELZENTRY 300 MG TABLET	1	QL(120 per 30 days)	Antivirals
sofosbuvir 400 mg-velpatasvir 100 mg tablet	1	PA,QL(28 per 28 days)	Antivirals
stavudine 15 mg capsule	1	QL(120 per 30 days)	Antivirals

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
stavudine 20 mg capsule	1	QL(120 per 30 days)	Antivirals
stavudine 30 mg capsule	1	QL(60 per 30 days)	Antivirals
stavudine 40 mg capsule	1	QL(60 per 30 days)	Antivirals
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
SYMFI LO 400 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
SYMFI 600 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	1	QL(30 per 30 days)	Antivirals
TEMIXYS 300 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
tenofovir disoproxil fumarate 300 mg tablet	1	QL(30 per 30 days)	Antivirals
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)	Antivirals
TIVICAY 50 MG TABLET	1	QL(60 per 30 days)	Antivirals
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)	Antivirals
TRIUMEQ 600 MG-50 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
TRIZIVIR 300 MG-150 MG-300 MG TABLET	1	QL(60 per 30 days)	Antivirals
TRUVADA 100 MG-150 MG TABLET	1	QL(30 per 30 days)	Antivirals
TRUVADA 133 MG-200 MG TABLET	1	QL(30 per 30 days)	Antivirals
TRUVADA 167 MG-250 MG TABLET	1	QL(30 per 30 days)	Antivirals
TRUVADA 200 MG-300 MG TABLET	1	QL(30 per 30 days)	Antivirals
TYBOST 150 MG TABLET	1	QL(30 per 30 days)	Antivirals
valacyclovir 1 gram tablet	1	QL(90 per 30 days)	Antivirals
valacyclovir 500 mg tablet	1	QL(90 per 30 days)	Antivirals
valganciclovir 450 mg tablet	1	QL(120 per 30 days)	Antivirals
VIRACEPT 250 MG TABLET	1	QL(300 per 30 days)	Antivirals
VIRACEPT 625 MG TABLET	1	QL(120 per 30 days)	Antivirals
VIREAD 150 MG TABLET	1	QL(30 per 30 days)	Antivirals
VIREAD 200 MG TABLET	1	QL(30 per 30 days)	Antivirals
VIREAD 250 MG TABLET	1	QL(30 per 30 days)	Antivirals
VIREAD 300 MG TABLET	1	QL(30 per 30 days)	Antivirals
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	1	QL(240 per 30 days)	Antivirals
VOCABRIA 30 MG TABLET	1	QL(30 per 30 days)	Antivirals
VOSEVI 400 MG-100 MG-100 MG TABLET	1	PA,QL(28 per 28 days)	Antivirals
XOFLUZA 20 MG TABLET	1		Antivirals
XOFLUZA 40 MG TABLET	1		Antivirals
XOFLUZA 80 MG TABLET	1		Antivirals
ZIAGEN 20 MG/ML ORAL SOLUTION	1	QL(960 per 30 days)	Antivirals
ZIAGEN 300 MG TABLET	1	QL(60 per 30 days)	Antivirals
zidovudine 10 mg/ml oral syrup	1	QL(1680 per 28 days)	Antivirals
zidovudine 100 mg capsule	1	QL(180 per 30 days)	Antivirals
zidovudine 300 mg tablet	1	QL(60 per 30 days)	Antivirals
alprazolam 0.25 mg tablet	1	QL(120 per 30 days)	Anxiolytics
alprazolam 0.5 mg tablet	1	QL(120 per 30 days)	Anxiolytics
alprazolam 1 mg tablet	1	QL(120 per 30 days)	Anxiolytics
alprazolam 2 mg tablet	1	QL(150 per 30 days)	Anxiolytics
buspirone 10 mg tablet	1		Anxiolytics
buspirone 15 mg tablet	1		Anxiolytics
buspirone 30 mg tablet	1		Anxiolytics
buspirone 5 mg tablet	1		Anxiolytics
buspirone 7.5 mg tablet	1		Anxiolytics

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
chlordiazepoxide 10 mg capsule	1	QL(120 per 30 days)	Anxiolytics
chlordiazepoxide 25 mg capsule	1	QL(120 per 30 days)	Anxiolytics
chlordiazepoxide 5 mg capsule	1	QL(120 per 30 days)	Anxiolytics
clonazepam 0.5 mg tablet	1		Anxiolytics
clonazepam 1 mg tablet	1		Anxiolytics
clonazepam 2 mg tablet	1		Anxiolytics
clorazepate dipotassium 15 mg tablet	1		Anxiolytics
clorazepate dipotassium 3.75 mg tablet	1		Anxiolytics
clorazepate dipotassium 7.5 mg tablet	1		Anxiolytics
diazepam intensol 5 mg/ml oral concentrate	1	QL(240 per 30 days)	Anxiolytics
diazepam 10 mg tablet	1	QL(120 per 30 days)	Anxiolytics
diazepam 2 mg tablet	1	QL(90 per 30 days)	Anxiolytics
diazepam 5 mg tablet	1	QL(90 per 30 days)	Anxiolytics
diazepam 5 mg/ml oral concentrate	1	QL(240 per 30 days)	Anxiolytics
diazepam 5 mg/5 ml (1 mg/ml) oral solution	1	QL(1200 per 30 days)	Anxiolytics
doxepin 10 mg capsule	1		Anxiolytics
doxepin 10 mg/ml oral concentrate	1		Anxiolytics
doxepin 100 mg capsule	1		Anxiolytics
doxepin 150 mg capsule	1		Anxiolytics
doxepin 25 mg capsule	1		Anxiolytics
doxepin 50 mg capsule	1		Anxiolytics
doxepin 75 mg capsule	1		Anxiolytics
hydroxyzine hcl 10 mg tablet	1		Anxiolytics
hydroxyzine hcl 10 mg/5 ml oral solution	1		Anxiolytics
hydroxyzine hcl 25 mg tablet	1		Anxiolytics
hydroxyzine hcl 50 mg tablet	1		Anxiolytics
lorazepam intensol 2 mg/ml oral concentrate	1	QL(150 per 30 days)	Anxiolytics
lorazepam 0.5 mg tablet	1	QL(90 per 30 days)	Anxiolytics
lorazepam 1 mg tablet	1	QL(90 per 30 days)	Anxiolytics
lorazepam 2 mg tablet	1	QL(150 per 30 days)	Anxiolytics
lorazepam 2 mg/ml oral concentrate	1	QL(150 per 30 days)	Anxiolytics
lithium carbonate er 300 mg tablet,extended release ^{EDS}	1		Bipolar Agents
lithium carbonate er 450 mg tablet,extended release ^{EDS}	1		Bipolar Agents
lithium carbonate 150 mg capsule ^{EDS}	1		Bipolar Agents
lithium carbonate 300 mg capsule ^{EDS}	1		Bipolar Agents
lithium carbonate 300 mg tablet ^{EDS}	1		Bipolar Agents
lithium carbonate 600 mg capsule ^{EDS}	1		Bipolar Agents
lithium citrate 8 meq/5 ml oral solution	1		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
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1		Blood Glucose Regulators
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	1		Blood Glucose Regulators
FARXIGA 10 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
FARXIGA 5 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
glimepiride 1 mg tablet ^{EDS}	1		Blood Glucose Regulators
glimepiride 2 mg tablet ^{EDS}	1		Blood Glucose Regulators
glimepiride 3 mg tablet	1		Blood Glucose Regulators

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
glimepiride 4 mg tablet ^{EDS}	1		Blood Glucose Regulators
glipizide er 10 mg tablet, extended release 24 hr ^{EDS}	1		Blood Glucose Regulators
glipizide er 2.5 mg tablet, extended release 24 hr ^{EDS}	1		Blood Glucose Regulators
glipizide er 5 mg tablet, extended release 24 hr ^{EDS}	1		Blood Glucose Regulators
glipizide 10 mg tablet ^{EDS}	1		Blood Glucose Regulators
glipizide 2.5 mg tablet ^{EDS}	1		Blood Glucose Regulators
glipizide 5 mg tablet ^{EDS}	1		Blood Glucose Regulators
GLUCAGEN HYPOKIT 1 MG INJECTION	1		Blood Glucose Regulators
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	1		Blood Glucose Regulators
glucagon hcl 1 mg solution for injection	1		Blood Glucose Regulators
glyburide micronized 1.5 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide micronized 3 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide micronized 6 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide 1.25 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide 1.25 mg-metformin 250 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide 2.5 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide 2.5 mg-metformin 500 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide 5 mg tablet ^{EDS}	1		Blood Glucose Regulators
glyburide 5 mg-metformin 500 mg tablet ^{EDS}	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
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	1		Blood Glucose Regulators
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS	1		Blood Glucose Regulators
HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	1		Blood Glucose Regulators
HUMALOG MIX 50-50 (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	1		Blood Glucose Regulators
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1		Blood Glucose Regulators
HUMALOG TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR	1		Blood Glucose Regulators
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1		Blood Glucose Regulators
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		Blood Glucose Regulators
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS	1		Blood Glucose Regulators
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS	1		Blood Glucose Regulators
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION	1		Blood Glucose Regulators

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS	1		Blood Glucose Regulators
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	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 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	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
INVOKAMET 150 MG-500 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
INVOKAMET 50 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
INVOKAMET 50 MG-500 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
INVOKANA 100 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
INVOKANA 300 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
JANUMET 50 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
JANUMET 50 MG-500 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
JANUVIA 100 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
JANUVIA 25 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
JANUVIA 50 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
JARDIANCE 10 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
JARDIANCE 25 MG TABLET	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
JENTADUETO 2.5 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
JENTADUETO 2.5 MG-500 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
JENTADUETO 2.5 MG-850 MG TABLET	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		Blood Glucose Regulators
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		Blood Glucose Regulators
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN	1		Blood Glucose Regulators
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		Blood Glucose Regulators
metformin er 500 mg tablet,extended release 24 hr ^{EDS}	1	QL(120 per 30 days)	Blood Glucose Regulators
metformin er 750 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Blood Glucose Regulators
metformin 1,000 mg tablet ^{EDS}	1		Blood Glucose Regulators
metformin 500 mg tablet ^{EDS}	1		Blood Glucose Regulators
metformin 850 mg tablet ^{EDS}	1		Blood Glucose Regulators
nateglinide 120 mg tablet	1		Blood Glucose Regulators
nateglinide 60 mg tablet	1		Blood Glucose Regulators
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS	1		Blood Glucose Regulators
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1		Blood Glucose Regulators
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		Blood Glucose Regulators
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG	1		Blood Glucose Regulators
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		Blood Glucose Regulators
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(1.5 per 28 days)	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 ^{EDS}	1	QL(30 per 30 days)	Blood Glucose Regulators
pioglitazone 30 mg tablet ^{EDS}	1	QL(30 per 30 days)	Blood Glucose Regulators
pioglitazone 45 mg tablet ^{EDS}	1	QL(30 per 30 days)	Blood Glucose Regulators
PROGLYCEM 50 MG/ML ORAL SUSPENSION	1		Blood Glucose Regulators
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10.8 per 30 days)	Blood Glucose Regulators
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10.5 per 28 days)	Blood Glucose Regulators
TRADJENTA 5 MG TABLET	1	PA,QL(30 per 30 days)	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 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	PA,QL(30 per 30 days)	Blood Glucose Regulators
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	Blood Glucose Regulators
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	Blood Glucose Regulators
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 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
adult aspirin regimen 81 mg tablet,delayed release	1		Blood Products And Modifiers
anagrelide 0.5 mg capsule	1		Blood Products And Modifiers
anagrelide 1 mg capsule	1		Blood Products And Modifiers
aspirin 81 mg chewable tablet	1		Blood Products And Modifiers
aspirin 81 mg tablet,delayed release	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	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 ^{EDS}	1	QL(1 per 30 days)	Blood Products And Modifiers
clopidogrel 75 mg tablet ^{EDS}	1	QL(30 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 30 days)	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(74 per 30 days)	Blood Products And Modifiers

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
enoxaparin 100 mg/ml subcutaneous syringe	1	QL(28 per 28 days)	Blood Products And Modifiers
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)	Blood Products And Modifiers
enoxaparin 150 mg/ml subcutaneous syringe	1	QL(28 per 28 days)	Blood Products And Modifiers
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1	QL(16.8 per 28 days)	Blood Products And Modifiers
enoxaparin 300 mg/3 ml subcutaneous solution	1	QL(84 per 28 days)	Blood Products And Modifiers
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1	QL(11.2 per 28 days)	Blood Products And Modifiers
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1	QL(16.8 per 28 days)	Blood Products And Modifiers
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)	Blood Products And Modifiers
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	1	QL(28 per 30 days)	Blood Products And Modifiers
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	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
PRADAXA 110 MG CAPSULE	1	QL(60 per 30 days)	Blood Products And Modifiers
PRADAXA 150 MG CAPSULE	1	QL(60 per 30 days)	Blood Products And Modifiers
PRADAXA 75 MG CAPSULE	1	QL(60 per 30 days)	Blood Products And Modifiers
prasugrel hcl 10 mg tablet	1	QL(30 per 30 days)	Blood Products And Modifiers

