# 2019
# Printable Drug List

## Humana Medical Plan
All Regions

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 08/02/2019.

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# Preferred Drug List

**What is the Preferred Drug List?**
This is a list of drugs covered by your plan. The drug should be filled at an in-network pharmacy and you will not be asked to pay a copay as long as your drug is covered.

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

**For your drug information:**
You can visit **Humana.com** and login to MyHumana.
- Use the "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.
- Search for the drug by name or by the condition.

Please note: MyHumana only shows benefits as of the date of login.

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

These limits may include:
- **Prior Authorization (PA):** Some drugs need to be approved by your plan to be covered.
- **Quantity Limits (QL):** You may have a limit on the amount of drugs you can get at one time.
- **Step Therapy (ST):** Before you fill a drug that costs more, you may be asked to try at least one other drug first.

If your doctor feels there is no other covered option, he or she can call Humana Pharmacy Clinical Review at **1-800-555-2546** to ask for an exception. We will reply within 24 hours after we get your doctors request.

**How to read the Preferred Drug List**
The first column lists drug names. Brand name drugs are listed in UPPER CASE and generic drugs are listed in lower case. Over the Counter (OTC) drugs are available at no cost with a valid prescription. They are shown on the list with "OTC" next to the drug name.

The second column shows if there are limits to the drug.
The third column shows age requirements you have to meet for coverage.

