



## 2021 Rx4 Drug List

This is a list of covered medicines.

This document contains information about the medicines we cover in this plan.

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**Humana**®

2021Rx4C

# Welcome to Humana

The Humana Drug List (also known as a formulary) is effective on January 1st unless otherwise specified. This is an all-inclusive list and may change throughout the year.

## What is the Drug List?

The Drug List is a list of covered medicines selected by Humana. The medicines in the Drug List are covered by Humana as long as the medicine is medically necessary, the prescription is filled at a Humana in-network pharmacy and other plan rules are followed.

If you have insurance through your employer and live in Texas, Louisiana, Illinois, or Puerto Rico: You will continue to use the 2020 version of this Drug List until your plan's renewal date in 2021. Otherwise, this Drug List is effective as of January 1, 2021. You can find that Drug List at [Humana.com/DrugList](https://www.humana.com/DrugList).

## How do I use the Drug List?

Medicines are listed in the Drug List alphabetically.

Prescription medicines are grouped into one of four levels – Level 1, Level 2, Level 3, or Level 4. Generic medicines have the same active ingredients as brand medicines and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generics to be safe and work the same as brand medicines. Generic medicines often cost much less.

- **Level 1** – Includes low-cost generic and brand medicines.
- **Level 2** – Includes higher-cost generic and brand medicines.
- **Level 3** – Includes high-cost, mostly brand medicines. These medicines may have generic or brand alternatives in Levels 1 or 2.
- **Level 4** – Includes highest-cost medicines.
- **\*Specialty Medicines:** High-cost/high-technology medicines that can often only be obtained at specialty pharmacies. Please visit [Humana.com](https://www.humana.com) and log into MyHumana to view specific prescription drug benefits, including copayments or cost-share, limitations and exclusions; OR refer to your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

## What if my medicine is not on the Drug List?

You can use the drug search tool by signing into MyHumana at [Humana.com](https://www.humana.com) to view alternatives for your medicine. You can access the drug search tool "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.

Your health care provider can also ask Humana to make an exception. Generally, Humana will only approve a request if a covered medicine wouldn't work as well OR would have a negative effect on your health. To ask for an approval, your health care provider can contact Humana Clinical Pharmacy Review (HCPR) at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at 1-866-488-5991 between 8:00 a.m. - 8:00 p.m. local time, Monday-Friday.

Some covered medicines may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization (PA):** Some medicines need to be approved in advance to be covered under your pharmacy plan. For these medicines to be covered, your health care provider must get approval from Humana. Your plan benefits won't cover this medicine without prior authorization. You may pay the entire cost of the medicine if you buy it without first getting a prior authorization.
- **Quantity limits (QL):** You may have a limit on how much you can get of some medicines at one time. The quantity limit for each medicine is based on safety or health care concerns and whether your health care provider prescribes a supply for 30, 60, or 90 days. These limits help prevent misuse of medicines. If your prescription is over the limit there are two choices:

- You can get the amount of medicine that's covered by your plan.

Or

- If your health care provider thinks you need more than the amount allowed, he or she can ask for prior authorization from Humana for the amount of the medicine that goes over the limit.
- **Step therapy (ST):** Sometimes there's more than one medicine that works to treat a health condition. Some medicines may cost less but still work for you. Before a prescription is filled for a medicine that costs more, you may be asked to try at least one other medicine first.

Talk to your health care provider if your medicine has an additional requirement. Ask your health care provider to contact Humana Clinical Pharmacy Review (HCPR) to ask for approval for a medicine that requires prior authorization, quantity limit, or step therapy. Your health care provider can contact HCPR at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday to request an approval. Please allow 24-72 hours for Humana to review and provide a response back to your health care provider. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at 1-866-488-5991 between 8:00 a.m. - 8:00 p.m. local time, Monday-Friday.

You can find out if your medicine has any additional requirements or limits by looking in the Drug List that begins on page 6.

#### **Please note:**

If your medicine isn't included in this printed list of covered medicines, you should visit **Humana.com** following the instructions below to see if your medicine is covered.

- For some medicines not listed below, coverage determination may be needed.
- If Humana doesn't cover your medicine, your health care provider can ask Humana for approval. Generally, Humana will only approve a request if a covered medicine wouldn't work as well OR would have a negative effect on your health.
- Some covered medicines may have additional requirements or limits on coverage, such as requiring your health care provider to get advance approval from Humana in order to be covered under your pharmacy plan (also known as prior authorization). Please follow the instructions on page 3 to get information on specific medicine coverage.

#### **Can the Drug List change?**

Yes. Humana reviews and updates the Drug List as needed. New medicines may be added and medicines that are deemed unsafe by the Food and Drug Administration (FDA) or a medicine's manufacturer are immediately removed.

We will communicate changes to the Drug List to members, by mail, based on the Drug List notification requirements established by each state. Members can view the most up-to-date Drug List on **Humana.com**.

#### **How much will I pay for covered medicines?**

The amount you pay often depends on which level your medicine is covered on this Drug List and whether you fill your prescription at an in-network pharmacy. Please refer to your Certificate of Coverage/ Summary Plan Description/Policy of Insurance or call the number on the back of your Humana ID card to reach Customer Care to find out more about your pharmacy coverage. [Click here](#) to find a list of preventive medicines that are covered at no cost to you when prescribed for preventive purposes. You must have a prescription from your health care provider and fill the medication at a pharmacy in your plan's pharmacy network. Some contraceptive medicines covered on the Drug List may be available to you at no cost if medically necessary. Other contraceptive medicines not on the Drug List may be available to you at no cost if medically necessary. To ask for a medical necessity review for a contraceptive medicine, your health care provider can contact Humana Clinical Pharmacy Review (HCPR) at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at 1-866-488-5991 between 8:00 a.m. - 8:00 p.m. local time, Monday-Friday.

### For specific coverage and cost information for existing members:

- Visit **Humana.com** and log into MyHumana.
- Access the drug search tool by clicking "Pharmacy".
- Search for your medicine by name.
- Please note: MyHumana only shows benefits as of the date of log in. Depending on your plan, you should wait until after your plan's 2021 renewal date to see your new benefit information.

## For More Information

Not all the medicines listed on this Drug List are covered by all prescription drug benefit plans. For more detailed information about your Humana prescription drug coverage, please review your Certificate of Insurance/Summary Plan Description/Policy of Insurance and other plan materials.

If you're thinking about enrolling in a Humana plan, please call the Customer Care number listed in your enrollment materials.

If you're already enrolled in a Humana plan, please call the number on the back of your Humana member ID card or log into MyHumana.

# 2021 Rx4 Drug List

The Drug List that begins on the next page provides coverage information about some of the medicines covered by Humana.

## How to read your Drug List

The first column of the chart lists medicine names in alphabetical order. Brand medicines are listed in UPPER CASE and generic medicines are listed in lower case. Next to the medicine name you may see the following indicators to tell you about additional coverage information for that medicine:

**MM** – Maintenance medicines are taken long-term such as medicines you take for high cholesterol, mental health, or high blood pressure. Coverage may be different by plan and you may be required to fill your prescriptions using your plan's mail-delivery pharmacy.

**SP** – Specialty medicines are typically high-cost/high-technology medicines that can often only be obtained at specialty pharmacies. Specialty medicine coverage may be different by plan.

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

**LD** – This medicine is limited distribution and may not be available at all in-network pharmacies, please call the number on the back of your ID card for additional information. This list may not be all inclusive and is subject to change.

**DL** – This medicine has a dispensing limit and may be limited to a 30 day supply or less as additional restrictions may be applied by state/federal law(s) or your pharmacy. Please speak to your doctor or pharmacist about your treatment options.

The second column lists the drug level. See page 2 for more details on the drug levels in your plan.

The third column shows the utilization management requirements for the medicine. Utilization management means that Humana may have requirements for covering that medicine. These can include prior authorization, quantity limits, or step therapy. See page 2 for more details on these requirements for your plan.

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE <sup>MM</sup>	1	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE <sup>MM</sup>	1	
2-IN-1 LANCET DEVICE 30 GAUGE <sup>MM</sup>	1	
2TEK CONTROL (HIGH-NORMAL) SOLUTION <sup>MM</sup>	3	
abacavir 20 mg/ml solution <sup>MM</sup>	3	QL(960 per 30 days)
abacavir 300 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg <sup>MM</sup>	3	QL(30 per 30 days)
abacavir-lamivudine-zidov tab <sup>MM</sup>	4	QL(60 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
abiraterone acetate 250 mg tab <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	1	
ABOUTTIME PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
ABOUTTIME PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
ABOUTTIME PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
acamprosate calc dr 333 mg tab <sup>MM</sup>	3	QL(180 per 30 days)
acarbose 100 mg tablet <sup>MM</sup>	2	
acarbose 25 mg tablet <sup>MM</sup>	2	
acarbose 50 mg tablet <sup>MM</sup>	2	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION <sup>MM</sup>	3	
ACCU-CHEK AVIVA PLUS METER <sup>MM</sup>	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS <sup>MM</sup>	1	QL(150 per 30 days)
ACCU-CHEK COMPACT PLUS CONTROL <sup>MM</sup>	3	
ACCU-CHEK COMPACT PLUS STRIPS <sup>MM</sup>	1	QL(153 per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM <sup>MM</sup>	1	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT <sup>MM</sup>	1	
ACCU-CHEK GUIDE GLUCOSE METER <sup>MM</sup>	1	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION <sup>MM</sup>	3	
ACCU-CHEK GUIDE ME GLUCOSE METER <sup>MM</sup>	1	
ACCU-CHEK GUIDE TEST STRIPS <sup>MM</sup>	1	QL(150 per 30 days)
ACCU-CHEK MULTICLIX LANCET <sup>MM</sup>	1	
ACCU-CHEK MULTICLIX LANCET KIT <sup>MM</sup>	1	
ACCU-CHEK NANO SMARTVIEW METER <sup>MM</sup>	1	

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ACCU-CHEK SAFE-T-PRO 23 GAUGE <sup>MM</sup>	1	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE <sup>MM</sup>	1	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION <sup>MM</sup>	3	
ACCU-CHEK SMARTVIEW TEST STRIPS <sup>MM</sup>	1	QL(150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS <sup>MM</sup>	1	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT <sup>MM</sup>	1	
ACCU-TREND GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
ACCU-TREND GLUCOSE TEST STRIPS <sup>MM</sup>	1	QL(150 per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER	1	
acebutolol 200 mg capsule <sup>MM</sup>	1	
acebutolol 400 mg capsule <sup>MM</sup>	1	
acetamin-codein 300-30 mg/12.5 <sup>DL</sup>	2	QL(2700 per 30 days)
acetaminop-codeine 120-12 mg/5 <sup>DL</sup>	2	QL(2700 per 30 days)
acetaminop-codeine 120-12 mg/5 <sup>DL</sup>	2	QL(2700 per 30 days)
acetaminophen-cod #2 tablet <sup>DL</sup>	2	QL(390 per 30 days)
acetaminophen-cod #3 tablet <sup>DL</sup>	2	QL(360 per 30 days)
acetaminophen-cod #4 tablet <sup>DL</sup>	2	QL(180 per 30 days)
acetazolamide 125 mg tablet <sup>MM</sup>	3	QL(120 per 30 days)
acetazolamide 250 mg tablet <sup>MM</sup>	3	QL(120 per 30 days)
acetazolamide er 500 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
acetic acid 2% ear solution	2	
acetylcysteine 10% vial	3	
acetylcysteine 20% vial	3	
acitretin 10 mg capsule <sup>SP,DL</sup>	*	PA
acitretin 17.5 mg capsule <sup>SP,DL</sup>	*	PA
acitretin 25 mg capsule <sup>SP,DL</sup>	*	PA
ACTHAR 80 UNIT/ML INJECTION GEL <sup>SP,DL</sup>	*	PA,QL(30 per 30 days)
ACTI-LANCE LANCETS 17 GAUGE <sup>MM</sup>	1	
ACTI-LANCE LANCETS 23 GAUGE <sup>MM</sup>	1	
ACTI-LANCE LANCETS 28 GAUGE <sup>MM</sup>	1	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <sup>SP,LD,DL</sup>	*	PA,QL(12 per 30 days)
acyclovir 200 mg capsule <sup>MM</sup>	2	
acyclovir 200 mg/5 ml susp <sup>MM</sup>	3	
acyclovir 400 mg tablet <sup>MM</sup>	2	
acyclovir 5% ointment	3	PA
acyclovir 800 mg tablet <sup>MM</sup>	2	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE <sup>ACA</sup>	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP <sup>ACA</sup>	4	
adapalene 0.1% cream	3	
adapalene 0.1% gel	3	
adefovir dipivoxil 10 mg tab <sup>SP,DL</sup>	*	
ADEMPAS 0.5 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 1 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 1.5 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 2 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 2.5 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
ADHANSIA XR 25 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
ADHANSIA XR 35 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
ADHANSIA XR 45 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADHANSIA XR 55 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
ADHANSIA XR 70 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
ADHANSIA XR 85 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
ADJUSTABLE LANCING DEVICE	3	
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(12 per 30 days)
ADVANCED LANCING DEVICE KIT <sup>MM</sup>	1	
ADVANCED TRAVEL LANCETS 28 GAUGE <sup>MM</sup>	1	
ADVANCED TRAVEL LANCETS 30 GAUGE <sup>MM</sup>	1	
ADVOCATE CONTROL SOLUTION HIGH <sup>MM</sup>	3	
ADVOCATE LANCET 26 GAUGE <sup>MM</sup>	1	
ADVOCATE LANCET 30 GAUGE <sup>MM</sup>	1	
ADVOCATE LANCING DEVICE	1	
ADVOCATE LOW CONTROL SOLUTION <sup>MM</sup>	3	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	1	
ADVOCATE RAPID-SAFE LANCING DEVICE	3	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	1	
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	1	
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	1	
ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	1	
ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	1	
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	1	
ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	1	
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	1	
ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	1	
AEROCHAMBER MINI	1	
AEROCHAMBER MV SPACER	1	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	2	
AEROCHAMBER PLUS Z STAT LARGE MASK	1	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	2	
AEROCHAMBER PLUS Z STAT SMALL MASK	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
AEROCHAMBER WITH FLOWSIGNAL	1	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	2	
AEROGEAR ACTION ASTHMA KIT	1	
AEROTRACH PLUS SPACER	1	
AEROVENT PLUS SPACER	2	
afeditab cr 30 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
afirmelle 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
AFLURIA QD 2020-21 (36 MOS UP)(PF)60 MCG (15 MCG X4)/0.5 ML IM SYRINGE <sup>ACA</sup>	3	

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



DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AFLURIA QD 2020-21 (6-35 MOS)(PF) 30 MCG(7.5 MCGX4)/0.25 ML IM SYRINGE <sup>ACA</sup>	3	
AFLURIA QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP. <sup>ACA</sup>	3	
AGAMATRIX CONTROL HIGH SOLUTION <sup>MM</sup>	3	
AGAMATRIX CONTROL NORM-HI SOLUTION <sup>MM</sup>	3	
AIMOVIG 140 MG DOSE-2 AUTOINJ <sup>MM</sup>	3	PA,QL(2 per 30 days)
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(2 per 30 days)
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	2	
albendazole 200 mg tablet <sup>DL</sup>	4	
albuterol 2.5 mg/0.5 ml sol <sup>MM</sup>	1	
albuterol 5 mg/ml solution <sup>MM</sup>	1	
albuterol hfa 90 mcg inhaler <sup>MM</sup>	2	QL(36 per 30 days)
albuterol sul 0.63 mg/3 ml sol <sup>MM</sup>	1	
albuterol sul 1.25 mg/3 ml sol <sup>MM</sup>	1	
albuterol sul 2.5 mg/3 ml soln <sup>MM</sup>	1	
albuterol sulf 2 mg/5 ml syrup <sup>MM</sup>	2	
albuterol sulfate 2 mg tab <sup>MM</sup>	3	
albuterol sulfate 4 mg tab <sup>MM</sup>	3	
albuterol sulfate er 4 mg tab <sup>MM</sup>	3	
albuterol sulfate er 8 mg tab <sup>MM</sup>	3	
ALCAINE 0.5 % EYE DROPS	2	
alclometasone dipr 0.05% oint	3	
alclometasone dipro 0.05% crm	3	
ALCOHOL PADS	3	
ALCOHOL PREP PADS	3	
ALCOHOL SWAB	3	
ALCOHOL WIPES	3	
ALECENSA 150 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(240 per 30 days)
alendronate sod 70 mg/75 ml <sup>MM</sup>	3	QL(300 per 28 days)
alendronate sodium 10 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
alendronate sodium 35 mg tab <sup>MM</sup>	1	QL(4 per 28 days)
alendronate sodium 40 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
alendronate sodium 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
alendronate sodium 70 mg tab <sup>MM</sup>	1	QL(4 per 28 days)
alfuzosin hcl er 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ALINIA 100 MG/5 ML ORAL SUSPENSION <sup>SP,DL</sup>	*	QL(150 per 30 days)
ALINIA 500 MG TABLET <sup>SP,DL</sup>	*	QL(40 per 30 days)
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
allopurinol 100 mg tablet <sup>MM</sup>	1	
allopurinol 300 mg tablet <sup>MM</sup>	1	
alosetron hcl 0.5 mg tablet <sup>SP,DL</sup>	*	PA,QL(60 per 30 days)
alosetron hcl 1 mg tablet <sup>SP,DL</sup>	*	PA,QL(60 per 30 days)
alprazolam 0.25 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
alprazolam 0.5 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
alprazolam 1 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
alprazolam 2 mg tablet <sup>DL</sup>	2	QL(150 per 30 days)