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
prasugrel hcl 5 mg tablet	1	QL(30 per 30 days)	Blood Products And Modifiers
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)	Blood Products And Modifiers
tranexamic acid 650 mg tablet	1	QL(30 per 5 days)	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 DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	1	QL(51 per 30 days)	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
acebutolol 200 mg capsule	1		Cardiovascular Agents
acebutolol 400 mg capsule	1		Cardiovascular Agents
acetazolamide er 500 mg capsule,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
acetazolamide 125 mg tablet	1	QL(120 per 30 days)	Cardiovascular Agents
acetazolamide 250 mg tablet	1	QL(120 per 30 days)	Cardiovascular Agents
amiloride 5 mg tablet ^{EDS}	1		Cardiovascular Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
amiloride 5 mg-hydrochlorothiazide 50 mg tablet ^{EDS}	1		Cardiovascular Agents
amiodarone 100 mg tablet	1		Cardiovascular Agents
amiodarone 200 mg tablet ^{EDS}	1		Cardiovascular Agents
amiodarone 400 mg tablet	1		Cardiovascular Agents
amlodipine 10 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-benazepril 20 mg capsule ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-benazepril 40 mg capsule ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-valsartan 160 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-valsartan 320 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 2.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 2.5 mg-benazepril 10 mg capsule ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
amlodipine 5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-benazepril 10 mg capsule ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-benazepril 20 mg capsule ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-benazepril 40 mg capsule ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-valsartan 160 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
amlodipine 5 mg-valsartan 320 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
atenolol 100 mg tablet ^{EDS}	1		Cardiovascular Agents
atenolol 100 mg-chlorthalidone 25 mg tablet ^{EDS}	1		Cardiovascular Agents
atenolol 25 mg tablet ^{EDS}	1		Cardiovascular Agents
atenolol 50 mg tablet ^{EDS}	1		Cardiovascular Agents
atenolol 50 mg-chlorthalidone 25 mg tablet ^{EDS}	1		Cardiovascular Agents
atorvastatin 10 mg tablet ^{EDS}	1		Cardiovascular Agents
atorvastatin 20 mg tablet ^{EDS}	1		Cardiovascular Agents
atorvastatin 40 mg tablet ^{EDS}	1		Cardiovascular Agents
atorvastatin 80 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 10 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 20 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 40 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 5 mg tablet ^{EDS}	1		Cardiovascular Agents
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1		Cardiovascular Agents
BENICAR HCT 20 MG-12.5 MG TABLET ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
BENICAR HCT 40 MG-12.5 MG TABLET ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
BENICAR HCT 40 MG-25 MG TABLET ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
bisoprolol fumarate 10 mg tablet ^{EDS}	1		Cardiovascular Agents
bisoprolol fumarate 5 mg tablet ^{EDS}	1		Cardiovascular Agents
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1		Cardiovascular Agents
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1		Cardiovascular Agents
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1		Cardiovascular Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
bumetanide 0.5 mg tablet	1		Cardiovascular Agents
bumetanide 1 mg tablet	1		Cardiovascular Agents
bumetanide 2 mg tablet	1		Cardiovascular Agents
captopril 100 mg tablet	1		Cardiovascular Agents
captopril 12.5 mg tablet	1		Cardiovascular Agents
captopril 25 mg tablet	1		Cardiovascular Agents
captopril 50 mg tablet	1		Cardiovascular Agents
cartia xt 120 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
cartia xt 180 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
cartia xt 240 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
cartia xt 300 mg capsule,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
carvedilol 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
carvedilol 25 mg tablet ^{EDS}	1		Cardiovascular Agents
carvedilol 3.125 mg tablet ^{EDS}	1		Cardiovascular Agents
carvedilol 6.25 mg tablet ^{EDS}	1		Cardiovascular Agents
chlorthalidone 25 mg tablet ^{EDS}	1		Cardiovascular Agents
chlorthalidone 50 mg tablet ^{EDS}	1		Cardiovascular Agents
cholestyramine (with sugar) 4 gram oral powder	1		Cardiovascular Agents
cholestyramine (with sugar) 4 gram powder for susp in a packet	1		Cardiovascular Agents
cholestyramine light 4 gram oral powder	1		Cardiovascular Agents
cholestyramine light 4 gram powder for susp in a packet	1		Cardiovascular Agents
cholestyramine-aspartame 4 gram oral powder for susp in a packet	1		Cardiovascular Agents
clonidine hcl 0.1 mg tablet ^{EDS}	1		Cardiovascular Agents
clonidine hcl 0.2 mg tablet ^{EDS}	1		Cardiovascular Agents
clonidine hcl 0.3 mg tablet ^{EDS}	1		Cardiovascular Agents
clonidine 0.1 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Cardiovascular Agents
clonidine 0.2 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Cardiovascular Agents
clonidine 0.3 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Cardiovascular Agents
colestipol 1 gram tablet	1		Cardiovascular Agents
colestipol 5 gram oral granules	1		Cardiovascular Agents
colestipol 5 gram oral packet	1		Cardiovascular Agents
digitek 125 mcg (0.125 mg) tablet	1	QL(30 per 30 days)	Cardiovascular Agents
digitek 250 mcg (0.25 mg) tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
digoxin 125 mcg (0.125 mg) tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
digoxin 250 mcg (0.25 mg) tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
digoxin 50 mcg/ml (0.05 mg/ml) oral solution	1		Cardiovascular Agents
dilt-xr 120 mg capsule, extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
dilt-xr 180 mg capsule, extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
dilt-xr 240 mg capsule, extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem cd 120 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem cd 180 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem cd 240 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem cd 300 mg capsule,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem cd 360 mg capsule,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 120 mg capsule,extended release 12 hr ^{EDS}	1	QL(90 per 30 days)	Cardiovascular Agents
diltiazem er 120 mg capsule,24 hr,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 120 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 180 mg capsule,24 hr,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 180 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 240 mg capsule,24 hr,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 240 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 300 mg capsule,24 hr,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 300 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 360 mg capsule,24 hr,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 360 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 420 mg capsule,24 hr,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 420 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
diltiazem er 60 mg capsule,extended release 12 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem er 90 mg capsule,extended release 12 hr ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
diltiazem 120 mg tablet ^{EDS}	1		Cardiovascular Agents
diltiazem 30 mg tablet ^{EDS}	1		Cardiovascular Agents
diltiazem 60 mg tablet ^{EDS}	1		Cardiovascular Agents
diltiazem 90 mg tablet ^{EDS}	1		Cardiovascular Agents
disopyramide phosphate 100 mg capsule	1		Cardiovascular Agents
disopyramide phosphate 150 mg capsule	1		Cardiovascular Agents
dofetilide 125 mcg capsule	1	QL(240 per 30 days)	Cardiovascular Agents
dofetilide 250 mcg capsule	1	QL(120 per 30 days)	Cardiovascular Agents
dofetilide 500 mcg capsule	1	QL(60 per 30 days)	Cardiovascular Agents
doxazosin 1 mg tablet ^{EDS}	1		Cardiovascular Agents
doxazosin 2 mg tablet ^{EDS}	1		Cardiovascular Agents
doxazosin 4 mg tablet ^{EDS}	1		Cardiovascular Agents
doxazosin 8 mg tablet ^{EDS}	1		Cardiovascular Agents
enalapril maleate 10 mg tablet ^{EDS}	1		Cardiovascular Agents
enalapril maleate 2.5 mg tablet ^{EDS}	1		Cardiovascular Agents
enalapril maleate 20 mg tablet ^{EDS}	1		Cardiovascular Agents
enalapril maleate 5 mg tablet ^{EDS}	1		Cardiovascular Agents
enalapril 10 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLETT	1	QL(240 per 30 days)	Cardiovascular Agents
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLETT	1	QL(240 per 30 days)	Cardiovascular Agents
ENTRESTO 24 MG-26 MG TABLET	1	QL(60 per 30 days)	Cardiovascular Agents
ENTRESTO 49 MG-51 MG TABLET	1	QL(60 per 30 days)	Cardiovascular Agents
ENTRESTO 97 MG-103 MG TABLET	1	QL(60 per 30 days)	Cardiovascular Agents
eprosartan 600 mg tablet	1	QL(60 per 30 days)	Cardiovascular Agents
ezetimibe 10 mg tablet	1	QL(30 per 30 days)	Cardiovascular Agents
felodipine er 10 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Cardiovascular Agents
felodipine er 2.5 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Cardiovascular Agents
felodipine er 5 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Cardiovascular Agents
fenofibrate nanocrystallized 145 mg tablet	1	QL(30 per 30 days)	Cardiovascular Agents
fenofibrate nanocrystallized 48 mg tablet	1	QL(60 per 30 days)	Cardiovascular Agents
flecainide 100 mg tablet	1		Cardiovascular Agents
flecainide 150 mg tablet	1		Cardiovascular Agents
flecainide 50 mg tablet	1		Cardiovascular Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
fluvastatin 20 mg capsule	1	QL(60 per 30 days)	Cardiovascular Agents
fluvastatin 40 mg capsule	1	QL(60 per 30 days)	Cardiovascular Agents
furosemide 10 mg/ml oral solution ^{EDS}	1		Cardiovascular Agents
furosemide 20 mg tablet ^{EDS}	1		Cardiovascular Agents
furosemide 40 mg tablet ^{EDS}	1		Cardiovascular Agents
furosemide 40 mg/5 ml (8 mg/ml) oral solution ^{EDS}	1		Cardiovascular Agents
furosemide 80 mg tablet ^{EDS}	1		Cardiovascular Agents
gemfibrozil 600 mg tablet	1	QL(60 per 30 days)	Cardiovascular Agents
guanfacine 1 mg tablet ^{EDS}	1		Cardiovascular Agents
guanfacine 2 mg tablet ^{EDS}	1		Cardiovascular Agents
hydralazine 10 mg tablet ^{EDS}	1		Cardiovascular Agents
hydralazine 100 mg tablet ^{EDS}	1		Cardiovascular Agents
hydralazine 25 mg tablet ^{EDS}	1		Cardiovascular Agents
hydralazine 50 mg tablet ^{EDS}	1		Cardiovascular Agents
hydrochlorothiazide 12.5 mg capsule ^{EDS}	1		Cardiovascular Agents
hydrochlorothiazide 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
hydrochlorothiazide 50 mg tablet ^{EDS}	1		Cardiovascular Agents
icosapent ethyl 0.5 gram capsule	1	QL(240 per 30 days)	Cardiovascular Agents
icosapent ethyl 1 gram capsule	1	QL(120 per 30 days)	Cardiovascular Agents
indapamide 1.25 mg tablet ^{EDS}	1		Cardiovascular Agents
indapamide 2.5 mg tablet ^{EDS}	1		Cardiovascular Agents
irbesartan 150 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
irbesartan 300 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
irbesartan 75 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
isosorbide dinitrate 10 mg tablet	1		Cardiovascular Agents
isosorbide dinitrate 20 mg tablet	1		Cardiovascular Agents
isosorbide dinitrate 30 mg tablet	1		Cardiovascular Agents
isosorbide dinitrate 40 mg tablet	1		Cardiovascular Agents
isosorbide dinitrate 5 mg tablet	1		Cardiovascular Agents
isosorbide mononitrate er 120 mg tablet,extended release 24 hr ^{EDS}	1		Cardiovascular Agents
isosorbide mononitrate er 30 mg tablet,extended release 24 hr ^{EDS}	1		Cardiovascular Agents
isosorbide mononitrate er 60 mg tablet,extended release 24 hr ^{EDS}	1		Cardiovascular Agents
isosorbide mononitrate 10 mg tablet ^{EDS}	1		Cardiovascular Agents
isosorbide mononitrate 20 mg tablet ^{EDS}	1		Cardiovascular Agents
isosorbide 20 mg-hydralazine 37.5 mg tablet	1	QL(180 per 30 days)	Cardiovascular Agents
isradipine 2.5 mg capsule	1		Cardiovascular Agents
isradipine 5 mg capsule	1		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
lisinopril 10 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 2.5 mg tablet ^{EDS}	1		Cardiovascular Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
lisinopril 20 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 30 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 40 mg tablet ^{EDS}	1		Cardiovascular Agents
lisinopril 5 mg tablet ^{EDS}	1		Cardiovascular Agents
losartan 100 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
losartan 100 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
losartan 25 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
losartan 50 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
lovastatin 10 mg tablet ^{EDS}	1		Cardiovascular Agents
lovastatin 20 mg tablet ^{EDS}	1		Cardiovascular Agents
lovastatin 40 mg tablet ^{EDS}	1		Cardiovascular Agents
methyldopa 250 mg tablet ^{EDS}	1		Cardiovascular Agents
methyldopa 500 mg tablet ^{EDS}	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 ^{EDS}	1		Cardiovascular Agents
metoprolol succinate er 200 mg tablet,extended release 24 hr ^{EDS}	1		Cardiovascular Agents
metoprolol succinate er 25 mg tablet,extended release 24 hr ^{EDS}	1		Cardiovascular Agents
metoprolol succinate er 50 mg tablet,extended release 24 hr ^{EDS}	1		Cardiovascular Agents
metoprolol tartrate 100 mg tablet ^{EDS}	1		Cardiovascular Agents
metoprolol tartrate 25 mg tablet ^{EDS}	1		Cardiovascular Agents
metoprolol tartrate 37.5 mg tablet ^{EDS}	1		Cardiovascular Agents
metoprolol tartrate 50 mg tablet ^{EDS}	1		Cardiovascular Agents
metoprolol tartrate 75 mg tablet ^{EDS}	1		Cardiovascular Agents
mexiletine 150 mg capsule	1		Cardiovascular Agents
mexiletine 200 mg capsule	1		Cardiovascular Agents
mexiletine 250 mg capsule	1		Cardiovascular Agents
midodrine 10 mg tablet	1		Cardiovascular Agents
midodrine 2.5 mg tablet	1		Cardiovascular Agents
midodrine 5 mg tablet	1		Cardiovascular Agents
minoxidil 10 mg tablet	1		Cardiovascular Agents
minoxidil 2.5 mg tablet ^{EDS}	1		Cardiovascular Agents
nadolol 20 mg tablet	1		Cardiovascular Agents
nadolol 40 mg tablet	1		Cardiovascular Agents
nadolol 80 mg tablet	1		Cardiovascular Agents
nicardipine 20 mg capsule	1		Cardiovascular Agents
nicardipine 30 mg capsule	1		Cardiovascular Agents
nifedipine er 30 mg tablet,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
nifedipine er 30 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	Cardiovascular Agents
nifedipine er 60 mg tablet,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
nifedipine er 60 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	Cardiovascular Agents
nifedipine er 90 mg tablet,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
nifedipine er 90 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	Cardiovascular Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
NITRO-BID 2 % TRANSDERMAL OINTMENT	1		Cardiovascular Agents
nitroglycerin 0.1 mg/hr transdermal 24 hour patch ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
nitroglycerin 0.2 mg/hr transdermal 24 hour patch ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
nitroglycerin 0.3 mg sublingual tablet	1		Cardiovascular Agents
nitroglycerin 0.4 mg sublingual tablet	1		Cardiovascular Agents
nitroglycerin 0.4 mg/hr transdermal 24 hour patch ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
nitroglycerin 0.6 mg sublingual tablet	1		Cardiovascular Agents
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	1	QL(30 per 30 days)	Cardiovascular Agents
olmesartan 20 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
olmesartan 40 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
olmesartan 5 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
omega-3 acid ethyl esters 1 gram capsule	1	QL(120 per 30 days)	Cardiovascular Agents
pacerone 200 mg tablet ^{EDS}	1		Cardiovascular Agents
pentoxifylline er 400 mg tablet,extended release	1		Cardiovascular Agents
pravastatin 10 mg tablet ^{EDS}	1		Cardiovascular Agents
pravastatin 20 mg tablet ^{EDS}	1		Cardiovascular Agents
pravastatin 40 mg tablet ^{EDS}	1		Cardiovascular Agents
pravastatin 80 mg tablet ^{EDS}	1		Cardiovascular Agents
prazosin 1 mg capsule	1		Cardiovascular Agents
prazosin 2 mg capsule	1		Cardiovascular Agents
prazosin 5 mg capsule	1		Cardiovascular Agents
propafenone 150 mg tablet	1		Cardiovascular Agents
propafenone 225 mg tablet	1		Cardiovascular Agents
propafenone 300 mg tablet	1		Cardiovascular Agents
propranolol er 120 mg capsule,24 hr,extended release ^{EDS}	1		Cardiovascular Agents
propranolol er 160 mg capsule,24 hr,extended release ^{EDS}	1		Cardiovascular Agents
propranolol er 60 mg capsule,24 hr,extended release ^{EDS}	1		Cardiovascular Agents
propranolol er 80 mg capsule,24 hr,extended release ^{EDS}	1		Cardiovascular Agents
propranolol 10 mg tablet ^{EDS}	1		Cardiovascular Agents
propranolol 20 mg tablet ^{EDS}	1		Cardiovascular Agents
propranolol 20 mg/5 ml (4 mg/ml) oral solution ^{EDS}	1		Cardiovascular Agents
propranolol 40 mg tablet ^{EDS}	1		Cardiovascular Agents
propranolol 40 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
propranolol 40 mg/5 ml (8 mg/ml) oral solution ^{EDS}	1		Cardiovascular Agents
propranolol 60 mg tablet ^{EDS}	1		Cardiovascular Agents
propranolol 80 mg tablet ^{EDS}	1		Cardiovascular Agents
propranolol 80 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
quinidine sulfate 200 mg tablet	1		Cardiovascular Agents
quinidine sulfate 300 mg tablet	1		Cardiovascular Agents
ranolazine er 1,000 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	Cardiovascular Agents
ranolazine er 500 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	Cardiovascular Agents
rosuvastatin 10 mg tablet ^{EDS}	1		Cardiovascular Agents
rosuvastatin 20 mg tablet ^{EDS}	1		Cardiovascular Agents
rosuvastatin 40 mg tablet ^{EDS}	1		Cardiovascular Agents
rosuvastatin 5 mg tablet ^{EDS}	1		Cardiovascular Agents
simvastatin 10 mg tablet ^{EDS}	1		Cardiovascular Agents
simvastatin 20 mg tablet ^{EDS}	1		Cardiovascular Agents
simvastatin 40 mg tablet ^{EDS}	1		Cardiovascular Agents
simvastatin 5 mg tablet ^{EDS}	1		Cardiovascular Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
simvastatin 80 mg tablet ^{EDS}	1		Cardiovascular Agents
sorine 120 mg tablet	1		Cardiovascular Agents
sorine 160 mg tablet	1		Cardiovascular Agents
sorine 240 mg tablet ^{EDS}	1		Cardiovascular Agents
sorine 80 mg tablet	1		Cardiovascular Agents
sotalol af 120 mg tablet ^{EDS}	1		Cardiovascular Agents
sotalol af 160 mg tablet	1		Cardiovascular Agents
sotalol af 80 mg tablet ^{EDS}	1		Cardiovascular Agents
sotalol 120 mg tablet ^{EDS}	1		Cardiovascular Agents
sotalol 160 mg tablet ^{EDS}	1		Cardiovascular Agents
sotalol 240 mg tablet ^{EDS}	1		Cardiovascular Agents
sotalol 80 mg tablet ^{EDS}	1		Cardiovascular Agents
spironolactone 100 mg tablet ^{EDS}	1		Cardiovascular Agents
spironolactone 25 mg tablet ^{EDS}	1		Cardiovascular Agents
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	1		Cardiovascular Agents
spironolactone 25 mg/5 ml oral suspension	1	QL(450 per 30 days)	Cardiovascular Agents
spironolactone 50 mg tablet ^{EDS}	1		Cardiovascular Agents
taztia xt 120 mg capsule,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
taztia xt 180 mg capsule,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
taztia xt 240 mg capsule,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
taztia xt 300 mg capsule,extended release	1	QL(30 per 30 days)	Cardiovascular Agents
taztia xt 360 mg capsule,extended release	1	QL(30 per 30 days)	Cardiovascular Agents
TEKTURNA HCT 150 MG-12.5 MG TABLET	1	PA,QL(30 per 30 days)	Cardiovascular Agents
TEKTURNA HCT 150 MG-25 MG TABLET	1	PA,QL(30 per 30 days)	Cardiovascular Agents
TEKTURNA HCT 300 MG-12.5 MG TABLET	1	PA,QL(30 per 30 days)	Cardiovascular Agents
TEKTURNA HCT 300 MG-25 MG TABLET	1	PA,QL(30 per 30 days)	Cardiovascular Agents
TEKTURNA 150 MG TABLET	1	PA,QL(30 per 30 days)	Cardiovascular Agents
TEKTURNA 300 MG TABLET	1	PA,QL(30 per 30 days)	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 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	Cardiovascular Agents
telmisartan 80 mg tablet	1	QL(60 per 30 days)	Cardiovascular Agents
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(60 per 30 days)	Cardiovascular Agents
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	Cardiovascular Agents
terazosin 1 mg capsule ^{EDS}	1		Cardiovascular Agents
terazosin 10 mg capsule ^{EDS}	1		Cardiovascular Agents
terazosin 2 mg capsule ^{EDS}	1		Cardiovascular Agents
terazosin 5 mg capsule ^{EDS}	1		Cardiovascular Agents
tiadyt er 120 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
tiadyt er 180 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
tiadyt er 240 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
tiadyt er 300 mg capsule,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
tiadyt er 360 mg capsule,extended release	1	QL(30 per 30 days)	Cardiovascular Agents
tiadyt er 420 mg capsule,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
torsemide 10 mg tablet ^{EDS}	1		Cardiovascular Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
toremide 100 mg tablet ^{EDS}	1		Cardiovascular Agents
toremide 20 mg tablet ^{EDS}	1		Cardiovascular Agents
toremide 5 mg tablet ^{EDS}	1		Cardiovascular Agents
trandolapril 1 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1		Cardiovascular Agents
trandolapril 2 mg-verapamil er 180 mg tablet,immed-exten release 24 hr	1		Cardiovascular Agents
trandolapril 2 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1		Cardiovascular Agents
trandolapril 4 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1		Cardiovascular Agents
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule ^{EDS}	1		Cardiovascular Agents
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1		Cardiovascular Agents
triamterene 75 mg-hydrochlorothiazide 50 mg tablet ^{EDS}	1		Cardiovascular Agents
valsartan 160 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
valsartan 320 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
valsartan 320 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
valsartan 40 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
valsartan 80 mg tablet ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
VASCEPA 0.5 GRAM CAPSULE	1	QL(240 per 30 days)	Cardiovascular Agents
VASCEPA 1 GRAM CAPSULE	1	QL(120 per 30 days)	Cardiovascular Agents
verapamil er (sr) 120 mg tablet,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
verapamil er (sr) 180 mg tablet,extended release ^{EDS}	1	QL(30 per 30 days)	Cardiovascular Agents
verapamil er (sr) 240 mg tablet,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
verapamil er 120 mg 24 hr capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
verapamil er 180 mg 24 hr capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
verapamil er 240 mg 24 hr capsule,extended release ^{EDS}	1	QL(60 per 30 days)	Cardiovascular Agents
verapamil er 360 mg 24 hr capsule,extended release	1	QL(60 per 30 days)	Cardiovascular Agents
verapamil 120 mg tablet ^{EDS}	1	QL(120 per 30 days)	Cardiovascular Agents
verapamil 40 mg tablet ^{EDS}	1	QL(120 per 30 days)	Cardiovascular Agents
verapamil 80 mg tablet ^{EDS}	1	QL(120 per 30 days)	Cardiovascular Agents
ADDERALL 10 MG TABLET	1	QL(90 per 30 days)	Central Nervous System Agents
ADDERALL 12.5 MG TABLET	1	QL(90 per 30 days)	Central Nervous System Agents
ADDERALL 15 MG TABLET	1	QL(90 per 30 days)	Central Nervous System Agents
ADDERALL 20 MG TABLET	1	QL(90 per 30 days)	Central Nervous System Agents
ADDERALL 30 MG TABLET	1	QL(60 per 30 days)	Central Nervous System Agents
ADDERALL 5 MG TABLET	1	QL(90 per 30 days)	Central Nervous System Agents
ADDERALL 7.5 MG TABLET	1	QL(90 per 30 days)	Central Nervous System Agents
atomoxetine 10 mg capsule	1	QL(60 per 30 days)	Central Nervous System Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	1	QL(90 per 30 days)	Central Nervous System Agents
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Central Nervous System Agents
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)	Central Nervous System Agents
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Central Nervous System Agents
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Central Nervous System Agents
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Central Nervous System Agents
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Central Nervous System Agents
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	1	QL(90 per 30 days)	Central Nervous System Agents
AUSTEDO 12 MG TABLET	1	QL(120 per 30 days)	Central Nervous System Agents
AUSTEDO 6 MG TABLET	1	QL(60 per 30 days)	Central Nervous System Agents
AUSTEDO 9 MG TABLET	1	QL(120 per 30 days)	Central Nervous System Agents
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	1	QL(1 per 28 days)	Central Nervous System Agents
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Central Nervous System Agents
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	1	QL(1 per 28 days)	Central Nervous System Agents
BETASERON 0.3 MG SUBCUTANEOUS KIT	1	QL(15 per 30 days)	Central Nervous System Agents
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION	1	QL(15 per 30 days)	Central Nervous System Agents
clonidine hcl er 0.1 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	Central Nervous System Agents
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	1	QL(30 per 30 days)	Central Nervous System Agents
dalfampridine er 10 mg tablet,extended release,12 hr	1	QL(60 per 30 days)	Central Nervous System Agents
DAYTRANA 10 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)	Central Nervous System Agents
DAYTRANA 15 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)	Central Nervous System Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DAYTRANA 20 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)	Central Nervous System Agents
DAYTRANA 30 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	Central Nervous System Agents
dexmethylphenidate 10 mg tablet	1	QL(60 per 30 days)	Central Nervous System Agents
dexmethylphenidate 2.5 mg tablet	1	QL(60 per 30 days)	Central Nervous System Agents
dexmethylphenidate 5 mg tablet	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate er 10 mg capsule,extended release	1	QL(180 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate er 15 mg capsule,extended release	1	QL(120 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate er 5 mg capsule,extended release	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate 10 mg tablet	1	QL(180 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate 15 mg tablet	1	QL(120 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate 20 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate 30 mg tablet	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine sulfate 5 mg tablet	1	QL(150 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release	1	QL(30 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release	1	QL(30 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release	1	QL(30 per 30 days)	Central Nervous System Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
dextroamphetamine-amphetamine 10 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine 12.5 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine 15 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine 20 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine 30 mg tablet	1	QL(60 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine 5 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dextroamphetamine-amphetamine 7.5 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
dimethyl fumarate 120 mg (14)-240 mg (46) capsule, delayed release	1	QL(60 per 30 days)	Central Nervous System Agents
dimethyl fumarate 120 mg capsule, delayed release	1	QL(14 per 30 days)	Central Nervous System Agents
dimethyl fumarate 240 mg capsule, delayed release	1	QL(60 per 30 days)	Central Nervous System Agents
duloxetine 20 mg capsule, delayed release ^{EDS}	1	QL(180 per 30 days)	Central Nervous System Agents
duloxetine 30 mg capsule, delayed release ^{EDS}	1	QL(120 per 30 days)	Central Nervous System Agents
duloxetine 60 mg capsule, delayed release ^{EDS}	1	QL(60 per 30 days)	Central Nervous System Agents
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION	1	QL(240 per 30 days)	Central Nervous System Agents
fingolimod 0.5 mg capsule	1	QL(30 per 30 days)	Central Nervous System Agents
guanfacine er 1 mg tablet, extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
guanfacine er 2 mg tablet, extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
guanfacine er 3 mg tablet, extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
guanfacine er 4 mg tablet, extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
INGREZZA INITIATION (TARDIVE) 40 MG (7)-80 MG (21) CAPSULES, DOSE PACK	1	QL(28 per 28 days)	Central Nervous System Agents
INGREZZA SPRINKLE 40 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
INGREZZA SPRINKLE 60 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
INGREZZA SPRINKLE 80 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
INGREZZA 40 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
INGREZZA 60 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
INGREZZA 80 MG CAPSULE	1	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release	1	QL(60 per 30 days)	Central Nervous System Agents
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release	1	QL(60 per 30 days)	Central Nervous System Agents
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate er 10 mg tablet,extended release	1	QL(180 per 30 days)	Central Nervous System Agents
methylphenidate er 18 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate er 20 mg tablet,extended release	1	QL(90 per 30 days)	Central Nervous System Agents
methylphenidate er 27 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate er 36 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	Central Nervous System Agents
methylphenidate er 54 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate la 10 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate la 20 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate la 30 mg biphasic 50-50 capsule,extended release	1	QL(60 per 30 days)	Central Nervous System Agents
methylphenidate la 40 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate la 60 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)	Central Nervous System Agents
methylphenidate 10 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
methylphenidate 10 mg/5 ml oral solution	1	QL(900 per 30 days)	Central Nervous System Agents
methylphenidate 20 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
methylphenidate 5 mg tablet	1	QL(90 per 30 days)	Central Nervous System Agents
methylphenidate 5 mg/5 ml oral solution	1	QL(1800 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 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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE	1	QL(30 per 30 days)	Central Nervous System Agents
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE	1	QL(60 per 30 days)	Central Nervous System Agents
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR	1	QL(360 per 30 days)	Central Nervous System Agents
riluzole 50 mg tablet	1		Central Nervous System Agents
teriflunomide 14 mg tablet	1	QL(30 per 30 days)	Central Nervous System Agents
teriflunomide 7 mg tablet	1	QL(30 per 30 days)	Central Nervous System Agents
tetrabenazine 12.5 mg tablet	1	QL(240 per 30 days)	Central Nervous System Agents
tetrabenazine 25 mg tablet	1	QL(120 per 30 days)	Central Nervous System Agents
VYVANSE 10 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 10 MG CHEWABLE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 20 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 20 MG CHEWABLE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 30 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 30 MG CHEWABLE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 40 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 40 MG CHEWABLE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 50 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 50 MG CHEWABLE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 60 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 60 MG CHEWABLE TABLET	1	QL(30 per 30 days)	Central Nervous System Agents
VYVANSE 70 MG CAPSULE	1	QL(30 per 30 days)	Central Nervous System Agents
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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
adapalene 0.3 % topical gel with pump	1		Dermatological Agents
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 per 28 days)	Dermatological Agents
ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(6 per 28 days)	Dermatological Agents
alclometasone 0.05 % topical cream	1		Dermatological Agents
alclometasone 0.05 % topical ointment	1		Dermatological Agents
ammonium lactate 12 % lotion	1		Dermatological Agents
ammonium lactate 12 % lotion	1		Dermatological Agents
ammonium lactate 12 % topical cream	1		Dermatological Agents
ammonium lactate 12 % topical cream	1		Dermatological Agents
amnesteem 10 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
amnesteem 20 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
amnesteem 40 mg capsule	1	QL(120 per 30 days)	Dermatological Agents
anusol-hc 2.5 % topical cream with perineal applicator	1		Dermatological Agents
betamethasone dipropionate 0.05 % lotion	1		Dermatological Agents
betamethasone dipropionate 0.05 % topical cream	1		Dermatological Agents
betamethasone valerate 0.1 % lotion	1		Dermatological Agents
betamethasone valerate 0.1 % topical cream	1		Dermatological Agents
betamethasone, augmented 0.05 % topical cream	1		Dermatological Agents
calcipotriene 0.005 % scalp solution	1	QL(60 per 30 days)	Dermatological Agents
calcipotriene 0.005 % topical cream	1	QL(120 per 30 days)	Dermatological Agents
calcipotriene 0.005 % topical ointment	1		Dermatological Agents
claravis 10 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
claravis 20 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
claravis 30 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
claravis 40 mg capsule	1	QL(120 per 30 days)	Dermatological Agents
clindamycin phosphate 1 % topical solution	1		Dermatological Agents
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	1		Dermatological Agents
clobetasol 0.05 % scalp solution	1		Dermatological Agents
clobetasol 0.05 % topical cream	1		Dermatological Agents
clobetasol 0.05 % topical gel	1		Dermatological Agents
clobetasol 0.05 % topical ointment	1		Dermatological Agents
clobetasol-emollient 0.05 % topical cream	1		Dermatological Agents
desonide 0.05 % lotion	1		Dermatological Agents
desonide 0.05 % topical cream	1		Dermatological Agents
desonide 0.05 % topical ointment	1		Dermatological Agents
ELIDEL 1 % TOPICAL CREAM	1	PA	Dermatological Agents
ery pads 2 % topical swab	1		Dermatological Agents
erythromycin with ethanol 2 % topical solution	1		Dermatological Agents
FINACEA 15 % TOPICAL GEL	1		Dermatological Agents
fluocinolone 0.01 % scalp oil and shower cap	1		Dermatological Agents
fluocinolone 0.01 % topical body oil	1		Dermatological Agents
fluocinonide 0.05 % topical cream	1		Dermatological Agents
fluocinonide 0.05 % topical gel	1		Dermatological Agents
fluocinonide 0.05 % topical solution	1		Dermatological Agents
fluocinonide 0.1 % topical cream	1		Dermatological Agents
fluocinonide-e 0.05 % topical cream	1		Dermatological Agents
fluocinonide-emollient 0.05 % topical cream	1		Dermatological Agents
fluorouracil 2 % topical solution	1	QL(30 per 30 days)	Dermatological Agents
fluorouracil 5 % topical cream	1		Dermatological Agents
fluorouracil 5 % topical solution	1	QL(60 per 30 days)	Dermatological Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
halobetasol propionate 0.05 % topical cream	1		Dermatological Agents
halobetasol propionate 0.05 % topical ointment	1		Dermatological Agents
hydrocortisone butyrate 0.1 % topical ointment	1		Dermatological Agents
hydrocortisone butyrate 0.1 % topical solution	1		Dermatological Agents
hydrocortisone valerate 0.2 % topical cream	1		Dermatological Agents
hydrocortisone 1 % topical cream	1		Dermatological Agents
hydrocortisone 1 % topical cream	1		Dermatological Agents
hydrocortisone 1 % topical cream with perineal applicator	1		Dermatological Agents
hydrocortisone 1 % topical ointment	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
imiquimod 5 % topical cream packet	1	QL(12 per 30 days)	Dermatological Agents
isotretinoin 10 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
isotretinoin 20 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
isotretinoin 30 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
isotretinoin 40 mg capsule	1	QL(120 per 30 days)	Dermatological Agents
lice killing (permethrin) 1 % topical liquid	1		Dermatological Agents
lice treatment (permethrin) 1 % topical liquid	1		Dermatological Agents
lice treatment 1 % topical liquid	1		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	QL(240 per 30 days)	Dermatological Agents
permethrin 5 % topical cream	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
proctozone-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
selenium sulfide 2.5 % lotion	1		Dermatological Agents
silver sulfadiazine 1 % topical cream	1		Dermatological Agents
zenatane 10 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
zenatane 20 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
zenatane 30 mg capsule	1	QL(60 per 30 days)	Dermatological Agents
zenatane 40 mg capsule	1	QL(120 per 30 days)	Dermatological Agents
calcium acetate 667 mg tablet	1		Electrolytes/Minerals/Metals/Vitamins
calcium acetate(phosphate binders) 667 mg capsule	1		Electrolytes/Minerals/Metals/Vitamins