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| 1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE | | | |
| 1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE | | | |
| 1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE | | | |
| 1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE | | | |
| 3 day vaginal 200 mg/5 gram (4 %) cream OTC | | | |
| abacavir 300 mg tablet | | | |
| abacavir-lamivudine 600-300 mg | | | |
| ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | PA,QL(1 per 28 days) | 18 | |
| ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE | PA,QL(1 per 28 days) | 18 | |
| ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | PA,QL(1 per 28 days) | 18 | |
| ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE | PA,QL(1 per 28 days) | 18 | |
| acamprosate calc dr 333 mg tab | | | |
| acarbose 100 mg tablet | | | |
| acarbose 25 mg tablet | | | |
| acarbose 50 mg tablet | | | |
| ACCU-CHEK AVIVA CONNECT METER | | | |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION | | | |
| ACCU-CHEK AVIVA PLUS METER | | | |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | QL(150 per 30 days) | | |
| ACCU-CHEK COMPACT PLUS CARE KIT | | | |
| ACCU-CHEK COMPACT PLUS CONTROL SOLUTION | | | |
| ACCU-CHEK COMPACT PLUS TEST STRIPS | QL(204 per 30 days) | | |
| ACCU-CHEK FASTCLIX LANCET DRUM | | | |
| ACCU-CHEK FASTCLIX LANCING DEVICE KIT | | | |
| ACCU-CHEK GUIDE GLUCOSE METER | | | |
| ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION | | | |
| ACCU-CHEK GUIDE ME GLUCOSE METER | | | |
| ACCU-CHEK GUIDE STRIPS | QL(150 per 30 days) | | |
| ACCU-CHEK MULTICLIX LANCET | | | |
| ACCU-CHEK MULTICLIX LANCET KIT | | | |
| ACCU-CHEK NANO | | | |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE | | | |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ACCU-CHEK SMARTVIEW CONTROL SOLUTION | | | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | QL(150 per 30 days) | | |
| ACCU-CHEK SOFTCLIX LANCETS | | | |
| ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT | | | |
| ACCUTREND GLUCOSE CONTROL SOLUTION | | | |
| ACCUTREND GLUCOSE STRIPS | QL(150 per 30 days) | | |
| ACE AEROSOL CLOUD ENHANCER SPACER | | | |
| acebutolol 200 mg capsule | | | |
| acebutolol 400 mg capsule | | | |
| acetamin-codein 300-30 mg/12.5 | | 12 | |
| acetaminop-codeine 120-12 mg/5 | | 12 | |
| acetaminop-codeine 120-12 mg/5 | | 12 | |
| acetaminophen 160 mg/5 ml liq OTC | | | 6 |
| acetaminophen 325 mg/10.15 ml OTC | | | 6 |
| acetaminophen 650 mg/20.3 ml OTC | | | 6 |
| acetaminophen-cod #2 tablet | QL(360 per 30 days) | 12 | |
| acetaminophen-cod #3 tablet | QL(360 per 30 days) | 12 | |
| acetaminophen-cod #4 tablet | QL(360 per 30 days) | 12 | |
| acetazolamide 125 mg tablet | | | |
| acetazolamide 250 mg tablet | | | |
| acetazolamide er 500 mg cap | | | |
| acetic acid 0.25% irrig soln | | | |
| acetic acid 2% ear solution | | | |
| acetylcysteine 10% vial | | | |
| acetylcysteine 20% vial | | | |
| acetylcysteine 6 gram/30 ml vl | | | |
| acid gone antacid 95 mg-358 mg/15 ml oral suspension OTC | | | |
| acitretin 10 mg capsule | | | |
| acitretin 17.5 mg capsule | | | |
| acitretin 25 mg capsule | | | |
| ACTHAR 80 UNIT/ML INJECTION GEL | PA,QL(45 per 30 days) | | |
| ACTI-LANCE LANCETS 17 GAUGE | | | |
| ACTI-LANCE LANCETS 23 GAUGE | | | |
| ACTI-LANCE LANCETS 28 GAUGE | | | |
| acyclovir 200 mg capsule | | | |
| acyclovir 200 mg/5 ml susp | | | 17 |
| acyclovir 400 mg tablet | | | |
| acyclovir 800 mg tablet | | | |
| ADAGEN 250 UNIT/ML VIAL | | | |
| ADJUSTABLE LANCING DEVICE | | | |
| adult tussin chest congestion 100 mg/5 ml oral liquid OTC | | | |
| ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION | QL(60 per 30 days) | 4 | |
| ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION | QL(60 per 30 days) | 4 | |
| ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION | QL(60 per 30 days) | 4 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER | QL(12 per 30 days) | 5 | |
| ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER | QL(12 per 30 days) | 5 | |
| ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER | QL(12 per 30 days) | 5 | |
| advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension OTC | | | |
| ADVANCED LANCING DEVICE KIT | | | |
| ADVANCED TRAVEL LANCETS 28 GAUGE | | | |
| ADVANCED TRAVEL LANCETS 30 GAUGE | | | |
| ADVOCATE LANCET 26 GAUGE | | | |
| ADVOCATE LANCET 30 GAUGE | | | |
| ADVOCATE LANCING DEVICE | | | |
| ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" | | | |
| ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" | | | |
| ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" | | | |
| ADVOCATE RAPID-SAFE LANCING DEVICE | | | |
| ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2" | | | |
| ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16" | | | |
| ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16" | | | |
| ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2" | | | |
| ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16" | | | |
| ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16" | | | |
| ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2" | | | |
| ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16" | | | |
| ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16" | | | |
| AEROCHAMBER MINI | | | |
| AEROCHAMBER MV SPACER | | | |
| AEROCHAMBER PLUS FLOW-VU | | | |
| AEROCHAMBER PLUS FLOW-VU,LARGE MASK | | | |
| AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK | | | |
| AEROCHAMBER PLUS FLOW-VU,SMALL MASK | | | |
| AEROCHAMBER PLUS Z STAT LARGE MASK | | | |
| AEROCHAMBER PLUS Z STAT MEDIUM MASK | | | |
| AEROCHAMBER PLUS Z STAT SMALL MASK | | | |
| AEROCHAMBER PLUS Z STAT SPACER | | | |
| AEROCHAMBER WITH FLOWSIGNAL | | | |
| AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL | | | |
| AEROGEAR ACTION ASTHMA KIT | | | |
| AEROTRACH PLUS SPACER | | | |
| AEROVENT PLUS SPACER | | | |
| afirmelle 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| AFTERA 1.5 MG TABLET OTC | QL(2 per 30 days) | 12 | |
| AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE | | | |
| AIMSCO LATEX CONDOM OTC | | | |
| ALA-QUIN 3 %-0.5 % TOPICAL CREAM | | | |
| albendazole 200 mg tablet | QL(120 per 30 days) | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ALBENZA 200 MG TABLET | QL(120 per 30 days) | | |
| albumin (human) 25% iv soln | PA | | |
| ALBURX (HUMAN) 25 % INTRAVENOUS SOLUTION | PA | | |
| ALBURX (HUMAN) 5 % INTRAVENOUS SOLUTION | PA | | |
| ALBUTEIN 25 % INTRAVENOUS SOLUTION | PA | | |
| ALBUTEIN 5 % INTRAVENOUS SOLUTION | PA | | |
| albuterol 2.5 mg/0.5 ml sol | | | |
| albuterol 5 mg/ml solution | QL(60 per 30 days) | | |
| albuterol sul 0.63 mg/3 ml sol | | | |
| albuterol sul 1.25 mg/3 ml sol | | | |
| albuterol sul 2.5 mg/3 ml soln | | | |
| ALCOHOL PADS OTC | | | |
| ALCOHOL PREP PADS OTC | | | |
| ALCOHOL SWAB OTC | | | |
| ALCOHOL WIPES OTC | | | |
| alcohol,dehydrated 98% ampule | | | |
| alendronate sodium 10 mg tab | | | |
| alendronate sodium 35 mg tab | | | |
| alendronate sodium 40 mg tab | | | |
| alendronate sodium 5 mg tablet | | | |
| alendronate sodium 70 mg tab | | | |
| alfuzosin hcl er 10 mg tablet | | | |
| ALIMTA 100 MG INTRAVENOUS SOLUTION | | | |
| ALIMTA 500 MG INTRAVENOUS SOLUTION | | | |
| ALKERAN 2 MG TABLET | | 18 | |
| ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE | | | |
| ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE | | | |
| ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE | | | |
| ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE | | | |
| ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE | | | |
| allergy complete-d 5 mg-120 mg tablet,extended release OTC | | | |
| allergy relief (loratadine) 10 mg disintegrating tablet OTC | | | |
| allopurinol 100 mg tablet | | | |
| allopurinol 300 mg tablet | | | |
| ALMACONE 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION OTC | | | |
| almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension OTC | | | |
| alosetron hcl 0.5 mg tablet | | | |
| alosetron hcl 1 mg tablet | | | |
| alprazolam 0.25 mg tablet | QL(150 per 30 days) | 7 | |
| alprazolam 0.5 mg tablet | QL(150 per 30 days) | 7 | |
| alprazolam 1 mg tablet | QL(150 per 30 days) | 7 | |
| alprazolam 2 mg tablet | QL(150 per 30 days) | 7 | |
| ALREX 0.2 % EYE DROPS,SUSPENSION | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| altavera (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| ALTERNATE SITE LANCET 26 GAUGE | | | |
| ALTERNATE SITE LANCING DEVICE | | | |
| alyacen 1/35 (28) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| amantadine 100 mg capsule | | 1 | |
| amantadine 100 mg tablet | | 1 | |
| amantadine 50 mg/5 ml solution | | 1 | |
| amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| AMETHIA LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| amethyst (28) 90 mcg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| AMICAR 1,000 MG TABLET | | | |
| AMICAR 250 MG/ML (25 %) ORAL SOLUTION | | | |
| AMICAR 500 MG TABLET | | | |
| amiloride hcl 5 mg tablet | | | |