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam er 0.5 mg tablet <sup>DL</sup>	2	QL(60 per 30 days)
alprazolam er 1 mg tablet <sup>DL</sup>	2	QL(60 per 30 days)
alprazolam er 2 mg tablet <sup>DL</sup>	2	QL(60 per 30 days)
alprazolam er 3 mg tablet <sup>DL</sup>	2	QL(60 per 30 days)
altavera (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
ALTERNATE SITE LANCET 26 GAUGE <sup>MM</sup>	1	
ALTERNATE SITE LANCING DEVICE	1	
ALUNBRIG 180 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <sup>SP,DL</sup>	*	PA,QL(30 per 30 days)
ALUNBRIG 90 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
alyacen 1/35 (28) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
alyq 20 mg tablet <sup>MM,DL</sup>	3	PA,QL(60 per 30 days)
amabelz 0.5 mg-0.1 mg tablet <sup>MM</sup>	3	
amabelz 1 mg-0.5 mg tablet <sup>MM</sup>	3	
amantadine 100 mg capsule <sup>MM</sup>	2	
amantadine 100 mg tablet <sup>MM</sup>	3	
amantadine 50 mg/5 ml solution <sup>MM</sup>	1	
ambrisentan 10 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
ambrisentan 5 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
amethyst (28) 90 mcg-20 mcg tablet <sup>MM</sup>	3	
amiloride hcl 5 mg tablet <sup>MM</sup>	2	
amiloride hcl-hctz 5-50 mg tab <sup>MM</sup>	1	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION	3	
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION	3	
amiodarone hcl 100 mg tablet <sup>MM</sup>	2	
amiodarone hcl 200 mg tablet <sup>MM</sup>	1	
amiodarone hcl 400 mg tablet <sup>MM</sup>	2	
amitriptyline hcl 10 mg tab <sup>MM</sup>	1	
amitriptyline hcl 100 mg tab <sup>MM</sup>	1	
amitriptyline hcl 150 mg tab <sup>MM</sup>	1	
amitriptyline hcl 25 mg tab <sup>MM</sup>	1	
amitriptyline hcl 50 mg tab <sup>MM</sup>	1	
amitriptyline hcl 75 mg tab <sup>MM</sup>	1	
amlodipine besylate 10 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine besylate 2.5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine besylate 5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine-benazepril 2.5-10 <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine-benazepril 5-10 mg <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine-benazepril 5-20 mg <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine-benazepril 5-40 mg <sup>MM</sup>	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-valsartan 10-160 mg <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine-valsartan 10-320 mg <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine-valsartan 5-160 mg <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine-valsartan 5-320 mg <sup>MM</sup>	1	QL(30 per 30 days)
ammonium lactate 12% cream	2	
ammonium lactate 12% lotion	2	
amneestem 10 mg capsule	3	QL(60 per 30 days)
amneestem 20 mg capsule	3	QL(60 per 30 days)
amneestem 40 mg capsule	3	QL(120 per 30 days)
amox-clav 200-28.5 mg tab chew	2	
amox-clav 200-28.5 mg/5 ml sus	2	
amox-clav 250-125 mg tablet	2	
amox-clav 250-62.5 mg/5 ml sus	2	
amox-clav 400-57 mg tab chew	2	
amox-clav 400-57 mg/5 ml susp	2	
amox-clav 500-125 mg tablet	2	
amox-clav 600-42.9 mg/5 ml sus	2	
amox-clav 875-125 mg tablet	2	
amox-clav er 1,000-62.5 mg tab	3	
amoxapine 100 mg tablet <sup>MM</sup>	2	
amoxapine 150 mg tablet <sup>MM</sup>	2	
amoxapine 25 mg tablet <sup>MM</sup>	2	
amoxapine 50 mg tablet <sup>MM</sup>	2	
amoxicillin 125 mg tab chew	2	
amoxicillin 125 mg/5 ml susp	2	
amoxicillin 200 mg/5 ml susp	2	
amoxicillin 250 mg capsule	2	
amoxicillin 250 mg tab chew	2	
amoxicillin 250 mg/5 ml susp	2	
amoxicillin 400 mg/5 ml susp	2	
amoxicillin 500 mg capsule	2	
amoxicillin 500 mg tablet	2	
amoxicillin 875 mg tablet	2	
ampicillin 250 mg capsule	2	
ampicillin 500 mg capsule	2	
anagrelide hcl 0.5 mg capsule <sup>MM</sup>	3	
anagrelide hcl 1 mg capsule <sup>MM</sup>	3	
anastrozole 1 mg tablet <sup>MM,ACA</sup>	1	QL(30 per 30 days)
ANGELIQ 0.25 MG-0.5 MG TABLET <sup>MM</sup>	3	
ANGELIQ 0.5 MG-1 MG TABLET <sup>MM</sup>	3	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
anusol-hc 2.5 % topical cream with perineal applicator	2	
apraclonidine hcl 0.5% drops	3	
aprepitant 125 mg capsule	3	PA,QL(2 per 28 days)
aprepitant 125-80-80 mg pack	3	PA,QL(6 per 28 days)
aprepitant 40 mg capsule	3	PA,QL(2 per 28 days)
aprepitant 80 mg capsule	3	PA,QL(4 per 28 days)
apri 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION <sup>MM,SP</sup>	*	QL(285 per 28 days)
APTIVUS 250 MG CAPSULE <sup>MM,SP</sup>	*	QL(120 per 30 days)
AQUA LANCE LANCING DEVICE	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MM,ACA</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
aripiprazole 1 mg/ml solution <sup>MM</sup>	3	QL(750 per 30 days)
aripiprazole 10 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
aripiprazole 15 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
aripiprazole 2 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
aripiprazole 20 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
aripiprazole 30 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
aripiprazole 5 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MM,SP</sup>	*	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MM,SP,DL</sup>	*	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MM,SP,DL</sup>	*	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MM,SP,DL</sup>	*	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>SP</sup>	*	QL(2.4 per 42 days)
ARMOUR THYROID 120 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 15 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 180 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 240 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 30 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 300 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 60 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 90 MG TABLET <sup>MM</sup>	3	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
aspirin-dipyridam er 25-200 mg <sup>MM</sup>	3	ST
ASSURE 4 CONTROL SOLUTION COMBO PACK <sup>MM</sup>	3	
ASSURE COMFORT 28G LANCETS <sup>MM</sup>	1	
ASSURE DOSE NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 18 GAUGE <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 21 GAUGE <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 25 GAUGE <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 28 GAUGE <sup>MM</sup>	3	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE <sup>MM</sup>	2	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	1	
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
ASSURE LANCE 25 GAUGE <sup>MM</sup>	3	
ASSURE LANCE 28 GAUGE <sup>MM</sup>	3	
ASSURE LANCE PLUS 21 GAUGE <sup>MM</sup>	3	
ASSURE LANCE PLUS 25 GAUGE <sup>MM</sup>	3	
ASSURE LANCE PLUS 30 GAUGE <sup>MM</sup>	3	
ASSURE PRISM CONTROL 1-2 SOLUTION <sup>MM</sup>	3	
ASTAGRAF XL 0.5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	4	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ASTAGRAF XL 1 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	4	
ASTAGRAF XL 5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	4	
ASTHMAPACK CHILDREN'S KIT	1	
atazanavir sulfate 150 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
atazanavir sulfate 200 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
atazanavir sulfate 300 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
atenolol 100 mg tablet <sup>MM</sup>	1	
atenolol 25 mg tablet <sup>MM</sup>	1	
atenolol 50 mg tablet <sup>MM</sup>	1	
atenolol-chlorthalidone 100-25 <sup>MM</sup>	1	
atenolol-chlorthalidone 50-25 <sup>MM</sup>	1	
atomoxetine hcl 10 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
atomoxetine hcl 100 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
atomoxetine hcl 18 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
atomoxetine hcl 25 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
atomoxetine hcl 40 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
atomoxetine hcl 60 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
atomoxetine hcl 80 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
atorvastatin 10 mg tablet <sup>MM,ACA</sup>	1	
atorvastatin 20 mg tablet <sup>MM,ACA</sup>	1	
atorvastatin 40 mg tablet <sup>MM,ACA</sup>	1	
atorvastatin 80 mg tablet <sup>MM,ACA</sup>	1	
atovaquone 750 mg/5 ml susp <sup>SP,DL</sup>	*	QL(600 per 30 days)
atovaquone-proguanil 250-100	3	QL(30 per 30 days)
atovaquone-proguanil 62.5-25	3	QL(30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
atropine 1% eye drops <sup>MM</sup>	2	
abra 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
abra eq 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM,ACA</sup>	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
AUSTEDO 12 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
AUSTEDO 9 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
AUTO-LANCET MINI	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	3	
AUTOLET IMPRESSION LANCING DEVICE KIT <sup>MM</sup>	3	
AUTOLET LANCING DEVICE	1	
AUTOLET PLUS LANCING DEVICE	3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <sup>MM</sup>	3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <sup>MM</sup>	3	
aviane 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
avidoxy 100 mg tablet	2	
AVONEX 30 MCG VIAL KIT <sup>MM,SP,DL</sup>	*	PA,QL(4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <sup>MM,SP,DL</sup>	*	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(1 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ayuna 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
azathioprine 50 mg tablet <sup>MM</sup>	2	
azelastine 0.1% (137 mcg) spry <sup>MM</sup>	2	QL(30 per 25 days)
azelastine 0.15% nasal spray <sup>MM</sup>	3	QL(30 per 25 days)
azelastine hcl 0.05% drops	2	
azithromycin 1 gm pwd packet	2	
azithromycin 100 mg/5 ml susp	2	
azithromycin 200 mg/5 ml susp	2	
azithromycin 250 mg tablet	2	
azithromycin 500 mg tablet	2	
azithromycin 600 mg tablet	2	QL(16 per 60 days)
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
bacitracin 500 unit/gm ophth	3	
bacitracin-polymyxin eye oint	2	
baclofen 10 mg tablet <sup>MM</sup>	2	QL(240 per 30 days)
baclofen 20 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
baclofen 5 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release <sup>MM</sup>	3	
BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TABLET,CAPSULE,DELAY REL <sup>MM</sup>	3	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET <sup>MM</sup>	3	
balsalazide disodium 750 mg cp	3	QL(270 per 30 days)
BALVERSA 3 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(30 per 30 days)
balziva (28) 0.4 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
BANZEL 200 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <sup>MM,SP,DL</sup>	*	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(240 per 30 days)
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	2	
BARACLUDGE 0.05 MG/ML ORAL SOLUTION <sup>MM,SP,DL</sup>	*	QL(630 per 30 days)
BAXDELA 450 MG TABLET	3	QL(28 per 14 days)
BD ALCOHOL SWABS	3	
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	1	
BD BLUNT NEEDLE 18GX1-1/2"	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
BD ECLIPSE NEEDLE 18GX1 1/2"	1	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	1	
BD INSULIN SYR 1 ML 28GX1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 25 X 1" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 26 X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE SLIP TIP 1 ML <sup>MM</sup>	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	1	
BD LANCETS 33G <sup>MM</sup>	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
BD LUER-LOK SYRINGE 1 ML <sup>MM</sup>	1	
BD MICROTAINER LANCET 21 GAUGE <sup>MM</sup>	1	
BD MICROTAINER LANCET 30 GAUGE <sup>MM</sup>	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	2	
BD ULTRA FINE LANCETS 33 GAUGE <sup>MM</sup>	1	
BD ULTRA-FINE II LANCETS 30 GAUGE <sup>MM</sup>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
benazepril hcl 10 mg tablet <sup>MM</sup>	1	
benazepril hcl 20 mg tablet <sup>MM</sup>	1	
benazepril hcl 40 mg tablet <sup>MM</sup>	1	
benazepril hcl 5 mg tablet <sup>MM</sup>	1	
benazepril-hctz 10-12.5 mg tab <sup>MM</sup>	2	
benazepril-hctz 20-12.5 mg tab <sup>MM</sup>	2	
benazepril-hctz 20-25 mg tab <sup>MM</sup>	2	
benazepril-hctz 5-6.25 mg tab <sup>MM</sup>	2	
benznidazole 100 mg tablet	4	QL(240 per 365 days)
benznidazole 12.5 mg tablet	4	QL(720 per 365 days)
benzonatate 100 mg capsule	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
benzonatate 200 mg capsule	3	
benztropine mes 0.5 mg tab <sup>MM</sup>	1	
benztropine mes 1 mg tablet <sup>MM</sup>	1	
benztropine mes 2 mg tablet <sup>MM</sup>	1	
BETADINE OPHTHALMIC PREP 5 % SOLUTION	3	
betamethasone dp 0.05% crm	3	
betamethasone dp 0.05% lot	2	
betamethasone dp 0.05% oint	3	
betamethasone dp aug 0.05% crm	1	
betamethasone dp aug 0.05% gel	3	
betamethasone dp aug 0.05% lot	3	
betamethasone dp aug 0.05% oin	3	
betamethasone va 0.1% cream	2	
betamethasone va 0.1% lotion	3	
betamethasone valer 0.1% ointm	2	
BETASERON 0.3 MG SUBCUTANEOUS KIT <sup>MM,SP,DL</sup>	*	PA,QL(15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(15 per 30 days)
betaxolol 10 mg tablet <sup>MM</sup>	2	
betaxolol 20 mg tablet <sup>MM</sup>	2	
betaxolol hcl 0.5% eye drop <sup>MM</sup>	3	
bethanechol 10 mg tablet <sup>MM</sup>	2	
bethanechol 25 mg tablet <sup>MM</sup>	2	
bethanechol 5 mg tablet <sup>MM</sup>	2	
bethanechol 50 mg tablet <sup>MM</sup>	2	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <sup>MM,SP,DL</sup>	*	PA,QL(224 per 28 days)
bexarotene 75 mg capsule <sup>MM,SP,DL</sup>	*	PA,QL(300 per 30 days)
bicalutamide 50 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET <sup>MM</sup>	3	ST,QL(180 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
bisoprolol fumarate 10 mg tab <sup>MM</sup>	2	
bisoprolol fumarate 5 mg tab <sup>MM</sup>	2	
bisoprolol-hctz 10-6.25 mg tab <sup>MM</sup>	1	
bisoprolol-hctz 2.5-6.25 mg tb <sup>MM</sup>	1	
bisoprolol-hctz 5-6.25 mg tab <sup>MM</sup>	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM,ACA</sup>	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
BLOOD GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE	3	QL(60 per 30 days)
BOOST SOOTHE 0.04 GRAM-1.27 KCAL/ML ORAL LIQUID	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
BOSULIF 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
BOSULIF 400 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
BOSULIF 500 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
BRAFTOVI 50 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
BRAFTOVI 75 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
BREATHERITE MDI SPACER	1	
BREATHERITE SPACER AND MASK, ADULT	1	
BREATHERITE SPACER AND MASK, CHILD	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BREATHERITE SPACER AND MASK, INFANT	1	
BREATHERITE SPACER AND MASK, NEONATE	1	
BREATHERITE SPACER AND MASK, SMALL CHILD	1	
BREATHERITE VALVED MDI CHAMBER SPACER	1	
BREATHERITE VALVED MDI SPACER	1	
BREEZE 2 CONTROL SOLUTION, HIGH <sup>MM</sup>	3	
BREEZE 2 CONTROL SOLUTION, LOW <sup>MM</sup>	3	
BREEZE 2 CONTROL SOLUTION, NORMAL <sup>MM</sup>	3	
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
briellyn 0.4 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
BRILINTA 60 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
BRILINTA 90 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
brimonidine 0.2% eye drop <sup>MM</sup>	1	QL(10 per 30 days)
BRIVIACT 10 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(600 per 30 days)
BRIVIACT 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 25 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 50 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 75 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	3	
bromphen-pse-dm 2-30-10 mg/5ml	3	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
budesonide 0.25 mg/2 ml susp <sup>MM</sup>	3	QL(240 per 30 days)
budesonide 0.5 mg/2 ml susp <sup>MM</sup>	3	QL(240 per 30 days)
budesonide 1 mg/2 ml inh susp <sup>MM</sup>	3	QL(120 per 30 days)
budesonide ec 3 mg capsule	4	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE <sup>MM</sup>	1	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE <sup>MM</sup>	1	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
bumetanide 0.5 mg tablet <sup>MM</sup>	2	
bumetanide 1 mg tablet <sup>MM</sup>	2	
bumetanide 2 mg tablet <sup>MM</sup>	2	
bupreno-nalox 2-0.5 mg sl film <sup>MM</sup>	2	QL(90 per 30 days)
buprenor-nalox 12-3 mg sl film <sup>MM</sup>	2	QL(60 per 30 days)
buprenorp-nalox 4-1 mg sl film <sup>MM</sup>	2	QL(90 per 30 days)
buprenorp-nalox 8-2 mg sl film <sup>MM</sup>	2	QL(90 per 30 days)
buprenorphine 10 mcg/hr patch <sup>DL</sup>	2	QL(4 per 28 days)
buprenorphine 15 mcg/hr patch <sup>DL</sup>	2	QL(4 per 28 days)
buprenorphine 2 mg tablet sl	2	QL(90 per 30 days)
buprenorphine 20 mcg/hr patch <sup>DL</sup>	2	QL(4 per 28 days)
buprenorphine 5 mcg/hr patch <sup>DL</sup>	2	QL(4 per 28 days)
buprenorphine 7.5 mcg/hr patch <sup>DL</sup>	2	QL(4 per 28 days)
buprenorphine 8 mg tablet sl	2	QL(90 per 30 days)
bupropion hcl 100 mg tablet <sup>MM</sup>	2	QL(180 per 30 days)
bupropion hcl 75 mg tablet <sup>MM</sup>	2	QL(180 per 30 days)
bupropion hcl sr 100 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
bupropion hcl sr 150 mg tablet <sup>ACA</sup>	2	QL(90 per 30 days)
bupropion hcl sr 150 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl sr 200 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
bupropion hcl xl 150 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
bupropion hcl xl 300 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
bupirone hcl 10 mg tablet <sup>MM</sup>	1	
bupirone hcl 15 mg tablet <sup>MM</sup>	1	
bupirone hcl 30 mg tablet <sup>MM</sup>	1	
bupirone hcl 5 mg tablet <sup>MM</sup>	1	
bupirone hcl 7.5 mg tablet <sup>MM</sup>	1	
butalb-acetamin-caf-cod 50-325 <sup>DL</sup>	3	QL(360 per 30 days)
butalb-acetamin-caff 50-325-40	2	QL(180 per 30 days)
butalb-acetamin-caff 50-325-40	3	QL(180 per 30 days)
butalb-aspirin-caffe 50-325-40	3	QL(180 per 30 days)
butalbital-acetaminophn 50-325	2	QL(180 per 30 days)
butalbital-asa-caffeine cap	3	QL(180 per 30 days)
butorphanol 10 mg/ml spray <sup>DL</sup>	3	QL(5 per 28 days)
BUTTERFLY TOUCH LANCET 30 GAUGE	1	
c-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MM</sup>	3	
cabergoline 0.5 mg tablet <sup>MM</sup>	3	QL(16 per 28 days)
CABLIVI 11 MG INJECTION KIT <sup>SP,LD,DL</sup>	*	PA,QL(30 per 30 days)
CABOMETYX 20 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
CABOMETYX 40 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
CABOMETYX 60 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE <sup>MM</sup>	3	
calcipotriene 0.005% cream	3	PA,QL(120 per 30 days)
calcipotriene 0.005% solution	3	PA,QL(60 per 30 days)
calcitonin-salmon 200 units sp <sup>MM</sup>	2	QL(3.7 per 28 days)
calcitriol 0.25 mcg capsule <sup>MM</sup>	2	
calcitriol 0.5 mcg capsule <sup>MM</sup>	2	
calcitriol 1 mcg/ml solution <sup>MM</sup>	3	
calcium acetate 667 mg capsule <sup>MM</sup>	2	
calcium acetate 667 mg tablet <sup>MM</sup>	2	
CALQUENCE 100 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
camila 0.35 mg tablet <sup>MM,ACA</sup>	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
capecitabine 150 mg tablet <sup>DL</sup>	3	PA,QL(630 per 30 days)
capecitabine 500 mg tablet <sup>DL</sup>	3	PA,QL(189 per 30 days)
carbamazepine 100 mg tab chew <sup>MM</sup>	2	
carbamazepine 100 mg/5 ml susp <sup>MM</sup>	3	
carbamazepine 200 mg tablet <sup>MM</sup>	2	
carbamazepine 200 mg/10ml susp	3	
carbamazepine er 100 mg cap <sup>MM</sup>	3	
carbamazepine er 100 mg tablet <sup>MM</sup>	3	QL(120 per 30 days)
carbamazepine er 200 mg cap <sup>MM</sup>	3	
carbamazepine er 200 mg tablet <sup>MM</sup>	3	QL(120 per 30 days)
carbamazepine er 300 mg cap <sup>MM</sup>	3	
carbamazepine er 400 mg tablet <sup>MM</sup>	3	QL(120 per 30 days)
carbidopa-levo er 25-100 tab <sup>MM</sup>	2	
carbidopa-levo er 50-200 tab <sup>MM</sup>	2	
carbidopa-levodopa 10-100 tab <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levodopa 100 mg-enta <sup>MM</sup>	3	
carbidopa-levodopa 125 mg-enta <sup>MM</sup>	3	
carbidopa-levodopa 150 mg-enta <sup>MM</sup>	3	
carbidopa-levodopa 200 mg-enta <sup>MM</sup>	3	
carbidopa-levodopa 25-100 tab <sup>MM</sup>	1	
carbidopa-levodopa 25-250 tab <sup>MM</sup>	1	
carbidopa-levodopa 50 mg-enta <sup>MM</sup>	3	
carbidopa-levodopa 75 mg-enta <sup>MM</sup>	3	
carbinoxamine 4 mg/5 ml liquid	3	
carbinoxamine maleate 4 mg tab	3	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
CAREFINE PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	1	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
CAREFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
CAREFINE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	1	
CAREFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
CARELANCE ULTIMATE COMFORT LANCING DEVICE	3	
CAREONE LANCING DEVICE	1	
CAREONE THIN LANCET <sup>MM</sup>	1	
CAREONE ULTRA THIN LANCET <sup>MM</sup>	1	
CARESENS CONTROL A AND B SOLUTION <sup>MM</sup>	3	
CARESENS CONTROL A NORMAL SOLUTION <sup>MM</sup>	3	
CARESENS LANCETS 30 GAUGE <sup>MM</sup>	3	
CARESENS PREMIUM COMFORT LANCING DEVICE	3	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS	3	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH LANCING DEVICE	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	1	
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
CARETOUCH SAFETY LANCETS 26 GAUGE <sup>MM</sup>	1	
CARETOUCH SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
CARETOUCH TWIST LANCET 28 GAUGE <sup>MM</sup>	1	
CARETOUCH TWIST LANCET 30 GAUGE <sup>MM</sup>	1	
CARETOUCH TWIST LANCET 33 GAUGE <sup>MM</sup>	1	
carisoprodol 350 mg tablet	2	QL(120 per 30 days)
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
CARNITOR 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
CARNITOR 330 MG TABLET <sup>MM</sup>	3	
carteolol hcl 1% eye drops <sup>MM</sup>	1	
cartia xt 120 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
cartia xt 180 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
cartia xt 240 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
cartia xt 300 mg capsule,extended release <sup>MM</sup>	2	QL(30 per 30 days)
carvedilol 12.5 mg tablet <sup>MM</sup>	1	
carvedilol 25 mg tablet <sup>MM</sup>	1	
carvedilol 3.125 mg tablet <sup>MM</sup>	1	
carvedilol 6.25 mg tablet <sup>MM</sup>	1	
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	4	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>MM,ACA</sup>	1	
cefaclor 125 mg/5 ml susp	3	
cefaclor 250 mg capsule	3	
cefaclor 250 mg/5 ml susp	3	
cefaclor 375 mg/5 ml suspen	3	
cefaclor 500 mg capsule	3	
cefadroxil 250 mg/5 ml susp	2	
cefadroxil 500 mg capsule	2	
cefadroxil 500 mg/5 ml susp	2	
cefdinir 125 mg/5 ml susp	2	
cefdinir 250 mg/5 ml susp	2	
cefdinir 300 mg capsule	2	
cefditoren pivoxil 200 mg tab	3	
cefditoren pivoxil 400 mg tab	3	
cefixime 100 mg/5 ml susp	3	
cefixime 200 mg/5 ml susp	3	
cefixime 400 mg capsule	3	
cefpodoxime 100 mg tablet	3	
cefpodoxime 100 mg/5 ml susp	3	
cefpodoxime 200 mg tablet	3	
cefpodoxime 50 mg/5 ml susp	3	
cefprozil 125 mg/5 ml susp	2	
cefprozil 250 mg tablet	2	
cefprozil 250 mg/5 ml susp	2	
cefprozil 500 mg tablet	2	
cefuroxime axetil 250 mg tab	2	
cefuroxime axetil 500 mg tab	2	
celecoxib 100 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
celecoxib 200 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
celecoxib 400 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
celecoxib 50 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION <sup>MM</sup>	4	
CELLCEPT 250 MG CAPSULE <sup>MM</sup>	4	QL(360 per 30 days)
CELLCEPT 500 MG TABLET <sup>MM</sup>	4	QL(180 per 30 days)
CELONTIN 300 MG CAPSULE <sup>MM</sup>	3	
centratex 106 mg iron-1 mg capsule	1	
cephalexin 125 mg/5 ml susp	2	
cephalexin 250 mg capsule	2	
cephalexin 250 mg/5 ml susp	2	
cephalexin 500 mg capsule	2	
CERDELGA 84 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA
cevimeline hcl 30 mg capsule <sup>MM</sup>	3	
CHANTIX 0.5 MG TABLET <sup>ACA</sup>	3	QL(56 per 28 days)
CHANTIX 1 MG TABLET <sup>ACA</sup>	3	QL(56 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <sup>ACA</sup>	3	QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <sup>ACA</sup>	3	QL(53 per 28 days)
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	2	
chateal (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
chateal eq (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
CHEMET 100 MG CAPSULE	4	
CHEMSTRIP 10 MD	2	
CHENODAL 250 MG TABLET <sup>SP,DL</sup>	*	
chlordiazepoxide 10 mg capsule <sup>DL</sup>	2	QL(120 per 30 days)
chlordiazepoxide 25 mg capsule <sup>DL</sup>	2	QL(120 per 30 days)
chlordiazepoxide 5 mg capsule <sup>DL</sup>	2	QL(120 per 30 days)
chlorhexidine 0.12% rinse	2	
chloroquine ph 250 mg tablet	3	
chloroquine ph 500 mg tablet	3	
chlorpropamide 100 mg tablet <sup>MM</sup>	3	
chlorpropamide 250 mg tablet <sup>MM</sup>	3	
chlorthalidone 25 mg tablet <sup>MM</sup>	1	
chlorthalidone 50 mg tablet <sup>MM</sup>	1	
CHOICE DM CLARUS NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
CHOLBAM 250 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
CHOLBAM 50 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
cholestyramine light 4 gram oral powder <sup>MM</sup>	3	
cholestyramine light 4 gram powder for susp in a packet <sup>MM</sup>	3	
cholestyramine packet <sup>MM</sup>	3	
cholestyramine powder <sup>MM</sup>	3	
ciclopirox 0.77% gel	3	
ciclopirox 0.77% topical susp	3	
ciclopirox 1% shampoo	3	
cilostazol 100 mg tablet <sup>MM</sup>	1	
cilostazol 50 mg tablet <sup>MM</sup>	1	
CIMDUO 300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
cimetidine 200 mg tablet <sup>MM</sup>	3	
cimetidine 300 mg tablet <sup>MM</sup>	3	
cimetidine 300 mg/5 ml soln <sup>MM</sup>	1	
cimetidine 400 mg tablet <sup>MM</sup>	3	
cimetidine 800 mg tablet <sup>MM</sup>	3	
cinacalcet hcl 30 mg tablet <sup>MM</sup>	4	QL(60 per 30 days)
cinacalcet hcl 60 mg tablet <sup>MM</sup>	4	QL(60 per 30 days)
cinacalcet hcl 90 mg tablet <sup>MM</sup>	4	QL(120 per 30 days)
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	3	
ciproflox-dexameth otic susp	3	
ciprofloxacin 0.2% otic soln	3	
ciprofloxacin 0.3% eye drop	2	
ciprofloxacin 250 mg/5 ml susp	3	
ciprofloxacin 500 mg/5 ml susp	3	
ciprofloxacin er 1,000 mg tab	3	
ciprofloxacin er 500 mg tablet	3	
ciprofloxacin hcl 100 mg tab	2	
ciprofloxacin hcl 250 mg tab	2	
ciprofloxacin hcl 500 mg tab	2	
ciprofloxacin hcl 750 mg tab	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
citalopram hbr 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
citalopram hbr 10 mg/5 ml soln <sup>MM</sup>	2	
citalopram hbr 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
citalopram hbr 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
claravis 10 mg capsule	3	QL(60 per 30 days)
claravis 20 mg capsule	3	QL(60 per 30 days)
claravis 30 mg capsule	3	QL(60 per 30 days)
claravis 40 mg capsule	3	QL(120 per 30 days)
clarithromycin 125 mg/5 ml sus	3	
clarithromycin 250 mg tablet	2	
clarithromycin 250 mg/5 ml sus	3	
clarithromycin 500 mg tablet	2	
clemastine fum 2.68 mg tab	3	
CLEOCIN 100 MG VAGINAL SUPPOSITORY	3	
CLEVER CHEK LANCETS 30 GAUGE <sup>MM</sup>	1	
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	3	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	3	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION <sup>MM</sup>	3	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
clind ph-benzoyl perox 1.2-5%	3	
clinda-benzoyl perox 1-5% pump	3	
clindacin etz 1 % topical swab	2	
clindacin p 1 % topical swab	2	
clindamycin 2% vaginal cream	3	
clindamycin hcl 150 mg capsule	2	
clindamycin hcl 300 mg capsule	2	
clindamycin hcl 75 mg capsule	2	
clindamycin pediatric 75 mg/5 ml oral solution	3	
clindamycin ph 1% gel	3	PA
clindamycin ph 1% solution	3	
clindamycin phos 1% pledget	2	
clindamycin phosp 1% lotion	3	
clindamycin-benzoyl perox 1-5%	3	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE	3	
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 4.25%-20% SOLUTION	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 2.75%-10% SOLUTION	3	
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25%-25% SOLUTION	3	
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 5%-25% SOLUTION	3	
CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
clobazam 10 mg tablet <sup>MM,DL</sup>	3	PA,QL(60 per 30 days)
clobazam 2.5 mg/ml suspension <sup>MM,DL</sup>	3	PA,QL(480 per 30 days)
clobazam 20 mg tablet <sup>MM,DL</sup>	3	PA,QL(60 per 30 days)
clobetasol 0.05% cream	3	
clobetasol 0.05% gel	3	
clobetasol 0.05% ointment	3	
clobetasol 0.05% shampoo	3	
clobetasol 0.05% solution	2	
clobetasol emollient 0.05% crm	3	
clodan 0.05 % shampoo	3	
clomipramine 25 mg capsule <sup>MM</sup>	4	
clomipramine 50 mg capsule <sup>MM</sup>	4	
clomipramine 75 mg capsule <sup>MM</sup>	4	
clonazepam 0.125 mg dis tab <sup>MM,DL</sup>	2	
clonazepam 0.25 mg odt <sup>MM,DL</sup>	2	
clonazepam 0.5 mg dis tablet <sup>MM,DL</sup>	2	
clonazepam 0.5 mg tablet <sup>MM,DL</sup>	2	
clonazepam 1 mg dis tablet <sup>MM,DL</sup>	2	
clonazepam 1 mg tablet <sup>MM,DL</sup>	2	
clonazepam 2 mg odt <sup>MM,DL</sup>	2	
clonazepam 2 mg tablet <sup>MM,DL</sup>	2	
clonidine hcl 0.1 mg tablet <sup>MM</sup>	1	
clonidine hcl 0.2 mg tablet <sup>MM</sup>	1	
clonidine hcl 0.3 mg tablet <sup>MM</sup>	1	
clopidogrel 300 mg tablet	3	QL(1 per 30 days)
clopidogrel 75 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
clorazepate 15 mg tablet <sup>DL</sup>	3	
clorazepate 3.75 mg tablet <sup>DL</sup>	3	
clorazepate 7.5 mg tablet <sup>DL</sup>	3	
clotrimazole 1% solution	2	
clotrimazole 1% topical cream	2	
clotrimazole 10 mg troche	2	
clotrimazole-betamethasone crm	2	
clotrimazole-betamethasone lot	3	
clovique 250 mg capsule <sup>SP,DL</sup>	*	PA
clozapine 100 mg tablet <sup>MM</sup>	2	
clozapine 200 mg tablet <sup>MM</sup>	2	
clozapine 25 mg tablet <sup>MM</sup>	2	
clozapine 50 mg tablet <sup>MM</sup>	2	
CO-VERATROL CAPSULE	3	
COAGUCHEK LANCETS <sup>MM</sup>	1	
COARTEM 20 MG-120 MG TABLET	3	QL(24 per 30 days)
codeine sulfate 15 mg tablet <sup>DL</sup>	3	QL(360 per 30 days)
codeine sulfate 30 mg tablet <sup>DL</sup>	3	QL(360 per 30 days)
codeine sulfate 60 mg tablet <sup>DL</sup>	3	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
colchicine 0.6 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
colestipol hcl granules <sup>MM</sup>	3	
colestipol hcl granules packet <sup>MM</sup>	3	
colestipol micronized 1 gm tab <sup>MM</sup>	2	
colocort 100 mg/60 ml enema	3	
COLOR LANCETS 21 GAUGE <sup>MM</sup>	1	
COLY-MYCIN S OTIC SUSP DROP	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS <sup>MM</sup>	2	QL(5 per 25 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <sup>MM,SP,LD,DL</sup>	*	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <sup>MM,SP,LD,DL</sup>	*	PA,QL(84 per 28 days)
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ LANCETS 21 GAUGE <sup>MM</sup>	2	
COMFORT EZ LANCETS 23 GAUGE <sup>MM</sup>	2	
COMFORT EZ LANCETS 28 GAUGE <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT LANCETS <sup>MM</sup>	3	
COMFORT POINT PEN NDL 31GX1/3" <sup>MM</sup>	1	
COMFORT POINT PEN NDL 31GX1/6" <sup>MM</sup>	2	
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER PLUS	2	
COMPACT SPACE CHAMBER-LRG MASK	1	
COMPACT SPACE CHAMBER-MED MASK	1	
COMPACT SPACE CHAMBER-SM MASK	1	
COMPLERA 200 MG-25 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
completenate 29 mg iron-1 mg chewable tablet <sup>MM</sup>	1	
compro 25 mg rectal suppository	3	
constulose 10 gram/15 ml oral solution <sup>MM</sup>	1	
CONTOUR CONTROL SOLUTION, HIGH <sup>MM</sup>	3	
CONTOUR CONTROL SOLUTION, LOW <sup>MM</sup>	3	
CONTOUR CONTROL SOLUTION, NORMAL <sup>MM</sup>	3	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	3	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
COOL CONTROL A SOLUTION <sup>MM</sup>	3	
COOL CONTROL B SOLUTION <sup>MM</sup>	3	
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(12 per 28 days)
COPIKTRA 15 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(56 per 28 days)
COPIKTRA 25 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(56 per 28 days)
cortisone 25 mg tablet	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(32 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS <sup>MM,SP,DL</sup>	*	PA,QL(32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <sup>MM,SP,DL</sup>	*	PA,QL(32 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS <sup>MM,SP,DL</sup>	*	PA,QL(32 per 365 days)
COUMADIN 1 MG TABLET <sup>MM</sup>	3	
COUMADIN 10 MG TABLET <sup>MM</sup>	3	
COUMADIN 2 MG TABLET <sup>MM</sup>	3	
COUMADIN 2.5 MG TABLET <sup>MM</sup>	3	
COUMADIN 3 MG TABLET <sup>MM</sup>	3	
COUMADIN 4 MG TABLET <sup>MM</sup>	3	
COUMADIN 5 MG TABLET <sup>MM</sup>	3	
COUMADIN 6 MG TABLET <sup>MM</sup>	3	
COUMADIN 7.5 MG TABLET <sup>MM</sup>	3	
covaryx 1.25 mg-2.5 mg tablet <sup>MM</sup>	3	
covaryx h.s. 0.625 mg-1.25 mg tablet <sup>MM</sup>	3	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CRESEMBA 186 MG CAPSULE <sup>SP,DL</sup>	*	PA
CRINONE 4 % VAGINAL GEL	3	QL(8.7 per 30 days)
CRIXIVAN 200 MG CAPSULE <sup>MM</sup>	3	QL(450 per 30 days)
CRIXIVAN 400 MG CAPSULE <sup>MM</sup>	3	QL(270 per 30 days)
cromolyn 100 mg/5 ml oral conc <sup>SP,DL</sup>	*	
cromolyn 4% eye drops	1	
cryselle (28) 0.3 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
CURITY ALCOHOL SWABS	3	
cvs glucose 40% gel	3	
CVS THIN 26G LANCETS <sup>MM</sup>	1	
cyanocobalamin 1,000 mcg/ml <sup>MM</sup>	1	QL(30 per 30 days)
cyclafem 1/35 (28) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
cyclobenzaprine 10 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
cyclobenzaprine 5 mg tablet	1	
cyclopentolate 0.5% eye drops	1	
cyclopentolate 1% eye drops	1	
cyclopentolate hcl 2% drops	1	
cyclophosphamide 25 mg capsule <sup>SP,DL</sup>	*	QL(960 per 30 days)
cyclophosphamide 50 mg capsule <sup>SP,DL</sup>	*	QL(480 per 30 days)
cyclosporine 100 mg capsule <sup>MM</sup>	3	QL(720 per 30 days)
cyclosporine 25 mg capsule <sup>MM</sup>	3	
cyclosporine modified 100 mg <sup>MM</sup>	3	QL(720 per 30 days)
cyclosporine modified 100mg/ml <sup>MM</sup>	3	
cyclosporine modified 25 mg <sup>MM</sup>	3	
cyclosporine modified 50 mg <sup>MM</sup>	3	
cyproheptadine 2 mg/5 ml syrup	2	
cyproheptadine 4 mg tablet	2	
cyred 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
cyred eq 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <sup>MM,SP,LD,DL</sup>	*	
CYSTAGON 150 MG CAPSULE <sup>MM</sup>	4	
CYSTAGON 50 MG CAPSULE <sup>MM</sup>	4	
CYSTARAN 0.44 % EYE DROPS <sup>MM,SP,DL</sup>	*	PA,QL(60 per 28 days)
cytra-k crystals packet	3	
dalfampridine er 10 mg tablet <sup>MM,DL</sup>	3	PA,QL(60 per 30 days)
DALIRESP 250 MCG TABLET <sup>MM</sup>	3	QL(28 per 365 days)
DALIRESP 500 MCG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
danazol 100 mg capsule	3	
danazol 200 mg capsule	3	
danazol 50 mg capsule	3	
dantrolene sodium 100 mg cap <sup>MM</sup>	3	
dantrolene sodium 25 mg cap <sup>MM</sup>	3	
dantrolene sodium 50 mg cap <sup>MM</sup>	3	
dapsone 100 mg tablet <sup>MM</sup>	3	
dapsone 25 mg tablet <sup>MM</sup>	3	
dasetta 1/35 (28) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
DAURISMO 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
deblitane 0.35 mg tablet <sup>MM,ACA</sup>	1	
decadron 0.5 mg/5 ml elixir	2	
deferasirox 125 mg tb for susp <sup>MM,SP,DL</sup>	*	PA,QL(150 per 30 days)
deferasirox 250 mg tb for susp <sup>MM,SP,DL</sup>	*	PA,QL(150 per 30 days)
deferasirox 500 mg tb for susp <sup>MM,SP,DL</sup>	*	PA,QL(150 per 30 days)
deferiprone 500 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(720 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
demeclocycline 150 mg tablet	3	
demeclocycline 300 mg tablet	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	QL(0.65 per 90 days)
DESCOVY 200 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
desipramine 10 mg tablet <sup>MM</sup>	3	
desipramine 100 mg tablet <sup>MM</sup>	3	

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desipramine 150 mg tablet <sup>MM</sup>	3	
desipramine 25 mg tablet <sup>MM</sup>	3	
desipramine 50 mg tablet <sup>MM</sup>	3	
desipramine 75 mg tablet <sup>MM</sup>	3	
desloratadine 5 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
desmopressin 0.01% solution <sup>MM</sup>	3	QL(25 per 30 days)
desmopressin 10 mcg/0.1 ml spr <sup>MM</sup>	3	QL(25 per 30 days)
desmopressin acetate 0.1 mg tb <sup>MM</sup>	3	QL(180 per 30 days)
desmopressin acetate 0.2 mg tb <sup>MM</sup>	3	QL(180 per 30 days)
desogest-eth estra 0.15-0.03mg <sup>MM,ACA</sup>	1	
desogestr-eth estrad eth estra <sup>MM,ACA</sup>	1	
desvenlafaxine succnt er 100mg <sup>MM</sup>	2	QL(30 per 30 days)
desvenlafaxine succnt er 25 mg <sup>MM</sup>	2	QL(30 per 30 days)
desvenlafaxine succnt er 50 mg <sup>MM</sup>	2	QL(30 per 30 days)
dexamethasone 0.1% eye drop	2	
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5 ml elx	2	
dexamethasone 0.5 mg/5 ml liq	2	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 mg tablet	1	
dexamethasone intensol 1 mg/ml drops (concentrate)	3	
dexmethylphenidate 10 mg tab <sup>MM</sup>	2	QL(60 per 30 days)
dexmethylphenidate 2.5 mg tab <sup>MM</sup>	2	QL(60 per 30 days)
dexmethylphenidate 5 mg tab <sup>MM</sup>	2	QL(60 per 30 days)
dexmethylphenidate er 10 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 15 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 20 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 25 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 30 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 35 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 40 mg cp <sup>MM</sup>	3	QL(30 per 30 days)
dexmethylphenidate er 5 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
dextroamp-amphet er 10 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
dextroamp-amphet er 15 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
dextroamp-amphet er 20 mg cap <sup>MM</sup>	2	QL(60 per 30 days)
dextroamp-amphet er 25 mg cap <sup>MM</sup>	2	QL(60 per 30 days)
dextroamp-amphet er 30 mg cap <sup>MM</sup>	2	QL(60 per 30 days)
dextroamp-amphet er 5 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
dextroamp-amphetam 12.5 mg tab <sup>MM</sup>	2	QL(90 per 30 days)
dextroamp-amphetam 7.5 mg tab <sup>MM</sup>	2	QL(90 per 30 days)
dextroamp-amphetamin 10 mg tab <sup>MM</sup>	2	QL(90 per 30 days)
dextroamp-amphetamin 15 mg tab <sup>MM</sup>	2	QL(90 per 30 days)
dextroamp-amphetamin 20 mg tab <sup>MM</sup>	2	QL(90 per 30 days)
dextroamp-amphetamin 30 mg tab <sup>MM</sup>	2	QL(60 per 30 days)
dextroamp-amphetamine 5 mg tab <sup>MM</sup>	2	QL(90 per 30 days)
dextroamphetamine 10 mg tab <sup>MM</sup>	3	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine 5 mg tab <sup>MM</sup>	3	QL(150 per 30 days)
DIACOMIT 250 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
DIACOMIT 250 MG ORAL POWDER PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
DIACOMIT 500 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
DIACOMIT 500 MG ORAL POWDER PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
DIATRUE CONTROL SOLUTION HIGH <sup>MM</sup>	3	
DIATRUE CONTROL SOLUTION LOW <sup>MM</sup>	3	
DIATRUE CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
diazepam 10 mg rectal gel syst <sup>DL</sup>	3	
diazepam 10 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
diazepam 2 mg tablet <sup>DL</sup>	2	QL(90 per 30 days)
diazepam 2.5 mg rectal gel syst <sup>DL</sup>	3	
diazepam 20 mg rectal gel syst <sup>DL</sup>	3	
diazepam 5 mg tablet <sup>DL</sup>	2	QL(90 per 30 days)
diazepam 5 mg/5 ml solution <sup>DL</sup>	2	QL(1200 per 30 days)
diazepam 5 mg/ml oral conc <sup>DL</sup>	2	QL(240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <sup>DL</sup>	2	QL(240 per 30 days)
diazoxide 50 mg/ml oral susp <sup>MM,SP,DL</sup>	*	
diclofenac 0.1% eye drops	1	QL(5 per 30 days)
diclofenac pot 50 mg tablet	3	
diclofenac sod ec 25 mg tab	2	
diclofenac sod ec 50 mg tab	2	
diclofenac sod ec 75 mg tab	2	
diclofenac sod er 100 mg tab	2	
diclofenac sodium 1% gel <sup>MM</sup>	2	
dicloxacillin 250 mg capsule	2	
dicloxacillin 500 mg capsule	2	
dicyclomine 10 mg capsule <sup>MM</sup>	1	
dicyclomine 10 mg/5 ml soln <sup>MM</sup>	3	
dicyclomine 20 mg tablet <sup>MM</sup>	1	
didanosine dr 125 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
didanosine dr 200 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
didanosine dr 250 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
didanosine dr 400 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
digitek 125 mcg (0.125 mg) tablet <sup>MM</sup>	2	QL(30 per 30 days)
digitek 250 mcg (0.25 mg) tablet <sup>MM</sup>	2	QL(30 per 30 days)
digox 125 mcg (0.125 mg) tablet <sup>MM</sup>	2	QL(30 per 30 days)
digox 250 mcg (0.25 mg) tablet <sup>MM</sup>	2	QL(30 per 30 days)
digoxin 0.05 mg/ml solution <sup>MM</sup>	3	
digoxin 125 mcg tablet <sup>MM</sup>	2	QL(30 per 30 days)
digoxin 250 mcg tablet <sup>MM</sup>	2	QL(30 per 30 days)
DILANTIN 30 MG CAPSULE <sup>MM</sup>	3	
dilt-xr 120 mg capsule, extended release <sup>MM</sup>	2	QL(60 per 30 days)
dilt-xr 180 mg capsule, extended release <sup>MM</sup>	2	QL(60 per 30 days)
dilt-xr 240 mg capsule, extended release <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 120 mg tablet <sup>MM</sup>	1	
diltiazem 12hr er 120 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
diltiazem 12hr er 60 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
diltiazem 12hr er 90 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
diltiazem 24h er(cd) 120 mg cp <sup>MM</sup>	2	QL(60 per 30 days)