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
calcium acetate(phosphate binders) 667 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 500 + d 500 mg-10 mcg (400 unit) chewable tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 500 + d 500 mg-5 mcg (200 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 500 mg (as carbonate)-vitamin d3 15 mcg (600 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 500 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 600 mg (as calcium carbonate 1,500 mg) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium 600 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
centratex 106 mg iron-1 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
CHEMET 100 MG CAPSULE	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	1		Electrolytes/Minerals/ Metals/Vitamins
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE	1		Electrolytes/Minerals/ Metals/Vitamins
ferocon 110 mg-0.5 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
ferrex 150 forte 150 mg-25 mcg-1 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
ferrocite plus 106 mg iron-1 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	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	1		Electrolytes/Minerals/ Metals/Vitamins
klor-con m10 meq tablet,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE	1		Electrolytes/Minerals/ Metals/Vitamins
klor-con m20 meq tablet,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
klor-con/ef 25 meq effervescent tablet	1		Electrolytes/Minerals/ Metals/Vitamins

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
levocarnitine (with sugar) 100 mg/ml oral solution	1		Electrolytes/Minerals/ Metals/Vitamins
levocarnitine 330 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
levocarnitine 330 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
m-natal plus 27 mg iron-1 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
os-cal 500 + d3 500 mg-5 mcg (200 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
oysco 500/d 500 mg-5 mcg (200 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
oyster shell calcium 500 mg (as calcium carbonate 1,250 mg) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
oyster shell calcium-vitamin d3 500 mg-5 mcg (200 unit) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
oyster shell calcium-500 500 mg (as carbonate 1,250 mg) tablet	1		Electrolytes/Minerals/ Metals/Vitamins
penicillamine 250 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
phospha neutral 250 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 10 meq capsule,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 10 meq tablet,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 10 meq tablet,extended release(part/cryst)	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 15 meq tablet,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 15 meq tablet,extended release(part/cryst)	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 20 meq tablet,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 20 meq tablet,extended release(part/cryst)	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 8 meq capsule,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
potassium chloride er 8 meq tablet,extended release	1		Electrolytes/Minerals/ Metals/Vitamins
potassium 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 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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
prenatal vitamin 27 mg iron-0.8 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
prenatal vitamin 27 mg iron-800 mcg tablet	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	1		Electrolytes/Minerals/ Metals/Vitamins
prenatal 28 mg iron-800 mcg tablet	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
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule	1		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	1		Electrolytes/Minerals/ Metals/Vitamins
sevelamer carbonate 800 mg tablet	1	QL(540 per 30 days)	Electrolytes/Minerals/ Metals/Vitamins
sodium polystyrene sulfonate oral powder	1		Electrolytes/Minerals/ Metals/Vitamins
taron forte 150 mg-60 mg-25 mcg-1 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
taron-c dha 35 mg-1 mg-200 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
tolvaptan 15 mg tablet	1	QL(60 per 30 days)	Electrolytes/Minerals/ Metals/Vitamins
tolvaptan 30 mg tablet	1	QL(60 per 30 days)	Electrolytes/Minerals/ Metals/Vitamins
TRICARE 27 MG IRON-1 MG TABLET	1		Electrolytes/Minerals/ Metals/Vitamins
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	1		Electrolytes/Minerals/ Metals/Vitamins
trinatal rx 1 60 mg iron-1 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
westab plus 27 mg iron-1 mg tablet	1		Electrolytes/Minerals/ Metals/Vitamins
acid reducer (famotidine) 10 mg tablet	1		Gastrointestinal Agents
acid reducer (famotidine) 20 mg tablet	1		Gastrointestinal Agents
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension	1		Gastrointestinal Agents
advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 ml oral susp	1		Gastrointestinal Agents
aluminum-mag hydroxide-simethicone 400 mg-400 mg-40 mg/5 ml oral susp	1		Gastrointestinal Agents
AMITIZA 24 MCG CAPSULE	1	QL(60 per 30 days)	Gastrointestinal Agents
AMITIZA 8 MCG CAPSULE	1	QL(60 per 30 days)	Gastrointestinal Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
amoxicillin 500 mg-clarithromycin 500 mg-lansoprazole 30 mg combo pack	1		Gastrointestinal Agents
antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
antacid extra strength 300 mg (as calcium carb 750 mg) chewable tablet	1		Gastrointestinal Agents
antacid extra-strength 300 mg (as calcium carb 750 mg) chewable tablet	1		Gastrointestinal Agents
antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension	1		Gastrointestinal Agents
antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension	1		Gastrointestinal Agents
antacid ultra strength 400 mg (calcium carb 1,000 mg) chewable tablet	1		Gastrointestinal Agents
antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	1		Gastrointestinal Agents
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension	1		Gastrointestinal Agents
antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
bismuth subcit k 140 mg-metronidazole 125 mg-tetracycline 125 mg cap	1	QL(144 per 30 days)	Gastrointestinal Agents
bismuth subsalicylate 262 mg/15 ml oral suspension	1		Gastrointestinal Agents
cal-gest antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	1		Gastrointestinal Agents
calcium antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	1		Gastrointestinal Agents
calcium antacid 300 mg (as calcium carbonate 750 mg) chewable tablet	1		Gastrointestinal Agents
calcium 260 mg (as calcium carbonate 648 mg) tablet	1		Gastrointestinal Agents
clearlax 17 gram oral powder packet	1	QL(36 per 30 days)	Gastrointestinal Agents
clearlax 17 gram/dose oral powder	1	QL(1054 per 30 days)	Gastrointestinal Agents
constulose 10 gram/15 ml oral solution	1		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
dicyclomine 10 mg capsule	1		Gastrointestinal Agents
dicyclomine 10 mg/5 ml oral solution	1		Gastrointestinal Agents
dicyclomine 20 mg tablet	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
famotidine 10 mg tablet	1		Gastrointestinal Agents
famotidine 20 mg tablet	1		Gastrointestinal Agents
famotidine 20 mg tablet	1		Gastrointestinal Agents
famotidine 40 mg tablet	1		Gastrointestinal Agents
famotidine 40 mg/5 ml (8 mg/ml) oral suspension	1		Gastrointestinal Agents
gavilax 17 gram/dose oral powder	1	QL(1054 per 30 days)	Gastrointestinal Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
generlac 10 gram/15 ml oral solution	1		Gastrointestinal Agents
glycopyrrolate 1 mg tablet	1		Gastrointestinal Agents
glycopyrrolate 2 mg tablet	1		Gastrointestinal Agents
healthylax 17 gram oral powder packet	1	QL(36 per 30 days)	Gastrointestinal Agents
heartburn relief (famotidine) 10 mg tablet	1		Gastrointestinal Agents
heartburn relief (famotidine) 20 mg tablet	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
hyoscyamine 0.125 mg disintegrating tablet	1		Gastrointestinal Agents
hyoscyamine 0.125 mg sublingual tablet	1		Gastrointestinal Agents
hyoscyamine 0.125 mg/ml oral drops	1		Gastrointestinal Agents
hyoscyamine 0.125 mg/5 ml oral elixir	1		Gastrointestinal Agents
infants gas relief 40 mg/0.6 ml oral drops,suspension	1		Gastrointestinal Agents
k-pec antidiarrheal (bism sub) 262 mg/15 ml oral suspension	1		Gastrointestinal Agents
kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension	1		Gastrointestinal Agents
lactulose 10 gram/15 ml oral solution	1		Gastrointestinal Agents
laxative peg 3350 17 gram/dose oral powder	1	QL(1054 per 30 days)	Gastrointestinal Agents
LINZESS 145 MCG CAPSULE	1	QL(30 per 30 days)	Gastrointestinal Agents
LINZESS 290 MCG CAPSULE	1	QL(30 per 30 days)	Gastrointestinal Agents
LINZESS 72 MCG CAPSULE	1	QL(30 per 30 days)	Gastrointestinal Agents
loperamide 2 mg capsule	1		Gastrointestinal Agents
mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	1		Gastrointestinal Agents
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension	1		Gastrointestinal Agents
misoprostol 100 mcg tablet	1		Gastrointestinal Agents
misoprostol 200 mcg tablet	1		Gastrointestinal Agents
MOVANTI 12.5 MG TABLET	1	QL(30 per 30 days)	Gastrointestinal Agents
MOVANTI 25 MG TABLET	1	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
omeprazole 10 mg capsule,delayed release	1	QL(60 per 30 days)	Gastrointestinal Agents
omeprazole 20 mg capsule,delayed release	1	QL(60 per 30 days)	Gastrointestinal Agents
omeprazole 40 mg capsule,delayed release	1	QL(60 per 30 days)	Gastrointestinal Agents
oscimin sl 0.125 mg sublingual tablet	1		Gastrointestinal Agents
oscimin 0.125 mg tablet	1		Gastrointestinal Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
pantoprazole 20 mg tablet,delayed release	1	QL(60 per 30 days)	Gastrointestinal Agents
pantoprazole 40 mg tablet,delayed release	1	QL(60 per 30 days)	Gastrointestinal Agents
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1		Gastrointestinal Agents
pink bismuth 262 mg chewable tablet	1		Gastrointestinal Agents
pink bismuth 262 mg tablet	1		Gastrointestinal Agents
polyethylene glycol 3350 17 gram oral powder packet	1	QL(36 per 30 days)	Gastrointestinal Agents
polyethylene glycol 3350 17 gram/dose oral powder	1	QL(1054 per 30 days)	Gastrointestinal Agents
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET	1	QL(30 per 30 days)	Gastrointestinal Agents
sodium bicarbonate 650 mg tablet	1		Gastrointestinal Agents
stomach relief 262 mg tablet	1		Gastrointestinal Agents
stomach relief 262 mg/15 ml oral suspension	1		Gastrointestinal Agents
stomach relief 525 mg/15 ml oral suspension	1		Gastrointestinal Agents
sucalfate 1 gram tablet	1		Gastrointestinal Agents
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet	1		Gastrointestinal Agents
ursodiol 250 mg tablet	1		Gastrointestinal Agents
ursodiol 300 mg capsule	1		Gastrointestinal Agents
ursodiol 500 mg tablet	1		Gastrointestinal Agents
betaine 1 gram/scoop oral powder	1		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
nitisinone 10 mg capsule	1	QL(60 per 30 days)	Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
nitisinone 2 mg capsule	1	QL(300 per 30 days)	Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
nitisinone 5 mg capsule	1	QL(120 per 30 days)	Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
sodium phenylbutyrate 0.94 gram/gram oral powder	1		Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	1		Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	1		Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	1		Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	1		Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	1		Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment
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 ^{EDS}	1	QL(30 per 30 days)	Genitourinary Agents
bethanechol chloride 10 mg tablet	1		Genitourinary Agents
bethanechol chloride 25 mg tablet	1		Genitourinary Agents
bethanechol chloride 5 mg tablet	1		Genitourinary Agents
bethanechol chloride 50 mg tablet	1		Genitourinary Agents
dutasteride 0.5 mg capsule ^{EDS}	1	QL(30 per 30 days)	Genitourinary Agents
fesoterodine er 4 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Genitourinary Agents
fesoterodine er 8 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	Genitourinary Agents
finasteride 5 mg tablet ^{EDS}	1	QL(30 per 30 days)	Genitourinary Agents
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Genitourinary Agents
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	Genitourinary Agents
oxybutynin chloride er 10 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Genitourinary Agents
oxybutynin chloride er 15 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Genitourinary Agents
oxybutynin chloride er 5 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)	Genitourinary Agents
oxybutynin chloride 2.5 mg tablet ^{EDS}	1	QL(90 per 30 days)	Genitourinary Agents
oxybutynin chloride 5 mg tablet ^{EDS}	1		Genitourinary Agents
oxybutynin chloride 5 mg/5 ml oral syrup	1		Genitourinary Agents
solifenacin 10 mg tablet	1	QL(30 per 30 days)	Genitourinary Agents
solifenacin 5 mg tablet	1	QL(30 per 30 days)	Genitourinary Agents
tamsulosin 0.4 mg capsule ^{EDS}	1	QL(60 per 30 days)	Genitourinary Agents
cortisone 25 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
dexamethasone 0.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 0.5 mg/5 ml oral elixir	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 0.5 mg/5 ml oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 0.75 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 1 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 1.5 mg (21 tabs) tablets in a dose pack	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 1.5 mg (35 tabs) tablets in a dose pack	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 1.5 mg (51 tabs) tablets in a dose pack	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 1.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 2 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 4 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
dexamethasone 6 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
fludrocortisone 0.1 mg tablet	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)
prednisolone sodium phosphate 10 mg/5 ml oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone sodium phosphate 15 mg/5 ml (5 ml) oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone 10 mg disintegrating tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone 15 mg disintegrating tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone 15 mg/5 ml oral solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
prednisolone 30 mg disintegrating tablet	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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
triamcinolone acetonide 0.025 % topical cream	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
triamcinolone acetonide 0.025 % topical ointment	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
triamcinolone acetonide 0.05 % topical ointment	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)
triamcinolone acetonide 0.5 % topical ointment	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
desmopressin 0.1 mg tablet	1	QL(180 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
desmopressin 0.2 mg tablet	1	QL(180 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(28 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
NORDITROPIN FLEXPOR 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
NORDITROPIN FLEXPOR 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
NORDITROPIN FLEXPOR 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
NORDITROPIN FLEXPOR 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)
afirmelle 0.1 mg-20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
altavera (28) 0.15 mg-0.03 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
alyacen 1/35 (28) 1 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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)
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
amethyst (28) 90 mcg-20 mcg tablet	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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
aubra eq 0.1 mg-20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
aubra 0.1 mg-20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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)
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) 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)
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)
balziva (28) 0.4 mg-35 mcg 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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		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)
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 lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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)
CRINONE 4 % VAGINAL GEL	1	QL(8.7 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
cryselle (28) 0.3 mg-30 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
cyred eq 0.15 mg-0.03 mg tablet	1		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)
danazol 100 mg capsule	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
danazol 200 mg capsule	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
danazol 50 mg capsule	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dasetta 1/35 (28) 1 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
deblitane 0.35 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estradiol 0.01 mg(5) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dolishale 90 mcg-20 mcg (28) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dotti 0.025 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dotti 0.0375 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dotti 0.05 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dotti 0.075 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
dotti 0.1 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
drospiren-e.estradiol-mefloquine 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
drospiren-e.estradiol-mefloquine 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)
econtra ez 1.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
econtra one-step 1.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
elinest 0.3 mg-30 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
ELLA 30 MG TABLET	1	QL(1 per 30 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
emzahn 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	QL(1 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
enskyce 0.15 mg-0.03 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
errin 0.35 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
estarylla 0.25 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.01% (0.1 mg/gram) vaginal cream	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.025 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.025 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.0375 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.05 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.05 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.06 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.075 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.075 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.1 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.1 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 0.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
estradiol 1 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 10 mcg vaginal tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
estradiol 2 mg tablet	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)
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	QL(1 per 28 days)	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)
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)
gallifrey 5 mg 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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	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)
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
heather 0.35 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
incassia 0.35 mg tablet	1		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	QL(91 per 90 days)	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)
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	QL(91 per 90 days)	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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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)
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)
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	QL(91 per 90 days)	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	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) 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)
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)
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	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
levonorgestrel 1.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
levonorgestrel-ethinyl estradiol 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)
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
loryna (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)
luteru (28) 0.1 mg-20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
lyleq 0.35 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
lyllana 0.025 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
lyllana 0.0375 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
lyllana 0.05 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
lyllana 0.075 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
lyllana 0.1 mg/24 hr transdermal patch	1	QL(8 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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	QL(1 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
medroxyprogesterone 150 mg/ml intramuscular syringe	1	QL(1 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
medroxyprogesterone 2.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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)
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)
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable 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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	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)
mili 0.25 mg-35 mcg 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)
minzoya 0.1 mg-0.02 mg (21)/iron (7) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
mono-linyah 0.25 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
my choice 1.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
my way 1.5 mg tablet	1		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	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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	1	QL(3 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethindrone (contraceptive) 0.35 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethindrone acetate 1.5 mg-ethinyl estradiol 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 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-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) 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/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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)
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	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
OPILL 0.075 MG TABLET	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
option-2 1.5 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
philith 0.4 mg-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	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)
portia 28 0.15 mg-0.03 mg tablet	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)
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	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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	QL(91 per 90 days)	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-35 mcg 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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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)
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		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)
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)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg 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)-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg 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)-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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)-35 mcg 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)-35 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg 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)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
vestura (28) 3 mg-0.02 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
vienva 0.1 mg-20 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
violele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	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)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