| amiloride hcl-hctz 5-50 mg tab | | | |
| aminocaproic acid 5 g/20 ml vl | | | |
| AMINOSYN 10 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION | | | |
| AMINOSYN 8.5 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION | | | |
| AMINOSYN II 10 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN II 15 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN II 8.5 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION | | | |
| AMINOSYN M 3.5 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN-HBC 7% INTRAVENOUS SOLUTION | | | |
| AMINOSYN-PF 10 % INTRAVENOUS SOLUTION | | | |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION | | | |
| AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION | | | |
| amiodarone hcl 100 mg tablet | | | |
| amiodarone hcl 200 mg tablet | | | |
| amitriptyline hcl 10 mg tab | QL(240 per 30 days) | 12 | |
| amitriptyline hcl 100 mg tab | QL(30 per 30 days) | 12 | |
| amitriptyline hcl 150 mg tab | QL(30 per 30 days) | 12 | |
| amitriptyline hcl 25 mg tab | QL(120 per 30 days) | 12 | |
| amitriptyline hcl 50 mg tab | QL(120 per 30 days) | 12 | |
| amitriptyline hcl 75 mg tab | QL(60 per 30 days) | 12 | |
| amlodipine besylate 10 mg tab | | | |
| amlodipine besylate 2.5 mg tab | QL(60 per 30 days) | | |
| amlodipine besylate 5 mg tab | QL(60 per 30 days) | | |
| amlodipine-benazepril 10-20 mg | | | |
| amlodipine-benazepril 10-40 mg | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| amlodipine-benazepril 2.5-10 | | | |
| amlodipine-benazepril 5-10 mg | | | |
| amlodipine-benazepril 5-20 mg | | | |
| amlodipine-benazepril 5-40 mg | | | |
| amlodipine-olmesartan 10-20 mg | | | |
| amlodipine-olmesartan 10-40 mg | | | |
| amlodipine-olmesartan 5-20 mg | | | |
| amlodipine-olmesartan 5-40 mg | | | |
| amlodipine-valsartan 10-160 mg | | | |
| amlodipine-valsartan 10-320 mg | | | |
| amlodipine-valsartan 5-160 mg | | | |
| amlodipine-valsartan 5-320 mg | | | |
| ammonium lactate 12% cream | | | |
| ammonium lactate 12% lotion | | | |
| amnesteem 10 mg capsule | | 12 | |
| amnesteem 20 mg capsule | | 12 | |
| amnesteem 40 mg capsule | | 12 | |
| amox-clav 200-28.5 mg/5 ml sus | | | |
| amox-clav 250-125 mg tablet | | | |
| amox-clav 250-62.5 mg/5 ml sus | | | |
| amox-clav 400-57 mg/5 ml susp | | | |
| amox-clav 500-125 mg tablet | | | |
| amox-clav 600-42.9 mg/5 ml sus | | | |
| amox-clav 875-125 mg tablet | | | |
| amoxapine 100 mg tablet | QL(120 per 30 days) | 16 | |
| amoxapine 150 mg tablet | QL(90 per 30 days) | 16 | |
| amoxapine 25 mg tablet | QL(90 per 30 days) | 16 | |
| amoxapine 50 mg tablet | QL(90 per 30 days) | 16 | |
| amoxicillin 125 mg tab chew | | | |
| amoxicillin 125 mg/5 ml susp | | | |
| amoxicillin 200 mg/5 ml susp | | | |
| amoxicillin 250 mg capsule | | | |
| amoxicillin 250 mg tab chew | | | |
| amoxicillin 250 mg/5 ml susp | | | |
| amoxicillin 400 mg/5 ml susp | | | |
| amoxicillin 500 mg capsule | | | |
| amoxicillin 500 mg tablet | | | |
| amoxicillin 875 mg tablet | | | |
| amphotericin b 50 mg vial | | | |
| ampicillin 1 gm add-vantage vl | | | |
| ampicillin 1 gm vial | | | |
| ampicillin 10 gm vial | | | |
| ampicillin 125 mg vial | | | |
| ampicillin 2 gm add-vantage vl | | | |
| ampicillin 2 gm vial | | | |
| ampicillin 250 mg capsule | | | |
| ampicillin 250 mg vial | | | |
| ampicillin 500 mg capsule | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ampicillin 500 mg vial | | | |
| ampicillin-sulb 1.5 g add vial | | | |
| ampicillin-sulbactam 1.5 gm vl | | | |
| ampicillin-sulbactam 15 gm vl | | | |
| ampicillin-sulbactam 3 gm vial | | | |
| anagrelide hcl 0.5 mg capsule | | | |
| anagrelide hcl 1 mg capsule | | | |
| anastrozole 1 mg tablet | QL(30 per 30 days) | 18 | |
| ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH | PA | 18 | |
| ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH | PA | 18 | |
| ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET | PA | 18 | |
| ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET | PA | 18 | |
| ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET | PA | 18 | |
| ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET | PA | 18 | |
| ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP | PA | 18 | |
| antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension OTC | | | |
| antacid-simethicone 400 mg-400 mg-40 mg/5 ml oral suspension OTC | | | |
| anusol-hc 2.5 % topical cream with perineal applicator | | | |
| apri 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE | | | |
| APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE | QL(30 per 30 days) | 6 | |
| APTIOM 200 MG TABLET | | 4 | |
| APTIOM 400 MG TABLET | | 4 | |
| APTIOM 600 MG TABLET | | 4 | |
| APTIOM 800 MG TABLET | | 4 | |
| APTIVUS 100 MG/ML ORAL SOLUTION | | | |
| APTIVUS 250 MG CAPSULE | | | |
| AQUA LANCE LANCING DEVICE | | | |
| ARALAST NP 1,000 MG INTRAVENOUS SOLUTION | PA | 18 | |
| ARALAST NP 500 MG INTRAVENOUS SOLUTION | PA | 18 | |
| aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION | PA | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION | PA | | |
| ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION | PA | | |
| ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 300 MCG/ML (IN POLYSORBATE) INJECTION | PA | | |
| ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION | PA | | |
| ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE | PA | | |
| ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION | PA | | |
| aripiprazole 1 mg/ml solution | QL(900 per 30 days) | 6 | |
| aripiprazole 10 mg tablet | QL(90 per 30 days) | 6 | |
| aripiprazole 15 mg tablet | QL(60 per 30 days) | 6 | |
| aripiprazole 2 mg tablet | QL(30 per 30 days) | 6 | |
| aripiprazole 20 mg tablet | QL(30 per 30 days) | 6 | |
| aripiprazole 30 mg tablet | QL(30 per 30 days) | 6 | |
| aripiprazole 5 mg tablet | QL(30 per 30 days) | 6 | |
| aripiprazole odt 10 mg tablet | QL(90 per 30 days) | 6 | |
| aripiprazole odt 15 mg tablet | QL(60 per 30 days) | 6 | |
| ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE | PA,QL(3.9 per 60 days) | 18 | |
| ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE | PA,QL(1.6 per 28 days) | 18 | |
| ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE | PA,QL(2.4 per 28 days) | 18 | |
| ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE | PA,QL(3.2 per 28 days) | 18 | |
| ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE | PA,QL(2.4 per 180 days) | 18 | |
| ARMOUR THYROID 120 MG TABLET | | | |
| ARMOUR THYROID 15 MG TABLET | | | |
| ARMOUR THYROID 180 MG TABLET | | | |
| ARMOUR THYROID 240 MG TABLET | | | |
| ARMOUR THYROID 30 MG TABLET | | | |
| ARMOUR THYROID 300 MG TABLET | | | |
| ARMOUR THYROID 60 MG TABLET | | | |
| ARMOUR THYROID 90 MG TABLET | | | |
| ARYMO ER 15 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE | PA | 18 | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ARYMO ER 30 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE | PA | 18 | |
| ARYMO ER 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE | PA | 18 | |
| ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION | | | |
| ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION | | | |
| ascorbic acid 500 mg/ml vial | | | |
| ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| ASMANEX TWISTHALER 110 MCG #7 | QL(1 per 30 days) | 4 | |
| ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED | QL(1 per 30 days) | 4 | |
| ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED | QL(1 per 30 days) | 4 | |
| ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED | QL(1 per 30 days) | 4 | |
| ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED | QL(1 per 30 days) | 4 | |
| ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED | QL(1 per 30 days) | 4 | |
| aspir-81 mg tablet,delayed release OTC | | | |
| aspir-low 81 mg tablet,delayed release OTC | | | |
| aspirin 300 mg suppository OTC | | | |
| aspirin 600 mg suppository OTC | | | |
| ASSURE COMFORT 28G LANCETS | | | |
| ASSURE HAEMOLANCE PLUS 18 GAUGE | | | |
| ASSURE HAEMOLANCE PLUS 21 GAUGE | | | |
| ASSURE HAEMOLANCE PLUS 25 GAUGE | | | |
| ASSURE HAEMOLANCE PLUS 28 GAUGE | | | |
| ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE | | | |
| ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE | | | |
| ASSURE ID PEN NEEDLE 30 GAUGE X 3/16" | | | |
| ASSURE ID PEN NEEDLE 30 GAUGE X 5/16" | | | |
| ASSURE ID PEN NEEDLE 31 GAUGE X 3/16" | | | |
| ASSURE LANCE 25 GAUGE | | | |
| ASSURE LANCE 28 GAUGE | | | |
| ASSURE LANCE PLUS 21 GAUGE | | | |
| ASSURE LANCE PLUS 25 GAUGE | | | |
| ASSURE LANCE PLUS 30 GAUGE | | | |
| ASTHMAPACK CHILDREN'S KIT | | | |
| atenolol 100 mg tablet | | | |
| atenolol 25 mg tablet | | | |
| atenolol 50 mg tablet | | | |
| atenolol-chlorthalidone 100-25 | | | |
| atenolol-chlorthalidone 50-25 | | | |
| ATGAM 50 MG/ML INTRAVENOUS SOLUTION | PA | | |
| atomoxetine hcl 10 mg capsule | | 6 | |
| atomoxetine hcl 100 mg capsule | | 6 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| atomoxetine hcl 18 mg capsule | | 6 | |
| atomoxetine hcl 25 mg capsule | | 6 | |