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem 24h er(cd) 180 mg cp <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24h er(cd) 240 mg cp <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24h er(cd) 300 mg cp <sup>MM</sup>	2	QL(30 per 30 days)
diltiazem 24h er(cd) 360 mg cp <sup>MM</sup>	2	QL(30 per 30 days)
diltiazem 24h er(xr) 120 mg cp <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24h er(xr) 180 mg cp <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24h er(xr) 240 mg cp <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24hr er 120 mg cap <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24hr er 180 mg cap <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24hr er 240 mg cap <sup>MM</sup>	2	QL(60 per 30 days)
diltiazem 24hr er 300 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
diltiazem 24hr er 360 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
diltiazem 24hr er 420 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
diltiazem 30 mg tablet <sup>MM</sup>	1	
diltiazem 60 mg tablet <sup>MM</sup>	1	
diltiazem 90 mg tablet <sup>MM</sup>	1	
dimethyl fumarate 30d start pk <sup>SP,DL</sup>	*	PA,QL(60 per 30 days)
dimethyl fumarate dr 120 mg cp <sup>MM,SP,DL</sup>	*	PA,QL(14 per 30 days)
dimethyl fumarate dr 240 mg cp <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
diphenhydramine 12.5 mg/5 ml	3	
diphenoxylat-atrop 2.5-0.025/5	2	
diphenoxylate-atrop 2.5-0.025	2	
dipyridamole 25 mg tablet <sup>MM</sup>	2	
dipyridamole 50 mg tablet <sup>MM</sup>	2	
dipyridamole 75 mg tablet <sup>MM</sup>	2	
disopyramide 100 mg capsule <sup>MM</sup>	3	
disopyramide 150 mg capsule <sup>MM</sup>	3	
disulfiram 250 mg tablet <sup>MM</sup>	2	
disulfiram 500 mg tablet <sup>MM</sup>	2	
divalproex dr 125 mg cap sprnk <sup>MM</sup>	3	
divalproex sod dr 125 mg tab <sup>MM</sup>	1	
divalproex sod dr 250 mg tab <sup>MM</sup>	1	
divalproex sod dr 500 mg tab <sup>MM</sup>	1	
divalproex sod er 250 mg tab <sup>MM</sup>	2	
divalproex sod er 500 mg tab <sup>MM</sup>	2	
dofetilide 125 mcg capsule <sup>MM</sup>	3	QL(240 per 30 days)
dofetilide 250 mcg capsule <sup>MM</sup>	3	QL(120 per 30 days)
dofetilide 500 mcg capsule <sup>MM</sup>	3	QL(60 per 30 days)
DOJOLVI 8.3 KCAL/ML ORAL LIQUID <sup>MM</sup>	3	PA
donepezil hcl 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
donepezil hcl 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
donepezil hcl odt 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
donepezil hcl odt 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
dorzolamide hcl 2% eye drops <sup>MM</sup>	1	QL(10 per 30 days)
dorzolamide-timolol eye drops <sup>MM</sup>	2	QL(10 per 30 days)
dotti 0.025 mg/24 hr transdermal patch <sup>MM</sup>	3	QL(8 per 28 days)
dotti 0.0375 mg/24 hr transdermal patch <sup>MM</sup>	3	QL(8 per 28 days)
dotti 0.05 mg/24 hr transdermal patch <sup>MM</sup>	3	QL(8 per 28 days)
dotti 0.075 mg/24 hr transdermal patch <sup>MM</sup>	3	QL(8 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dotti 0.1 mg/24 hr transdermal patch <sup>MM</sup>	3	QL(8 per 28 days)
DOVATO 50 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
doxazosin mesylate 1 mg tab <sup>MM</sup>	1	
doxazosin mesylate 2 mg tab <sup>MM</sup>	1	
doxazosin mesylate 4 mg tab <sup>MM</sup>	1	
doxazosin mesylate 8 mg tab <sup>MM</sup>	1	
doxepin 10 mg capsule <sup>MM</sup>	2	
doxepin 10 mg/ml oral conc <sup>MM</sup>	2	
doxepin 100 mg capsule <sup>MM</sup>	2	
doxepin 150 mg capsule <sup>MM</sup>	2	
doxepin 25 mg capsule <sup>MM</sup>	2	
doxepin 50 mg capsule <sup>MM</sup>	2	
doxepin 75 mg capsule <sup>MM</sup>	2	
doxycycline 25 mg/5 ml susp	3	
doxycycline hyclate 100 mg cap	2	QL(90 per 30 days)
doxycycline hyclate 100 mg tab	2	
doxycycline hyclate 20 mg tab	2	
doxycycline hyclate 50 mg cap	2	
doxycycline mono 100 mg cap	2	QL(90 per 30 days)
doxycycline mono 100 mg tablet	2	
doxycycline mono 50 mg cap	2	QL(60 per 30 days)
doxycycline mono 50 mg tablet	2	
doxylamine-pyridoxine 10-10 mg	3	QL(120 per 30 days)
dronabinol 10 mg capsule	3	PA,QL(120 per 30 days)
dronabinol 2.5 mg capsule	3	PA,QL(120 per 30 days)
dronabinol 5 mg capsule	3	PA,QL(120 per 30 days)
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET LANCETS 30 GAUGE <sup>MM</sup>	1	
DROPLET LANCING DEVICE	3	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" <sup>MM</sup>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
DROPLET PEN NEEDLE 29 GAUGE X 3/8" <sup>MM</sup>	1	
DROPLET PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET PEN NEEDLE 31 GAUGE X 1/4"MM	1	
DROPLET PEN NEEDLE 31 GAUGE X 3/16"MM	1	
DROPLET PEN NEEDLE 31 GAUGE X 5/16"MM	1	
DROPLET PEN NEEDLE 32 GAUGE X 1/4"MM	1	
DROPLET PEN NEEDLE 32 GAUGE X 3/16"MM	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/16"MM	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/32"MM	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"MM	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"MM	1	
dros-ee-levomef 3-0.02-0.451 <sup>MM,ACA</sup>	1	
dros-ee-levomef 3-0.03-0.451 <sup>MM</sup>	2	
drosiprenone-ee 3-0.02 mg tab <sup>MM,ACA</sup>	1	
drosiprenone-ee 3-0.03 mg tab <sup>MM,ACA</sup>	1	
DROXIA 200 MG CAPSULE <sup>MM</sup>	2	
DROXIA 300 MG CAPSULE <sup>MM</sup>	2	
DROXIA 400 MG CAPSULE <sup>MM</sup>	2	
DUET DHA BALANCED 25 MG IRON-1 MG-267 MG-233 MG ORAL PACK <sup>MM</sup>	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <sup>MM</sup>	3	
duloxetine hcl dr 20 mg cap <sup>MM</sup>	1	QL(60 per 30 days)
duloxetine hcl dr 30 mg cap <sup>MM</sup>	1	QL(60 per 30 days)
duloxetine hcl dr 60 mg cap <sup>MM</sup>	1	QL(60 per 30 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(56 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(56 per 365 days)
dutasteride 0.5 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION <sup>MM</sup>	2	QL(240 per 30 days)
E-Z JECT LANCETS <sup>MM</sup>	3	
E-Z JECT LANCETS 26 GAUGE <sup>MM</sup>	1	
E-Z JECT LANCETS 30 GAUGE <sup>MM</sup>	1	
E-Z JECT LANCETS 32 GAUGE <sup>MM</sup>	1	
E-Z JECT LANCETS 33 GAUGE <sup>MM</sup>	1	
E-Z JECT THIN LANCETS 28 GAUGE <sup>MM</sup>	1	
E-Z SPACER	2	
EASIVENT HOLDING CHAMBER	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
EASY COMFORT ALCOHOL PAD TOPICAL PADS	3	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"MM	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	2	
EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"MM	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16"MM	2	
EASY COMFORT LANCETS 30 GAUGE <sup>MM</sup>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"MM	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"MM	2	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"MM	3	
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4"MM	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16"MM	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32"MM	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"MM	2	
EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"MM	2	
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"MM	2	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32"MM	1	
EASY MINI EJECT LANCING DEVICE	3	
EASY PLUS II HIGH CONTROL SOLUTIONMM	3	
EASY PLUS II LOW CONTROL SOLUTIONMM	3	
EASY STEP HIGH CONTROL SOLUTIONMM	3	
EASY STEP LOW CONTROL SOLUTIONMM	3	
EASY STEP NORMAL CONTROL SOLN SOLUTIONMM	3	
EASY TALK HIGH CONTROL SOLUTIONMM	3	
EASY TALK LOW CONTROL SOLUTIONMM	3	
EASY TOUCH 29 GAUGE X 1/2" NEEDLEMM	1	
EASY TOUCH 31 GAUGE X 1/4" NEEDLEMM	1	
EASY TOUCH 31 GAUGE X 3/16" NEEDLEMM	1	
EASY TOUCH 31 GAUGE X 5/16" NEEDLEMM	1	
EASY TOUCH 32 GAUGE X 1/4" NEEDLEMM	1	
EASY TOUCH 32 GAUGE X 3/16" NEEDLEMM	1	
EASY TOUCH 32 GAUGE X 5/32" NEEDLEMM	3	
EASY TOUCH ALCOHOL PREP PADS	3	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGEMM	2	
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGEMM	2	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
EASY TOUCH HIGH-LOW CONTROL SOLUTIONMM	3	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	2	
EASY TOUCH LANCETS 26 GAUGE <sup>MM</sup>	3	
EASY TOUCH LANCETS 28 GAUGE <sup>MM</sup>	1	
EASY TOUCH LANCETS 30 GAUGE <sup>MM</sup>	3	
EASY TOUCH LANCETS 32 GAUGE <sup>MM</sup>	3	
EASY TOUCH LANCING DEVICE	3	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <sup>MM</sup>	2	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16"MM	1	
EASY TOUCH SAFETY LANCETS 21 GAUGE <sup>MM</sup>	1	
EASY TOUCH SAFETY LANCETS 23 GAUGE <sup>MM</sup>	1	
EASY TOUCH SAFETY LANCETS 26 GAUGE <sup>MM</sup>	1	
EASY TOUCH SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
EASY TOUCH SAFETY LANCETS 30 GAUGE <sup>MM</sup>	1	
EASY TOUCH SAFETY LANCETS 32 GAUGE <sup>MM</sup>	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"MM	1	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"MM	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH TWIST LANCETS 26 GAUGE <sup>MM</sup>	1	
EASY TOUCH TWIST LANCETS 28 GAUGE <sup>MM</sup>	1	
EASY TOUCH TWIST LANCETS 30 GAUGE <sup>MM</sup>	1	
EASY TOUCH TWIST LANCETS 32 GAUGE <sup>MM</sup>	1	
EASY TOUCH TWIST LANCETS 33 GAUGE <sup>MM</sup>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <sup>MM</sup>	4	
EASY TRAK HIGH CONTROL SOLUTION <sup>MM</sup>	3	
EASY TRAK II CONTROL SOLUTION-NORMAL <sup>MM</sup>	3	
EASY TRAK LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY TWIST AND CAP LANCETS 28 GAUGE <sup>MM</sup>	1	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
EASYMAX LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASYMAX NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
ec-naproxen 375 mg tablet,delayed release <sup>MM</sup>	2	
ec-naproxen 500 mg tablet,delayed release <sup>MM</sup>	2	
ECLIPSE NEEDLE 23 GAUGE X 1"	1	
ECLIPSE NEEDLE 25 X 5/8"	1	
ECLIPSE NEEDLE 27 GAUGE X 1/2"	1	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	1	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1	
econazole nitrate 1% cream	3	
ed-spaz 0.125 mg disintegrating tablet <sup>MM</sup>	2	
EDURANT 25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
eemt 1.25 mg-2.5 mg tablet <sup>MM</sup>	3	
eemt hs 0.625 mg-1.25 mg tablet <sup>MM</sup>	3	
efavir-emtri-tenof 600-200-300 <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
efavir-lamiv-tenof 400-300-300 <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
efavir-lamiv-tenof 600-300-300 <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
efavirenz 200 mg capsule <sup>MM</sup>	4	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
efavirenz 50 mg capsule <sup>MM</sup>	4	QL(480 per 30 days)
efavirenz 600 mg tablet <sup>MM</sup>	4	QL(30 per 30 days)
EFFER-K 10 MEQ EFFERVESCENT TABLET <sup>MM</sup>	3	
EFFER-K 20 MEQ EFFERVESCENT TABLET <sup>MM</sup>	3	
effer-k 25 meq effervescent tablet <sup>MM</sup>	3	
EGRIFTA 1 MG VIAL <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
ELEMENT COMPACT HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT LOW CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
elimest 0.3 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
ELIQUIS 2.5 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET <sup>MM</sup>	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	2	QL(74 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <sup>MM</sup>	4	
ELLA 30 MG TABLET	2	QL(1 per 30 days)
ELMIRON 100 MG CAPSULE <sup>SP,DL</sup>	*	QL(90 per 30 days)
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring <sup>MM,ACA</sup>	3	QL(1 per 28 days)
EMBRACE EVO LEVEL 1 SOLUTION <sup>MM</sup>	3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION <sup>MM</sup>	3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION <sup>MM</sup>	3	
EMBRACE LANCETS 30 GAUGE <sup>MM</sup>	3	
EMBRACE PRO SOLUTION <sup>MM</sup>	3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION <sup>MM</sup>	3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION <sup>MM</sup>	3	
EMCYT 140 MG CAPSULE	3	QL(540 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	PA,QL(2 per 30 days)
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	3	PA,QL(2 per 30 days)
emoquette 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
emtricitabine 200 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
emtricitabine-tenofv 200-300mg <sup>MM,SP,ACA,DL</sup>	*	QL(30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
enalapril maleate 10 mg tab <sup>MM</sup>	1	
enalapril maleate 2.5 mg tab <sup>MM</sup>	1	
enalapril maleate 20 mg tab <sup>MM</sup>	1	
enalapril maleate 5 mg tablet <sup>MM</sup>	1	
enalapril-hctz 10-25 mg tablet <sup>MM</sup>	1	
enalapril-hctz 5-12.5 mg tab <sup>MM</sup>	1	
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(8.16 per 28 days)
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION <sup>MM,SP</sup>	*	PA,QL(8 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE <sup>MM,SP,DL</sup>	*	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(78 per 365 days)
endocet 10 mg-325 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
endocet 2.5 mg-325 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
endocet 5 mg-325 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
endocet 7.5 mg-325 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
enoxaparin 100 mg/ml syringe	3	QL(28 per 28 days)
enoxaparin 120 mg/0.8 ml syr	3	QL(22.4 per 28 days)
enoxaparin 150 mg/ml syringe	3	QL(28 per 28 days)
enoxaparin 30 mg/0.3 ml syr	3	QL(16.8 per 28 days)
enoxaparin 300 mg/3 ml vial	3	QL(84 per 28 days)
enoxaparin 40 mg/0.4 ml syr	3	QL(11.2 per 28 days)
enoxaparin 60 mg/0.6 ml syr	3	QL(16.8 per 28 days)
enoxaparin 80 mg/0.8 ml syr	3	QL(22.4 per 28 days)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM,ACA</sup>	1	
enskyce 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
entacapone 200 mg tablet <sup>MM</sup>	3	QL(300 per 30 days)
entecavir 0.5 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
entecavir 1 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
ENTRESTO 24 MG-26 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
ENTRESTO 49 MG-51 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
ENTRESTO 97 MG-103 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
enulose 10 gram/15 ml oral solution <sup>MM</sup>	1	
EPCLUSA 200 MG-50 MG TABLET <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
EPCLUSA 400 MG-100 MG TABLET <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
EPIDIOLEX 100 MG/ML ORAL SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA
epinastine hcl 0.05% eye drops	3	QL(5 per 25 days)
epinephrine 0.15 mg auto-inject	2	QL(4 per 30 days)
epinephrine 0.15 mg auto-inject	2	QL(4 per 30 days)
epinephrine 0.3 mg auto-inject	2	QL(4 per 30 days)
epitol 200 mg tablet <sup>MM</sup>	2	
EQL INSULIN 0.3 ML SYRINGE <sup>MM</sup>	2	
ergoloid mesylates 1 mg tab <sup>MM</sup>	4	
ERIVEDGE 150 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
ERLEADA 60 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
erlotinib hcl 100 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
erlotinib hcl 150 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
erlotinib hcl 25 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
errin 0.35 mg tablet <sup>MM,ACA</sup>	1	
erythromycin 0.5% eye ointment	2	
erythromycin 2% solution	2	
ESBRIET 267 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
escitalopram 10 mg tablet <sup>MM</sup>	1	QL(45 per 30 days)
escitalopram 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
escitalopram 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml <sup>MM</sup>	3	QL(600 per 30 days)
esomeprazole dr 10 mg packet <sup>MM</sup>	3	QL(30 per 30 days)
esomeprazole dr 20 mg packet <sup>MM</sup>	3	QL(30 per 30 days)
esomeprazole dr 40 mg packet <sup>MM</sup>	3	QL(30 per 30 days)
esomeprazole mag dr 20 mg cap <sup>MM</sup>	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
esomeprazole mag dr 40 mg cap <sup>MM</sup>	2	QL(30 per 30 days)
estarylla 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
estazolam 1 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
estazolam 2 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
estradiol 0.01% cream <sup>MM</sup>	3	
estradiol 0.025 mg patch(1/wk) <sup>MM</sup>	2	QL(4 per 28 days)
estradiol 0.025 mg patch(2/wk) <sup>MM</sup>	3	QL(8 per 28 days)
estradiol 0.0375mg patch(1/wk) <sup>MM</sup>	2	QL(4 per 28 days)
estradiol 0.0375mg patch(2/wk) <sup>MM</sup>	3	QL(8 per 28 days)
estradiol 0.05 mg patch (1/wk) <sup>MM</sup>	2	QL(4 per 28 days)
estradiol 0.05 mg patch (2/wk) <sup>MM</sup>	3	QL(8 per 28 days)
estradiol 0.06 mg patch (1/wk) <sup>MM</sup>	2	QL(4 per 28 days)
estradiol 0.075 mg patch(1/wk) <sup>MM</sup>	2	QL(4 per 28 days)
estradiol 0.075 mg patch(2/wk) <sup>MM</sup>	3	QL(8 per 28 days)
estradiol 0.1 mg patch (1/wk) <sup>MM</sup>	2	QL(4 per 28 days)
estradiol 0.1 mg patch (2/wk) <sup>MM</sup>	3	QL(8 per 28 days)
estradiol 0.5 mg tablet <sup>MM</sup>	1	
estradiol 1 mg tablet <sup>MM</sup>	1	
estradiol 2 mg tablet <sup>MM</sup>	1	
estradiol-noreth 0.5-0.1 mg tb <sup>MM</sup>	3	
estradiol-noreth 1-0.5 mg tab <sup>MM</sup>	3	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <sup>MM</sup>	3	QL(1 per 90 days)
estrogen-methyltestos f.s. tab <sup>MM</sup>	3	
estrogen-methyltestos h.s. tab <sup>MM</sup>	3	
eszopiclone 1 mg tablet	1	QL(30 per 30 days)
eszopiclone 2 mg tablet	1	QL(30 per 30 days)
eszopiclone 3 mg tablet	1	QL(30 per 30 days)
ethambutol hcl 100 mg tablet	2	
ethambutol hcl 400 mg tablet	2	
ethosuximide 250 mg capsule <sup>MM</sup>	3	
ethosuximide 250 mg/5 ml soln <sup>MM</sup>	3	
ethynodiol-eth estra 1mg-35mcg <sup>MM,ACA</sup>	1	
ethynodiol-eth estra 1mg-50mcg <sup>MM,ACA</sup>	1	
etodolac 200 mg capsule <sup>MM</sup>	3	
etodolac 300 mg capsule <sup>MM</sup>	3	
etodolac 400 mg tablet <sup>MM</sup>	2	
etodolac 500 mg tablet <sup>MM</sup>	2	
etonogestrel-ee vaginal ring <sup>MM,ACA</sup>	3	QL(1 per 28 days)
etoposide 50 mg capsule <sup>SP,DL</sup>	*	QL(100 per 30 days)
EUTHYROX 100 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 112 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 125 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 137 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 150 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 175 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 200 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 25 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 50 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 75 MCG TABLET <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EUTHYROX 88 MCG TABLET <sup>MM</sup>	1	
EVENCARE G3 CONTROL SOLUTION <sup>MM</sup>	3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION <sup>MM</sup>	3	
everolimus 0.25 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
everolimus 0.5 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
everolimus 0.75 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
everolimus 2.5 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
everolimus 5 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
everolimus 7.5 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
EVOLUTION NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
EVOTAZ 300 MG-150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
EVRYSDI 0.75 MG/ML ORAL SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(240 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
exemestane 25 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
EZ SMART CONTROL SOLUTION <sup>MM</sup>	3	
EZ SMART LANCETS 28 GAUGE <sup>MM</sup>	1	
EZ-LETS 26 GAUGE <sup>MM</sup>	1	
ezetimibe 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg <sup>MM</sup>	2	QL(30 per 30 days)
ezetimibe-simvastatin 10-20 mg <sup>MM</sup>	2	QL(30 per 30 days)
ezetimibe-simvastatin 10-40 mg <sup>MM</sup>	2	QL(30 per 30 days)
ezetimibe-simvastatin 10-80 mg <sup>MM</sup>	2	QL(30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
famciclovir 125 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
famciclovir 250 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
famciclovir 500 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
famotidine 20 mg tablet <sup>MM</sup>	2	
famotidine 40 mg tablet <sup>MM</sup>	2	
famotidine 40 mg/5 ml susp <sup>MM</sup>	3	
FARYDAK 10 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(6 per 21 days)
FARYDAK 15 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(6 per 21 days)
FARYDAK 20 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(6 per 21 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(1 per 28 days)
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack <sup>MM</sup>	3	QL(91 per 90 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet	1	
felbamate 400 mg tablet <sup>MM</sup>	3	
felbamate 600 mg tablet <sup>MM</sup>	3	
felbamate 600 mg/5 ml susp <sup>MM</sup>	3	
felodipine er 10 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
felodipine er 2.5 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
felodipine er 5 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
FEMCAP 22 MM VAGINAL DEVICE <sup>ACA</sup>	4	
FEMCAP 26 MM VAGINAL DEVICE <sup>ACA</sup>	4	
FEMCAP 30 MM VAGINAL DEVICE <sup>ACA</sup>	4	
FEMRING 0.05 MG/24 HR VAGINAL <sup>MM</sup>	3	QL(1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL <sup>MM</sup>	3	QL(1 per 90 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
femynor 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
fenofibrate 134 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
fenofibrate 145 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
fenofibrate 160 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
fenofibrate 200 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
fenofibrate 48 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
fenofibrate 54 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
fenofibrate 67 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
fentanyl 100 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 12 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 25 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 37.5 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 50 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 62.5 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 75 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl 87.5 mcg/hr patch <sup>DL</sup>	2	QL(20 per 30 days)
fentanyl cit ofc 1,200 mcg <sup>DL</sup>	4	PA,QL(120 per 30 days)
fentanyl cit ofc 1,600 mcg <sup>DL</sup>	4	PA,QL(120 per 30 days)
fentanyl citrate ofc 200 mcg <sup>DL</sup>	4	PA,QL(120 per 30 days)
fentanyl citrate ofc 400 mcg <sup>DL</sup>	4	PA,QL(120 per 30 days)
fentanyl citrate ofc 600 mcg <sup>DL</sup>	4	PA,QL(120 per 30 days)
fentanyl citrate ofc 800 mcg <sup>DL</sup>	4	PA,QL(120 per 30 days)
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE	3	
ferocon 110 mg-0.5 mg capsule	1	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	2	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet	2	
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(300 per 30 days)
FERRIPROX 1,000 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(300 per 30 days)
FERRIPROX 500 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(720 per 30 days)
ferrocite plus 106 mg iron-1 mg tablet	1	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
FIFTY50 GLUCOSE CONTROL SOLN <sup>MM</sup>	3	
FIFTY50 PEN 31G X 3/16" NEEDLE <sup>MM</sup>	1	
FIFTY50 PEN NEEDLE 32G X 1/4" <sup>MM</sup>	1	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	1	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE <sup>MM</sup>	1	
FILTER NEEDLE 5 MICRON	1	
FILTER NEEDLE 5 MICRON	3	
FINACEA 15 % TOPICAL FOAM	2	
finasteride 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
FINE 30 UNIVERSAL LANCETS 30 GAUGE <sup>MM</sup>	1	
FINGERSTIX LANCETS <sup>MM</sup>	3	
FIRVANQ 25 MG/ML ORAL SOLUTION	3	
FIRVANQ 50 MG/ML ORAL SOLUTION	3	
flavoxate hcl 100 mg tablet <sup>MM</sup>	3	
flecainide acetate 100 mg tab <sup>MM</sup>	2	
flecainide acetate 150 mg tab <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
flecainide acetate 50 mg tab <sup>MM</sup>	2	
FLEXICHAMBER SPACER	3	
FLEXICHAMBER-LARGE CHILD MASK	1	
FLEXICHAMBER-SMALL ADULT MASK	1	
FLEXICHAMBER-SMALL CHILD MASK	1	
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(10.6 per 30 days)
FLUAD 2020-21 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	3	
FLUAD QUAD 2020-2021(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE <sup>ACA</sup>	3	
FLUARIX QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	3	
FLUBLOK QUAD 2020-2021 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	3	
FLUCELVAX QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	3	
FLUCELVAX QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP <sup>ACA</sup>	3	
fluconazole 10 mg/ml susp	2	
fluconazole 100 mg tablet	2	
fluconazole 150 mg tablet	2	
fluconazole 200 mg tablet	2	
fluconazole 40 mg/ml susp	2	
fluconazole 50 mg tablet	2	
flucytosine 250 mg capsule	2	
flucytosine 500 mg capsule	2	
fludrocortisone 0.1 mg tablet <sup>MM</sup>	2	
FLULAVAL QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	3	
FLUMIST QUAD 2020-2021 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE <sup>ACA</sup>	3	
flunisolide 0.025% spray <sup>MM</sup>	2	QL(50 per 30 days)
fluocinolone 0.01% cream	3	
fluocinolone 0.025% cream	3	
fluocinolone 0.025% ointment	3	
fluocinonide 0.05% cream	3	
fluocinonide 0.05% gel	3	
fluocinonide 0.05% ointment	3	
fluocinonide 0.05% solution	3	
fluocinonide-e 0.05 % topical cream	3	
fluocinonide-e 0.05% cream	3	
fluorometholone 0.1% drops	3	
fluorouracil 2% topical soln	2	
fluorouracil 5% cream	3	
fluorouracil 5% topical soln	2	
fluoxetine 20 mg/5 ml solution <sup>MM</sup>	2	
fluoxetine hcl 10 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
fluoxetine hcl 20 mg capsule <sup>MM</sup>	1	QL(120 per 30 days)
fluoxetine hcl 40 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
fluphenazine 2.5 mg/5 ml elix <sup>MM</sup>	3	
fluphenazine 5 mg/ml conc	3	
fluphenazine dec 125 mg/5 ml <sup>MM</sup>	4	
flurazepam 15 mg capsule <sup>DL</sup>	2	QL(60 per 30 days)
flurazepam 30 mg capsule <sup>DL</sup>	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
flurbiprofen 0.03% eye drop	1	
flurbiprofen 100 mg tablet	1	
flurbiprofen 50 mg tablet	1	
flutamide 125 mg capsule <sup>MM</sup>	3	QL(180 per 30 days)
fluticasone prop 0.005% oint	2	
fluticasone prop 0.05% cream	2	
fluticasone prop 50 mcg spray <sup>MM</sup>	2	QL(16 per 30 days)
fluticasone-salmeterol 100-50 <sup>MM</sup>	2	QL(60 per 30 days)
fluticasone-salmeterol 113-14 <sup>MM</sup>	2	QL(1 per 30 days)
fluticasone-salmeterol 232-14 <sup>MM</sup>	2	QL(1 per 30 days)
fluticasone-salmeterol 250-50 <sup>MM</sup>	2	QL(60 per 30 days)
fluticasone-salmeterol 500-50 <sup>MM</sup>	2	QL(60 per 30 days)
fluticasone-salmeterol 55-14 <sup>MM</sup>	2	QL(1 per 30 days)
fluvoxamine maleate 100 mg tab <sup>MM</sup>	1	QL(90 per 30 days)
fluvoxamine maleate 25 mg tab <sup>MM</sup>	1	QL(90 per 30 days)
fluvoxamine maleate 50 mg tab <sup>MM</sup>	1	QL(90 per 30 days)
FLUZONE HIGH-DOSE QUAD 2020-21 (PF) 240 MCG/0.7 ML IM SYRINGE <sup>ACA</sup>	3	
FLUZONE QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION <sup>ACA</sup>	3	
FLUZONE QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	3	
FLUZONE QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP. <sup>ACA</sup>	3	
folic acid 1 mg tablet <sup>MM</sup>	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	1	
folivane-plus 125 mg iron-1 mg capsule	1	
FORA HIGH CONTROL SOLUTION <sup>MM</sup>	3	
FORA LANCING DEVICE	1	
FORA LOW CONTROL SOLUTION <sup>MM</sup>	3	
FORA NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE GDH HIGH CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE GDH LOW CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE GDH NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE LANCETS 30 GAUGE <sup>MM</sup>	1	
fosamprenavir 700 mg tablet <sup>MM,SP</sup>	*	QL(120 per 30 days)
fosinopril sodium 10 mg tab <sup>MM</sup>	1	
fosinopril sodium 20 mg tab <sup>MM</sup>	1	
fosinopril sodium 40 mg tab <sup>MM</sup>	1	
fosinopril-hctz 10-12.5 mg tab <sup>MM</sup>	2	
fosinopril-hctz 20-12.5 mg tab <sup>MM</sup>	2	
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <sup>SP,DL</sup>	*	QL(22.8 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	QL(9 per 30 days)
FREAMINE HBC 6.9% IV SOLN	3	
FREESTYLE CONTROL SOLUTION <sup>MM</sup>	3	
FREESTYLE LANCETS 28 GAUGE <sup>MM</sup>	3	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE UNISTIK 2 <sup>MM</sup>	3	
furosemide 10 mg/ml solution <sup>MM</sup>	1	
furosemide 20 mg tablet <sup>MM</sup>	1	
furosemide 40 mg tablet <sup>MM</sup>	1	
furosemide 40 mg/5 ml soln <sup>MM</sup>	1	
furosemide 80 mg tablet <sup>MM</sup>	1	
FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE	2	
FUZEON 90 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	QL(60 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet <sup>MM</sup>	2	
fyavolv 1 mg-5 mcg tablet <sup>MM</sup>	2	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <sup>MM,SP,DL</sup>	*	QL(680 per 28 days)
FYCOMPA 10 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
FYCOMPA 12 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
FYCOMPA 2 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
FYCOMPA 4 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
FYCOMPA 6 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
FYCOMPA 8 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
gabapentin 100 mg capsule <sup>MM</sup>	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml soln <sup>MM</sup>	3	QL(2250 per 30 days)
gabapentin 250 mg/5 ml soln <sup>MM</sup>	3	QL(2250 per 30 days)
gabapentin 300 mg capsule <sup>MM</sup>	2	QL(270 per 30 days)
gabapentin 300 mg/6 ml soln <sup>MM</sup>	3	QL(2250 per 30 days)
gabapentin 400 mg capsule <sup>MM</sup>	2	QL(270 per 30 days)
gabapentin 600 mg tablet <sup>MM</sup>	2	QL(180 per 30 days)
gabapentin 800 mg tablet <sup>MM</sup>	2	QL(180 per 30 days)
galantamine 4 mg/ml oral soln <sup>MM</sup>	3	QL(200 per 30 days)
galantamine er 16 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
galantamine er 24 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
galantamine er 8 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
galantamine hbr 12 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
galantamine hbr 4 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
galantamine hbr 8 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
gatifloxacin 0.5% eye drops	3	QL(2.5 per 25 days)
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <sup>MM,SP,DL</sup>	*	PA,QL(1 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <sup>MM,SP,DL</sup>	*	PA,QL(1 per 30 days)
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <sup>ACA</sup>	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <sup>ACA</sup>	2	
gavilyte-n 420 gram oral solution <sup>ACA</sup>	2	
GE100 CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
gemfibrozil 600 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule <sup>ACA</sup>	2	
generlac 10 gram/15 ml oral solution <sup>MM</sup>	1	
gengraf 100 mg capsule <sup>MM</sup>	3	QL(720 per 30 days)
gengraf 100 mg/ml oral solution <sup>MM</sup>	3	
gengraf 25 mg capsule <sup>MM</sup>	3	
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
gentak 0.3 % (3 mg/gram) eye ointment	2	
gentamicin 0.1% cream	3	
gentamicin 0.1% ointment	2	
gentamicin 3 mg/ml eye drop	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK <sup>MM</sup>	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	4	
gianvi (28) 3 mg-0.02 mg tablet <sup>MM,ACA</sup>	1	
GILENYA 0.25 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
glatiramer 20 mg/ml syringe <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
glatiramer 40 mg/ml syringe <sup>MM,SP,DL</sup>	*	PA,QL(12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <sup>MM,SP,DL</sup>	*	PA,QL(12 per 28 days)
GLEOSTINE 10 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(35 per 30 days)
GLEOSTINE 100 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(3 per 30 days)
GLEOSTINE 40 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(9 per 30 days)
glimepiride 1 mg tablet <sup>MM</sup>	1	
glimepiride 2 mg tablet <sup>MM</sup>	1	
glimepiride 4 mg tablet <sup>MM</sup>	1	
glipizide 10 mg tablet <sup>MM</sup>	1	
glipizide 5 mg tablet <sup>MM</sup>	1	
glipizide er 10 mg tablet <sup>MM</sup>	1	
glipizide er 2.5 mg tablet <sup>MM</sup>	1	
glipizide er 5 mg tablet <sup>MM</sup>	1	
glipizide-metformin 2.5-250 mg <sup>MM</sup>	2	
glipizide-metformin 2.5-500 mg <sup>MM</sup>	2	
glipizide-metformin 5-500 mg <sup>MM</sup>	2	
GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION	2	
GLUCAGEN HYPOKIT 1 MG INJECTION	2	
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
GLUCOCARD SHINE SOLUTION <sup>MM</sup>	3	
GLUCOCOM CONTROL HIGH SOLUTION <sup>MM</sup>	3	
GLUCOCOM CONTROL NORMAL SOLUTION <sup>MM</sup>	3	
GLUCOCOM LANCETS 28 GAUGE <sup>MM</sup>	1	
GLUCOCOM LANCETS 30 GAUGE <sup>MM</sup>	1	
GLUCOCOM LANCETS 33 GAUGE <sup>MM</sup>	1	
GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
GLUCOSE KETONE CONTROL SOLN SOLUTION <sup>MM</sup>	3	
glyburid-metformin 1.25-250 mg <sup>MM</sup>	1	
glyburide 1.25 mg tablet <sup>MM</sup>	1	
glyburide 2.5 mg tablet <sup>MM</sup>	1	
glyburide 5 mg tablet <sup>MM</sup>	1	
glyburide micro 1.5 mg tab <sup>MM</sup>	1	
glyburide micro 3 mg tablet <sup>MM</sup>	1	
glyburide micro 6 mg tablet <sup>MM</sup>	1	
glyburide-metformin 2.5-500 mg <sup>MM</sup>	1	
glyburide-metformin 5-500 mg <sup>MM</sup>	1	
glycopyrrolate 1 mg tablet <sup>MM</sup>	2	
glycopyrrolate 1.5 mg tablet <sup>MM</sup>	2	
glycopyrrolate 2 mg tablet <sup>MM</sup>	2	
glydo 2 % mucosal jelly in applicator	3	
GLYXAMBI 10 MG-5 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL <sup>MM</sup>	3	
GOJJI KETONE CONTROL SOLUTION-L1 <sup>MM</sup>	3	
GOJJI LANCETS 30 GAUGE <sup>MM</sup>	1	
GOJJI LANCING DEVICE	1	
granisetron hcl 1 mg tablet	2	QL(28 per 28 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
griseofulvin 125 mg/5 ml susp	3	
guanfacine 1 mg tablet <sup>MM</sup>	2	
guanfacine 2 mg tablet <sup>MM</sup>	2	
guanfacine hcl er 1 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
guanfacine hcl er 2 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
guanfacine hcl er 3 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
guanfacine hcl er 4 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
guanidine hcl 125 mg tablet	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	2	
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	2	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	2	
GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	2	
gynazole-1 2 % vaginal cream	3	
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(20 per 28 days)
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(20 per 28 days)
hailey 1.5 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM,ACA</sup>	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION <sup>MM</sup>	4	QL(5 per 30 days)
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION <sup>MM</sup>	4	QL(9 per 30 days)
haloperidol 0.5 mg tablet <sup>MM</sup>	2	
haloperidol 1 mg tablet <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol 10 mg tablet <sup>MM</sup>	2	
haloperidol 2 mg tablet <sup>MM</sup>	2	
haloperidol 20 mg tablet <sup>MM</sup>	2	
haloperidol 5 mg tablet <sup>MM</sup>	2	
haloperidol dec 100 mg/ml vial <sup>MM</sup>	4	QL(5 per 30 days)
haloperidol decan 50 mg/ml amp <sup>MM</sup>	4	QL(9 per 30 days)
haloperidol lac 2 mg/ml conc <sup>MM</sup>	2	
HARMONY CONTROL L1,L3 SOLUTION <sup>MM</sup>	3	
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET <sup>SP,DL</sup>	*	PA,QL(56 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
HAVRIX 720 UNITS/0.5 ML VIAL <sup>ACA</sup>	4	
HEALTHPRO HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	3	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE <sup>MM</sup>	1	
heather 0.35 mg tablet <sup>MM,ACA</sup>	1	
hematinic plus vit/minerals 106 mg iron-1 mg tablet	1	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet	1	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule	1	
hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule	1	
HEMATOGEN SOFTGEL	2	
hemenatal ob + dha combo pack <sup>MM</sup>	2	
hemetab 22 mg-6 mg-1 mg-25 mcg tablet	3	
HEPATAMINE 8% INTRAVENOUS SOLUTION	3	
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(2 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEDI CROHN 40 MG/0.8 ML <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <sup>SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT <sup>MM,SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT <sup>SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT <sup>SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT <sup>SP,DL</sup>	*	PA,QL(6 per 28 days)
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <sup>MM</sup>	3	
HYCAMTIN 0.25 MG CAPSULE <sup>SP,DL</sup>	*	QL(100 per 25 days)
HYCAMTIN 1 MG CAPSULE <sup>SP,DL</sup>	*	QL(25 per 25 days)
hydralazine 10 mg tablet <sup>MM</sup>	1	
hydralazine 100 mg tablet <sup>MM</sup>	1	
hydralazine 25 mg tablet <sup>MM</sup>	1	
hydralazine 50 mg tablet <sup>MM</sup>	1	
hydrochlorothiazide 12.5 mg cp <sup>MM</sup>	1	
hydrochlorothiazide 12.5 mg tb <sup>MM</sup>	1	
hydrochlorothiazide 25 mg tab <sup>MM</sup>	1	
hydrochlorothiazide 50 mg tab <sup>MM</sup>	1	
hydrocod-cpm-pseudoep 5-4-60/5	3	
hydrocodone-acetamin 10-325 mg <sup>DL</sup>	2	QL(360 per 30 days)
hydrocodone-acetamin 10-325/15 <sup>DL</sup>	2	QL(2700 per 30 days)
hydrocodone-acetamin 2.5-325 <sup>DL</sup>	2	QL(360 per 30 days)
hydrocodone-acetamin 5-325 mg <sup>DL</sup>	2	QL(360 per 30 days)
hydrocodone-acetamin 7.5-325 <sup>DL</sup>	2	QL(360 per 30 days)
hydrocodone-acetamn 7.5-325/15 <sup>DL</sup>	2	QL(5520 per 30 days)
hydrocodone-chlorphen er susp	3	
hydrocodone-homatropine 5-1.5	3	
hydrocodone-homatropine soln	3	
hydrocodone-homatropine syrup	3	
hydrocodone-ibuprofen 10-200 <sup>DL</sup>	3	QL(150 per 30 days)
hydrocodone-ibuprofen 5-200 mg <sup>DL</sup>	3	QL(150 per 30 days)
hydrocodone-ibuprofen 7.5-200 <sup>DL</sup>	3	QL(150 per 30 days)
hydrocortisone 1% absorbase	1	
hydrocortisone 1% cream	2	
hydrocortisone 1% ointment	1	
hydrocortisone 10 mg tablet <sup>MM</sup>	2	
hydrocortisone 100 mg/60 ml	3	
hydrocortisone 2.5% cream	1	
hydrocortisone 2.5% cream	2	
hydrocortisone 2.5% lotion	1	
hydrocortisone 2.5% ointment	1	
hydrocortisone 20 mg tablet <sup>MM</sup>	2	
hydrocortisone 5 mg tablet <sup>MM</sup>	2	
hydromet 5 mg-1.5 mg/5 ml oral syrup	3	
hydromorphone 2 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
hydromorphone 4 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
hydromorphone 5 mg/5 ml soln <sup>DL</sup>	3	QL(2400 per 30 days)
hydromorphone 8 mg tablet <sup>DL</sup>	2	QL(240 per 30 days)
hydroxocobalamin 1,000 mcg/ml	2	
hydroxychloroquine 200 mg tab <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxyurea 500 mg capsule <sup>MM</sup>	1	
hydroxyzine 10 mg/5 ml soln	2	
hydroxyzine hcl 10 mg tablet	2	
hydroxyzine hcl 25 mg tablet	2	
hydroxyzine hcl 50 mg tablet	2	
hydroxyzine pam 100 mg cap	1	
hydroxyzine pam 25 mg cap	1	
hydroxyzine pam 50 mg cap	1	
hyoscyamine 0.125 mg odt <sup>MM</sup>	2	
hyoscyamine 0.125 mg tab sl <sup>MM</sup>	2	
hyoscyamine 0.125 mg/5 ml elix <sup>MM</sup>	2	
hyoscyamine 0.125 mg/ml drop <sup>MM</sup>	2	
hyoscyamine er 0.375 mg tab <sup>MM</sup>	3	
hyoscyamine sulf 0.125 mg tab <sup>MM</sup>	2	
hyosyne 0.125 mg/5 ml oral elixi <sup>MM</sup>	2	
hyosyne 0.125 mg/ml oral drops <sup>MM</sup>	2	
HYPOLANCE AST LANCING KIT <sup>MM</sup>	3	
ibandronate sodium 150 mg tab <sup>MM</sup>	2	QL(1 per 28 days)
IBRANCE 100 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
IBRANCE 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
IBRANCE 125 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
IBRANCE 125 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
IBRANCE 75 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
IBRANCE 75 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
ibu 400 mg tablet <sup>MM</sup>	1	
ibu 600 mg tablet <sup>MM</sup>	1	
ibu 800 mg tablet <sup>MM</sup>	1	
ibuprofen 100 mg/5 ml susp <sup>MM</sup>	1	
ibuprofen 400 mg tablet <sup>MM</sup>	1	
ibuprofen 600 mg tablet <sup>MM</sup>	1	
ibuprofen 800 mg tablet <sup>MM</sup>	1	
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>ACA</sup>	1	QL(91 per 90 days)
ICLUSIG 15 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
ICLUSIG 45 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(30 per 30 days)
icosapent ethyl 1 gram capsule	3	QL(120 per 30 days)
IDHIFA 100 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(30 per 30 days)
IDHIFA 50 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(30 per 30 days)
iferex 150 forte 150 mg-25 mcg-1 mg capsule	1	
ILEVRO 0.3 % EYE DROPS,SUSPENSION	2	
imatinib mesylate 100 mg tab <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
imatinib mesylate 400 mg tab <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
IMBRUVICA 420 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
imipramine hcl 10 mg tablet <sup>MM</sup>	1	
imipramine hcl 25 mg tablet <sup>MM</sup>	1	
imipramine hcl 50 mg tablet <sup>MM</sup>	1	
imiquimod 5% cream packet	2	QL(12 per 30 days)
IMPAVIDO 50 MG CAPSULE <sup>SP,DL</sup>	*	QL(84 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
incassia 0.35 mg tablet <sup>MM,ACA</sup>	1	
INCONTROL ALCOHOL PADS	3	
INCONTROL LANCING DEVICE	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
INCONTROL PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
INCONTROL PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
INCONTROL PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
INCONTROL PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
INCONTROL SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE <sup>MM</sup>	1	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <sup>SP,LD,DL</sup>	*	PA,QL(52 per 30 days)
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
indapamide 1.25 mg tablet <sup>MM</sup>	1	
indapamide 2.5 mg tablet <sup>MM</sup>	1	
indomethacin 25 mg capsule	1	
indomethacin 50 mg capsule	1	
INFINITY CONTROL SOLUTION HIGH <sup>MM</sup>	3	
INFINITY CONTROL SOLUTION LOW <sup>MM</sup>	3	
INFINITY CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
INFINITY VOICE CONTROL SOLUTION-LEVEL 2 <sup>MM</sup>	3	
INJECT EASE LANCETS 28 GAUGE <sup>MM</sup>	1	
INJECT EASE LANCETS 30 GAUGE <sup>MM</sup>	1	
INLYTA 1 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
INSPIRACHAMBER SPACER	3	
INSPIRACHAMBER WITH MASK-LARGE	3	
INSPIRACHAMBER WITH MASK-MED	3	
INSPIRACHAMBER WITH MASK-SMALL	3	
INSULIN 1 ML SYRINGE <sup>MM</sup>	2	
INSULIN 1/2 ML SYRINGE <sup>MM</sup>	2	
INSULIN 3/10 ML SYRINGE <sup>MM</sup>	2	
INSULIN SYR 0.3ML 31GX1/4(1/2) <sup>MM</sup>	2	
INSULIN SYRIN 0.3 ML 30GX1/2" <sup>MM</sup>	2	
INSULIN SYRIN 0.3 ML 31GX5/16" <sup>MM</sup>	2	
INSULIN SYRIN 0.5 ML 30GX1/2" <sup>MM</sup>	2	
INSULIN SYRING 0.5 ML 27GX1/2" <sup>MM</sup>	2	
INSULIN SYRINGE 0.3 ML 31GX1/4" <sup>MM</sup>	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
INSULIN SYRINGE 0.5 ML 31GX1/4" <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML 27GX1/2" <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML 30GX1/2" <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML 31GX1/4" <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML 31GX5/16" <sup>MM</sup>	2	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	2	
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
INSUPEN 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
INSUPEN 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
INSUPEN 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INSUPEN 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
INSUPEN 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
INSUPEN 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
INSUPEN 32 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
INSUPEN 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
INSUPEN 33 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	1	
INTELENCE 100 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
INTELENCE 200 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
INTELENCE 25 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1	
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>SP,DL</sup>	*	PA,QL(12 per 30 days)
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(12 per 30 days)
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>SP,DL</sup>	*	PA,QL(12 per 30 days)
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>SP,DL</sup>	*	PA,QL(12 per 30 days)
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(136.8 per 30 days)
introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
INVACARE LANCETS 30 GAUGE <sup>MM</sup>	1	
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1.5 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1.5 per 28 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MM,SP,DL</sup>	*	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(0.875 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(1.315 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(2.625 per 90 days)
INVIRASE 500 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
INVOKAMET 150 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKANA 100 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
INVOKANA 300 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
iprat-albut 0.5-3(2.5) mg/3 ml <sup>MM</sup>	2	
ipratropium 0.03% spray <sup>MM</sup>	2	QL(30 per 30 days)
ipratropium 0.06% spray	2	QL(45 per 30 days)
ipratropium br 0.02% soln <sup>MM</sup>	1	
irbesartan 150 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
irbesartan 300 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
irbesartan 75 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
irbesartan-hctz 150-12.5 mg tb <sup>MM</sup>	1	QL(60 per 30 days)
irbesartan-hctz 300-12.5 mg tb <sup>MM</sup>	1	QL(30 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <sup>MM,SP</sup>	*	QL(180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <sup>MM,SP</sup>	*	QL(300 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ISENTRESS 25 MG CHEWABLE TABLET <sup>MM,SP</sup>	*	QL(180 per 30 days)
ISENTRESS 400 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
isibloom 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
isochron 40 mg tablet,extended release <sup>MM</sup>	3	
isoniazid 100 mg tablet	1	
isoniazid 300 mg tablet	1	
isoniazid 50 mg/5 ml solution	3	
isosorbide dinitr er 40 mg tab <sup>MM</sup>	3	
isosorbide dinitrate 10 mg tab <sup>MM</sup>	2	
isosorbide dinitrate 20 mg tab <sup>MM</sup>	2	
isosorbide dinitrate 30 mg tab <sup>MM</sup>	2	
isosorbide dinitrate 40 mg tab <sup>MM</sup>	2	
isosorbide dinitrate 5 mg tab <sup>MM</sup>	2	
isosorbide mononit 10 mg tab <sup>MM</sup>	1	
isosorbide mononit 20 mg tab <sup>MM</sup>	1	
isosorbide mononit er 120 mg <sup>MM</sup>	1	
isosorbide mononit er 30 mg tb <sup>MM</sup>	1	
isosorbide mononit er 60 mg tb <sup>MM</sup>	1	
isotretinoin 10 mg capsule	3	QL(60 per 30 days)
isotretinoin 20 mg capsule	3	QL(60 per 30 days)
isotretinoin 30 mg capsule	3	QL(60 per 30 days)
isotretinoin 40 mg capsule	3	QL(120 per 30 days)
isradipine 2.5 mg capsule <sup>MM</sup>	3	
isradipine 5 mg capsule <sup>MM</sup>	3	
itraconazole 10 mg/ml solution	3	QL(150 per 30 days)
itraconazole 100 mg capsule	3	QL(120 per 30 days)
ivermectin 3 mg tablet	2	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
JAKAFI 10 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
JAKAFI 15 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
JAKAFI 20 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
JAKAFI 25 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
JAKAFI 5 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
jantoven 1 mg tablet <sup>MM</sup>	1	
jantoven 10 mg tablet <sup>MM</sup>	1	
jantoven 2 mg tablet <sup>MM</sup>	1	
jantoven 2.5 mg tablet <sup>MM</sup>	1	
jantoven 3 mg tablet <sup>MM</sup>	1	
jantoven 4 mg tablet <sup>MM</sup>	1	
jantoven 5 mg tablet <sup>MM</sup>	1	
jantoven 6 mg tablet <sup>MM</sup>	1	
jantoven 7.5 mg tablet <sup>MM</sup>	1	
JANUMET 50 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JANUMET 50 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
JANUVIA 100 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JANUVIA 25 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
JANUVIA 50 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JARDIANCE 10 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JARDIANCE 25 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
jasmiel (28) 3 mg-0.02 mg tablet <sup>MM,ACA</sup>	1	
jencycla 0.35 mg tablet <sup>MM,ACA</sup>	1	
JENTADUETO 2.5 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
jinteli 1 mg-5 mcg tablet <sup>MM</sup>	2	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
jolivette tablet <sup>MM,ACA</sup>	1	
juleber 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
JULUCA 50 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
junel 1/20 (21) 1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM,ACA</sup>	1	
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 15 MG TABLET <sup>MM,LD</sup>	4	PA,QL(60 per 30 days)
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 30 MG TABLET <sup>MM,LD</sup>	4	PA,QL(60 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
k effervescent 25 meq tablet <sup>MM</sup>	3	
K-PHOS NO 2 305 MG-700 MG TABLET	3	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET	2	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	2	
KALETRA 100 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(300 per 30 days)
KALETRA 200 MG-50 MG TABLET <sup>MM,SP</sup>	*	QL(150 per 30 days)
kalliga 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
KALYDECO 150 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
KALYDECO 25 MG ORAL GRANULES IN PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
KALYDECO 50 MG ORAL GRANULES IN PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
KALYDECO 75 MG ORAL GRANULES IN PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
kelnor 1-50 (28) 1 mg-50 mcg tablet <sup>MM,ACA</sup>	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
ketoconazole 2% cream	2	
ketoconazole 2% shampoo	2	
ketoprofen 25 mg capsule	2	
ketoprofen 50 mg capsule	2	
ketoprofen 75 mg capsule	2	
ketorolac 0.4% ophth solution	2	
ketorolac 0.5% ophth solution	2	
ketorolac 10 mg tablet	2	QL(20 per 30 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(2.28 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(2.28 per 28 days)
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension	3	
klor-con m10 meq tablet,extended release <sup>MM</sup>	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
klor-con m20 meq tablet,extended release <sup>MM</sup>	1	
klor-con/ef 25 meq effervescent tablet <sup>MM</sup>	3	
KMART VALU PLUS SYR 1/2 ML <sup>MM</sup>	2	
KORLYM 300 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
KOSELUGO 10 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET <sup>MM</sup>	3	
KRINTAFEL 150 MG TABLET	2	QL(4 per 180 days)
KRO PEN NEEDLE 4MM X 33G <sup>MM</sup>	1	
kurvelo (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
KUVAN 100 MG ORAL POWDER PACKET <sup>MM,SP,LD,DL</sup>	*	PA
KUVAN 100 MG SOLUBLE TABLET <sup>MM,SP,LD,DL</sup>	*	PA
KUVAN 500 MG ORAL POWDER PACKET <sup>MM,SP,LD,DL</sup>	*	PA
KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRAUTERINE DEVICE <sup>MM,SP,ACA,DL</sup>	*	
l-cysteine 50 mg/ml vial	2	
l-methylfolate 15 mg tablet	3	
l-methylfolate 7.5 mg tablet	3	
l-methylfolate calcium 15 mg	3	
l-methylfolate calcium 7.5 mg	3	
labetalol hcl 100 mg tablet <sup>MM</sup>	2	
labetalol hcl 200 mg tablet <sup>MM</sup>	2	
labetalol hcl 300 mg tablet <sup>MM</sup>	2	
lactulose 10 gm/15 ml solution <sup>MM</sup>	1	
lactulose 10 gm/15 ml solution <sup>MM</sup>	1	
lactulose 20 gm/30 ml solution <sup>MM</sup>	1	
lamivudine 10 mg/ml oral soln <sup>MM</sup>	3	QL(960 per 30 days)
lamivudine 150 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
lamivudine 300 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
lamivudine hbv 100 mg tablet <sup>MM</sup>	3	QL(90 per 30 days)
lamivudine-zidovudine tablet <sup>MM</sup>	3	QL(60 per 30 days)
lamotrigine 100 mg tablet <sup>MM</sup>	1	
lamotrigine 150 mg tablet <sup>MM</sup>	1	
lamotrigine 200 mg tablet <sup>MM</sup>	1	
lamotrigine 25 mg disper tab <sup>MM</sup>	2	QL(120 per 30 days)
lamotrigine 25 mg tablet <sup>MM</sup>	1	
lamotrigine 5 mg disper tablet <sup>MM</sup>	2	QL(150 per 30 days)
lamotrigine tab start kit-blue	1	
lamotrigine tab start kt-green	1	
lamotrigine tab start kt-orang	1	
LAMPIT 120 MG TABLET	4	
LAMPIT 30 MG TABLET	4	
LANCETS, SUPER THIN <sup>MM</sup>	1	
LANCETS,THIN <sup>MM</sup>	1	
LANCETS,THIN 23 GAUGE <sup>MM</sup>	1	