vylibra 0.25 mg-35 mcg 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)
xulane 150 mcg-35 mcg/24 hr transdermal patch	1	QL(3 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
zafemy 150 mcg-35 mcg/24 hr transdermal patch	1	QL(3 per 28 days)	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
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)
EUTHYROX 200 MCG TABLET	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
EUTHYROX 25 MCG TABLET	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 112 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 125 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 137 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 150 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 175 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 200 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 25 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 300 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 50 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 75 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
levothyroxine 88 mcg tablet ^{EDS}	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
liothyronine 25 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
liothyronine 5 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
liothyronine 50 mcg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
np thyroid 120 mg tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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)
methimazole 10 mg tablet ^{EDS}	1		Hormonal Agents, Suppressant (Thyroid)
methimazole 5 mg tablet ^{EDS}	1		Hormonal Agents, Suppressant (Thyroid)
propylthiouracil 50 mg tablet	1		Hormonal Agents, Suppressant (Thyroid)
ABRYSVO (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		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
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
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	1		Immunological Agents
azathioprine 100 mg tablet	1		Immunological Agents
azathioprine 50 mg tablet	1		Immunological Agents
azathioprine 75 mg tablet	1		Immunological Agents
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		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
CAPVAXIVE 0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
COMIRNATY 2024-25 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
cyclosporine modified 100 mg capsule	1	QL(720 per 30 days)	Immunological Agents
cyclosporine modified 100 mg/ml oral solution	1		Immunological Agents
cyclosporine modified 25 mg capsule	1		Immunological Agents
cyclosporine modified 50 mg capsule	1		Immunological Agents
cyclosporine 100 mg capsule	1	QL(720 per 30 days)	Immunological Agents
cyclosporine 25 mg capsule	1		Immunological Agents
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	1	PA,QL(17.42 per 365 days)	Immunological Agents
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(31.92 per 365 days)	Immunological Agents
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA,QL(31.92 per 365 days)	Immunological Agents
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(104 per 365 days)	Immunological Agents
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA,QL(104 per 365 days)	Immunological Agents
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	1	QL(8 per 28 days)	Immunological Agents
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(78 per 365 days)	Immunological Agents
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	1	QL(8.16 per 28 days)	Immunological Agents
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	QL(8 per 28 days)	Immunological Agents
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	1	QL(78 per 365 days)	Immunological Agents
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
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 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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	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 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
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	QL(720 per 30 days)	Immunological Agents
gengraf 100 mg/ml oral solution	1		Immunological Agents
gengraf 25 mg capsule	1		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
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	1	QL(2 per 28 days)	Immunological Agents
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	QL(6 per 28 days)	Immunological Agents
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	QL(6 per 28 days)	Immunological Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)	1		Immunological Agents
leflunomide 10 mg tablet	1	QL(30 per 30 days)	Immunological Agents
leflunomide 20 mg tablet	1	QL(30 per 30 days)	Immunological Agents
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	1		Immunological Agents
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR 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) 1 gram solution for injection	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 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)	1		Immunological Agents
MODERNA COVID 2024-25(6M-11Y)(PF)(EUA) 25 MCG/0.25 ML IM SYRINGE	1		Immunological Agents
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)	1		Immunological Agents
MODERNA COVID-19 BIVALENT(6MO UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)(BLUE)	1		Immunological Agents
MODERNA COVID-19 BIVALENT(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA)(PINK)	1		Immunological Agents
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)	1		Immunological Agents
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)	1		Immunological Agents
MRESVIA (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
mycophenolate mofetil 200 mg/ml oral powder for suspension	1		Immunological Agents
mycophenolate mofetil 250 mg capsule	1	QL(360 per 30 days)	Immunological Agents
mycophenolate mofetil 500 mg tablet	1	QL(180 per 30 days)	Immunological Agents
mycophenolate sodium 180 mg tablet,delayed release	1		Immunological Agents
mycophenolate sodium 360 mg tablet,delayed release	1		Immunological Agents
NOVAVAX COVID 2023-2024(PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION(EUA)	1		Immunological Agents
NOVAVAX COVID 2024-25(PF)(EUA) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)	1		Immunological Agents
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	1		Immunological Agents
PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)	1		Immunological Agents
PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)	1		Immunological Agents
PFIZER COVID 2024-25(5Y-11Y)(PF)(EUA) 10 MCG/0.3 ML IM SUSPENSION	1		Immunological Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PFIZER COVID 2024-25(6MOS-4YRS)(PF)(EUA) 3 MCG/0.3 ML IM SUSPENSION	1		Immunological Agents
PFIZER COVID-19 BIVALENT (12Y UP)(PF) 30 MCG/0.3 ML IM SUSPENSION(EUA)	1		Immunological Agents
PFIZER COVID-19 BIVALENT (5-11YR)(PF) 10 MCG/0.2 ML IM SUSPENSION(EUA)	1		Immunological Agents
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA)	1		Immunological Agents
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)	1		Immunological Agents
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)	1		Immunological Agents
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)	1		Immunological Agents
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)	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
PREHEVBRIO (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
RAPAMUNE 0.5 MG TABLET	1		Immunological Agents
RAPAMUNE 1 MG TABLET	1	QL(300 per 30 days)	Immunological Agents
RAPAMUNE 1 MG/ML ORAL SOLUTION	1		Immunological Agents
RAPAMUNE 2 MG TABLET	1	QL(150 per 30 days)	Immunological Agents
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(0.8 per 28 days)	Immunological Agents
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1 per 28 days)	Immunological Agents
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.2 per 28 days)	Immunological Agents
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.4 per 28 days)	Immunological Agents
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.6 per 28 days)	Immunological Agents
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.8 per 28 days)	Immunological Agents
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(2 per 28 days)	Immunological Agents
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(2.4 per 28 days)	Immunological Agents
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(0.6 per 28 days)	Immunological Agents
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
RIDAURA 3 MG CAPSULE	1		Immunological Agents
SANDIMMUNE 100 MG CAPSULE	1	QL(720 per 30 days)	Immunological Agents
SANDIMMUNE 100 MG/ML ORAL SOLUTION	1		Immunological Agents
SANDIMMUNE 25 MG CAPSULE	1		Immunological Agents
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	1		Immunological Agents
SHINGRIX GE ANTIGEN COMPONENT 50 MCG IM SUSPENSION	1		Immunological Agents
sirolimus 0.5 mg tablet	1		Immunological Agents
sirolimus 1 mg tablet	1	QL(300 per 30 days)	Immunological Agents
sirolimus 1 mg/ml oral solution	1		Immunological Agents
sirolimus 2 mg tablet	1	QL(150 per 30 days)	Immunological Agents
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1		Immunological Agents
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
SPIKEVAX 2024-2025(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
tacrolimus 0.5 mg capsule, immediate-release	1		Immunological Agents
tacrolimus 1 mg capsule, immediate-release	1		Immunological Agents
tacrolimus 5 mg capsule, immediate-release	1	QL(180 per 30 days)	Immunological Agents
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
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	1		Immunological Agents
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
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE	1	QL(120 per 30 days)	Inflammatory Bowel Disease Agents
balsalazide 750 mg capsule	1	QL(270 per 30 days)	Inflammatory Bowel Disease Agents
budesonide dr - er 3 mg capsule,delayed,extended release	1		Inflammatory Bowel Disease Agents
hydrocortisone 100 mg/60 ml enema	1		Inflammatory Bowel Disease Agents
mesalamine 1,000 mg rectal suppository	1	QL(30 per 30 days)	Inflammatory Bowel Disease Agents
mesalamine 4 gram/60 ml enema	1	QL(1800 per 30 days)	Inflammatory Bowel Disease Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE	1	QL(150 per 30 days)	Inflammatory Bowel Disease Agents
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE	1	QL(300 per 30 days)	Inflammatory Bowel Disease Agents
sulfasalazine 500 mg tablet	1	QL(240 per 30 days)	Inflammatory Bowel Disease Agents
sulfasalazine 500 mg tablet,delayed release	1	QL(240 per 30 days)	Inflammatory Bowel Disease Agents
alendronate 10 mg tablet	1	QL(30 per 30 days)	Metabolic Bone Disease Agents
alendronate 35 mg tablet	1	QL(4 per 28 days)	Metabolic Bone Disease Agents
alendronate 5 mg tablet	1	QL(30 per 30 days)	Metabolic Bone Disease Agents
alendronate 70 mg tablet	1	QL(4 per 28 days)	Metabolic Bone Disease Agents
calcitonin (salmon) 200 unit/actuation nasal spray	1	QL(3.7 per 28 days)	Metabolic Bone Disease Agents
calcitriol 0.25 mcg capsule	1		Metabolic Bone Disease Agents
calcitriol 0.5 mcg capsule	1		Metabolic Bone Disease Agents
calcitriol 1 mcg/ml oral solution	1		Metabolic Bone Disease Agents
cinacalcet 30 mg tablet	1	QL(60 per 30 days)	Metabolic Bone Disease Agents
cinacalcet 60 mg tablet	1	QL(60 per 30 days)	Metabolic Bone Disease Agents
cinacalcet 90 mg tablet	1	QL(120 per 30 days)	Metabolic Bone Disease Agents
ibandronate 150 mg tablet	1	QL(1 per 28 days)	Metabolic Bone Disease Agents
paricalcitol 1 mcg capsule	1	QL(30 per 30 days)	Metabolic Bone Disease Agents
paricalcitol 2 mcg capsule	1	QL(30 per 30 days)	Metabolic Bone Disease Agents
paricalcitol 4 mcg capsule	1	QL(12 per 30 days)	Metabolic Bone Disease Agents
teriparatide 20 mcg/dose (600 mcg/2.4 ml) subcutaneous pen injector	1	QL(2.48 per 30 days)	Metabolic Bone Disease Agents
TERIPARATIDE 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(2.48 per 30 days)	Metabolic Bone Disease Agents
ACCU-CHEK AVIVA PLUS TEST STRIPS ^{EDS}	1	QL(150 per 30 days)	Miscellaneous Therapeutic Agents
ACCU-CHEK GUIDE GLUCOSE METER	1		Miscellaneous Therapeutic Agents
ACCU-CHEK GUIDE ME GLUCOSE METER	1		Miscellaneous Therapeutic Agents
ACCU-CHEK GUIDE TEST STRIPS ^{EDS}	1	QL(150 per 30 days)	Miscellaneous Therapeutic Agents
ACCU-CHEK SMARTVIEW TEST STRIPS ^{EDS}	1	QL(150 per 30 days)	Miscellaneous Therapeutic Agents
ACCU-CHEK SOFTCLIX LANCETS	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ACE AEROSOL CLOUD ENHANCER SPACER	1		Miscellaneous Therapeutic Agents
acetaminophen 120 mg rectal suppository	1		Miscellaneous Therapeutic Agents
acetaminophen 160 mg/5 ml (5 ml) oral suspension	1		Miscellaneous Therapeutic Agents
acetaminophen 160 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
acetaminophen 325 mg tablet	1		Miscellaneous Therapeutic Agents
acetaminophen 325 mg/10.15 ml oral suspension	1		Miscellaneous Therapeutic Agents
acetaminophen 500 mg tablet	1		Miscellaneous Therapeutic Agents
acetaminophen 650 mg/20.3 ml oral suspension	1		Miscellaneous Therapeutic Agents
adult tussin chest congestion 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
adult tussin dm 10 mg-100 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ADVOCATE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
AEROGEAR ACTION ASTHMA KIT	1		Miscellaneous Therapeutic Agents
AEROTRACH PLUS SPACER	1		Miscellaneous Therapeutic Agents
AEROVENT PLUS SPACER	1		Miscellaneous Therapeutic Agents
AIMSCO LATEX CONDOM	1		Miscellaneous Therapeutic Agents
ALAWAY 0.025 % (0.035 %) EYE DROPS	1		Miscellaneous Therapeutic Agents
ALCOHOL PADS	1		Miscellaneous Therapeutic Agents
ALCOHOL PREP PADS	1		Miscellaneous Therapeutic Agents
ALCOHOL SWABS	1		Miscellaneous Therapeutic Agents
ALCOHOL WIPES	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
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1		Miscellaneous Therapeutic Agents
animal chews tablet	1		Miscellaneous Therapeutic Agents
antibiotic (bacitracin zinc) 500 unit/gram topical ointment	1		Miscellaneous Therapeutic Agents
ANTISEPTIC SKIN CLEANSER (CHLORHEXIDINE) 4 % LIQUID	1		Miscellaneous Therapeutic Agents
AQINJECT PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
AQINJECT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops	1		Miscellaneous Therapeutic Agents
aspirin 300 mg rectal suppository	1		Miscellaneous Therapeutic Agents
aspirin 325 mg tablet	1		Miscellaneous Therapeutic Agents
aspirin 325 mg tablet, delayed release	1		Miscellaneous Therapeutic Agents
ASSURE ID DUO PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ASTHMAPACK CHILDREN'S KIT	1		Miscellaneous Therapeutic Agents
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
bacitracin zinc 500 unit/gram topical ointment	1		Miscellaneous Therapeutic Agents
bacitracin zinc 500 unit/gram topical ointment in packet	1		Miscellaneous Therapeutic Agents
bacitracin 500 unit/gram topical ointment	1		Miscellaneous Therapeutic Agents
bacitracin 500 unit/gram topical packet	1		Miscellaneous Therapeutic Agents
BD ALCOHOL SWABS	1		Miscellaneous Therapeutic Agents
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	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" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE	1		Miscellaneous Therapeutic Agents
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2" ^{EDS}	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"	1		Miscellaneous Therapeutic Agents
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	1		Miscellaneous Therapeutic Agents
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	1		Miscellaneous Therapeutic Agents
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"	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	1		Miscellaneous Therapeutic Agents
benzoyl peroxide 5 % topical cleanser	1		Miscellaneous Therapeutic Agents
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID	1		Miscellaneous Therapeutic Agents
bisacodyl 5 mg tablet, delayed release	1		Miscellaneous Therapeutic Agents
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2" ^{EDS}	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap	1	QL(180 per 30 days)	Miscellaneous Therapeutic Agents
butalbital 50 mg-acetaminophen 325 mg tablet	1	QL(180 per 30 days)	Miscellaneous Therapeutic Agents
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap	1	QL(360 per 30 days)	Miscellaneous Therapeutic Agents
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)	Miscellaneous Therapeutic Agents
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)	Miscellaneous Therapeutic Agents
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)	Miscellaneous Therapeutic Agents
CAPRON DMT 30 MG-30 MG TABLET	1		Miscellaneous Therapeutic Agents
carboxymethylcellulose sodium 0.5 % eye drops	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
CAREFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS	1		Miscellaneous Therapeutic Agents
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
CASGEVY 4X10EXP6 TO 13X10EXP6 CELL/ML INTRAVENOUS SUSPENSION	1	PA	Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	1		Miscellaneous Therapeutic Agents
CHEMSTRIP 10 MD	1		Miscellaneous Therapeutic Agents
chest congestion relief dm 20 mg-400 mg tablet	1		Miscellaneous Therapeutic Agents
chest congestion relief 400 mg tablet	1		Miscellaneous Therapeutic Agents
chest congestion-cough relief 20 mg-400 mg tablet	1		Miscellaneous Therapeutic Agents
child mucus relief cough 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
children delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
children's acetaminophen 160 mg chewable tablet	1		Miscellaneous Therapeutic Agents
children's acetaminophen 160 mg/5 ml (5 ml) oral suspension	1		Miscellaneous Therapeutic Agents
children's acetaminophen 160 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
children's acetaminophen 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
CHILDREN'S ALAWAY 0.025 % (0.035 %) EYE DROPS	1		Miscellaneous Therapeutic Agents
CHILDREN'S CHEW MULTIVIT WITH IRON 15 MG IRON TABLET	1		Miscellaneous Therapeutic Agents
children's chewable multivitamin 300 mcg tablet	1		Miscellaneous Therapeutic Agents
children's chewables extra c 300 mcg tablet	1		Miscellaneous Therapeutic Agents
children's chewables 300 mcg tablet	1		Miscellaneous Therapeutic Agents
children's mapap 160 mg chewable tablet	1		Miscellaneous Therapeutic Agents
children's mucinex cough 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
children's pain and fever relief 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
children's pain relief 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
children's pain reliever 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
chlorhexidine gluconate 4 % topical liquid	1		Miscellaneous Therapeutic Agents
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
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
CLICKFINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
codeine 10 mg-guaifenesin 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32 ^{EDS}	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
CURITY ALCOHOL SWABS	1		Miscellaneous Therapeutic Agents
CUTTER BACKWOODS DRY 25 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
CUTTER BACKWOODS 25 % TOPICAL PUMP SPRAY	1		Miscellaneous Therapeutic Agents
CUTTER BACKWOODS 25 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
CUTTER SKINSATIONS 7 % TOPICAL PUMP SPRAY	1		Miscellaneous Therapeutic Agents
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	1	QL(30 per 30 days)	Miscellaneous Therapeutic Agents
deep sea nasal 0.65 % spray aerosol	1		Miscellaneous Therapeutic Agents
delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
DEXCOM G6 RECEIVER	1	PA	Miscellaneous Therapeutic Agents
DEXCOM G6 SENSOR DEVICE	1	PA	Miscellaneous Therapeutic Agents
DEXCOM G6 TRANSMITTER DEVICE	1	PA	Miscellaneous Therapeutic Agents
DEXCOM G7 RECEIVER	1	PA	Miscellaneous Therapeutic Agents
DEXCOM G7 SENSOR DEVICE	1	PA	Miscellaneous Therapeutic Agents
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr	1		Miscellaneous Therapeutic Agents
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
dibucaine 1 % topical ointment	1		Miscellaneous Therapeutic Agents
diphenhydramine 25 mg tablet	1		Miscellaneous Therapeutic Agents
docusate sodium 100 mg capsule	1		Miscellaneous Therapeutic Agents
dodex 1,000 mcg/ml injection solution	1	QL(30 per 30 days)	Miscellaneous Therapeutic Agents
double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment	1		Miscellaneous Therapeutic Agents
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64 ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
DROPLET PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 29 GAUGE X 3/8" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPLET PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPSAFE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
DUREX AVANTI BARE REAL FEEL CONDOM	1		Miscellaneous Therapeutic Agents
DYNA-HEX 4 % TOPICAL LIQUID	1		Miscellaneous Therapeutic Agents
ear drops (carbamide peroxide) 6.5 %	1		Miscellaneous Therapeutic Agents
ear wax removal drops 6.5 %	1		Miscellaneous Therapeutic Agents
ear wax removal kit 6.5 % drops	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 PEN NEEDLES 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH ALCOHOL PREP PADS	1		Miscellaneous Therapeutic Agents
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 29 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 32 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 32 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
EASY TOUCH 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
ECLIPSE NEEDLE 23 GAUGE X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
ECLIPSE NEEDLE 25 GAUGE X 5/8" ^{EDS}	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
ed-apap 160 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
EMBRACE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
EMBRACE PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EMBRACE PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EMBRACE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
EMBRACE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EMBRACE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
EMBRACE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
enema disposable 19 gram-7 gram/118 ml	1		Miscellaneous Therapeutic Agents
enema 19 gram-7 gram/118 ml	1		Miscellaneous Therapeutic Agents
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	1		Miscellaneous Therapeutic Agents
eye itch relief 0.025 % (0.035 %) drops	1		Miscellaneous Therapeutic Agents
FANTASY CONDOM	1		Miscellaneous Therapeutic Agents
FC2 FEMALE CONDOM	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
feosol 325 mg (65 mg iron) tablet	1		Miscellaneous Therapeutic Agents
ferosul 325 mg (65 mg iron) tablet	1		Miscellaneous Therapeutic Agents
ferrex 150 mg iron capsule	1		Miscellaneous Therapeutic Agents
ferro-time 325 mg (65 mg iron) tablet	1		Miscellaneous Therapeutic Agents
ferrrous fumarate 324 mg (106 mg iron) tablet	1		Miscellaneous Therapeutic Agents
ferrrous gluconate 324 mg (38 mg iron) tablet	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 15 mg iron (75 mg)/ml oral drops	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 220 mg (44 mg iron)/5 ml oral elixir	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 220 mg (44 mg iron)/5 ml oral solution	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 300 mg (60 mg iron)/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 324 mg (65 mg iron) tablet,delayed release	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 325 mg (65 mg iron) tablet	1		Miscellaneous Therapeutic Agents
ferrrous sulfate 325 mg (65 mg iron) tablet,delayed release	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
FEVERALL 120 MG RECTAL SUPPOSITORY	1		Miscellaneous Therapeutic Agents
FEVERALL 80 MG RECTAL SUPPOSITORY	1		Miscellaneous Therapeutic Agents
FILTER NEEDLES 19 X 1 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
FILTER NEEDLES 19 X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
first aid antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment	1		Miscellaneous Therapeutic Agents
FLEET ENEMA 19 GRAM-7 GRAM/118 ML	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
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	1		Miscellaneous Therapeutic Agents
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	1		Miscellaneous Therapeutic Agents
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops	1		Miscellaneous Therapeutic Agents
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet	1		Miscellaneous Therapeutic Agents
folic acid 1 mg tablet	1		Miscellaneous Therapeutic Agents
folic acid 1 mg tablet	1		Miscellaneous Therapeutic Agents
folic acid 400 mcg tablet	1		Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 14 DAY READER	1	PA	Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	PA	Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 2 READER	1	PA	Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 2 SENSOR KIT	1	PA	Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	1		Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 3 READER	1	PA	Miscellaneous Therapeutic Agents