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LANCETS,THIN 28 GAUGE <sup>MM</sup>	1	
LANCETS,ULTRA THIN <sup>MM</sup>	1	
LANCETS,ULTRA THIN 26 GAUGE <sup>MM</sup>	1	
LANCING DEVICE	1	
LANCING DEVICE WITH LANCETS	1	
LANCING SYSTEM	1	
lansoprazol-amoxicil-clarithro	4	
lansoprazole dr 15 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
lansoprazole dr 30 mg capsule <sup>MM</sup>	2	QL(30 per 30 days)
lansoprazole odt 15 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
lansoprazole odt 30 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
LANZO LANCING DEVICE KIT <sup>MM</sup>	1	
lapatinib 250 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
larin 1/20 (21) 1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM,ACA</sup>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
larissia 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
latanoprost 0.005% eye drops <sup>MM</sup>	1	QL(5 per 25 days)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
leflunomide 10 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
leflunomide 20 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
lessina 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
letrozole 2.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
leucovorin calcium 10 mg tab	3	
leucovorin calcium 15 mg tab	3	
leucovorin calcium 25 mg tab	3	
leucovorin calcium 5 mg tab	3	
LEUKERAN 2 MG TABLET <sup>SP,DL</sup>	*	QL(480 per 30 days)
leuprolide 2wk 14 mg/2.8 ml kt <sup>MM,SP,DL</sup>	*	PA,QL(2.8 per 14 days)
leuprolide 2wk 14 mg/2.8 ml vl <sup>MM</sup>	3	PA,QL(2.8 per 14 days)
levalbuterol 0.31 mg/3 ml sol <sup>MM</sup>	3	
levalbuterol 0.63 mg/3 ml sol <sup>MM</sup>	3	
levalbuterol 1.25 mg/3 ml sol <sup>MM</sup>	3	
levalbuterol conc 1.25 mg/0.5 <sup>MM</sup>	3	
levetiracetam 1,000 mg tablet <sup>MM</sup>	1	
levetiracetam 100 mg/ml soln <sup>MM</sup>	2	QL(900 per 30 days)
levetiracetam 250 mg tablet <sup>MM</sup>	1	
levetiracetam 500 mg tablet <sup>MM</sup>	1	
levetiracetam 500 mg/5 ml soln <sup>MM</sup>	2	QL(900 per 30 days)
levetiracetam 750 mg tablet <sup>MM</sup>	1	
levetiracetam er 500 mg tablet <sup>MM</sup>	2	
levetiracetam er 750 mg tablet <sup>MM</sup>	2	
LEVO-T 100 MCG TABLET <sup>MM</sup>	2	
LEVO-T 112 MCG TABLET <sup>MM</sup>	2	
LEVO-T 125 MCG TABLET <sup>MM</sup>	2	
LEVO-T 137 MCG TABLET <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LEVO-T 150 MCG TABLET <sup>MM</sup>	2	
LEVO-T 175 MCG TABLET <sup>MM</sup>	2	
LEVO-T 200 MCG TABLET <sup>MM</sup>	2	
LEVO-T 25 MCG TABLET <sup>MM</sup>	2	
LEVO-T 300 MCG TABLET <sup>MM</sup>	2	
LEVO-T 50 MCG TABLET <sup>MM</sup>	2	
LEVO-T 75 MCG TABLET <sup>MM</sup>	2	
LEVO-T 88 MCG TABLET <sup>MM</sup>	2	
levobunolol 0.5% eye drops <sup>MM</sup>	1	QL(5 per 25 days)
levocarnitine 1 g/10 ml soln <sup>MM</sup>	2	
levocarnitine 330 mg tablet <sup>MM</sup>	2	
levocarnitine sf 1 g/10 ml sol <sup>MM</sup>	3	
levocetirizine 2.5 mg/5 ml sol <sup>MM</sup>	3	QL(300 per 30 days)
levocetirizine 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
levofloxacin 0.5% eye drops	2	
levofloxacin 25 mg/ml solution	3	
levofloxacin 250 mg tablet	2	
levofloxacin 500 mg tablet	2	
levofloxacin 750 mg tablet	2	
levomefolate-algal 15 mg cap	3	
levomefolate-algal 7.5 mg cap	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM,ACA</sup>	1	
levono-e estrad 0.15-0.03-0.01 <sup>MM,ACA</sup>	1	QL(91 per 90 days)
levonor-e estrad 0.1-0.02-0.01 <sup>MM,ACA</sup>	1	QL(91 per 90 days)
levonor-eth estra 0.09-0.02 mg <sup>MM</sup>	3	
levonor-eth estrad 0.1-0.02 mg <sup>MM,ACA</sup>	1	
levonor-eth estrad 0.15-0.03 <sup>MM,ACA</sup>	1	QL(91 per 90 days)
levonor-eth estrad 0.15-0.03 <sup>MM,ACA</sup>	1	
levonor-eth estrad triphasic <sup>MM,ACA</sup>	1	
levonorg 0.15mg-ee 20-25-30mcg <sup>MM</sup>	3	QL(91 per 90 days)
levonorgestrel 1.5 mg tablet <sup>ACA</sup>	1	
levora-28 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
levothyroxine 100 mcg tablet <sup>MM</sup>	1	
levothyroxine 112 mcg tablet <sup>MM</sup>	1	
levothyroxine 125 mcg tablet <sup>MM</sup>	1	
levothyroxine 137 mcg tablet <sup>MM</sup>	1	
levothyroxine 150 mcg tablet <sup>MM</sup>	1	
levothyroxine 175 mcg tablet <sup>MM</sup>	1	
levothyroxine 200 mcg tablet <sup>MM</sup>	1	
levothyroxine 25 mcg tablet <sup>MM</sup>	1	
levothyroxine 300 mcg tablet <sup>MM</sup>	1	
levothyroxine 50 mcg tablet <sup>MM</sup>	1	
levothyroxine 75 mcg tablet <sup>MM</sup>	1	
levothyroxine 88 mcg tablet <sup>MM</sup>	1	
LEVOXYL 100 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 112 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 125 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 137 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 150 MCG TABLET <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOXYL 175 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 200 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 25 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 50 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 75 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 88 MCG TABLET <sup>MM</sup>	2	
LXIVA 50 MG/ML ORAL SUSPENSION <sup>MM,SP</sup>	*	QL(1575 per 28 days)
lidocaine 5% patch	3	PA,QL(90 per 30 days)
lidocaine hcl 2% jelly	3	
lidocaine hcl 2% jelly uro-jet	3	
lidocaine viscous 2 % mucosal solution	2	
lidocaine-prilocaine cream	2	
LILETTA 20.1 MCG/24 HRS (6 YRS) 52 MG INTRAUTERINE DEVICE <sup>MM,SP,ACA,DL</sup>	*	
lillow (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
lindane 1% shampoo	3	
linezolid 100 mg/5 ml susp	3	QL(1800 per 30 days)
linezolid 600 mg tablet	3	QL(30 per 30 days)
LINZESS 145 MCG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
LINZESS 290 MCG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
LINZESS 72 MCG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
liothyronine sod 25 mcg tab <sup>MM</sup>	2	
liothyronine sod 5 mcg tab <sup>MM</sup>	2	
liothyronine sod 50 mcg tab <sup>MM</sup>	2	
lisinopril 10 mg tablet <sup>MM</sup>	1	
lisinopril 2.5 mg tablet <sup>MM</sup>	1	
lisinopril 20 mg tablet <sup>MM</sup>	1	
lisinopril 30 mg tablet <sup>MM</sup>	1	
lisinopril 40 mg tablet <sup>MM</sup>	1	
lisinopril 5 mg tablet <sup>MM</sup>	1	
lisinopril-hctz 10-12.5 mg tab <sup>MM</sup>	1	
lisinopril-hctz 20-12.5 mg tab <sup>MM</sup>	1	
lisinopril-hctz 20-25 mg tab <sup>MM</sup>	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE <sup>MM</sup>	2	
LITE TOUCH LANCETS 28 GAUGE <sup>MM</sup>	1	
LITE TOUCH LANCETS 30 GAUGE <sup>MM</sup>	1	
LITE TOUCH LANCETS 33 GAUGE <sup>MM</sup>	1	
LITE TOUCH LANCING DEVICE	3	
LITE TOUCH-MEDIUM MASK	1	
LITEAIRE MDI CHAMBER	1	
LITETOUCH-LARGE MASK	1	
LITETOUCH-SMALL MASK	1	
LITHATE 20 MG CAPSULE	3	
LITHATE 5 MG CAPSULE	3	
lithium 8 meq/5 ml solution <sup>MM</sup>	3	
lithium carbonate 150 mg cap <sup>MM</sup>	1	
lithium carbonate 300 mg cap <sup>MM</sup>	1	
lithium carbonate 300 mg tab <sup>MM</sup>	1	
lithium carbonate 600 mg cap <sup>MM</sup>	1	
lithium carbonate er 300 mg tb <sup>MM</sup>	1	
lithium carbonate er 450 mg tb <sup>MM</sup>	1	
LITHOSTAT 250 MG TABLET	3	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <sup>MM,ACA</sup>	2	
lo-zumandimine (28) 3 mg-0.02 mg tablet <sup>MM,ACA</sup>	1	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
LONSURF 15 MG-6.14 MG TABLET <sup>SP,LD,DL</sup>	*	PA,QL(100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <sup>SP,LD,DL</sup>	*	PA,QL(80 per 30 days)
loperamide 2 mg capsule <sup>MM</sup>	2	
lopinavir-ritonavir 80-20mg/ml <sup>MM</sup>	4	
lorazepam 0.5 mg tablet <sup>DL</sup>	2	QL(90 per 30 days)
lorazepam 1 mg tablet <sup>DL</sup>	2	QL(90 per 30 days)
lorazepam 2 mg tablet <sup>DL</sup>	2	QL(150 per 30 days)
lorazepam 2 mg/ml oral concent <sup>DL</sup>	2	QL(150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <sup>DL</sup>	2	QL(150 per 30 days)
LORBRENA 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
loryna (28) 3 mg-0.02 mg tablet <sup>MM,ACA</sup>	1	
losartan potassium 100 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
losartan potassium 25 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
losartan potassium 50 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
losartan-hctz 100-12.5 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
losartan-hctz 100-25 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
losartan-hctz 50-12.5 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
lovastatin 10 mg tablet <sup>MM,ACA</sup>	1	
lovastatin 20 mg tablet <sup>MM,ACA</sup>	1	
lovastatin 40 mg tablet <sup>MM,ACA</sup>	1	
low-ogestrel (28) 0.3 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
loxapine 10 mg capsule <sup>MM</sup>	2	
loxapine 25 mg capsule <sup>MM</sup>	2	
loxapine 5 mg capsule <sup>MM</sup>	2	
loxapine 50 mg capsule <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
Iugols 5 % oral solution	3	
LUMIGAN 0.01 % EYE DROPS <sup>MM</sup>	2	QL(2.5 per 25 days)
lutera (28) 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
lyllana 0.025 mg/24 hr transdermal patch	3	QL(8 per 28 days)
lyllana 0.0375 mg/24 hr transdermal patch	3	QL(8 per 28 days)
lyllana 0.05 mg/24 hr transdermal patch	3	QL(8 per 28 days)
lyllana 0.075 mg/24 hr transdermal patch	3	QL(8 per 28 days)
lyllana 0.1 mg/24 hr transdermal patch	3	QL(8 per 28 days)
LYNPARZA 100 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
LYNPARZA 150 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
LYSIPLEX PLUS TABLET	3	
LYSODREN 500 MG TABLET <sup>MM,SP,DL</sup>	*	
lyza 0.35 mg tablet <sup>MM,ACA</sup>	1	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <sup>ACA</sup>	4	
m-natal plus 27 mg iron-1 mg tablet <sup>MM</sup>	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" <sup>MM</sup>	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" <sup>MM</sup>	2	
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	2	
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	1	
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR <sup>SP,DL</sup>	*	PA
MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL <sup>SP,DL</sup>	*	PA
MAKENA 250 MG/ML INTRAMUSCULAR OIL <sup>SP,DL</sup>	*	PA
malathion 0.5% lotion	3	
maprotiline 25 mg tablet <sup>MM</sup>	3	
maprotiline 50 mg tablet <sup>MM</sup>	3	
maprotiline 75 mg tablet <sup>MM</sup>	3	
marlissa (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
MARNATAL-F 60 MG IRON-1 MG CAPSULE <sup>MM</sup>	3	
MARPLAN 10 MG TABLET <sup>MM</sup>	3	
MATULANE 50 MG CAPSULE <sup>SP,LD,DL</sup>	*	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16" <sup>MM</sup>	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16" <sup>MM</sup>	1	
MAYZENT 0.25 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
MAYZENT 2 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
MAYZENT STARTER PACK 0.25 MG (12 TABS) TABLETS <sup>SP,DL</sup>	*	PA,QL(12 per 30 days)
meclizine 12.5 mg tablet	2	
meclizine 25 mg tablet	2	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK <sup>MM</sup>	3	
MEDISENSE MID CONTROL SOLUTION <sup>MM</sup>	3	
MEDISENSE THIN LANCETS <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MEDISENSE THIN LANCETS 28 GAUGE <sup>MM</sup>	1	
MEDLANCE PLUS LANCETS 21 GAUGE <sup>MM</sup>	1	
MEDLANCE PLUS LANCETS 25 GAUGE <sup>MM</sup>	1	
MEDLANCE PLUS LANCETS 30 GAUGE <sup>MM</sup>	1	
MEDPOINT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
medroxyprogesterone 10 mg tab <sup>MM</sup>	1	
medroxyprogesterone 150 mg/ml <sup>MM,ACA</sup>	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml <sup>MM,ACA</sup>	1	QL(1 per 90 days)
medroxyprogesterone 2.5 mg tab <sup>MM</sup>	1	
medroxyprogesterone 5 mg tab <sup>MM</sup>	1	
mefloquine hcl 250 mg tablet	2	
megestrol 20 mg tablet	1	
megestrol 40 mg tablet	1	
megestrol acet 40 mg/ml susp <sup>MM</sup>	2	
megestrol acet 400 mg/10 ml <sup>MM</sup>	2	
MEKTOVI 15 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	2	
meloxicam 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
meloxicam 7.5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
melphalan 2 mg tablet <sup>SP,DL</sup>	*	QL(80 per 30 days)
memantine 5-10 mg titration pk	1	QL(98 per 30 days)
memantine hcl 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
memantine hcl 2 mg/ml solution <sup>MM</sup>	3	QL(360 per 30 days)
memantine hcl 5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
MENEST 0.3 MG TABLET <sup>MM</sup>	3	
MENEST 0.625 MG TABLET <sup>MM</sup>	3	
MENEST 1.25 MG TABLET <sup>MM</sup>	3	
MENEST 2.5 MG TABLET <sup>MM</sup>	3	
meperidine 100 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
meperidine 50 mg tablet <sup>DL</sup>	2	QL(480 per 30 days)
meperidine 50 mg/5 ml solution <sup>DL</sup>	2	QL(720 per 30 days)
mercaptopurine 50 mg tablet <sup>MM</sup>	2	QL(480 per 30 days)
merzee 1 mg-20 mcg (24)/75 mg (4) capsule <sup>ACA</sup>	2	
mesalamine 4 gm/60 ml enema <sup>MM</sup>	3	QL(1800 per 30 days)
mesalamine 4 gm/60 ml kit <sup>MM</sup>	3	QL(30 per 30 days)
mesalamine dr 1.2 gm tablet <sup>MM</sup>	3	QL(120 per 30 days)
MESNEX 400 MG TABLET <sup>SP,DL</sup>	*	
metadate er 20 mg tablet,extended release <sup>MM</sup>	3	QL(90 per 30 days)
metaproterenol 10 mg tablet <sup>MM</sup>	3	
metaproterenol 10 mg/5 ml syr <sup>MM</sup>	1	
metaproterenol 20 mg tablet <sup>MM</sup>	3	
METER-CHECK SOLUTION <sup>MM</sup>	3	
metformin hcl 1,000 mg tablet <sup>MM</sup>	1	
metformin hcl 500 mg tablet <sup>MM</sup>	1	
metformin hcl 850 mg tablet <sup>MM</sup>	1	
metformin hcl er 500 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
metformin hcl er 750 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
methadone 10 mg/5 ml solution <sup>DL</sup>	2	QL(1800 per 30 days)
methadone 10 mg/ml oral conc <sup>DL</sup>	2	QL(360 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
methadone 40 mg tablet dispr <sup>DL</sup>	2	QL(90 per 30 days)
methadone 5 mg/5 ml solution <sup>DL</sup>	2	QL(3600 per 30 days)
methadone hcl 10 mg tablet <sup>DL</sup>	2	QL(240 per 30 days)
methadone hcl 5 mg tablet <sup>DL</sup>	2	QL(480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <sup>DL</sup>	2	QL(360 per 30 days)
methadose 40 mg soluble tablet <sup>DL</sup>	2	QL(90 per 30 days)
methazolamide 25 mg tablet <sup>MM</sup>	3	
methazolamide 50 mg tablet <sup>MM</sup>	3	
methergine 0.2 mg tablet	4	
methimazole 10 mg tablet <sup>MM</sup>	1	
methimazole 5 mg tablet <sup>MM</sup>	1	
METHITEST 10 MG TABLET <sup>MM,SP,DL</sup>	*	
methocarbamol 500 mg tablet	2	
methocarbamol 750 mg tablet	2	
methotrexate 2.5 mg tablet <sup>MM</sup>	2	
methotrexate 50 mg/2 ml vial	2	
methotrexate 50 mg/2 ml vial	2	
methoxsalen 10 mg softgel <sup>SP,DL</sup>	*	
methscopolamine brom 2.5 mg tb	3	
methscopolamine brom 5 mg tab	3	
methyclothiazide 5 mg tablet <sup>MM</sup>	2	
methylcobalamin 10,000 mcg vl	2	
methyl dopa 250 mg tablet <sup>MM</sup>	1	
methyl dopa 500 mg tablet <sup>MM</sup>	1	
methyl dopa-hctz 250-15 mg tab <sup>MM</sup>	3	
methyl dopa-hctz 250-25 mg tab <sup>MM</sup>	3	
methyl ergonovine 0.2 mg tablet	4	
methylphenidate 10 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
methylphenidate 10 mg/5 ml sol <sup>MM</sup>	3	QL(900 per 30 days)
methylphenidate 20 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
methylphenidate 5 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
methylphenidate 5 mg/5 ml soln <sup>MM</sup>	3	QL(1800 per 30 days)
methylphenidate cd 10 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate cd 30 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
methylphenidate cd 40 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate cd 50 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate cd 60 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate er 10 mg tab <sup>MM</sup>	3	QL(180 per 30 days)
methylphenidate er 20 mg tab <sup>MM</sup>	3	QL(90 per 30 days)
methylphenidate er(cd) 20mg cp <sup>MM</sup>	3	QL(60 per 30 days)
methylphenidate la 10 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate la 20 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate la 30 mg cap <sup>MM</sup>	3	QL(60 per 30 days)
methylphenidate la 40 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylphenidate la 60 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
methylprednisolone 16 mg tab	2	
methylprednisolone 32 mg tab	2	
methylprednisolone 4 mg dosepk	2	
methylprednisolone 4 mg tablet	2	
methylprednisolone 8 mg tab	2	

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
methyltestosterone 10 mg cap <sup>MM,SP,DL</sup>	*	
metipranolol 0.3% eye drops <sup>MM</sup>	1	
metoclopramide 10 mg tablet	1	
metoclopramide 5 mg tablet	1	
metoclopramide 5 mg/5 ml soln	1	
metolazone 10 mg tablet <sup>MM</sup>	2	
metolazone 2.5 mg tablet <sup>MM</sup>	2	
metolazone 5 mg tablet <sup>MM</sup>	2	
metoprolol succ er 100 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol succ er 200 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol succ er 25 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol succ er 50 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol tartrate 100 mg tab <sup>MM</sup>	1	
metoprolol tartrate 25 mg tab <sup>MM</sup>	1	
metoprolol tartrate 37.5 mg tb <sup>MM</sup>	1	
metoprolol tartrate 50 mg tab <sup>MM</sup>	1	
metoprolol tartrate 75 mg tab <sup>MM</sup>	1	
metoprolol-hctz 100-25 mg tab <sup>MM</sup>	2	
metoprolol-hctz 100-50 mg tab <sup>MM</sup>	2	
metoprolol-hctz 50-25 mg tab <sup>MM</sup>	2	
metronidazole 0.75% cream	3	
metronidazole 250 mg tablet	2	
metronidazole 500 mg tablet	2	
metronidazole topical 0.75% gl	3	
metronidazole vaginal 0.75% gl	3	
mexiletine 150 mg capsule <sup>MM</sup>	3	
mexiletine 200 mg capsule <sup>MM</sup>	3	
mexiletine 250 mg capsule <sup>MM</sup>	3	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	2	
miconazole-3 200 mg vaginal suppository	2	
MICRO THIN LANCETS 33 GAUGE <sup>MM</sup>	1	
MICROCHAMBER SPACER	3	
MICRODOT HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	1	
MICRODOT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM,ACA</sup>	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA</sup>	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
MICROLET 2 LANCING DEVICE KIT <sup>MM</sup>	3	
MICROLET LANCET <sup>MM</sup>	3	
MICROLET NEXT LANCING DEVICE KIT <sup>MM</sup>	3	
MICROSPACER	1	
midazolam hcl 2 mg/ml syrup <sup>DL</sup>	2	
midodrine hcl 10 mg tablet	3	
midodrine hcl 2.5 mg tablet	3	
midodrine hcl 5 mg tablet	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
mili 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
mimvey 1 mg-0.5 mg tablet <sup>MM</sup>	3	
mimvey lo 0.5-0.1 mg tablet <sup>MM</sup>	3	
MINI LANCING DEVICE	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
MINI WRIGHT PEAK FLOW METER	1	
MINI-WRIGHT PEAK FLOW METER	1	
MINIMED SYRINGE RESERVOIR 1.8 ML <sup>MM</sup>	2	
MINIMED SYRINGE RESERVOIR 3 ML <sup>MM</sup>	2	
minitran 0.1 mg/hr transdermal 24 hour patch <sup>MM</sup>	2	QL(30 per 30 days)
minitran 0.2 mg/hr transdermal 24 hour patch <sup>MM</sup>	2	QL(30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch <sup>MM</sup>	2	QL(60 per 30 days)
minitran 0.6 mg/hr transdermal 24 hour patch <sup>MM</sup>	2	QL(30 per 30 days)
minocycline 100 mg capsule	2	
minocycline 50 mg capsule	2	
minocycline 75 mg capsule	2	
minoxidil 10 mg tablet <sup>MM</sup>	1	
minoxidil 2.5 mg tablet <sup>MM</sup>	1	
MIRENA 20 MCG/24 HOURS (6 YRS) 52 MG INTRAUTERINE DEVICE <sup>MM,SP,ACA,DL</sup>	*	
mirtazapine 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 30 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 45 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
misoprostol 100 mcg tablet <sup>MM</sup>	2	
misoprostol 200 mcg tablet <sup>MM</sup>	2	
MITIGARE 0.6 MG CAPSULE <sup>MM</sup>	2	QL(60 per 30 days)
modafinil 100 mg tablet <sup>MM</sup>	3	PA,QL(60 per 30 days)
modafinil 200 mg tablet <sup>MM</sup>	3	PA,QL(60 per 30 days)
MODERNA COVID-19 VACCINE (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSP. (EUA) <sup>ACA</sup>	4	QL(1 per 365 days)
moexipril hcl 15 mg tablet <sup>MM</sup>	2	
moexipril hcl 7.5 mg tablet <sup>MM</sup>	2	
mometasone furoate 0.1% cream	2	
mometasone furoate 0.1% oint	2	
mometasone furoate 0.1% soln	2	
mondoxyne nl 100 mg capsule	2	QL(90 per 30 days)
mono-linyah 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	1	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	1	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	1	
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	1	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	3	
MONOJECT ENFIT STERILE SYRINGE 1 ML	3	
MONOJECT ENFIT STERILE SYRINGE 3 ML	3	
MONOJECT ENFIT STERILE SYRINGE 35 ML	3	
MONOJECT ENFIT STERILE SYRINGE 6 ML	3	
MONOJECT ENFIT STERILE SYRINGE 60 ML	3	
MONOJECT ENFIT SYRINGE 12 ML	3	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	1	
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1 ML <sup>MM</sup>	1	
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	1	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	
MONOJECT SAFETY SYRINGES	1	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	1	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"	1	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	1	
MONOJECT SAFETY SYRINGES 6 ML	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	2	
MONOJECT SYRINGE 3 ML	2	
MONOJECT SYRINGE 6 ML	2	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1"	2	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	2	
MONOJECT TB LUER LOK 1 ML SYRINGE	1	
MONOJECT TUBERCULIN SYRINGE 1 ML	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <sup>MM</sup>	2	
MONOLET LANCETS 21 GAUGE <sup>MM</sup>	1	
MONOLET THIN LANCETS 28 GAUGE <sup>MM</sup>	1	
mononessa 28 tablet <sup>MM,ACA</sup>	1	
montelukast sod 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
montelukast sod 4 mg granules <sup>MM</sup>	3	QL(30 per 30 days)
montelukast sod 4 mg tab chew <sup>MM</sup>	1	QL(30 per 30 days)
montelukast sod 5 mg tab chew <sup>MM</sup>	1	QL(30 per 30 days)
morgidox 100 mg capsule	2	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
morgidox 50 mg capsule	2	
morphine sulf 10 mg/5 ml soln <sup>DL</sup>	2	QL(2700 per 30 days)
morphine sulf 100 mg/5 ml conc <sup>DL</sup>	2	QL(540 per 30 days)
morphine sulf 20 mg/5 ml soln <sup>DL</sup>	2	QL(1350 per 30 days)
morphine sulf er 100 mg tablet <sup>DL</sup>	2	QL(180 per 30 days)
morphine sulf er 15 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
morphine sulf er 200 mg tablet <sup>DL</sup>	2	QL(90 per 30 days)
morphine sulf er 30 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
morphine sulf er 60 mg tablet <sup>DL</sup>	2	QL(120 per 30 days)
morphine sulfate ir 15 mg tab <sup>DL</sup>	2	QL(180 per 30 days)
morphine sulfate ir 30 mg tab <sup>DL</sup>	2	QL(180 per 30 days)
MOVANTIK 12.5 MG TABLET	2	QL(30 per 30 days)
MOVANTIK 25 MG TABLET	2	QL(30 per 30 days)
moxifloxacin 0.5% eye drops	2	
moxifloxacin hcl 400 mg tablet	2	
MULTI-LANCET DEVICE 2 KIT <sup>MM</sup>	1	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	2	
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet	2	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	2	
mupirocin 2% ointment	2	
my choice 1.5 mg tablet <sup>ACA</sup>	1	
my way 1.5 mg tablet <sup>ACA</sup>	1	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
mycophenolate 200 mg/ml susp <sup>MM</sup>	4	
mycophenolate 250 mg capsule <sup>MM</sup>	2	QL(360 per 30 days)
mycophenolate 500 mg tablet <sup>MM</sup>	2	QL(180 per 30 days)
mycophenolic acid dr 180 mg tb <sup>MM</sup>	3	
mycophenolic acid dr 360 mg tb <sup>MM</sup>	3	
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
myferon 150 forte 150 mg-25 mcg-1 mg capsule	1	
MYFORTIC 180 MG TABLET,DELAYED RELEASE <sup>MM</sup>	4	
MYFORTIC 360 MG TABLET,DELAYED RELEASE <sup>MM</sup>	4	
MYGLUCOHEALTH CONTROL SOLUTION <sup>MM</sup>	3	
MYGLUCOHEALTH LANCETS 30 GAUGE <sup>MM</sup>	1	
MYLERAN 2 MG TABLET <sup>SP,DL</sup>	*	QL(150 per 30 days)
MYNATAL 65 MG IRON-1 MG CAPSULE <sup>MM</sup>	2	
mynatal plus 65 mg iron-1 mg tablet <sup>MM</sup>	1	
mynatal-z 65 mg iron-1 mg tablet <sup>MM</sup>	1	
myorisan 10 mg capsule	3	QL(60 per 30 days)
myorisan 20 mg capsule	3	QL(60 per 30 days)
myorisan 30 mg capsule	3	QL(60 per 30 days)
myorisan 40 mg capsule	3	QL(120 per 30 days)
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
myzilra-28 tablet <sup>MM,ACA</sup>	1	
nabumetone 500 mg tablet <sup>DL</sup>	1	
nabumetone 750 mg tablet <sup>DL</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nadolol 20 mg tablet <sup>MM</sup>	3	
nadolol 40 mg tablet <sup>MM</sup>	3	
nadolol 80 mg tablet <sup>MM</sup>	3	
nadolol-bendroflu 40-5 mg tab <sup>MM</sup>	3	
nadolol-bendroflu 80-5 mg tab <sup>MM</sup>	3	
naloxone 0.4 mg/ml carpject	2	
naloxone 0.4 mg/ml vial	1	
naloxone 2 mg auto-injector	3	QL(0.8 per 30 days)
naloxone 2 mg/2 ml syringe	2	
naltrexone 50 mg tablet	2	
naproxen 250 mg tablet <sup>MM</sup>	1	
naproxen 375 mg tablet <sup>MM</sup>	1	
naproxen 500 mg tablet <sup>MM</sup>	1	
naproxen dr 375 mg tablet <sup>MM</sup>	2	
naproxen dr 500 mg tablet <sup>MM</sup>	2	
naratriptan hcl 1 mg tablet	2	QL(9 per 30 days)
naratriptan hcl 2.5 mg tablet	2	QL(9 per 30 days)
NARCAN 4 MG/ACTUATION NASAL SPRAY	3	QL(2 per 30 days)
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET <sup>MM</sup>	3	
NATACYN 5 % EYE DROPS,SUSPENSION	3	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <sup>MM,ACA</sup>	2	
NATURE-THROID 113.75 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 130 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 146.25 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 16.25 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 162.5 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 195 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 260 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 32.5 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 325 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 48.75 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 65 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 81.25 MG TABLET <sup>MM</sup>	3	
NATURE-THROID 97.5 MG TABLET <sup>MM</sup>	3	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>SP,DL</sup>	*	QL(10 per 30 days)
NEBUPENT 300 MG SOLUTION FOR INHALATION <sup>MM</sup>	3	
nebusal 3 % solution for nebulization	2	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
neo-bacit-poly-hc eye ointment	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	3	
neomyc-bacit-polymix eye oint	2	
neomyc-polym-dexamet eye ointm	2	
neomyc-polym-dexameth eye drop	2	
neomyc-polym-gramicid eye drop	2	
neomycin 500 mg tablet	2	
neomycin-poly-hc eye drops	3	
neomycin-polymyxin-hc ear soln	3	
neomycin-polymyxin-hc ear susp	3	
NEORAL 100 MG CAPSULE <sup>MM</sup>	3	QL(720 per 30 days)
NEORAL 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NEORAL 25 MG CAPSULE <sup>MM</sup>	3	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION	3	
NESTABS 32 MG-1,000 MCG TABLET <sup>MM</sup>	2	
NESTABS ABC 32 MG IRON-1 MG-120 MG-180 MG ORAL PACK <sup>MM</sup>	3	
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <sup>SP,DL</sup>	*	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <sup>SP,DL</sup>	*	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(22.4 per 30 days)
nevirapine 200 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
nevirapine 50 mg/5 ml susp <sup>MM</sup>	2	QL(1200 per 30 days)
nevirapine er 100 mg tablet <sup>MM</sup>	3	QL(120 per 30 days)
nevirapine er 400 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
new day 1.5 mg tablet <sup>ACA</sup>	1	
newgen 32 mg-1,000 mcg tablet <sup>MM</sup>	3	
NEXAVAR 200 MG TABLET <sup>SP,DL</sup>	*	PA,QL(120 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	QL(30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	QL(30 per 30 days)
NEXPLANON 68 MG SUBDERMAL IMPLANT <sup>SP,ACA,DL</sup>	*	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET	3	
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET	3	
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET	3	
NICOTROL 10 MG INHALATION CARTRIDGE <sup>ACA</sup>	3	
NICOTROL NS 10 MG/ML NASAL SPRAY <sup>ACA</sup>	3	
nifedipine 10 mg capsule <sup>MM</sup>	2	
nifedipine 20 mg capsule <sup>MM</sup>	2	
nifedipine er 30 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
nifedipine er 30 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
nifedipine er 60 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
nifedipine er 60 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
nifedipine er 90 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
nifedipine er 90 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
nikki (28) 3 mg-0.02 mg tablet <sup>MM,ACA</sup>	1	
nilutamide 150 mg tablet <sup>MM,SP,DL</sup>	*	QL(60 per 30 days)
nitazoxanide 500 mg tablet <sup>SP,DL</sup>	*	QL(40 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT <sup>MM</sup>	2	
nitrofurantoin 25 mg/5 ml susp <sup>SP,DL</sup>	*	QL(2400 per 30 days)
nitrofurantoin mcr 100 mg cap	2	
nitrofurantoin mcr 25 mg cap	2	
nitrofurantoin mcr 50 mg cap	2	
nitrofurantoin mono-mcr 100 mg	2	
nitroglycerin 0.1 mg/hr patch <sup>MM</sup>	2	QL(30 per 30 days)
nitroglycerin 0.2 mg/hr patch <sup>MM</sup>	2	QL(30 per 30 days)
nitroglycerin 0.3 mg tablet sl <sup>MM</sup>	2	
nitroglycerin 0.4 mg tablet sl <sup>MM</sup>	2	
nitroglycerin 0.4 mg/hr patch <sup>MM</sup>	2	QL(60 per 30 days)
nitroglycerin 0.6 mg tablet sl <sup>MM</sup>	2	
nitroglycerin 0.6 mg/hr patch <sup>MM</sup>	2	QL(30 per 30 days)
NITROSTAT 0.3 MG SUBLINGUAL TABLET <sup>MM</sup>	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET <sup>MM</sup>	3	
NITROSTAT 0.6 MG SUBLINGUAL TABLET <sup>MM</sup>	3	