FREESTYLE LIBRE 3 SENSOR DEVICE	1	PA	Miscellaneous Therapeutic Agents
gentle laxative (bisacodyl) 5 mg tablet,delayed release	1		Miscellaneous Therapeutic Agents
glucose 4 gram chewable tablet	1		Miscellaneous Therapeutic Agents
glycerin (child) rectal suppository	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
guaifenesin ac 10 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
guaifenesin er 600 mg tablet, extended release 12 hr	1		Miscellaneous Therapeutic Agents
guaifenesin 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
guaifenesin 200 mg tablet	1		Miscellaneous Therapeutic Agents
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
hematex 150 mg iron tablet	1		Miscellaneous Therapeutic Agents
hydrocodone 10 mg-chlorpheniramine 8 mg/5 ml oral susp extend.rel 12hr	1		Miscellaneous Therapeutic Agents
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	1		Miscellaneous Therapeutic Agents
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
hydromet 5 mg-1.5 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
HYDROXYUREA (BULK) 100 % POWDER	1		Miscellaneous Therapeutic Agents
INCONTROL ALCOHOL PADS	1		Miscellaneous Therapeutic Agents
INCONTROL PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
INCONTROL PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
INCONTROL PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
INCONTROL PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
INCONTROL PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
infant pain reliever 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
infant's acetaminophen 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
infants' pain and fever 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
infants' pain relief 160 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
insect repellent (deet) 15 % topical spray	1		Miscellaneous Therapeutic Agents
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP	1		Miscellaneous Therapeutic Agents
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 5/8"	1		Miscellaneous Therapeutic Agents
INSUPEN PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
INSUPEN PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
INSUPEN PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
INSUPEN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	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
iron er 159 mg (45 mg iron) tablet,extended release	1		Miscellaneous Therapeutic Agents
iron 325 mg (65 mg iron) tablet	1		Miscellaneous Therapeutic Agents
KETONE URINE TEST STRIPS	1		Miscellaneous Therapeutic Agents
ketotifen 0.025 % (0.035 %) eye drops	1		Miscellaneous Therapeutic Agents
KIMONO MICROTHIN AQUA LUBE CONDOM	1		Miscellaneous Therapeutic Agents
KIMONO MICROTHIN CONDOMS	1		Miscellaneous Therapeutic Agents
KIMONO MICROTHIN LARGE CONDOMS	1		Miscellaneous Therapeutic Agents
KIMONO TEXTURED CONDOMS	1		Miscellaneous Therapeutic Agents
laxative (bisacodyl) 5 mg tablet	1		Miscellaneous Therapeutic Agents
laxative (bisacodyl) 5 mg tablet,delayed release	1		Miscellaneous Therapeutic Agents
levomefolate calcium 15 mg tablet	1		Miscellaneous Therapeutic Agents
levomefolate calcium 7.5 mg tablet	1		Miscellaneous Therapeutic Agents
lintera 10 % topical cleanser	1		Miscellaneous Therapeutic Agents
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
LITE TOUCH-MEDIUM MASK	1		Miscellaneous Therapeutic Agents
LITEAIRE MDI CHAMBER	1		Miscellaneous Therapeutic Agents
LITETOUCH-LARGE MASK	1		Miscellaneous Therapeutic Agents
LITETOUCH-SMALL MASK	1		Miscellaneous Therapeutic Agents
lubricant eye (pg-peg 400) (pf) 0.4 %-0.3 % drops in a dropperette	1		Miscellaneous Therapeutic Agents
lubricant eye (pg-peg 400) 0.4 %-0.3 % drops	1		Miscellaneous Therapeutic Agents
lubricant eye drops 0.5 %	1		Miscellaneous Therapeutic Agents
lubricant eye drops 0.5 % drops in a dropperette	1		Miscellaneous Therapeutic Agents
lubricating plus 0.5 % eye drops in a dropperette	1		Miscellaneous Therapeutic Agents
LYFGENIA 1.7 X TO 20 X 10EXP6 CELL/ML INTRAVENOUS SUSPENSION	1	PA	Miscellaneous Therapeutic Agents
m-pap 160 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	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 citrate oral solution	1		Miscellaneous Therapeutic Agents
magnesium hydroxide 400 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
mapap (acetaminophen) 500 mg capsule	1		Miscellaneous Therapeutic Agents
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
methylergonovine 0.2 mg tablet	1		Miscellaneous Therapeutic Agents
MICROCHAMBER SPACER	1		Miscellaneous Therapeutic Agents
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
MICRODOT READYGARD PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
MICROSPACER	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
milk of magnesia 400 mg/5 ml oral suspension	1		Miscellaneous Therapeutic Agents
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
MINI WRIGHT PEAK FLOW METER	1		Miscellaneous Therapeutic Agents
MINIMED SYRINGE RESERVOIR 1.8 ML	1		Miscellaneous Therapeutic Agents
MINIMED SYRINGE RESERVOIR 3 ML	1		Miscellaneous Therapeutic Agents
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE ^{EDS}	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
MONOJECT ENFIT STERILE SYRINGE 60 ML	1		Miscellaneous Therapeutic Agents
MONOJECT ENFIT SYRINGE 12 ML	1		Miscellaneous Therapeutic Agents
MONOJECT ENFIT SYRINGE 12 ML	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4" ^{EDS}	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	1		Miscellaneous Therapeutic Agents
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1		Miscellaneous Therapeutic Agents
MONOJECT SAFETY SYRINGES	1		Miscellaneous Therapeutic Agents
MONOJECT SAFETY SYRINGES	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"	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 3 ML	1		Miscellaneous Therapeutic Agents
MONOJECT SYRINGE 6 ML	1		Miscellaneous Therapeutic Agents
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	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"	1		Miscellaneous Therapeutic Agents
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	1		Miscellaneous Therapeutic Agents
MONOJECT SYRINGE 6 ML 21 X 1"	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	1		Miscellaneous Therapeutic Agents
MOUTHPIECE DEVICE	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
mucinex fast-max chest congestion 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
mucinex fast-max dm max 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
MUCINEX 600 MG TABLET, EXTENDED RELEASE	1		Miscellaneous Therapeutic Agents
mucosa dm 20 mg-400 mg tablet	1		Miscellaneous Therapeutic Agents
mucosa 400 mg tablet	1		Miscellaneous Therapeutic Agents
mucus dm max er 60 mg-1,200 mg tablet,extended release	1		Miscellaneous Therapeutic Agents
mucus dm 30 mg-600 mg tablet,extended release	1		Miscellaneous Therapeutic Agents
mucus relief cough 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
mucus relief dm cough 20 mg-400 mg tablet	1		Miscellaneous Therapeutic Agents
mucus relief dm max 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
mucus relief er 600 mg tablet, extended release	1		Miscellaneous Therapeutic Agents
mucus relief 400 mg tablet	1		Miscellaneous Therapeutic Agents
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID	1		Miscellaneous Therapeutic Agents
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops	1		Miscellaneous Therapeutic Agents
multi-vitamin with fluoride 0.25 mg/ml oral drops	1		Miscellaneous Therapeutic Agents
multi-vitamin with fluoride 0.5 mg/ml oral drops	1		Miscellaneous Therapeutic Agents
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	1		Miscellaneous Therapeutic Agents
NANO PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
nasal decongestant (phenylephrine) 10 mg tablet	1		Miscellaneous Therapeutic Agents
nasal moisturizing 0.65 % spray aerosol	1		Miscellaneous Therapeutic Agents
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET	1		Miscellaneous Therapeutic Agents
nicotine (polacrilex) 2 mg buccal lozenge	1		Miscellaneous Therapeutic Agents
nicotine (polacrilex) 2 mg buccal mini lozenge	1		Miscellaneous Therapeutic Agents
nicotine (polacrilex) 2 mg gum	1		Miscellaneous Therapeutic Agents
nicotine (polacrilex) 4 mg buccal lozenge	1		Miscellaneous Therapeutic Agents
nicotine (polacrilex) 4 mg buccal mini lozenge	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
nicotine (polacrilex) 4 mg gum	1		Miscellaneous Therapeutic Agents
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
NU-IRON 150 MG IRON CAPSULE	1		Miscellaneous Therapeutic Agents
OFF ACTIVE 15 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
OFF DEEP WOODS DRY 25 % TOPICAL SPRAY POWDER	1		Miscellaneous Therapeutic Agents
off deep woods sportsmen 25 % topical spray pump	1		Miscellaneous Therapeutic Agents
OFF DEEP WOODS SPORTSMEN 30 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
OFF DEEP WOODS SPORTSMEN 98.25 % TOPICAL SPRAY PUMP	1		Miscellaneous Therapeutic Agents
off deep woods 25 % topical pump spray	1		Miscellaneous Therapeutic Agents
OFF DEEP WOODS 25 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
OFF FAMILYCARE (WITH DEET) 15 % TOPICAL SPRAY POWDER	1		Miscellaneous Therapeutic Agents
OFF FAMILYCARE (WITH DEET) 5 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
off familycare (with deet) 7 % topical spray	1		Miscellaneous Therapeutic Agents
OFF FAMILYCARE (WITH PICARIDIN) 5 % TOPICAL SPRAY WITH PUMP	1		Miscellaneous Therapeutic Agents
OMNIFLEX DIAPHRAGM 65 MM VAGINAL	1		Miscellaneous Therapeutic Agents
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	1	PA	Miscellaneous Therapeutic Agents
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA	Miscellaneous Therapeutic Agents
OMNIPOD 5 G6-G7 INTRO KIT(GEN 5) SUBCUTANEOUS CARTRIDGE AND CONTROLLER	1	PA	Miscellaneous Therapeutic Agents
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA	Miscellaneous Therapeutic Agents
ONE WAY VALVED MOUTHPIECE DEVICE	1		Miscellaneous Therapeutic Agents
ONETOUCH DELICA PLUS LANCET 30 GAUGE	1		Miscellaneous Therapeutic Agents
ONETOUCH DELICA PLUS LANCET 33 GAUGE	1		Miscellaneous Therapeutic Agents
ONETOUCH ULTRA TEST STRIPS ^{EDS}	1	QL(150 per 30 days)	Miscellaneous Therapeutic Agents
ONETOUCH ULTRASOFT LANCETS	1		Miscellaneous Therapeutic Agents
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ONETOUCH ULTRA2 METER	1		Miscellaneous Therapeutic Agents
ONETOUCH VERIO FLEX METER	1		Miscellaneous Therapeutic Agents
ONETOUCH VERIO TEST STRIPS ^{EDS}	1	QL(150 per 30 days)	Miscellaneous Therapeutic Agents
OPTICHAMBER ADULT MASK-LARGE	1		Miscellaneous Therapeutic Agents
OPTICHAMBER DIAMOND VHC SPACER	1		Miscellaneous Therapeutic Agents
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
oralyte oral solution	1		Miscellaneous Therapeutic Agents
pain relief (acetaminophen) 325 mg tablet	1		Miscellaneous Therapeutic Agents
pain relief (acetaminophen) 500 mg tablet	1		Miscellaneous Therapeutic Agents
pain relief extra strength (acetaminophen) 500 mg tablet	1		Miscellaneous Therapeutic Agents
pain reliever (acetaminophen) 325 mg tablet	1		Miscellaneous Therapeutic Agents
pain reliever (acetaminophen) 500 mg tablet	1		Miscellaneous Therapeutic Agents
pain reliever extra strength (acetaminophen) 500 mg tablet	1		Miscellaneous Therapeutic Agents
PANDA MASK	1		Miscellaneous Therapeutic Agents
PEDIALYTE FREEZER POPS ORAL SOLUTION	1		Miscellaneous Therapeutic Agents
PEDIALYTE ORAL SOLUTION	1		Miscellaneous Therapeutic Agents
PEDIALYTE SINGLES ORAL SOLUTION	1		Miscellaneous Therapeutic Agents
pediatric electrolyte oral solution	1		Miscellaneous Therapeutic Agents
PEDIATRIC MEDIUM MASK	1		Miscellaneous Therapeutic Agents
PEDIATRIC PANDA MASK	1		Miscellaneous Therapeutic Agents
PEDIATRIC SMALL MASK	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 29 GAUGE X 15/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PENTIPS PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
PENTIPS PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PENTIPS PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PENTIPS PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PENTIPS PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PENTIPS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PHASEAL PROTECTOR 13 MM DEVICE ^{EDS}	1		Miscellaneous Therapeutic Agents
PHASEAL PROTECTOR 20 MM DEVICE ^{EDS}	1		Miscellaneous Therapeutic Agents
PHASEAL PROTECTOR 28 MM DEVICE ^{EDS}	1		Miscellaneous Therapeutic Agents
phenazopyridine 100 mg tablet	1		Miscellaneous Therapeutic Agents
phenylephrine 10 mg tablet	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 PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PIP PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
POCKET CHAMBER SPACER	1		Miscellaneous Therapeutic Agents
poly bacitracin (zinc) 500 unit-10,000 unit/gram topical ointment	1		Miscellaneous Therapeutic Agents
polysaccharide iron complex 150 mg iron capsule	1		Miscellaneous Therapeutic Agents
polyvinyl alcohol 1.4 % eye drops	1		Miscellaneous Therapeutic Agents
potassium iodide 1 gram/ml oral solution	1		Miscellaneous Therapeutic Agents
PRECISION XTRA B-KETONE STRIPS	1		Miscellaneous Therapeutic Agents
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PRIMEAIRE SPACER	1		Miscellaneous Therapeutic Agents
PRO COMFORT ALCOHOL PADS	1		Miscellaneous Therapeutic Agents
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PRO COMFORT SPACER-ADULT MASK	1		Miscellaneous Therapeutic Agents
PRO COMFORT SPACER-CHILD MASK	1		Miscellaneous Therapeutic Agents
PRO COMFORT SPACER-INFANT MASK	1		Miscellaneous Therapeutic Agents
PROCARE SPACER WITH ADULT MASK	1		Miscellaneous Therapeutic Agents
PROCARE SPACER WITH CHILD MASK	1		Miscellaneous Therapeutic Agents
PROCHAMBER	1		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		Miscellaneous Therapeutic Agents
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	1		Miscellaneous Therapeutic Agents
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
PURE COMFORT ALCOHOL PADS	1		Miscellaneous Therapeutic Agents
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
PURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
pyridoxine (vitamin b6) 25 mg tablet	1		Miscellaneous Therapeutic Agents
ranger ready repellent 20 % topical spray with pump	1		Miscellaneous Therapeutic Agents
ready-to-use enema 19 gram-7 gram/118 ml	1		Miscellaneous Therapeutic Agents
REFRESH TEARS 0.5 % EYE DROPS	1		Miscellaneous Therapeutic Agents
REPEL FAMILY 10 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
repel family 15 % topical spray powder	1		Miscellaneous Therapeutic Agents
REPEL HUNTER'S 25 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
REPEL SPORTSMEN DRY 25 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
REPEL SPORTSMEN MAX 40 % TOPICAL PUMP SPRAY	1		Miscellaneous Therapeutic Agents
REPEL SPORTSMEN MAX 40 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
REPEL SPORTSMEN 25 % TOPICAL SPRAY	1		Miscellaneous Therapeutic Agents
REPEL 100 98.11 % TOPICAL PUMP SPRAY	1		Miscellaneous Therapeutic Agents
RITEFLO AEROCHAMBER	1		Miscellaneous Therapeutic Agents
robafen 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
SAFETY NEEDLES 18 GAUGE X 1 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
saline mist 0.65 % nasal spray aerosol	1		Miscellaneous Therapeutic Agents
saline nasal mist 0.65 % spray aerosol	1		Miscellaneous Therapeutic Agents
saline nasal 0.65 % spray aerosol	1		Miscellaneous Therapeutic Agents
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
senexon-s 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
senna lax 8.6 mg tablet	1		Miscellaneous Therapeutic Agents
senna laxative 8.6 mg tablet	1		Miscellaneous Therapeutic Agents
senna plus 8.6 mg-50 mg capsule	1		Miscellaneous Therapeutic Agents
senna plus 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
senna 8.6 mg tablet	1		Miscellaneous Therapeutic Agents
senna-s 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
senna-time s 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
SEKOKOT 8.6 MG TABLET	1		Miscellaneous Therapeutic Agents
SIDESTREAM PEDIATRIC FACE MASK	1		Miscellaneous Therapeutic Agents
SILICONE MASK - INFANT	1		Miscellaneous Therapeutic Agents
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SKYLA 14 MCG/24 HR (UP TO 3 YEARS) 13.5 MG INTRAUTERINE DEVICE	1		Miscellaneous Therapeutic Agents
sodium chloride 0.9 % irrigation solution	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
stimulant laxative plus 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
stool softener 100 mg capsule	1		Miscellaneous Therapeutic Agents
stool softener-laxative 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
stool softener-stimulant laxative 8.6 mg-50 mg capsule	1		Miscellaneous Therapeutic Agents
stool softener-stimulant laxative 8.6 mg-50 mg tablet	1		Miscellaneous Therapeutic Agents
STRIVE PEAK FLOW METER	1		Miscellaneous Therapeutic Agents
SURE COMFORT ALCOHOL PREP PADS	1		Miscellaneous Therapeutic Agents
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE-FINE PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE-FINE PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
SURE-PREP ALCOHOL PREP PADS	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
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 1 ML 27 GAUGE X 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 ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE ^{EDS}	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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 ^{EDS}	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
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION	1	PA,QL(2 per 30 days)	Miscellaneous Therapeutic Agents
SYNAGIS 50 MG/0.5 ML INTRAMUSCULAR SOLUTION	1	PA,QL(1 per 30 days)	Miscellaneous Therapeutic Agents
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS	1		Miscellaneous Therapeutic Agents
SYSTANE ULTRA 0.4 %-0.3 % EYE DROPS	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
THRESHOLD IMT TRAINER DEVICE	1		Miscellaneous Therapeutic Agents
THRESHOLD PEP DEVICE	1		Miscellaneous Therapeutic Agents
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
total home insect repellent 30 % topical spray	1		Miscellaneous Therapeutic Agents
tri-vite with fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops	1		Miscellaneous Therapeutic Agents
tri-vite with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops	1		Miscellaneous Therapeutic Agents
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment	1		Miscellaneous Therapeutic Agents
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointment	1		Miscellaneous Therapeutic Agents
TRUE COMFORT ALCOHOL PADS	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUE METRIX AIR GLUCOSE METER	1		Miscellaneous Therapeutic Agents
TRUE METRIX GLUCOSE METER	1		Miscellaneous Therapeutic Agents
TRUE METRIX GLUCOSE TEST STRIP ^{EDS}	1	QL(150 per 30 days)	Miscellaneous Therapeutic Agents
TRUEPLUS KETONE STRIPS	1		Miscellaneous Therapeutic Agents
TRUEPLUS LANCETS 28 GAUGE	1		Miscellaneous Therapeutic Agents
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
TRUSTEX LATEX CONDOM	1		Miscellaneous Therapeutic Agents
TRUSTEX LUBRICATED CONDOMS	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
TRUSTEX NON-LUBRICATED CONDOMS	1		Miscellaneous Therapeutic Agents
TRUSTEX-RIA LUBRICATED CONDOMS	1		Miscellaneous Therapeutic Agents
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM	1		Miscellaneous Therapeutic Agents
TRUSTEX-RIA NON-LUBRICATED CONDOMS	1		Miscellaneous Therapeutic Agents
TRUZONE PEAK FLOW METER	1		Miscellaneous Therapeutic Agents
tusnel diabetic 10 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
tusnel-ex 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
tussin cough (dm only) 15 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
tussin dm clear 10 mg-100 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
tussin dm 10 mg-100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
tussin dm 10 mg-100 mg/5 ml oral syrup	1		Miscellaneous Therapeutic Agents
tussin dm 20 mg-400 mg tablet	1		Miscellaneous Therapeutic Agents
tussin mucus-chest congestion 100 mg/5 ml oral liquid	1		Miscellaneous Therapeutic Agents
tussin 400 mg tablet	1		Miscellaneous Therapeutic Agents
ULTICARE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTILET ALCOHOL SWAB	1		Miscellaneous Therapeutic Agents
ULTILET PEN NEEDLE 29 GAUGE ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTILET PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ultra lubricant eye 0.4 %-0.3 % drops	1		Miscellaneous Therapeutic Agents
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"	1		Miscellaneous Therapeutic Agents
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
ultrathon 25 % topical spray	1		Miscellaneous Therapeutic Agents
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 29 GAUGE NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PROTECT 30 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PROTECT 30 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE PROTECT 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
UNIFINE SAFECONTROL 30 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE SAFECONTROL 30 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE SAFECONTROL 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
urinary pain relief 95 mg tablet	1		Miscellaneous Therapeutic Agents
urinary pain relief 97.5 mg tablet	1		Miscellaneous Therapeutic Agents
urinary pain relief 99.5 mg tablet	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32" ^{EDS}	1		Miscellaneous Therapeutic Agents
vitamin a 3,000 mcg (10,000 unit) capsule	1		Miscellaneous Therapeutic Agents
vitamin b-6 100 mg tablet	1		Miscellaneous Therapeutic Agents
vitamin b-6 25 mg tablet	1		Miscellaneous Therapeutic Agents
vitamin d2 1,250 mcg (50,000 unit) capsule	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
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
WEBCOL TOPICAL PADS	1		Miscellaneous Therapeutic Agents
WEGOVY 0.25 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	Miscellaneous Therapeutic Agents
WEGOVY 0.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	Miscellaneous Therapeutic Agents
WEGOVY 1 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 28 days)	Miscellaneous Therapeutic Agents
WEGOVY 1.7 MG/0.75 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 per 28 days)	Miscellaneous Therapeutic Agents
WEGOVY 2.4 MG/0.75 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 per 28 days)	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
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
women's gentle laxative (bisacodyl) 5 mg tablet,delayed release	1		Miscellaneous Therapeutic Agents
zaditor 0.025 % (0.035 %) eye drops	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1		Miscellaneous Therapeutic Agents
ALOMIDE 0.1 % EYE DROPS	1		Ophthalmic Agents
ALPHAGAN P 0.1 % EYE DROPS	1	QL(10 per 30 days)	Ophthalmic Agents
ALPHAGAN P 0.15 % EYE DROPS	1	QL(10 per 30 days)	Ophthalmic Agents
atropine 1 % eye drops	1		Ophthalmic Agents
AZOPT 1 % EYE DROPS,SUSPENSION	1	QL(10 per 28 days)	Ophthalmic Agents
bacitracin 500 unit/gram eye ointment	1		Ophthalmic Agents
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1		Ophthalmic Agents
betaxolol 0.5 % eye drops	1		Ophthalmic Agents
brimonidine 0.2 % eye drops	1	QL(10 per 30 days)	Ophthalmic Agents
carteolol 1 % eye drops	1		Ophthalmic Agents
ciprofloxacin 0.3 % eye drops	1		Ophthalmic Agents
COMBIGAN 0.2 %-0.5 % EYE DROPS	1	QL(5 per 25 days)	Ophthalmic Agents
cromolyn 4 % eye drops	1		Ophthalmic Agents
cyclopentolate 1 % eye drops	1		Ophthalmic Agents
diclofenac 0.1 % eye drops	1	QL(5 per 30 days)	Ophthalmic Agents
dorzolamide 2 % eye drops	1	QL(10 per 30 days)	Ophthalmic Agents
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	1	QL(10 per 30 days)	Ophthalmic Agents
erythromycin 5 mg/gram (0.5 %) eye ointment	1	QL(3.5 per 28 days)	Ophthalmic Agents
eye allergy itch relief 0.2 % drops	1		Ophthalmic Agents
flurbiprofen 0.03 % eye drops	1		Ophthalmic Agents
gentamicin 0.3 % eye drops	1		Ophthalmic Agents
ketorolac 0.4 % eye drops	1	QL(10 per 30 days)	Ophthalmic Agents
ketorolac 0.5 % eye drops	1	QL(10 per 30 days)	Ophthalmic Agents
latanoprost 0.005 % eye drops	1	QL(5 per 25 days)	Ophthalmic Agents
levobunolol 0.5 % eye drops	1	QL(5 per 25 days)	Ophthalmic Agents
LUMIGAN 0.01 % EYE DROPS	1	QL(2.5 per 25 days)	Ophthalmic Agents
methazolamide 25 mg tablet	1		Ophthalmic Agents
methazolamide 50 mg tablet	1		Ophthalmic Agents
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1		Ophthalmic Agents
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	1		Ophthalmic Agents
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops	1		Ophthalmic Agents
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp	1		Ophthalmic Agents
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	1		Ophthalmic Agents
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1		Ophthalmic Agents
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint	1		Ophthalmic Agents
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	1		Ophthalmic Agents
NEVANAC 0.1 % EYE DROPS,SUSPENSION	1		Ophthalmic Agents
olopatadine 0.2 % eye drops	1		Ophthalmic Agents
pilocarpine 1 % eye drops	1		Ophthalmic Agents
pilocarpine 2 % eye drops	1		Ophthalmic Agents

• EDS – Extended day supply • PA – Prior authorization • QL – Quantity limit • ST – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
pilocarpine 4 % eye drops	1		Ophthalmic Agents
polycin 500 unit-10,000 unit/gram eye ointment	1		Ophthalmic Agents
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1		Ophthalmic Agents
RESTASIS MULTIDOSE 0.05 % EYE DROPS	1	QL(5.5 per 25 days)	Ophthalmic Agents
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	1	QL(60 per 30 days)	Ophthalmic Agents
RHOPRESSA 0.02 % EYE DROPS	1	QL(2.5 per 25 days)	Ophthalmic Agents
ROCKLATAN 0.02 %-0.005 % EYE DROPS	1	QL(2.5 per 25 days)	Ophthalmic Agents
sulfacetamide sodium 10 % eye drops	1		Ophthalmic Agents
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1		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	QL(25 per 90 days)	Ophthalmic Agents
timolol maleate 0.25 % eye gel forming solution	1		Ophthalmic Agents
timolol maleate 0.5 % eye drops	1	QL(25 per 90 days)	Ophthalmic Agents
timolol maleate 0.5 % eye gel forming solution	1	QL(5 per 50 days)	Ophthalmic Agents
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1		Ophthalmic Agents
TRAVATAN Z 0.004 % EYE DROPS	1	QL(2.5 per 25 days)	Ophthalmic Agents
trifluridine 1 % eye drops	1		Ophthalmic Agents
tropicamide 0.5 % eye drops	1		Ophthalmic Agents
tropicamide 1 % eye drops	1		Ophthalmic Agents
VIGAMOX 0.5 % EYE DROPS	1		Ophthalmic Agents
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	1	QL(60 per 30 days)	Ophthalmic Agents
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	1	QL(7.5 per 30 days)	Otic Agents
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1	QL(7.5 per 30 days)	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
acetylcysteine 100 mg/ml (10 %) solution	1		Respiratory Tract/Pulmonary Agents
acetylcysteine 200 mg/ml (20 %) solution	1		Respiratory Tract/Pulmonary Agents
ADCIRCA 20 MG TABLET	1	PA,QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
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
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	1		Respiratory Tract/Pulmonary Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler	1	QL(36 per 30 days)	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	1		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	1		Respiratory Tract/Pulmonary Agents
all day allergy (cetirizine) 1 mg/ml oral solution	1	QL(300 per 30 days)	Respiratory Tract/Pulmonary Agents
all day allergy (cetirizine) 10 mg tablet	1		Respiratory Tract/Pulmonary Agents
ALLER-CHLOR 4 MG TABLET	1		Respiratory Tract/Pulmonary Agents
aller-g-time 25 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy (chlorpheniramine) 4 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy (diphenhydramine) 25 mg capsule	1		Respiratory Tract/Pulmonary Agents
allergy (diphenhydramine) 25 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy relief (cetirizine) 10 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy relief (cetirizine) 5 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy relief (chlorpheniramine) 4 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
allergy relief (diphenhydramine) 25 mg capsule	1		Respiratory Tract/Pulmonary Agents
allergy relief (diphenhydramine) 25 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy relief (levocetirizine) 5 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
allergy relief (loratadine) 10 mg tablet	1		Respiratory Tract/Pulmonary Agents
allergy 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
allergy-time 4 mg tablet	1		Respiratory Tract/Pulmonary Agents
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER	1	QL(18.3 per 28 days)	Respiratory Tract/Pulmonary Agents
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER	1	QL(18.3 per 28 days)	Respiratory Tract/Pulmonary Agents
ambrisentan 10 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
ambrisentan 5 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION	1	QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
arformoterol 15 mcg/2 ml solution for nebulization	1	QL(120 per 30 days)	Respiratory Tract/Pulmonary Agents
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER	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 28 days)	Respiratory Tract/Pulmonary Agents
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	1	QL(1 per 28 days)	Respiratory Tract/Pulmonary Agents
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	Respiratory Tract/Pulmonary Agents
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	Respiratory Tract/Pulmonary Agents
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	Respiratory Tract/Pulmonary Agents
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	1	QL(25.8 per 30 days)	Respiratory Tract/Pulmonary Agents
azelastine 137 mcg (0.1 %) nasal spray	1	QL(30 per 25 days)	Respiratory Tract/Pulmonary Agents
banophen 25 mg capsule	1		Respiratory Tract/Pulmonary Agents
banophen 25 mg tablet	1		Respiratory Tract/Pulmonary Agents
banophen 50 mg capsule	1		Respiratory Tract/Pulmonary Agents
bosentan 125 mg tablet	1	QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
bosentan 62.5 mg tablet	1	QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
budesonide 0.25 mg/2 ml suspension for nebulization	1	QL(240 per 30 days)	Respiratory Tract/Pulmonary Agents
budesonide 0.5 mg/2 ml suspension for nebulization	1	QL(240 per 30 days)	Respiratory Tract/Pulmonary Agents
budesonide 1 mg/2 ml suspension for nebulization	1	QL(120 per 30 days)	Respiratory Tract/Pulmonary Agents
carbinoxamine 4 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
cetirizine 1 mg/ml oral solution	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