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



DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NITYR 10 MG TABLET <sup>MM,SP,DL</sup>	*	QL(60 per 30 days)
NITYR 2 MG TABLET <sup>MM,SP,DL</sup>	*	QL(300 per 30 days)
NITYR 5 MG TABLET <sup>MM,SP,DL</sup>	*	QL(120 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(22.4 per 30 days)
nizatidine 15 mg/ml solution <sup>MM</sup>	3	
nizatidine 150 mg capsule <sup>MM</sup>	3	
nizatidine 300 mg capsule <sup>MM</sup>	3	
nora-be 0.35 mg tablet <sup>MM,ACA</sup>	1	
noret-estr-fe 0.4-0.035(21)-75 <sup>MM</sup>	2	
noreth-ee-fe 1.5-0.03mg(21)-75 <sup>MM,ACA</sup>	1	
noreth-estr-fe 1-0.02(21)-75 <sup>MM,ACA</sup>	1	
noreth-estr-fe 1-0.02(24)-75 <sup>ACA</sup>	2	
noreth-estr-fe 1-0.02(24)-75 <sup>MM,ACA</sup>	1	
noreth-estr-fe 1-0.02(24)-75 <sup>MM</sup>	2	
norethin-ee 1.5-0.03 mg(21) tb <sup>MM,ACA</sup>	1	
norethin-estra-fe 0.8-0.025 mg <sup>MM</sup>	2	
norethin-eth estrad 1 mg-5 mcg <sup>MM</sup>	2	
norethind-eth estrad 0.5-2.5 <sup>MM</sup>	2	
norethind-eth estrad 1-0.02 mg <sup>MM,ACA</sup>	1	
norethindrone 0.35 mg tablet <sup>MM,ACA</sup>	1	
norethindrone 5 mg tablet <sup>MM</sup>	2	
norg-ee 0.18-0.215-0.25/0.025 <sup>MM,ACA</sup>	1	
norg-ee 0.18-0.215-0.25/0.035 <sup>MM,ACA</sup>	1	
norg-ethin estra 0.25-0.035 mg <sup>MM,ACA</sup>	1	
norlyda 0.35 mg tablet <sup>MM,ACA</sup>	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
nortriptyline 10 mg/5 ml soln <sup>MM</sup>	3	
nortriptyline hcl 10 mg cap <sup>MM</sup>	1	
nortriptyline hcl 25 mg cap <sup>MM</sup>	1	
nortriptyline hcl 50 mg cap <sup>MM</sup>	1	
nortriptyline hcl 75 mg cap <sup>MM</sup>	1	
NORVIR 100 MG ORAL POWDER PACKET <sup>MM,SP</sup>	*	QL(360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(480 per 30 days)
NOVA MAX GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
NOVA SAFETY LANCETS 23 GAUGE <sup>MM</sup>	1	
NOVA SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
NOVA SUREFLEX LANCETS <sup>MM</sup>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <sup>MM</sup>	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <sup>MM</sup>	1	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS <sup>MM</sup>	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MM</sup>	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <sup>MM</sup>	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <sup>MM</sup>	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG <sup>MM</sup>	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <sup>MM</sup>	1	
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <sup>SP,DL</sup>	*	PA,QL(840 per 28 days)
np thyroid 120 mg tablet <sup>MM</sup>	3	
np thyroid 15 mg tablet <sup>MM</sup>	3	
np thyroid 30 mg tablet <sup>MM</sup>	3	
np thyroid 60 mg tablet <sup>MM</sup>	3	
np thyroid 90 mg tablet <sup>MM</sup>	3	
NUBEQA 300 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(3 per 28 days)
NUPLAZID 10 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
NUPLAZID 17 MG TABLET <sup>MM,SP</sup>	*	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
NUZYRA 150 MG TABLET <sup>LD,DL</sup>	3	QL(30 per 14 days)
NUZYRA 150 MG TABLET-7 DAY <sup>DL</sup>	3	QL(30 per 14 days)
NUZYRA 150 MG-7 DAY WITH LOAD <sup>DL</sup>	3	QL(30 per 14 days)
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <sup>ACA</sup>	1	
nymyo 0.25 mg-35 mcg tablet <sup>ACA</sup>	1	
nystatin 100,000 unit/gm cream	2	
nystatin 100,000 unit/gm oint	2	
nystatin 100,000 unit/ml susp	2	
nystatin 500,000 unit oral tab	3	
nystatin-triamcinolone cream	3	
nystatin-triamcinolone ointm	3	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <sup>MM</sup>	2	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE <sup>MM</sup>	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE <sup>MM</sup>	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET <sup>MM</sup>	3	
OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE <sup>MM</sup>	3	
ocella 3 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
octreotide 1,000 mcg/ml vial <sup>MM</sup>	3	PA
octreotide acet 0.05 mg/ml vl <sup>MM</sup>	3	PA
octreotide acet 100 mcg/ml syr <sup>MM</sup>	3	PA
octreotide acet 100 mcg/ml vl <sup>MM</sup>	3	PA
octreotide acet 200 mcg/ml vl <sup>MM</sup>	3	PA
octreotide acet 50 mcg/ml syr <sup>MM</sup>	3	PA
octreotide acet 500 mcg/ml syr <sup>MM</sup>	3	PA
octreotide acet 500 mcg/ml vl <sup>MM</sup>	3	PA
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
OFEV 100 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
OFEV 150 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
ofloxacin 0.3% ear drops	3	
ofloxacin 0.3% eye drops	2	
ofloxacin 300 mg tablet	2	
ofloxacin 400 mg tablet	2	
ogestrel tablet <sup>MM,ACA</sup>	1	
olanzapine 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 10 mg vial	4	QL(60 per 30 days)
olanzapine 15 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
olanzapine 2.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
olanzapine 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 7.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan medoxomil 20 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan medoxomil 40 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan medoxomil 5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan-hctz 20-12.5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan-hctz 40-12.5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan-hctz 40-25 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
olopatadine hcl 0.1% eye drops	2	
olopatadine hcl 0.2% eye drop	2	
omega-3 ethyl esters 1 gm cap <sup>MM</sup>	3	PA,QL(120 per 30 days)
omeprazole dr 10 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
omeprazole dr 20 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
omeprazole dr 40 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
OMNIPOD DASH PERSONAL DIABETES MANAGER KIT <sup>MM</sup>	2	
OMNIPOD INSULIN MANAGEMENT	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
ON CALL EXPRESS CONTROL SOLUTION <sup>MM</sup>	3	
ON CALL LANCET 30 GAUGE <sup>MM</sup>	3	
ON CALL LANCING DEVICE	3	
ON CALL PLUS CONTROL SOLUTION <sup>MM</sup>	3	
ON CALL PLUS LANCET 30 GAUGE <sup>MM</sup>	3	
ON CALL PLUS LANCING DEVICE	3	
ON CALL VIVID CONTROL SOLUTION <sup>MM</sup>	3	
ON-THE-GO LANCETS 30 GAUGE <sup>MM</sup>	1	
ondansetron 4 mg/5 ml solution	3	QL(450 per 30 days)
ondansetron hcl 24 mg tablet	2	QL(30 per 30 days)
ondansetron hcl 4 mg tablet	2	QL(90 per 30 days)
ondansetron hcl 8 mg tablet	2	QL(90 per 30 days)
ondansetron odt 4 mg tablet	2	QL(90 per 30 days)
ondansetron odt 8 mg tablet	2	QL(90 per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE <sup>MM</sup>	3	
ONETOUCH DELICA LANCETS 33 GAUGE <sup>MM</sup>	3	
ONETOUCH DELICA LANCING DEVICE KIT <sup>MM</sup>	3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE <sup>MM</sup>	1	
ONETOUCH DELICA PLUS LANCET 33 GAUGE <sup>MM</sup>	1	
ONETOUCH DELICA PLUS LANCING DEVICE KIT <sup>MM</sup>	1	
ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE <sup>MM</sup>	3	
ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE <sup>MM</sup>	3	
ONETOUCH ULTRA CONTROL SOLUTION <sup>MM</sup>	3	
ONETOUCH ULTRASOFT LANCETS <sup>MM</sup>	1	
ONETOUCH VERIO HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ONETOUCH VERIO MID CONTROL SOLUTION <sup>MM</sup>	3	
OPSUMIT 10 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
OPTICHAMBER ADULT MASK-LARGE	1	
OPTICHAMBER DIAMOND VHC SPACER	3	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	2	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	2	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	2	
option-2 1.5 mg tablet <sup>ACA</sup>	1	
oralone 0.1 % dental paste	2	
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE <sup>MM,SP,LD,DL</sup>	*	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE <sup>MM,SP,LD,DL</sup>	*	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE <sup>MM,SP,LD,DL</sup>	*	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE <sup>MM,SP,LD,DL</sup>	*	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE <sup>MM,SP,LD,DL</sup>	*	PA,QL(150 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(112 per 28 days)
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
ORKAMBI 200 MG-125 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(112 per 28 days)
orphenadrine er 100 mg tablet	2	
orsythia 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
oscimin 0.125 mg odt <sup>MM</sup>	2	
oscimin 0.125 mg tablet <sup>MM</sup>	2	
oscimin sl 0.125 mg sublingual tablet <sup>MM</sup>	2	
oscimin sr 0.375 mg tablet,extended release <sup>MM</sup>	3	
oseltamivir 6 mg/ml suspension	3	QL(1440 per 365 days)
oseltamivir phos 30 mg capsule	3	QL(224 per 365 days)
oseltamivir phos 45 mg capsule	3	QL(112 per 365 days)
oseltamivir phos 75 mg capsule	3	QL(112 per 365 days)
oxcarbazepine 150 mg tablet <sup>MM</sup>	2	
oxcarbazepine 300 mg tablet <sup>MM</sup>	2	
oxcarbazepine 300 mg/5 ml susp <sup>MM</sup>	3	
oxcarbazepine 600 mg tablet <sup>MM</sup>	2	
oxybutynin 5 mg tablet <sup>MM</sup>	1	
oxybutynin 5 mg/5 ml syrup <sup>MM</sup>	1	
oxybutynin cl er 10 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
oxybutynin cl er 15 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
oxybutynin cl er 5 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
oxycodon-acetaminophen 2.5-325 <sup>DL</sup>	2	QL(360 per 30 days)
oxycodon-acetaminophen 7.5-325 <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone hcl 10 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone hcl 100 mg/5 ml conc <sup>SP,DL</sup>	*	QL(270 per 30 days)
oxycodone hcl 15 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone hcl 20 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone hcl 30 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone hcl 5 mg capsule <sup>DL</sup>	3	QL(360 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone hcl 5 mg tablet <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone hcl 5 mg/5 ml soln <sup>DL</sup>	3	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 <sup>DL</sup>	2	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 <sup>DL</sup>	2	QL(360 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(3 per 28 days)
PACERONE 100 MG TABLET <sup>MM</sup>	3	
pacerone 200 mg tablet <sup>MM</sup>	1	
PACERONE 400 MG TABLET <sup>MM</sup>	3	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE <sup>SP,DL</sup>	*	PA,QL(13 per 5 days)
paliperidone er 1.5 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
paliperidone er 3 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
paliperidone er 6 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
paliperidone er 9 mg tablet <sup>MM</sup>	3	QL(30 per 30 days)
PANRETIN 0.1 % TOPICAL GEL <sup>SP,DL</sup>	*	
pantoprazole sod dr 20 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
pantoprazole sod dr 40 mg tab <sup>MM</sup>	1	QL(60 per 30 days)
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE <sup>MM,SP,ACA,LD,DL</sup>	*	
paregoric liquid	3	
paricalcitol 1 mcg capsule <sup>MM</sup>	3	QL(30 per 30 days)
paricalcitol 2 mcg capsule <sup>MM</sup>	3	QL(30 per 30 days)
paricalcitol 4 mcg capsule <sup>MM</sup>	3	QL(12 per 30 days)
paroex oral rinse 0.12 % mouthwash	2	
paromomycin 250 mg capsule	3	
paroxetine hcl 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
paroxetine hcl 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
paroxetine hcl 30 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
paroxetine hcl 40 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
paroxetine mesylate 7.5 mg cap <sup>MM</sup>	3	ST,QL(30 per 30 days)
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET	3	
PEDIASURE HARVEST 0.04 GRAM-1 KCAL/ML LIQUID FOR TUBE FEED	3	
peg 3350 electrolyte soln <sup>ACA</sup>	2	
peg 3350-electrolyte solution <sup>ACA</sup>	2	
peg-3350 and electrolytes soln <sup>ACA</sup>	2	
peg-prep 5 mg-210 gram oral kit <sup>ACA</sup>	3	
PEGANONE 250 MG TABLET <sup>MM</sup>	3	
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT <sup>SP,DL</sup>	*	PA,QL(4 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PEMAZYRE 13.5 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(14 per 21 days)
PEMAZYRE 4.5 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(14 per 21 days)
PEMAZYRE 9 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(14 per 21 days)
PEN NEEDLE 12MM 29G <sup>MM</sup>	1	
PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	1	
PEN NEEDLE 30G X 8MM <sup>MM</sup>	1	
PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
PEN NEEDLE 32G X 3/16" <sup>MM</sup>	1	
PEN NEEDLE 32G X 5/32" <sup>MM</sup>	1	
PEN NEEDLE 8MM 31G <sup>MM</sup>	1	
PEN NEEDLES 6MM 31G <sup>MM</sup>	1	
penicillamine 250 mg tablet <sup>MM,SP,DL</sup>	*	
penicillin vk 125 mg/5 ml soln	2	
penicillin vk 250 mg tablet	2	
penicillin vk 250 mg/5 ml soln	2	
penicillin vk 500 mg tablet	2	
pentamidine 300 mg inhal powdr <sup>MM</sup>	3	
PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
pentoxifylline er 400 mg tab <sup>MM</sup>	1	
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MM,SP</sup>	*	PA,QL(120 per 30 days)
perindopril erbumine 2 mg tab <sup>MM</sup>	2	
perindopril erbumine 4 mg tab <sup>MM</sup>	2	
perindopril erbumine 8 mg tab <sup>MM</sup>	2	
periogard 0.12 % mouthwash	2	
permethrin 5% cream	3	
perphen-amitrip 2 mg-10 mg tab <sup>MM</sup>	3	
perphen-amitrip 2 mg-25 mg tab <sup>MM</sup>	3	
perphen-amitrip 4 mg-10 mg tab <sup>MM</sup>	3	
perphen-amitrip 4 mg-25 mg tab <sup>MM</sup>	3	
perphen-amitrip 4 mg-50 mg tab <sup>MM</sup>	3	
perphenazine 16 mg tablet <sup>MM</sup>	3	
perphenazine 2 mg tablet <sup>MM</sup>	3	
perphenazine 4 mg tablet <sup>MM</sup>	3	
perphenazine 8 mg tablet <sup>MM</sup>	3	
PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT <sup>MM,SP,DL</sup>	*	QL(1 per 28 days)
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSPENSION(EUA) <sup>ACA</sup>	4	QL(0.6 per 365 days)
PHARMACIST CHOICE 30G LANCETS <sup>MM</sup>	1	
PHASEAL PROTECTOR 13 MM DEVICE	1	
PHASEAL PROTECTOR 20 MM DEVICE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PHASEAL PROTECTOR 28 MM DEVICE	1	
phenadoz 12.5 mg suppository	3	
phenadoz 25 mg rectal suppository	3	
phenazopyridine 100 mg tab	3	
phenazopyridine 200 mg tab	3	
phenelzine sulfate 15 mg tab <sup>MM</sup>	3	
phenobarbital 100 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
phenobarbital 15 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
phenobarbital 16.2 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
phenobarbital 20 mg/5 ml elix <sup>MM</sup>	3	QL(1500 per 30 days)
phenobarbital 30 mg tablet <sup>MM</sup>	2	QL(300 per 30 days)
phenobarbital 32.4 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
phenobarbital 60 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
phenobarbital 64.8 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
phenobarbital 97.2 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
phenoxybenzamine hcl 10 mg cap <sup>SP,DL</sup>	*	
phenylephrine 10% eye drops	3	
phenylephrine 2.5% eye drop	3	
phenytoin 100 mg/4 ml susp <sup>MM</sup>	2	
phenytoin 125 mg/5 ml susp <sup>MM</sup>	2	
phenytoin 50 mg tablet chew <sup>MM</sup>	2	
phenytoin sod ext 100 mg cap <sup>MM</sup>	2	
phenytoin sod ext 200 mg cap <sup>MM</sup>	2	
phenytoin sod ext 300 mg cap <sup>MM</sup>	2	
PHEXXI 1.8%-1%-0.4% VAGINAL GEL	3	QL(60 per 30 days)
philit 0.4 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
phospha 250 neutral 250 mg tablet	2	
PHOSPHOLINE IODIDE 0.125% EYE DROPS <sup>MM</sup>	3	
phytonadione 1 mg/0.5 ml syr	2	
phytonadione 10 mg/ml ampul	2	
PICATO 0.015% TOPICAL GEL	3	QL(3 per 30 days)
PICATO 0.05% TOPICAL GEL	3	QL(2 per 30 days)
PIFELTRO 100 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
pilocarpine 1% eye drops <sup>MM</sup>	2	
pilocarpine 2% eye drops <sup>MM</sup>	2	
pilocarpine 4% eye drops <sup>MM</sup>	2	
pilocarpine hcl 5 mg tablet <sup>MM</sup>	3	
pilocarpine hcl 7.5 mg tablet <sup>MM</sup>	3	
pimecrolimus 1% cream	3	
pimozide 1 mg tablet <sup>MM</sup>	3	
pimozide 2 mg tablet <sup>MM</sup>	3	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
pindolol 10 mg tablet <sup>MM</sup>	2	
pindolol 5 mg tablet <sup>MM</sup>	2	
pioglitazone hcl 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
pioglitazone hcl 30 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
pioglitazone hcl 45 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
PIP LANCET 28 GAUGE <sup>MM</sup>	1	
PIP LANCET 30 GAUGE <sup>MM</sup>	1	
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET <sup>MM,SP,DL</sup>	*	PA,QL(56 per 28 days)
PIQRAY 300 MG/DAY (150 MG X 2) TABLET <sup>MM,SP,DL</sup>	*	PA,QL(56 per 28 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
pirmella 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
piroxicam 10 mg capsule	2	
piroxicam 20 mg capsule	2	
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>SP,DL</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>SP,DL</sup>	*	PA,QL(1 per 28 days)
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION <sup>ACA</sup>	4	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE <sup>ACA</sup>	4	
pnv ob+dha combo pack <sup>MM</sup>	2	
pnv-select 27 mg-1 mg tablet <sup>MM</sup>	3	
POCKET CHAMBER SPACER	1	
podofilox 0.5% topical soln	3	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule	1	
polycin 500 unit-10,000 unit/gram eye ointment	2	
polymyxin b-tmp eye drops	1	
POMALYST 1 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
POMALYST 2 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
POMALYST 3 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
POMALYST 4 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(21 per 28 days)
portia 28 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
posaconazole 200 mg/5 ml susp <sup>SP,DL</sup>	*	PA,QL(840 per 28 days)
posaconazole dr 100 mg tablet <sup>SP,DL</sup>	*	PA,QL(93 per 30 days)
potassium 25 meq tablet eff <sup>MM</sup>	3	
potassium citrate er 10 meq tb <sup>MM</sup>	3	
potassium citrate er 15 meq tb <sup>MM</sup>	3	
potassium citrate er 5 meq tab <sup>MM</sup>	3	
potassium cl 10% (20 meq/15ml) <sup>MM</sup>	3	
potassium cl 20% (40 meq/15ml) <sup>MM</sup>	3	
potassium cl 25 meq tab eff <sup>MM</sup>	3	
potassium cl er 10 meq capsule <sup>MM</sup>	2	
potassium cl er 10 meq tablet <sup>MM</sup>	1	
potassium cl er 10 meq tablet <sup>MM</sup>	2	
potassium cl er 20 meq tablet <sup>MM</sup>	1	
potassium cl er 20 meq tablet <sup>MM</sup>	2	
potassium cl er 8 meq capsule <sup>MM</sup>	2	
potassium cl er 8 meq tablet <sup>MM</sup>	2	
pr natal 400 29 mg-1 mg-400 mg oral pack <sup>MM</sup>	2	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release <sup>MM</sup>	2	
pr natal 430 29 mg iron-1 mg-430 mg oral pack <sup>MM</sup>	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release <sup>MM</sup>	2	
PRADAXA 110 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
PRADAXA 150 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
PRADAXA 75 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
pramipexole 0.125 mg tablet <sup>MM</sup>	1	
pramipexole 0.25 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pramipexole 0.5 mg tablet <sup>MM</sup>	1	
pramipexole 0.75 mg tablet <sup>MM</sup>	1	
pramipexole 1 mg tablet <sup>MM</sup>	1	
pramipexole 1.5 mg tablet <sup>MM</sup>	1	
prasugrel 10 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
prasugrel 5 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
pravastatin sodium 10 mg tab <sup>MM</sup>	2	
pravastatin sodium 20 mg tab <sup>MM</sup>	2	
pravastatin sodium 40 mg tab <sup>MM</sup>	2	
pravastatin sodium 80 mg tab <sup>MM</sup>	2	
praziquantel 600 mg tablet	3	
prazosin 1 mg capsule <sup>MM</sup>	2	
prazosin 2 mg capsule <sup>MM</sup>	2	
prazosin 5 mg capsule <sup>MM</sup>	2	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK <sup>MM</sup>	3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK <sup>MM</sup>	3	
prednisolone 15 mg/5 ml soln	2	
prednisolone 15 mg/5 ml soln	2	
prednisolone 5 mg/5 ml soln	2	
prednisolone ac 1% eye drop	2	
prednisolone sod 1% eye drop	2	
prednisolone sod ph 25 mg/5 ml	2	
prednisone 1 mg tablet	1	
prednisone 10 mg tab dose pack	2	
prednisone 10 mg tablet	1	
prednisone 2.5 mg tablet	1	
prednisone 20 mg tablet	1	
prednisone 5 mg tab dose pack	2	
prednisone 5 mg tablet	1	
prednisone 5 mg/5 ml solution	2	
prednisone 50 mg tablet	1	
PREFERRED PLUS SYRINGE 0.5 ML <sup>MM</sup>	2	
PREFERRED PLUS SYRINGE 1 ML <sup>MM</sup>	2	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET <sup>MM</sup>	3	
pregabalin 100 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
pregabalin 150 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
pregabalin 20 mg/ml solution <sup>MM</sup>	4	QL(900 per 30 days)
pregabalin 200 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
pregabalin 225 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
pregabalin 25 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
pregabalin 300 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
pregabalin 50 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
pregabalin 75 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
prena1 pearl 30 mg-1.4 mg-200 mg capsule,immediate - delay release <sup>MM</sup>	3	
prena1 true 30 mg iron-1.4 mg-300 mg oral pack <sup>MM</sup>	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <sup>MM</sup>	3	
prenatal 19 29 mg iron-1 mg chewable tablet <sup>MM</sup>	1	
prenatal low iron 27 mg iron-1 mg tablet <sup>MM</sup>	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <sup>MM</sup>	1	
prenatal plus 29 mg iron-1 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack <sup>MM</sup>	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet <sup>MM</sup>	1	
PRENATE DHA (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAPSULE <sup>MM</sup>	3	
PRENATE ELITE (IRON ASPARTO GLYCINATE) 20 MG IRON-1 MG TABLET <sup>MM</sup>	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET <sup>MM</sup>	3	
PRENATE ENHANCE 28 MG IRON-1 MG-400 MG CAPSULE <sup>MM</sup>	3	
PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG-1 MG-350 MG CAPSULE <sup>MM</sup>	3	
PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE <sup>MM</sup>	3	
PRENATE STAR 20 MG IRON-1 MG TABLET <sup>MM</sup>	3	
preplus 27 mg iron-1 mg tablet <sup>MM</sup>	1	
PRESSURE ACTIVATED LANCETS 21 GAUGE <sup>MM</sup>	1	
PRESSURE ACTIVATED LANCETS 28 GAUGE <sup>MM</sup>	1	
pretab 29 mg-1 mg tablet <sup>MM</sup>	3	
prevalite 4 gram oral powder <sup>MM</sup>	3	
prevalite 4 gram powder for susp in a packet <sup>MM</sup>	3	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
previfem 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
PREZCOBIX 800 MG-150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <sup>MM,SP</sup>	*	QL(360 per 30 days)
PREZISTA 150 MG TABLET <sup>MM,SP</sup>	*	QL(240 per 30 days)
PREZISTA 600 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
PREZISTA 75 MG TABLET <sup>MM,SP</sup>	*	QL(480 per 30 days)
PREZISTA 800 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
PRIFTIN 150 MG TABLET	3	
primaquine 26.3 mg tablet	3	
PRIMEAIRE SPACER	1	
primidone 250 mg tablet <sup>MM</sup>	1	
primidone 50 mg tablet <sup>MM</sup>	1	
PRO COMFORT ALCOHOL PADS	3	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT LANCET 30 GAUGE <sup>MM</sup>	1	
PRO COMFORT LANCET 31 GAUGE <sup>MM</sup>	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
PRO COMFORT SPACER-ADULT MASK	3	
PRO COMFORT SPACER-CHILD MASK	3	
probenecid 500 mg tablet <sup>MM</sup>	2	
probenecid-colchicine tablet <sup>MM</sup>	2	
PROCALAMINE 3% INTRAVENOUS SOLUTION	3	
PROCARE SPACER WITH ADULT MASK	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PROCARE SPACER WITH CHILD MASK	3	
PROCHAMBER	2	
prochlorperazine 10 mg tab	2	
prochlorperazine 25 mg supp	3	
prochlorperazine 5 mg tablet	2	
procto-med hc 2.5 % topical cream perineal applicator	2	
procto-pak 1 % topical cream perineal applicator	2	
proctosol hc 2.5 % topical cream perineal applicator	2	
proctozone-hc 2.5 % topical cream perineal applicator	2	
PRODIGY CONTROL SOLUTION, LOW <sup>MM</sup>	3	
PRODIGY CONTROL SOLUTION,HIGH <sup>MM</sup>	3	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 <sup>MM</sup>	2	
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 <sup>MM</sup>	2	
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 <sup>MM</sup>	2	
PRODIGY LANCETS 26 GAUGE <sup>MM</sup>	1	
PRODIGY LANCETS 28 GAUGE <sup>MM</sup>	1	
PRODIGY LANCING DEVICE	1	
PRODIGY TWIST TOP LANCET 28 GAUGE <sup>MM</sup>	1	
PROFERRIN-FORTE 12 MG-1 MG TABLET	2	
progesterone 100 mg capsule <sup>MM</sup>	2	
progesterone 200 mg capsule <sup>MM</sup>	2	
PROGRAF 0.2 MG ORAL GRANULES IN PACKET <sup>MM</sup>	4	
PROGRAF 0.5 MG CAPSULE <sup>MM</sup>	4	
PROGRAF 1 MG CAPSULE <sup>MM</sup>	4	
PROGRAF 1 MG ORAL GRANULES IN PACKET <sup>MM</sup>	4	
PROGRAF 5 MG CAPSULE <sup>MM</sup>	4	QL(180 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET <sup>MM,SP,DL</sup>	*	PA,QL(360 per 30 days)
PROMACTA 12.5 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
promethazine 12.5 mg suppos	3	
promethazine 12.5 mg tablet	2	
promethazine 25 mg suppository	3	
promethazine 25 mg tablet	2	
promethazine 50 mg suppository	3	
promethazine 50 mg tablet	2	
promethazine 6.25 mg/5 ml syrp	2	
promethazine-codeine syrup	3	
promethazine-dm 6.25-15 mg/5ml	3	
promethazine-pe-codeine syrup	3	
promethazine-phenylephrine syr	3	
promethegan 12.5 mg rectal suppository	3	
promethegan 25 mg rectal suppository	3	
promethegan 50 mg rectal suppository	3	
propafenone hcl 150 mg tablet <sup>MM</sup>	2	
propafenone hcl 225 mg tab <sup>MM</sup>	2	
propafenone hcl 300 mg tab <sup>MM</sup>	2	
propranolol 15 mg tablet	2	
propranolol 0.5% eye drops	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol 10 mg tablet <sup>MM</sup>	1	
propranolol 20 mg tablet <sup>MM</sup>	1	
propranolol 20 mg/5 ml soln <sup>MM</sup>	2	
propranolol 40 mg tablet <sup>MM</sup>	1	
propranolol 40 mg/5 ml soln <sup>MM</sup>	2	
propranolol 60 mg tablet <sup>MM</sup>	1	
propranolol 80 mg tablet <sup>MM</sup>	1	
propranolol er 120 mg capsule <sup>MM</sup>	3	
propranolol er 160 mg capsule <sup>MM</sup>	3	
propranolol er 60 mg capsule <sup>MM</sup>	3	
propranolol er 80 mg capsule <sup>MM</sup>	3	
propranolol-hctz 40-25 mg tab <sup>MM</sup>	2	
propranolol-hctz 80-25 mg tab <sup>MM</sup>	2	
propylthiouracil 50 mg tablet <sup>MM</sup>	2	
protriptyline hcl 10 mg tablet <sup>MM</sup>	3	
protriptyline hcl 5 mg tablet <sup>MM</sup>	3	
PROVIDA DHA CAPSULE <sup>MM</sup>	3	
PROVIDA OB 40 MG IRON-1.25 MG CAPSULE <sup>MM</sup>	2	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <sup>MM,SP,DL</sup>	*	QL(150 per 30 days)
PURE COMFORT ALCOHOL PADS	3	
PURE COMFORT LANCETS 30 GAUGE <sup>MM</sup>	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
PURE COMFORT SAFETY LANCETS 30 GAUGE <sup>MM</sup>	1	
PUREFE PLUS 106 MG IRON-1 MG CAPSULE	3	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule	1	
PUSH BUTTON SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE	4	QL(144 per 30 days)
pyrazinamide 500 mg tablet	3	
pyridostigmine br 30 mg tablet <sup>MM</sup>	3	
pyridostigmine br 60 mg tablet <sup>MM</sup>	3	
QINLOCK 50 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
quasense 0.15-0.03 mg tablet <sup>MM,ACA</sup>	1	QL(91 per 90 days)
quetiapine er 150 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
quetiapine er 200 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
quetiapine er 300 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
quetiapine er 400 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
quetiapine er 50 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
quetiapine fumarate 100 mg tab <sup>MM</sup>	1	QL(90 per 30 days)
quetiapine fumarate 200 mg tab <sup>MM</sup>	1	QL(120 per 30 days)
quetiapine fumarate 25 mg tab <sup>MM</sup>	1	QL(120 per 30 days)
quetiapine fumarate 300 mg tab <sup>MM</sup>	1	QL(90 per 30 days)
quetiapine fumarate 400 mg tab <sup>MM</sup>	1	QL(90 per 30 days)
quetiapine fumarate 50 mg tab <sup>MM</sup>	1	QL(120 per 30 days)
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET <sup>MM</sup>	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR <sup>MM</sup>	2	QL(360 per 30 days)
quinapril 10 mg tablet <sup>MM</sup>	1	
quinapril 20 mg tablet <sup>MM</sup>	1	
quinapril 40 mg tablet <sup>MM</sup>	1	
quinapril 5 mg tablet <sup>MM</sup>	1	
quinapril-hctz 10-12.5 mg tab <sup>MM</sup>	2	
quinapril-hctz 20-12.5 mg tab <sup>MM</sup>	2	
quinapril-hctz 20-25 mg tab <sup>MM</sup>	2	
quinidine sulfate 200 mg tab <sup>MM</sup>	2	
quinidine sulfate 300 mg tab <sup>MM</sup>	2	
r-natal ob 20 mg iron-1 mg-320 mg capsule <sup>MM</sup>	3	
rabeprazole sod dr 20 mg tab <sup>MM</sup>	2	QL(30 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
raloxifene hcl 60 mg tablet <sup>MM,ACA</sup>	2	QL(30 per 30 days)
ramipril 1.25 mg capsule <sup>MM</sup>	1	
ramipril 10 mg capsule <sup>MM</sup>	1	
ramipril 2.5 mg capsule <sup>MM</sup>	1	
ramipril 5 mg capsule <sup>MM</sup>	1	
ranolazine er 1,000 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
ranolazine er 500 mg tablet <sup>MM</sup>	2	QL(120 per 30 days)
RAPAMUNE 0.5 MG TABLET <sup>MM</sup>	4	
RAPAMUNE 1 MG TABLET <sup>MM</sup>	4	QL(300 per 30 days)
RAPAMUNE 1 MG/ML ORAL SOLUTION <sup>MM</sup>	4	
RAPAMUNE 2 MG TABLET <sup>MM</sup>	4	QL(150 per 30 days)
rasagiline mesylate 0.5 mg tab <sup>MM</sup>	3	
rasagiline mesylate 1 mg tab <sup>MM</sup>	3	
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	ST,QL(0.6 per 28 days)
READYLANCE SAFETY LANCETS 21 GAUGE <sup>MM</sup>	1	
READYLANCE SAFETY LANCETS 23 GAUGE <sup>MM</sup>	1	
READYLANCE SAFETY LANCETS 26 GAUGE <sup>MM</sup>	1	
READYLANCE SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
READYLANCE SAFETY LANCETS 30 GAUGE <sup>MM</sup>	1	
reclipsen (28) 0.15 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
RECTIV 0.4 % (W/W) OINTMENT	3	QL(30 per 30 days)
REFUAH PLUS GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	3	QL(60 per 180 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RELIAMED LANCET 23 GAUGE <sup>MM</sup>	3	
RELIAMED LANCET 28 GAUGE <sup>MM</sup>	3	
RELIAMED LANCET 30 GAUGE <sup>MM</sup>	3	
RELIAMED MINI LANCING DEVICE	3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE <sup>MM</sup>	1	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	1	
RELIAMED TWIST AND CAP LANCET 28 GAUGE <sup>MM</sup>	3	
RELION INS SYR 0.3 ML 31GX6MM <sup>MM</sup>	2	
RELION INS SYR 0.5 ML 31GX6MM <sup>MM</sup>	2	
RELION INS SYR 1 ML 31GX15/64 <sup>MM</sup>	2	
RELION LANCING DEVICE <sup>MM</sup>	1	
RELION NEEDLES 31 GAUGE X 1/4 <sup>MM</sup>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32 <sup>MM</sup>	1	
RELION THIN LANCETS 26 GAUGE <sup>MM</sup>	3	
RELION ULTRA THIN PLUS LANCETS <sup>MM</sup>	1	
repaglinide 0.5 mg tablet <sup>MM</sup>	2	
repaglinide 1 mg tablet <sup>MM</sup>	2	
repaglinide 2 mg tablet <sup>MM</sup>	2	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <sup>MM</sup>	2	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	2	PA,QL(3 per 28 days)
RESCRIPTOR 200 MG TABLET <sup>MM</sup>	3	QL(180 per 30 days)
RESECTISOL 5% SOLUTION	3	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	2	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MM</sup>	2	QL(5.5 per 25 days)
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(14 per 30 days)
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(14 per 30 days)
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(14 per 30 days)
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION <sup>SP,DL</sup>	*	PA,QL(14 per 30 days)
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(14 per 30 days)
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(14 per 30 days)
RETEVMO 40 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
REVLIMID 10 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
REVLIMID 15 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
REVLIMID 2.5 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
REVLIMID 20 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
REVLIMID 25 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
REVLIMID 5 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(28 per 28 days)
REYATAZ 50 MG ORAL POWDER PACKET <sup>MM,SP</sup>	*	
ribavirin 200 mg capsule	3	QL(168 per 28 days)
ribavirin 200 mg tablet	3	QL(168 per 28 days)
ribavirin 6 gm inhalation vial	3	QL(8 per 30 days)
RIDAURA 3 MG CAPSULE <sup>MM</sup>	4	
rifabutin 150 mg capsule	4	
RIFAMATE 300 MG-150 MG CAPSULE	3	
rifampin 150 mg capsule	2	
rifampin 300 mg capsule	2	
RIFATER 50 MG-120 MG-300 MG TABLET	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RIGHTEST CONTROL SOLUTION HIGH <sup>MM</sup>	3	
RIGHTEST CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
RIGHTEST GC250S CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
RIGHTEST GD500 LANCING DEVICE	1	
RIGHTEST GL300 LANCETS 30 GAUGE <sup>MM</sup>	1	
riluzole 50 mg tablet <sup>MM</sup>	3	
rimantadine hcl 100 mg tablet	2	
ringers irrigation solution	3	
RINVOQ 15 MG TABLET,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
risedronate sod dr 35 mg tab <sup>MM</sup>	3	QL(4 per 28 days)
risedronate sodium 150 mg tab <sup>MM</sup>	3	QL(1 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(2 per 28 days)
risperidone 0.25 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 0.5 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
risperidone 1 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 1 mg/ml solution <sup>MM</sup>	2	
risperidone 2 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 3 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 4 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
RITEFLO AEROCHAMBER	1	
ritonavir 100 mg tablet <sup>MM</sup>	3	QL(360 per 30 days)
rivastigmine 1.5 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
rivastigmine 13.3 mg/24hr ptch <sup>MM</sup>	3	QL(30 per 30 days)
rivastigmine 3 mg capsule <sup>MM</sup>	3	QL(90 per 30 days)
rivastigmine 4.5 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
rivastigmine 4.6 mg/24hr patch <sup>MM</sup>	3	QL(30 per 30 days)
rivastigmine 6 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
rivastigmine 9.5 mg/24hr patch <sup>MM</sup>	3	QL(30 per 30 days)
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
rizatriptan 10 mg odt	2	QL(12 per 30 days)
rizatriptan 10 mg tablet	2	QL(12 per 30 days)
rizatriptan 5 mg odt	2	QL(12 per 30 days)
rizatriptan 5 mg tablet	2	QL(12 per 30 days)
ropinirole hcl 0.25 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
ropinirole hcl 0.5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
ropinirole hcl 1 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
ropinirole hcl 2 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
ropinirole hcl 3 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
ropinirole hcl 4 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
ropinirole hcl 5 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
rosuvastatin calcium 10 mg tab <sup>MM</sup>	1	
rosuvastatin calcium 20 mg tab <sup>MM</sup>	1	
rosuvastatin calcium 40 mg tab <sup>MM</sup>	1	
rosuvastatin calcium 5 mg tab <sup>MM</sup>	1	
roweepra 1,000 mg tablet <sup>MM</sup>	1	
roweepra 500 mg tablet <sup>MM</sup>	1	
roweepra 750 mg tablet <sup>MM</sup>	1	