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
cetirizine 10 mg tablet	1		Respiratory Tract/Pulmonary Agents
cetirizine 5 mg tablet	1		Respiratory Tract/Pulmonary Agents
cetirizine 5 mg/5 ml oral solution	1	QL(300 per 30 days)	Respiratory Tract/Pulmonary Agents
children's all day allergy (cetirizine) 1 mg/ml oral solution	1	QL(300 per 30 days)	Respiratory Tract/Pulmonary Agents
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
children's allergy relief (cetirizine) 1 mg/ml oral solution	1	QL(300 per 30 days)	Respiratory Tract/Pulmonary Agents
children's allergy relief (loratadine) 5 mg chewable tablet	1		Respiratory Tract/Pulmonary Agents
children's cetirizine 1 mg/ml oral solution	1	QL(300 per 30 days)	Respiratory Tract/Pulmonary Agents
children's diphenhydramine 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
children's loratadine 5 mg chewable tablet	1		Respiratory Tract/Pulmonary Agents
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(4 per 20 days)	Respiratory Tract/Pulmonary Agents
cromolyn 100 mg/5 ml oral concentrate	1		Respiratory Tract/Pulmonary Agents
cyproheptadine 2 mg/5 ml oral syrup	1		Respiratory Tract/Pulmonary Agents
cyproheptadine 4 mg tablet	1		Respiratory Tract/Pulmonary Agents
diphedryl 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
DIPHENHIST 25 MG CAPSULE	1		Respiratory Tract/Pulmonary Agents
diphenhydramine 12.5 mg/5 ml oral elixir	1		Respiratory Tract/Pulmonary Agents
diphenhydramine 12.5 mg/5 ml oral elixir	1		Respiratory Tract/Pulmonary Agents
diphenhydramine 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
diphenhydramine 25 mg capsule	1		Respiratory Tract/Pulmonary Agents
diphenhydramine 25 mg tablet	1		Respiratory Tract/Pulmonary Agents
diphenhydramine 50 mg capsule	1		Respiratory Tract/Pulmonary Agents
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)	Respiratory Tract/Pulmonary Agents
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)	Respiratory Tract/Pulmonary Agents
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)	Respiratory Tract/Pulmonary Agents
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1	QL(4 per 30 days)	Respiratory Tract/Pulmonary Agents
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1	QL(4 per 30 days)	Respiratory Tract/Pulmonary Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	1	QL(4 per 30 days)	Respiratory Tract/Pulmonary Agents
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	1	QL(4 per 30 days)	Respiratory Tract/Pulmonary Agents
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	1	QL(4 per 30 days)	Respiratory Tract/Pulmonary Agents
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	1	QL(4 per 30 days)	Respiratory Tract/Pulmonary Agents
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	1	QL(24 per 30 days)	Respiratory Tract/Pulmonary Agents
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	1	QL(24 per 30 days)	Respiratory Tract/Pulmonary Agents
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	1	QL(10.6 per 30 days)	Respiratory Tract/Pulmonary Agents
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1		Respiratory Tract/Pulmonary Agents
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1	QL(16 per 30 days)	Respiratory Tract/Pulmonary Agents
hydroxyzine pamoate 100 mg capsule	1		Respiratory Tract/Pulmonary Agents
hydroxyzine pamoate 25 mg capsule	1		Respiratory Tract/Pulmonary Agents
hydroxyzine pamoate 50 mg capsule	1		Respiratory Tract/Pulmonary Agents
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
ipratropium bromide 21 mcg (0.03 %) nasal spray	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
ipratropium bromide 42 mcg (0.06 %) nasal spray	1	QL(45 per 30 days)	Respiratory Tract/Pulmonary Agents
levocetirizine 5 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
levocetirizine 5 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
loratadine 10 mg disintegrating tablet	1		Respiratory Tract/Pulmonary Agents
loratadine 10 mg tablet	1		Respiratory Tract/Pulmonary Agents
m-dryl 12.5 mg/5 ml oral liquid	1		Respiratory Tract/Pulmonary Agents
mometasone 50 mcg/actuation nasal spray	1	QL(34 per 30 days)	Respiratory Tract/Pulmonary Agents
mometasone 50 mcg/actuation nasal spray	1		Respiratory Tract/Pulmonary Agents
montelukast 10 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
montelukast 4 mg chewable tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
montelukast 4 mg oral granules in packet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
montelukast 5 mg chewable tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED	1	QL(2 per 30 days)	Respiratory Tract/Pulmonary Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	1	QL(150 per 30 days)	Respiratory Tract/Pulmonary Agents
QVAR REDHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	QL(10.6 per 30 days)	Respiratory Tract/Pulmonary Agents
QVAR REDHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	QL(21.2 per 30 days)	Respiratory Tract/Pulmonary Agents
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
sildenafil (pulmonary hypertension) 20 mg tablet	1	PA,QL(90 per 30 days)	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 WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(4 per 28 days)	Respiratory Tract/Pulmonary Agents
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 per 30 days)	Respiratory Tract/Pulmonary Agents
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 per 30 days)	Respiratory Tract/Pulmonary Agents
theophylline er 100 mg tablet,extended release,12 hr	1		Respiratory Tract/Pulmonary Agents
theophylline er 200 mg tablet,extended release,12 hr	1		Respiratory Tract/Pulmonary Agents
theophylline er 300 mg tablet,extended release,12 hr	1		Respiratory Tract/Pulmonary Agents
theophylline er 400 mg tablet,extended release 24 hr	1		Respiratory Tract/Pulmonary Agents
theophylline er 450 mg tablet,extended release,12 hr	1		Respiratory Tract/Pulmonary Agents
theophylline er 600 mg tablet,extended release 24 hr	1		Respiratory Tract/Pulmonary Agents
theophylline 80 mg/15 ml oral elixir	1		Respiratory Tract/Pulmonary Agents
theophylline 80 mg/15 ml oral solution	1		Respiratory Tract/Pulmonary Agents
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE	1	PA,QL(224 per 28 days)	Respiratory Tract/Pulmonary Agents
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	1	QL(36 per 30 days)	Respiratory Tract/Pulmonary Agents
zafirlukast 10 mg tablet	1	QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
zafirlukast 20 mg tablet	1	QL(60 per 30 days)	Respiratory Tract/Pulmonary Agents
24hr allergy relief 5 mg tablet	1	QL(30 per 30 days)	Respiratory Tract/Pulmonary Agents
chlorzoxazone 250 mg tablet	1	QL(120 per 30 days)	Skeletal Muscle Relaxants
chlorzoxazone 375 mg tablet	1	QL(120 per 30 days)	Skeletal Muscle Relaxants
chlorzoxazone 500 mg tablet	1	QL(120 per 30 days)	Skeletal Muscle Relaxants
chlorzoxazone 750 mg tablet	1	QL(120 per 30 days)	Skeletal Muscle Relaxants
cyclobenzaprine 10 mg tablet	1		Skeletal Muscle Relaxants

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY NAME
cyclobenzaprine 5 mg tablet	1		Skeletal Muscle Relaxants
cyclobenzaprine 7.5 mg tablet	1	QL(90 per 30 days)	Skeletal Muscle Relaxants
methocarbamol 500 mg tablet	1		Skeletal Muscle Relaxants
methocarbamol 750 mg tablet	1		Skeletal Muscle Relaxants
orphenadrine citrate er 100 mg tablet,extended release	1		Skeletal Muscle Relaxants
temazepam 15 mg capsule	1	QL(30 per 30 days)	Sleep Disorder Agents
temazepam 22.5 mg capsule	1	QL(30 per 30 days)	Sleep Disorder Agents
temazepam 30 mg capsule	1	QL(30 per 30 days)	Sleep Disorder Agents
temazepam 7.5 mg capsule	1	QL(30 per 30 days)	Sleep Disorder Agents
zolpidem 10 mg tablet	1	QL(30 per 30 days)	Sleep Disorder Agents
zolpidem 5 mg tablet	1	QL(30 per 30 days)	Sleep Disorder Agents

• **EDS** – Extended day supply • **PA** – Prior authorization • **QL** – Quantity limit • **ST** – Step Therapy

Call If You Need Us

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

Important!

At Humana, it is important you are treated fairly.

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

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **866-432-0001** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the
South Carolina Department of Health and Human Services, Civil Rights Division
1801 Main Street, P.O. Box 8206, Columbia, South Carolina 29202,
888-808-4238, TTY: 888-842-3620, civilrights@scdhhs.gov. Complaint form is available at https://www.scdhhs.gov/sites/default/files/SCDHHS%20Civil%20Rights%20Discrimination%20Complaint_0.pdf.
U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (TTY: 711)**

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

Humana Healthy Horizons in South Carolina is a Medicaid Product of Humana Benefit Plan of South Carolina, Inc.

Language assistance services, free of charge, are available to you.
866-432-0001 (TTY: 711)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។