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roweeptra xr 500 mg tablet,extended release <sup>MM</sup>	2	
roweeptra xr 750 mg tablet,extended release <sup>MM</sup>	2	
ROZLYTREK 100 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
ROZLYTREK 200 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)
RUBRACA 200 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
RUBRACA 250 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
RUBRACA 300 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION <sup>SP,DL</sup>	*	PA,QL(8 per 28 days)
rufinamide 40 mg/ml suspension <sup>SP,DL</sup>	*	PA,QL(2760 per 30 days)
RUKOBIA 600 MG TABLET,EXTENDED RELEASE <sup>MM,SP,DL</sup>	*	QL(60 per 30 days)
RUZURGI 10 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(300 per 30 days)
RYBELSUS 14 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
RYBELSUS 3 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
RYBELSUS 7 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
RYDAPT 25 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(224 per 28 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(270 per 30 days)
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(360 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(300 per 30 days)
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SAFETY LANCETS 21 GAUGE <sup>MM</sup>	1	
SAFETY LANCETS 26 GAUGE <sup>MM</sup>	3	
SAFETY LANCETS 28 GAUGE <sup>MM</sup>	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
SAFETY SEAL LANCETS 28 GAUGE <sup>MM</sup>	1	
SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	1	
SAFETY-LET LANCETS 30 GAUGE <sup>MM</sup>	1	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	4	QL(4 per 30 days)
SANDIMMUNE 100 MG CAPSULE <sup>MM</sup>	4	QL(720 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
SANDIMMUNE 25 MG CAPSULE <sup>MM</sup>	4	
sapropterin 100 mg powder pkt <sup>MM,SP,DL</sup>	*	PA
sapropterin 100 mg tablet <sup>MM,SP,DL</sup>	*	PA
sapropterin 500 mg powder pkt <sup>MM,SP,DL</sup>	*	PA
scopolamine 1 mg/3 day patch	3	QL(10 per 30 days)
se-natal 19 chewable 29 mg iron-1 mg tablet <sup>MM</sup>	1	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule	2	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET <sup>MM</sup>	2	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK <sup>MM</sup>	3	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET <sup>MM</sup>	3	
selegiline hcl 5 mg capsule <sup>MM</sup>	3	
selegiline hcl 5 mg tablet <sup>MM</sup>	3	
selenium sulfide 2.5% lotion	2	
SELZENTRY 150 MG TABLET <sup>MM,SP</sup>	*	QL(240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <sup>MM,SP</sup>	*	QL(1800 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SELZENTRY 25 MG TABLET <sup>MM,SP</sup>	*	QL(240 per 30 days)
SELZENTRY 300 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
SELZENTRY 75 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
sertraline 20 mg/ml oral conc <sup>MM</sup>	2	QL(60 per 30 days)
sertraline hcl 100 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
sertraline hcl 25 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
sertraline hcl 50 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
sevelamer 0.8 gm powder packet <sup>MM</sup>	4	QL(540 per 30 days)
sevelamer 2.4 gm powder packet <sup>MM</sup>	4	QL(180 per 30 days)
sevelamer carbonate 800 mg tab <sup>MM</sup>	3	QL(540 per 30 days)
sharobel 0.35 mg tablet <sup>MM,ACA</sup>	1	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT <sup>ACA</sup>	4	QL(2 per 365 days)
SIDEKICK BLOOD GLUCOSE SYSTEM <sup>MM</sup>	1	
sildenafil 10 mg/ml oral susp <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
sildenafil 20 mg tablet <sup>MM</sup>	2	PA,QL(90 per 30 days)
SILICONE MASK - INFANT	1	
silver sulfadiazine 1% cream	2	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM,ACA</sup>	1	QL(91 per 90 days)
simvastatin 10 mg tablet <sup>MM,ACA</sup>	1	
simvastatin 20 mg tablet <sup>MM,ACA</sup>	1	
simvastatin 40 mg tablet <sup>MM,ACA</sup>	1	
simvastatin 5 mg tablet <sup>MM,ACA</sup>	1	
simvastatin 80 mg tablet <sup>MM,ACA</sup>	1	
SINGLE-LET MISC <sup>MM</sup>	3	
sirolimus 0.5 mg tablet <sup>MM</sup>	3	
sirolimus 1 mg tablet <sup>MM</sup>	3	QL(300 per 30 days)
sirolimus 1 mg/ml solution <sup>MM</sup>	4	
sirolimus 2 mg tablet <sup>MM</sup>	3	QL(150 per 30 days)
SIVEXTRO 200 MG TABLET	4	QL(6 per 28 days)
SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE <sup>MM,SP,ACA,DL</sup>	*	
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT <sup>MM,SP</sup>	*	PA,QL(6 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(9.96 per 365 days)
SLYND 4 MG (28) TABLET <sup>MM</sup>	3	
sm glucose 4 gram tab chew	1	
SM LANCETS 21G <sup>MM</sup>	1	
SMART SENSE LANCETS 21 GAUGE <sup>MM</sup>	1	
SMART SENSE LANCETS 26 GAUGE <sup>MM</sup>	1	
SMART SENSE LANCETS 33 GAUGE <sup>MM</sup>	1	
SMARTDIABETES VANTAGE	3	
SMARTEST CONTROL SOLUTION <sup>MM</sup>	3	
SMARTEST LANCET <sup>MM</sup>	1	
sodium chloride 0.9% inhal vl	2	
sodium chloride 0.9% irrig.	2	
sodium chloride 10% vial	2	
sodium chloride 3% vial	2	
sodium chloride 7% vial	2	
sodium phenylbutyrate powder <sup>MM,SP,DL</sup>	*	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sodium polystyrene sulf powder	3	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp	2	
SOFT TOUCH LANCETS <sup>MM</sup>	1	
solifenacin 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
solifenacin 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	QL(15 per 24 days)
SOLUS V2 CONTROL SOLUTION, LOW <sup>MM</sup>	3	
SOLUS V2 CONTROL SOLUTION,HIGH <sup>MM</sup>	3	
SOLUS V2 LANCETS 28 GAUGE <sup>MM</sup>	1	
SOLUS V2 LANCETS 30 GAUGE <sup>MM</sup>	1	
SOLUS V2 LANCING DEVICE KIT <sup>MM</sup>	1	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>MM,SP,DL</sup>	*	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SOMAVERT 25 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
SOMAVERT 30 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
sorine 120 mg tablet <sup>MM</sup>	1	
sorine 160 mg tablet <sup>MM</sup>	1	
sorine 240 mg tablet <sup>MM</sup>	1	
sorine 80 mg tablet <sup>MM</sup>	1	
sotalol 120 mg tablet <sup>MM</sup>	1	
sotalol 160 mg tablet <sup>MM</sup>	1	
sotalol 240 mg tablet <sup>MM</sup>	1	
sotalol 80 mg tablet <sup>MM</sup>	1	
sotalol af 120 mg tablet <sup>MM</sup>	1	
sotalol af 160 mg tablet <sup>MM</sup>	1	
sotalol af 80 mg tablet <sup>MM</sup>	1	
SPACE CHAMBER	1	
SPACE CHAMBER PLUS	2	
SPACE CHAMBER WITH LARGE MASK	1	
SPACE CHAMBER WITH MEDIUM MASK	1	
SPACE CHAMBER WITH SMALL MASK	1	
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 28 days)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <sup>MM</sup>	2	QL(30 per 30 days)
spironolactone 100 mg tablet <sup>MM</sup>	1	
spironolactone 25 mg tablet <sup>MM</sup>	1	
spironolactone 50 mg tablet <sup>MM</sup>	1	
spironolactone-hctz 25-25 tab <sup>MM</sup>	2	
SPRAVATO 28 MG NASAL SPRAY <sup>MM,SP,DL</sup>	*	PA
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY <sup>MM,SP,DL</sup>	*	PA,QL(16 per 28 days)
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY <sup>MM,SP,DL</sup>	*	PA,QL(24 per 28 days)
sprintec (28) 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
SPRYCEL 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SPRYCEL 50 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SPRYCEL 70 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SPRYCEL 80 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
sps 30 gm/120 ml enema	2	
sps 50 gm/200 ml enema	2	
sronyx 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
sski 1 gram/ml oral solution	2	
stavudine 15 mg capsule <sup>MM</sup>	2	QL(120 per 30 days)
stavudine 20 mg capsule <sup>MM</sup>	2	QL(120 per 30 days)
stavudine 30 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
stavudine 40 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION <sup>MM,SP</sup>	*	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(3 per 84 days)
STERILANCE TL 30 GAUGE <sup>MM</sup>	1	
STERILANCE TL 32 GAUGE <sup>MM</sup>	1	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 28 days)
STIVARGA 40 MG TABLET <sup>SP,DL</sup>	*	PA,QL(84 per 28 days)
STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA,QL(10.8 per 28 days)
STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA,QL(16.8 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA,QL(24 per 28 days)
STRENSIQ 80 MG/0.8 ML SUBCUTANEOUS SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA,QL(38.4 per 28 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 30 days)
strong iodine 5 % oral solution	2	
subvenite 100 mg tablet <sup>MM</sup>	1	
subvenite 150 mg tablet <sup>MM</sup>	1	
subvenite 200 mg tablet <sup>MM</sup>	1	
subvenite 25 mg tablet <sup>MM</sup>	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	1	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <sup>MM,SP,LD,DL</sup>	*	
sucralfate 1 gm tablet <sup>MM</sup>	2	
sulf-pred 10-0.23% eye drops	1	
sulfacetamide 10% eye drops	2	
sulfacetamide 10% eye ointment	3	
sulfacetamide sod 10% top susp	3	
sulfadiazine 500 mg tablet	3	
sulfamethoxazole-tmp ds tablet	2	
sulfamethoxazole-tmp ss tablet	2	
sulfamethoxazole-tmp susp	2	
SULFAMYLON 85 MG/G TOPICAL CREAM	3	
sulfasalazine 500 mg tablet <sup>MM</sup>	2	QL(240 per 30 days)
sulfasalazine dr 500 mg tab <sup>MM</sup>	2	QL(240 per 30 days)
sulindac 150 mg tablet	1	
sulindac 200 mg tablet	1	
sumatriptan 20 mg nasal spray	3	QL(12 per 30 days)
sumatriptan 4 mg/0.5 ml cart	3	QL(6 per 30 days)
sumatriptan 4 mg/0.5 ml inject	3	QL(6 per 30 days)
sumatriptan 5 mg nasal spray	3	QL(12 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan 6 mg/0.5 ml cart	3	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml inject	3	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng	3	QL(3 per 30 days)
sumatriptan 6 mg/0.5 ml vial	3	QL(6 per 30 days)
sumatriptan succ 100 mg tablet	1	QL(9 per 30 days)
sumatriptan succ 25 mg tablet	1	QL(9 per 30 days)
sumatriptan succ 50 mg tablet	1	QL(9 per 30 days)
SUPER THIN LANCETS <sup>MM</sup>	1	
SUPER THIN LANCETS 28 GAUGE <sup>MM</sup>	1	
SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	1	
SUPRAX 100 MG CHEWABLE TABLET	3	
SUPRAX 200 MG CHEWABLE TABLET	3	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <sup>ACA</sup>	2	
SURE COMFORT ALCOHOL PREP PADS	3	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT LANCETS 18 GAUGE <sup>MM</sup>	1	
SURE COMFORT LANCETS 21 GAUGE <sup>MM</sup>	1	
SURE COMFORT LANCETS 23 GAUGE <sup>MM</sup>	1	
SURE COMFORT LANCETS 28 GAUGE <sup>MM</sup>	1	
SURE COMFORT LANCETS 30 GAUGE <sup>MM</sup>	1	
SURE COMFORT LANCING PEN	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	1	
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	1	
SURE-FINE PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	1	
SURE-FINE PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-LANCE <sup>MM</sup>	1	
SURE-LANCE 26 GAUGE <sup>MM</sup>	1	
SURE-LANCE 28 GAUGE <sup>MM</sup>	1	
SURE-LANCE ULTRA THIN 30 GAUGE <sup>MM</sup>	1	
SURE-PEN LANCING DEVICE	1	
SURE-PREP ALCOHOL PREP PADS	3	
SURE-TOUCH LANCET <sup>MM</sup>	1	
SUREFLEX LANCING DEVICE	1	
SUREFLEX LANCING DEVICE WITH LANCETS KIT <sup>MM</sup>	1	
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	2	
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 25 X 5/8" NEEDLE	2	
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	2	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	2	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SUTENT 12.5 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
SUTENT 25 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
SUTENT 37.5 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
SUTENT 50 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
syeda 3 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
SYLATRON 200 MCG KIT <sup>MM,SP,DL</sup>	*	PA,QL(4 per 28 days)
SYLATRON 300 MCG KIT <sup>MM,SP,DL</sup>	*	PA,QL(4 per 28 days)
SYLATRON 600 MCG KIT <sup>MM,SP,DL</sup>	*	PA,QL(4 per 28 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	2	QL(10.2 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	2	QL(10.2 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS <sup>MM,SP,DL</sup>	*	PA,QL(56 per 28 days)
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS <sup>MM,SP,DL</sup>	*	PA,QL(56 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS)	2	QL(4 per 30 days)
SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE	2	QL(4 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	QL(10.5 per 28 days)
SYMPAZAN 10 MG ORAL FILM <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SYMPAZAN 20 MG ORAL FILM <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SYMPAZAN 5 MG ORAL FILM <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
SYMTOZA 800 MG-150 MG-200 MG-10 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <sup>SP,DL</sup>	*	PA,QL(32 per 25 days)
SYNJARDY 12.5 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY 12.5 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY 5 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY 5 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
SYNTHROID 100 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 112 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 125 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 137 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 150 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 175 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 200 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 25 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 300 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 50 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 75 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 88 MCG TABLET <sup>MM</sup>	2	
TABLOID 40 MG TABLET	4	QL(360 per 30 days)
TABRECTA 150 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(112 per 28 days)
TABRECTA 200 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(112 per 28 days)
tacrolimus 0.03% ointment	3	
tacrolimus 0.1% ointment	3	
tacrolimus 0.5 mg capsule <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tacrolimus 1 mg capsule <sup>MM</sup>	2	
tacrolimus 5 mg capsule <sup>MM</sup>	2	QL(180 per 30 days)
tadalafil 20 mg tablet <sup>MM,DL</sup>	3	PA,QL(60 per 30 days)
tamoxifen 10 mg tablet <sup>MM,ACA</sup>	1	
tamoxifen 20 mg tablet <sup>MM,ACA</sup>	1	
tamsulosin hcl 0.4 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
TARGRETIN 1 % TOPICAL GEL <sup>SP,DL</sup>	*	PA
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM,ACA</sup>	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM,ACA</sup>	1	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule	2	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <sup>MM,ACA</sup>	2	
taztia xt 120 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
taztia xt 180 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
taztia xt 240 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
taztia xt 300 mg capsule,extended release <sup>MM</sup>	2	QL(30 per 30 days)
taztia xt 360 mg capsule,extended release <sup>MM</sup>	2	QL(30 per 30 days)
TD GOLD LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	3	
TD GOLD LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
TD GOLD LEVEL 3 CONTROL SOLUTION <sup>MM</sup>	3	
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	3	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
TECHLITE LANCETS 25 GAUGE <sup>MM</sup>	3	
TECHLITE LANCETS 28 GAUGE <sup>MM</sup>	3	
TECHLITE LANCETS 30 GAUGE <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	1	
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
TELCARE CONTROL SOLUTION <sup>MM</sup>	3	
TELCARE LANCETS 30 GAUGE <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
telmisartan 20 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
telmisartan 40 mg tablet <sup>MM</sup>	2	QL(30 per 30 days)
telmisartan 80 mg tablet <sup>MM</sup>	2	QL(60 per 30 days)
telmisartan-amlodipine 40-10 <sup>MM</sup>	3	ST,QL(30 per 30 days)
telmisartan-amlodipine 40-5 mg <sup>MM</sup>	3	ST,QL(30 per 30 days)
telmisartan-amlodipine 80-10 <sup>MM</sup>	3	ST,QL(30 per 30 days)
telmisartan-amlodipine 80-5 mg <sup>MM</sup>	3	ST,QL(30 per 30 days)
telmisartan-hctz 40-12.5 mg tb <sup>MM</sup>	3	ST,QL(30 per 30 days)
telmisartan-hctz 80-12.5 mg tb <sup>MM</sup>	3	ST,QL(60 per 30 days)
telmisartan-hctz 80-25 mg tab <sup>MM</sup>	3	ST,QL(30 per 30 days)
temazepam 15 mg capsule <sup>DL</sup>	2	QL(30 per 30 days)
temazepam 30 mg capsule <sup>DL</sup>	2	QL(30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
temozolomide 100 mg capsule <sup>SP,DL</sup>	*	PA,QL(60 per 30 days)
temozolomide 140 mg capsule <sup>SP,DL</sup>	*	PA,QL(60 per 30 days)
temozolomide 180 mg capsule <sup>SP,DL</sup>	*	PA,QL(60 per 30 days)
temozolomide 20 mg capsule <sup>SP,DL</sup>	*	PA,QL(270 per 30 days)
temozolomide 250 mg capsule <sup>SP,DL</sup>	*	PA,QL(10 per 30 days)
temozolomide 5 mg capsule <sup>SP,DL</sup>	*	PA,QL(90 per 30 days)
tencon 50 mg-325 mg tablet	2	QL(180 per 30 days)
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
tenofovir disop fum 300 mg tb <sup>MM</sup>	2	QL(30 per 30 days)
terazosin 1 mg capsule <sup>MM</sup>	1	
terazosin 10 mg capsule <sup>MM</sup>	1	
terazosin 2 mg capsule <sup>MM</sup>	1	
terazosin 5 mg capsule <sup>MM</sup>	1	
terbinafine hcl 250 mg tablet	1	QL(90 per 365 days)
terconazole 0.4% cream	2	
terconazole 0.8% cream	2	
terconazole 80 mg suppository	3	
TERUMO INS SYRINGE U100-1 ML <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8 <sup>MM</sup>	2	
testosteron cyp 1,000 mg/10 ml <sup>MM</sup>	2	QL(24 per 90 days)
testosteron enan 1,000 mg/5 ml	2	QL(24 per 90 days)
testosterone 1.62% (2.5 g) pkt <sup>MM</sup>	3	PA,QL(150 per 30 days)
testosterone 1.62% gel pump <sup>MM</sup>	3	PA,QL(150 per 30 days)
testosterone 1.62%(1.25 g) pkt <sup>MM</sup>	3	PA,QL(37.5 per 30 days)
testosterone cyp 200 mg/ml <sup>MM</sup>	2	QL(24 per 90 days)
tetrabenazine 12.5 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(240 per 30 days)
tetrabenazine 25 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
THALOMID 100 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
THALOMID 150 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
THALOMID 200 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
THALOMID 50 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
theophylline 80 mg/15 ml soln <sup>MM</sup>	3	
theophylline 80 mg/15 ml soln <sup>MM</sup>	3	
theophylline er 100 mg tablet <sup>MM</sup>	3	
theophylline er 200 mg tablet <sup>MM</sup>	3	
theophylline er 300 mg tab <sup>MM</sup>	3	
theophylline er 400 mg tablet <sup>MM</sup>	3	
theophylline er 450 mg tab <sup>MM</sup>	3	
theophylline er 600 mg tablet <sup>MM</sup>	3	
thiamine 200 mg/2 ml vial	2	
THIN LANCETS 26 GAUGE <sup>MM</sup>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" <sup>MM</sup>	2	
THIOLA 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA
thioridazine 10 mg tablet <sup>MM</sup>	2	
thioridazine 100 mg tablet <sup>MM</sup>	2	
thioridazine 25 mg tablet <sup>MM</sup>	2	
thioridazine 50 mg tablet <sup>MM</sup>	2	
thiothixene 1 mg capsule <sup>MM</sup>	3	
thiothixene 10 mg capsule <sup>MM</sup>	3	
thiothixene 2 mg capsule <sup>MM</sup>	3	
thiothixene 5 mg capsule <sup>MM</sup>	3	
THRESHOLD IMT TRAINER DEVICE	1	
THRESHOLD PEP DEVICE	1	
thyroid 120 mg tablet <sup>MM</sup>	3	
thyroid 15 mg tablet <sup>MM</sup>	3	
thyroid 30 mg tablet <sup>MM</sup>	3	
thyroid 60 mg tablet <sup>MM</sup>	3	
thyroid 90 mg tablet <sup>MM</sup>	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET <sup>MM</sup>	3	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <sup>MM</sup>	3	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <sup>MM</sup>	3	
THYROLAR-2 25 MCG-100 MCG TABLET <sup>MM</sup>	3	
THYROLAR-3 37.5 MCG-150 MCG TABLET <sup>MM</sup>	3	
tiadylt er 120 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
tiadylt er 180 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
tiadylt er 240 mg capsule,extended release <sup>MM</sup>	2	QL(60 per 30 days)
tiadylt er 300 mg capsule,extended release <sup>MM</sup>	2	QL(30 per 30 days)

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tiadylt er 360 mg capsule,extended release <sup>MM</sup>	2	QL(30 per 30 days)
tiadylt er 420 mg capsule,extended release <sup>MM</sup>	2	QL(30 per 30 days)
tiagabine hcl 12 mg tablet <sup>MM</sup>	4	QL(140 per 30 days)
tiagabine hcl 16 mg tablet <sup>MM</sup>	4	QL(105 per 30 days)
tiagabine hcl 2 mg tablet <sup>MM</sup>	4	QL(840 per 30 days)
tiagabine hcl 4 mg tablet <sup>MM</sup>	4	QL(120 per 30 days)
TIBSOVO 250 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>MM</sup>	1	
timolol 0.25% gfs gel-solution <sup>MM</sup>	3	
timolol 0.5% gfs gel-solution <sup>MM</sup>	3	QL(5 per 50 days)
timolol maleate 0.25% eye drop <sup>MM</sup>	1	QL(25 per 90 days)
timolol maleate 0.5% eye drops <sup>MM</sup>	1	QL(25 per 90 days)
tinidazole 250 mg tablet	2	
tinidazole 500 mg tablet	2	
TIVICAY 10 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
TIVICAY 25 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
TIVICAY 50 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP,DL</sup>	*	QL(180 per 30 days)
tizanidine hcl 2 mg tablet <sup>MM</sup>	1	
tizanidine hcl 4 mg tablet <sup>MM</sup>	1	
tl icon capsule	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE <sup>MM,SP,DL</sup>	*	PA,QL(224 per 28 days)
TOBI PODHALER 28 MG INHALE CAP <sup>MM,SP,DL</sup>	*	PA,QL(224 per 28 days)
tobramycin 0.3% eye drop	2	
tobramycin 300 mg/4 ml ampule <sup>MM,SP,DL</sup>	*	PA,QL(224 per 28 days)
tobramycin-dexameth ophth susp	3	
tolazamide 250 mg tablet <sup>MM</sup>	1	
tolazamide 500 mg tablet <sup>MM</sup>	1	
tolbutamide 500 mg tablet <sup>MM</sup>	1	
tolterodine tart er 2 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
tolterodine tart er 4 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
tolterodine tartrate 1 mg tab <sup>MM</sup>	3	QL(60 per 30 days)
tolterodine tartrate 2 mg tab <sup>MM</sup>	3	QL(60 per 30 days)
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE UNIVERSAL1 LANCET <sup>MM</sup>	1	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE <sup>MM</sup>	1	
topiramate 100 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
topiramate 15 mg sprinkle cap <sup>MM</sup>	2	QL(120 per 30 days)
topiramate 200 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
topiramate 25 mg sprinkle cap <sup>MM</sup>	2	QL(180 per 30 days)
topiramate 25 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
topiramate 50 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
toremifene citrate 60 mg tab <sup>MM,SP,DL</sup>	*	QL(30 per 30 days)
torseamide 10 mg tablet <sup>MM</sup>	1	
torseamide 100 mg tablet <sup>MM</sup>	1	
torseamide 20 mg tablet <sup>MM</sup>	1	
torseamide 5 mg tablet <sup>MM</sup>	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
TRADJENTA 5 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
tramadol er 100 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
tramadol er 200 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
tramadol er 300 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
tramadol hcl 100 mg tablet <sup>DL</sup>	3	QL(120 per 30 days)
tramadol hcl 50 mg tablet <sup>DL</sup>	2	QL(240 per 30 days)
tramadol hcl er 100 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
tramadol hcl er 200 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
tramadol hcl er 300 mg tablet <sup>DL</sup>	2	QL(30 per 30 days)
tramadol-acetaminophn 37.5-325 <sup>DL</sup>	2	QL(240 per 30 days)
trandolapril 1 mg tablet <sup>MM</sup>	1	
trandolapril 2 mg tablet <sup>MM</sup>	1	
trandolapril 4 mg tablet <sup>MM</sup>	1	
tranexamic acid 650 mg tablet <sup>MM</sup>	3	QL(30 per 5 days)
tranylcypromine sulf 10 mg tab <sup>MM</sup>	3	QL(270 per 30 days)
travoprost 0.004% eye drop <sup>MM</sup>	3	QL(2.5 per 25 days)
trazodone 100 mg tablet <sup>MM</sup>	1	
trazodone 150 mg tablet <sup>MM</sup>	1	
trazodone 300 mg tablet <sup>MM</sup>	1	
trazodone 50 mg tablet <sup>MM</sup>	1	
TRECTOR 250 MG TABLET	3	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(1 per 28 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(8 per 365 days)
tretinoin 0.01% gel	3	PA
tretinoin 0.025% cream	3	PA
tretinoin 0.025% gel	3	PA
tretinoin 0.05% cream	3	PA
tretinoin 0.05% gel	3	PA
tretinoin 0.1% cream	3	PA
tretinoin 10 mg capsule <sup>SP,DL</sup>	*	PA,QL(360 per 30 days)
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>MM</sup>	3	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>MM,ACA</sup>	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>MM,ACA</sup>	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet <sup>MM,ACA</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>MM,ACA</sup>	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet <sup>ACA</sup>	1	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM,ACA</sup>	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet <sup>MM,ACA</sup>	1	
triamcinolone 0.025% cream	1	
triamcinolone 0.025% lotion	2	
triamcinolone 0.025% oint	1	
triamcinolone 0.1% cream	1	
triamcinolone 0.1% lotion	2	
triamcinolone 0.1% ointment	1	
triamcinolone 0.1% paste	2	
triamcinolone 0.5% cream	1	
triamcinolone 0.5% ointment	1	
triamterene-hctz 37.5-25 mg cp <sup>MM</sup>	1	
triamterene-hctz 37.5-25 mg tb <sup>MM</sup>	1	
triamterene-hctz 50-25 mg cap <sup>MM</sup>	1	
triamterene-hctz 75-50 mg tab <sup>MM</sup>	1	
TRICARE 27 MG IRON-1 MG TABLET <sup>MM</sup>	2	
TRICARE PRENATAL DHA ONE SFTGL <sup>MM</sup>	2	
tricon 110 mg-0.5 mg capsule	1	
triderm 0.1 % topical cream	1	
triderm 0.5 % topical cream	1	
trientine hcl 250 mg capsule <sup>SP,DL</sup>	*	PA
trifluoperazine 1 mg tablet <sup>MM</sup>	2	
trifluoperazine 10 mg tablet <sup>MM</sup>	2	
trifluoperazine 2 mg tablet <sup>MM</sup>	2	
trifluoperazine 5 mg tablet <sup>MM</sup>	2	
trifluridine 1% eye drops	3	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	1	
trihexyphenidyl 2 mg tablet <sup>MM</sup>	1	
trihexyphenidyl 2 mg/5 ml elx <sup>MM</sup>	2	
trihexyphenidyl 5 mg tablet <sup>MM</sup>	1	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS <sup>MM,SP,LD,DL</sup>	*	PA,QL(84 per 28 days)
triklo 1 gm capsule <sup>MM</sup>	3	PA,QL(120 per 30 days)
trilyte with flavor packets 420 gram oral solution <sup>ACA</sup>	2	
trimethobenzamide 300 mg cap	2	
trimethoprim 100 mg tablet	2	
trinatal rx 1 60 mg iron-1 mg tablet <sup>MM</sup>	1	
TRINTELLIX 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRINTELLIX 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRINTELLIX 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
triveen-duo dha 29 mg-1 mg-400 mg oral pack <sup>MM</sup>	2	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM,ACA</sup>	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION	3	
TROPHAMINE 6% IV SOLUTION	3	
tropicamide 0.5% eye drops	2	
tropicamide 1% eye drops	2	
tropium chloride 20 mg tablet <sup>MM</sup>	3	QL(60 per 30 days)
tropium chloride er 60 mg cap <sup>MM</sup>	3	QL(30 per 30 days)
TRUE COMFORT ALCOHOL PADS	3	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT LANCET 30 GAUGE <sup>MM</sup>	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
TRUE METRIX AIR GLUCOSE METER <sup>MM</sup>	1	
TRUE METRIX AIR GLUCOSE METER KIT <sup>MM</sup>	1	
TRUE METRIX GLUCOSE METER <sup>MM</sup>	1	
TRUE METRIX GLUCOSE TEST STRIP <sup>MM</sup>	1	QL(150 per 30 days)
TRUE METRIX GO GLUCOSE METER <sup>MM</sup>	1	
TRUE METRIX LEVEL 1 SOLUTION <sup>MM</sup>	3	
TRUE METRIX LEVEL 2 SOLUTION <sup>MM</sup>	3	
TRUE METRIX LEVEL 3 SOLUTION <sup>MM</sup>	3	
TRUE METRIX PRO TEST STRIP <sup>MM</sup>	1	QL(150 per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	1	
TRUECONTROL LEVEL 0 SOLUTION <sup>MM</sup>	3	
TRUECONTROL LEVEL 1 SOLUTION <sup>MM</sup>	3	
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS LANCETS 26 GAUGE <sup>MM</sup>	1	
TRUEPLUS LANCETS 28 GAUGE <sup>MM</sup>	1	
TRUEPLUS LANCETS 30 GAUGE <sup>MM</sup>	1	
TRUEPLUS LANCETS 33 GAUGE <sup>MM</sup>	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	1	

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TRUETEST TEST STRIPS <sup>MM</sup>	1	QL(150 per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	1	
TRUETRACK SMART SYSTEM KIT <sup>MM</sup>	1	
TRUETRACK TEST STRIPS <sup>MM</sup>	1	QL(150 per 30 days)
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
trust natal dha	2	
TRUZONE PEAK FLOW METER	1	
TUKYSA 150 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(300 per 30 days)
tulana 0.35 mg tablet <sup>MM,ACA</sup>	1	
TURALIO 200 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
TWIST LANCETS 30 GAUGE <sup>MM</sup>	1	
TWIST LANCETS 32 GAUGE <sup>MM</sup>	1	
TYBOST 150 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet <sup>MM</sup>	3	
TYKERB 250 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM,SP,DL</sup>	*	PA,QL(1.56 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>MM,SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <sup>SP,DL</sup>	*	PA,QL(28 per 28 days)
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>MM,SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <sup>SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
ULTI-LANCE KIT <sup>MM</sup>	3	
ULTI-LANCE MISC	3	
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	2	
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
ULTICARE INS SYR 1 ML 29GX1/2" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
ULTICARE SYR 0.3 ML 30GX5/16" <sup>MM</sup>	2	
ULTICARE SYR 0.5 ML 29GX1/2" <sup>MM</sup>	2	
ULTICARE SYR 0.5 ML 30GX5/16" <sup>MM</sup>	2	
ULTICARE SYR 0.5 ML 31GX5/16" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE SYR 1 ML 30GX5/16" <sup>MM</sup>	2	
ULTICARE SYR 1.5 ML 22GX1 1/2"	2	
ULTICARE SYRIN 0.3 ML 29GX1/2" <sup>MM</sup>	2	
ULTICARE SYRIN 0.5 ML 28GX1/2" <sup>MM</sup>	2	
ULTIGUARD SAFE PACK 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
ULTIGUARD SAFE PACK 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
ULTIGUARD SAFE PACK 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
ULTIGUARD SAFE PACK 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
ULTIGUARD SAFE PACK 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
ULTILET ALCOHOL SWAB	3	
ULTILET BASIC LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTILET CLASSIC LANCETS <sup>MM</sup>	1	
ULTILET CLASSIC LANCETS 28 GAUGE <sup>MM</sup>	1	
ULTILET CLASSIC LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTILET CLASSIC LANCETS 33 GAUGE <sup>MM</sup>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	2	
ULTILET LANCETS 28 GAUGE <sup>MM</sup>	1	
ULTILET LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTILET LANCETS 33 GAUGE <sup>MM</sup>	1	
ULTILET PEN NEEDLE 29 GAUGE <sup>MM</sup>	1	
ULTILET PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
ULTILET SAFETY LANCETS 23 GAUGE <sup>MM</sup>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA FINE LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
ULTRA PRENATAL PLUS DHA 27 MG-800 MCG-250 MG-200 MG CAPSULE <sup>MM,ACA</sup>	2	
ULTRA THIN II LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTRA THIN LANCETS <sup>MM</sup>	1	
ULTRA THIN LANCETS 28 GAUGE <sup>MM</sup>	1	
ULTRA THIN LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTRA THIN LANCETS 31 GAUGE <sup>MM</sup>	1	
ULTRA THIN LANCETS 33 GAUGE <sup>MM</sup>	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
ULTRA THIN PLUS LANCETS 33 GAUGE <sup>MM</sup>	1	
ULTRA TLC LANCETS <sup>MM</sup>	3	
ULTRA-CARE LANCETS 30 GAUGE <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	1	
ULTRA-THIN II LANCETS 28 GAUGE <sup>MM</sup>	1	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	1	
ULTRALANCE LANCETS 26 GAUGE <sup>MM</sup>	1	
ULTRALANCE LANCETS 28 GAUGE <sup>MM</sup>	1	
ULTRATRAK HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRATRAK NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
UNIFINE PENTIPS 29 GAUGE NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE <sup>MM</sup>	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	1	
UNIFINE SAFECONTROL 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	1	
UNILET COMFORTOUCH LANCET <sup>MM</sup>	1	
UNILET COMFORTOUCH LANCET 26 GAUGE <sup>MM</sup>	1	
UNILET EXCELITE II LANCET <sup>MM</sup>	3	
UNILET EXCELITE LANCET <sup>MM</sup>	3	
UNILET GP LANCET <sup>MM</sup>	1	
UNILET LANCET 28 GAUGE <sup>MM</sup>	1	
UNILET LANCET 33 GAUGE <sup>MM</sup>	1	
UNILET LANCETS 30 GAUGE <sup>MM</sup>	3	
UNILET SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	1	
UNISTIK 2 EXTRA KIT <sup>MM</sup>	1	
UNISTIK 2 NORMAL LANCET AND DEVICE KIT <sup>MM</sup>	1	
UNISTIK 3 COMFORT LANCET <sup>MM</sup>	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE <sup>MM</sup>	1	
UNISTIK 3 GENTLE 30 GAUGE <sup>MM</sup>	3	
UNISTIK 3 LANCETS 21 GAUGE <sup>MM</sup>	1	
UNISTIK 3 NORMAL LANCET 23 GAUGE <sup>MM</sup>	1	
UNISTIK CZT LANCET 23 GAUGE <sup>MM</sup>	1	
UNISTIK CZT LANCET 28 GAUGE <sup>MM</sup>	1	
UNISTIK PRO LANCET 21 GAUGE <sup>MM</sup>	1	
UNISTIK PRO LANCET 25 GAUGE <sup>MM</sup>	1	
UNISTIK PRO LANCET 28 GAUGE <sup>MM</sup>	1	
UNISTIK SAFETY 28 GAUGE <sup>MM</sup>	1	
UNISTIK SAFETY 30 GAUGE <sup>MM</sup>	1	
UNISTIK TOUCH LANCETS 21 GAUGE <sup>MM</sup>	1	
UNISTIK TOUCH LANCETS 23 GAUGE <sup>MM</sup>	1	
UNISTIK TOUCH LANCETS 28 GAUGE <sup>MM</sup>	1	
UNISTIK TOUCH LANCETS 30 GAUGE <sup>MM</sup>	1	
UNISTRIP HIGH CONTROL SOLUTION <sup>MM</sup>	3	
UNISTRIP LOW CONTROL SOLUTION <sup>MM</sup>	3	
UNITHROID 100 MCG TABLET <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
UNITHROID 112 MCG TABLET <sup>MM</sup>	2	
UNITHROID 125 MCG TABLET <sup>MM</sup>	2	
UNITHROID 137 MCG TABLET <sup>MM</sup>	2	
UNITHROID 150 MCG TABLET <sup>MM</sup>	2	
UNITHROID 175 MCG TABLET <sup>MM</sup>	2	
UNITHROID 200 MCG TABLET <sup>MM</sup>	2	
UNITHROID 25 MCG TABLET <sup>MM</sup>	2	
UNITHROID 300 MCG TABLET <sup>MM</sup>	2	
UNITHROID 50 MCG TABLET <sup>MM</sup>	2	
UNITHROID 75 MCG TABLET <sup>MM</sup>	2	
UNITHROID 88 MCG TABLET <sup>MM</sup>	2	
UNIVERSAL 1 LANCETS 21 GAUGE <sup>MM</sup>	1	
UNIVERSAL 1 LANCETS 26 GAUGE <sup>MM</sup>	1	
UNIVERSAL 1 LANCETS 30 GAUGE <sup>MM</sup>	1	
UNIVERSAL 1 LANCETS 33 GAUGE <sup>MM</sup>	1	
ursodiol 250 mg tablet <sup>MM</sup>	3	
ursodiol 500 mg tablet <sup>MM</sup>	3	
V-GO 20 DEVICE <sup>MM</sup>	2	
V-GO 30 DEVICE <sup>MM</sup>	2	
V-GO 40 DEVICE <sup>MM</sup>	2	
valacyclovir hcl 1 gram tablet <sup>MM</sup>	2	QL(90 per 30 days)
valacyclovir hcl 500 mg tablet <sup>MM</sup>	2	QL(90 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL <sup>MM,SP,DL</sup>	*	PA,QL(60 per 28 days)
valganciclovir 450 mg tablet <sup>MM,SP,DL</sup>	*	QL(120 per 30 days)
valproic acid 250 mg capsule <sup>MM</sup>	1	
valproic acid 250 mg/5 ml soln <sup>MM</sup>	1	
valproic acid 250 mg/5 ml soln <sup>MM</sup>	1	
valproic acid 500 mg/10 ml sol <sup>MM</sup>	1	
valsartan 160 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 320 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 40 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 80 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan-hctz 160-12.5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
valsartan-hctz 160-25 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
valsartan-hctz 320-12.5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
valsartan-hctz 320-25 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
valsartan-hctz 80-12.5 mg tab <sup>MM</sup>	1	QL(30 per 30 days)
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>SP,DL</sup>	*	QL(10 per 30 days)
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY <sup>SP,DL</sup>	*	QL(10 per 30 days)
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY <sup>SP,DL</sup>	*	QL(10 per 30 days)
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>SP,DL</sup>	*	QL(10 per 30 days)
vanadom 350 mg tablet	2	QL(120 per 30 days)
vancomycin 250 mg/5 ml soln	3	
vancomycin hcl 125 mg capsule	3	PA,QL(120 per 30 days)
vancomycin hcl 250 mg capsule	3	PA,QL(240 per 30 days)
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" <sup>MM</sup>	2	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
VASOFLEX HD 150 MG-150 MG-150 MG-500 MG TABLET	3	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	4	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	4	
vecamyl 2.5 mg tablet	4	QL(300 per 30 days)
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>MM,ACA</sup>	1	
VENCLEXTA 10 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <sup>SP,LD,DL</sup>	*	PA,QL(42 per 28 days)
venlafaxine hcl 100 mg tablet <sup>MM</sup>	1	
venlafaxine hcl 25 mg tablet <sup>MM</sup>	1	
venlafaxine hcl 37.5 mg tablet <sup>MM</sup>	1	
venlafaxine hcl 50 mg tablet <sup>MM</sup>	1	
venlafaxine hcl 75 mg tablet <sup>MM</sup>	1	
venlafaxine hcl er 150 mg cap <sup>MM</sup>	1	QL(60 per 30 days)
venlafaxine hcl er 37.5 mg cap <sup>MM</sup>	1	QL(30 per 30 days)
venlafaxine hcl er 75 mg cap <sup>MM</sup>	1	QL(90 per 30 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <sup>MM,SP,LD,DL</sup>	*	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(36 per 30 days)
verapamil 120 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
verapamil 360 mg cap pellet <sup>MM</sup>	3	QL(60 per 30 days)
verapamil 40 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
verapamil 80 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
verapamil er 120 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
verapamil er 180 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
verapamil er 240 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
verapamil er pm 100 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
verapamil er pm 200 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
verapamil er pm 300 mg capsule <sup>MM</sup>	3	QL(30 per 30 days)
verapamil sr 120 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
verapamil sr 180 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
verapamil sr 240 mg capsule <sup>MM</sup>	3	QL(60 per 30 days)
VERASENS CONTROL SOLUTION-LEVEL 1 <sup>MM</sup>	3	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	1	
VERIFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	1	
VERIFINE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	1	
VERIFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	1	
VERZENIO 100 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
VERZENIO 150 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
VERZENIO 200 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
VERZENIO 50 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(9 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN <sup>MM</sup>	3	QL(1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN <sup>MM</sup>	3	QL(1200 per 30 days)

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
vienna 0.1 mg-20 mcg tablet <sup>MM,ACA</sup>	1	
vigabatrin 500 mg powder packet <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
vigabatrin 500 mg tablet <sup>MM,SP,DL</sup>	*	PA,QL(180 per 30 days)
vigadrone 500 mg oral powder packet <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <sup>MM,DL</sup>	3	QL(1395 per 30 days)
VIMPAT 100 MG TABLET <sup>MM,DL</sup>	3	
VIMPAT 150 MG TABLET <sup>MM,DL</sup>	3	
VIMPAT 200 MG TABLET <sup>MM,DL</sup>	3	
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK <sup>DL</sup>	3	
VIMPAT 50 MG TABLET <sup>MM,DL</sup>	3	
vinate m 27 mg iron-1 mg tablet <sup>MM</sup>	1	
vinate one 60 mg iron-1 mg tablet <sup>MM</sup>	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
VIRACEPT 250 MG TABLET <sup>MM,SP</sup>	*	QL(300 per 30 days)
VIRACEPT 625 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
VIREAD 150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
VIREAD 200 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
VIREAD 250 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <sup>MM,SP</sup>	*	QL(240 per 30 days)
virt-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MM</sup>	3	
virt-phos 250 neutral 250 mg tablet	2	
virt-pn tablet <sup>MM</sup>	2	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <sup>SP,LD,DL</sup>	*	QL(20 per 365 days)
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
VITAFOL-OB 65 MG-1 MG TABLET <sup>MM</sup>	3	
vitamin d2 1,250 mcg (50,000 unit) capsule <sup>MM</sup>	1	
vitamin d2 1.25mg(50,000 unit) <sup>MM</sup>	1	
VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK <sup>MM</sup>	3	
VITRAKVI 100 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(180 per 30 days)
VIVAGUARD INO CONTROL SOLUTION-L1,L2,L3 <sup>MM</sup>	3	
VIVAGUARD INO CONTROL SOLUTION-L1,L3 <sup>MM</sup>	3	
VIVAGUARD INO CONTROL SOLUTION-L2 <sup>MM</sup>	3	
VIVAGUARD LANCET 30 GAUGE <sup>MM</sup>	1	
VIVAGUARD LANCING DEVICE	1	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>SP</sup>	*	QL(1 per 28 days)
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM,ACA</sup>	1	
voriconazole 200 mg tablet <sup>SP,DL</sup>	*	PA,QL(120 per 30 days)
voriconazole 40 mg/ml susp <sup>SP,DL</sup>	*	PA,QL(400 per 30 days)
voriconazole 50 mg tablet <sup>SP,DL</sup>	*	PA,QL(120 per 30 days)
VORTEX HOLDING CHAMBER	2	
VORTEX HOLDING CHAMBER-CHILD	1	
VORTEX HOLDING CHAMBER-TODDLER	1	
VORTEX VHC FROG MASK-CHILD	1	
VORTEX VHC LADYBUG MASK-TODDLER	1	
VOTRIENT 200 MG TABLET <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
vyfemla (28) 0.4 mg-35 mcg tablet <sup>MM,ACA</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
vylibra 0.25 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
VYNDAMAX 61 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
VYVANSE 10 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 10 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 20 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 20 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 30 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 30 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 40 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 40 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 50 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 50 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 60 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 60 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 70 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
warfarin sodium 1 mg tablet <sup>MM</sup>	1	
warfarin sodium 10 mg tablet <sup>MM</sup>	1	
warfarin sodium 2 mg tablet <sup>MM</sup>	1	
warfarin sodium 2.5 mg tablet <sup>MM</sup>	1	
warfarin sodium 3 mg tablet <sup>MM</sup>	1	
warfarin sodium 4 mg tablet <sup>MM</sup>	1	
warfarin sodium 5 mg tablet <sup>MM</sup>	1	
warfarin sodium 6 mg tablet <sup>MM</sup>	1	
warfarin sodium 7.5 mg tablet <sup>MM</sup>	1	
WAVESENSE CONTROL SOLUTION <sup>MM</sup>	3	
WBCOL TOPICAL PADS	3	
wera (28) 0.5 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
westgel dha 31 mg iron-1 mg-200 mg capsule	3	
WESTHROID 130 MG TABLET <sup>MM</sup>	3	
WESTHROID 195 MG TABLET <sup>MM</sup>	3	
WESTHROID 32.5 MG TABLET <sup>MM</sup>	3	
WESTHROID 65 MG TABLET <sup>MM</sup>	3	
WESTHROID 97.5 MG TABLET <sup>MM</sup>	3	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL <sup>ACA</sup>	4	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL <sup>ACA</sup>	4	
wixela inhub 100 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	2	QL(60 per 30 days)
wixela inhub 250 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	2	QL(60 per 30 days)
wixela inhub 500 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	2	QL(60 per 30 days)
WP THYROID 113.75 MG TABLET <sup>MM</sup>	3	
WP THYROID 130 MG TABLET <sup>MM</sup>	3	
WP THYROID 16.25 MG TABLET <sup>MM</sup>	3	
WP THYROID 32.5 MG TABLET <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
WP THYROID 48.75 MG TABLET <sup>MM</sup>	3	
WP THYROID 65 MG TABLET <sup>MM</sup>	3	
WP THYROID 81.25 MG TABLET <sup>MM</sup>	3	
WP THYROID 97.5 MG TABLET <sup>MM</sup>	3	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <sup>MM</sup>	2	
XALKORI 200 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
XALKORI 250 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(60 per 30 days)
XARELTO 10 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
XARELTO 15 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
XARELTO 2.5 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
XARELTO 20 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	2	QL(51 per 30 days)
XOFLUZA 20 MG TABLET	3	QL(10 per 365 days)
XOFLUZA 40 MG TABLET	3	QL(10 per 365 days)
XOSPATA 40 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(20 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(8 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(24 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(12 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(32 per 28 days)
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(16 per 28 days)
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 18 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 27 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 36 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 9 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTANDI 40 MG CAPSULE <sup>MM,SP,DL</sup>	*	PA,QL(120 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch <sup>MM,ACA</sup>	3	QL(3 per 28 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET <sup>MM,SP,LD,DL</sup>	*	PA,QL(120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <sup>MM,SP,LD,DL</sup>	*	PA,QL(540 per 30 days)
zaleplon 10 mg capsule	1	QL(60 per 30 days)
zaleplon 5 mg capsule	1	QL(30 per 30 days)
zarah 3 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <sup>SP,DL</sup>	*	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <sup>SP,DL</sup>	*	PA,QL(11.2 per 30 days)
ZEJULA 100 MG CAPSULE <sup>MM,SP,LD,DL</sup>	*	PA,QL(90 per 30 days)
zenatane 10 mg capsule	3	QL(60 per 30 days)
zenatane 20 mg capsule	3	QL(60 per 30 days)
zenatane 30 mg capsule	3	QL(60 per 30 days)
zenatane 40 mg capsule	3	QL(120 per 30 days)
zidovudine 100 mg capsule <sup>MM</sup>	3	QL(180 per 30 days)
zidovudine 300 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
zidovudine 50 mg/5 ml syrup <sup>MM</sup>	3	QL(1680 per 28 days)
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet <sup>MM</sup>	3	
ziprasidone 20 mg/ml vial	4	
ziprasidone hcl 20 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
ziprasidone hcl 40 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
ziprasidone hcl 60 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)
ziprasidone hcl 80 mg capsule <sup>MM</sup>	2	QL(60 per 30 days)

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<b>DRUG NAME</b>	<b>DRUG LEVEL</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
ZIRGAN 0.15 % EYE GEL	3	QL(5 per 30 days)
ZOKINVY 50 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(120 per 30 days)
ZOKINVY 75 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(120 per 30 days)
ZOLINZA 100 MG CAPSULE <sup>SP,DL</sup>	*	PA,QL(120 per 30 days)
zolpidem tart er 12.5 mg tab	2	QL(30 per 30 days)
zolpidem tart er 6.25 mg tab	2	QL(30 per 30 days)
zolpidem tartrate 10 mg tablet	1	QL(30 per 30 days)
zolpidem tartrate 5 mg tablet	1	QL(30 per 30 days)
zonisamide 100 mg capsule <sup>MM</sup>	1	
zonisamide 25 mg capsule <sup>MM</sup>	1	
zonisamide 50 mg capsule <sup>MM</sup>	1	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION <sup>MM,SP,DL</sup>	*	PA,QL(28 per 30 days)
zovia 1-35 (28) 1 mg-35 mcg tablet <sup>ACA</sup>	1	
zovia 1/35e (28) 1 mg-35 mcg tablet <sup>MM,ACA</sup>	1	
ZTLIDO 1.8 % TOPICAL PATCH <sup>DL</sup>	3	PA,QL(90 per 30 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(30 per 30 days)
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(60 per 30 days)
zumandimine (28) 3 mg-0.03 mg tablet <sup>MM,ACA</sup>	1	
ZYBAN SR 150 MG TABLET <sup>ACA</sup>	3	QL(90 per 30 days)
ZYDELIG 100 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
ZYDELIG 150 MG TABLET <sup>MM,SP,LD,DL</sup>	*	PA,QL(60 per 30 days)
ZYPITAMAG 1 MG TABLET <sup>MM</sup>	2	ST,QL(30 per 30 days)
ZYPITAMAG 2 MG TABLET <sup>MM</sup>	2	ST,QL(30 per 30 days)
ZYPITAMAG 4 MG TABLET <sup>MM</sup>	2	ST,QL(30 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	4	QL(60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	4	QL(1 per 28 days)

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## 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, marital status, or religion. 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 **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

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

### Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

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

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

If your insurance is issued through the state of IL, your coverage may include medicines in the following drug classes: obesity and infertility.

If your insurance is issued through the state of MI, your coverage may include medicines in the following drug classes: obesity.

If your insurance is issued through the state of KS, your coverage may include medicines in the following drug classes: infertility.

If your insurance is issued through the state of IN, your coverage may include medicines in the following drug classes: sexual dysfunction.

If your insurance is issued through the state of NV, your coverage may include medicines in the following drug classes: hormone replacement therapy.

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

If you have a Fully-Insured plan through your employer and your insurance is issued in the state of Colorado, all covered substance use disorder medicines are available with no prior authorization or step therapy requirements.

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

Contraceptive coverage is subject to your employer's coverage selections.

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

The Humana Drug List (also known as a formulary) is effective on January 1st unless otherwise specified.

**For Commercial Fully-Insured and Individual policies issued in Texas, Louisiana, Illinois, or Puerto Rico:**

Drug List changes are effective on a plan's renewal date.

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For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company.

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

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or the company.

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