| atomoxetine hcl 40 mg capsule | | 6 | |
| atomoxetine hcl 60 mg capsule | | 6 | |
| atomoxetine hcl 80 mg capsule | | 6 | |
| atorvastatin 10 mg tablet | QL(30 per 30 days) | | |
| atorvastatin 20 mg tablet | QL(30 per 30 days) | | |
| atorvastatin 40 mg tablet | QL(30 per 30 days) | | |
| atorvastatin 80 mg tablet | QL(30 per 30 days) | | |
| atovaquone 750 mg/5 ml susp | | | |
| ATRIPLA 600 MG-200 MG-300 MG TABLET | QL(30 per 30 days) | 12 | |
| atropine 1% eye drops | | | |
| atropine 1% eye ointment | | | |
| ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER | QL(25.8 per 30 days) | | |
| AUBAGIO 14 MG TABLET | QL(30 per 30 days) | 18 | |
| AUBAGIO 7 MG TABLET | QL(30 per 30 days) | 18 | |
| aubra 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| aubra eq 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| aurovela 1/20 (21) 1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet | QL(91 per 90 days) | 12 | |
| aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| AUSTEDO 12 MG TABLET | PA,QL(120 per 30 days) | 18 | |
| AUSTEDO 6 MG TABLET | PA,QL(60 per 30 days) | 18 | |
| AUSTEDO 9 MG TABLET | PA,QL(120 per 30 days) | 18 | |
| AUTO-LANCET MINI | | | |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN | | | |
| AUTOLET IMPRESSION LANCING DEVICE KIT | | | |
| AUTOLET LANCING DEVICE | | | |
| AUTOLET PLUS LANCING DEVICE | | | |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS | | | |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS | | | |
| aviane 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| AVITA 0.025 % TOPICAL CREAM | | 12 | |
| AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT | QL(4 per 28 days) | 18 | |
| AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT | QL(4 per 28 days) | 18 | |
| AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT | QL(4 per 28 days) | 18 | |
| ayuna 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| azacitidine 100 mg vial | | | |
| AZACTAM 1 GRAM SOLUTION FOR INJECTION | | | |
| AZACTAM 2 GRAM SOLUTION FOR INJECTION | | | |
| AZACTAM-ISO-OSMOT 1 GM/50 ML | | | |
| AZACTAM-ISO-OSMOT 2 GM/50 ML | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| azathioprine 50 mg tablet | | | |
| azelastine 0.1% (137 mcg) spry | | | |
| azelastine 0.15% nasal spray | | | |
| AZELEX 20 % TOPICAL CREAM | | 12 | |
| azithromycin 1 gm pwd packet | | | |
| azithromycin 100 mg/5 ml susp | | | |
| azithromycin 200 mg/5 ml susp | | | |
| azithromycin 250 mg tablet | | | |
| azithromycin 500 mg tablet | | | |
| azithromycin 600 mg tablet | | | |
| azithromycin i.v. 500 mg vial | | | |
| AZOPT 1 % EYE DROPS,SUSPENSION | | | |
| azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |
| bacitracin-polymyxin eye oint | | | |
| baclofen 10 mg tablet | QL(120 per 30 days) | | |
| baclofen 20 mg tablet | QL(120 per 30 days) | | |
| baclofen 5 mg tablet | | | |
| BACMIN 27 MG IRON-1 MG TABLET OTC | | | |
| bacteriostatic saline vial | | | |
| bacteriostatic water vial | | | |
| bacteriostatic water(parabens) injection solution | | | |
| balanced salt intraocular solution | | | |
| BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET | | 12 | |
| balziva (28) 0.4 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| banophen 12.5 mg/5 ml solution OTC | | | |
| banophen allergy 12.5 mg/5 ml OTC | | | |
| BANZEL 200 MG TABLET | | 1 | |
| BANZEL 40 MG/ML ORAL SUSPENSION | | 1 | |
| BANZEL 400 MG TABLET | | 1 | |
| BARACLUDE 0.05 MG/ML ORAL SOLUTION | | | |
| BD ALCOHOL SWABS OTC | | | |
| BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE | | | |
| BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE | | | |
| BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2" | | | |
| BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" | | | |
| BD BLUNT NEEDLE 18GX1-1/2" | | | |
| BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE | | | |
| BD ECLIPSE NEEDLE 18GX1 1/2" | | | |
| BD FILTER NEEDLE-5 MICRON 19 X 1 1/2" | | | |
| BD INSULIN SYR 1 ML 28GX1/2" | | | |
| BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" | | | |
| BD INSULIN SYRINGE 1 ML 25 X 1" | | | |
| BD INSULIN SYRINGE 1 ML 26 X 1/2" | | | |
| BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" | | | |
| BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE SLIP TIP 1 ML | | | |
| BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" | | | |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" | | | |
| BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" | | | |
| BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" | | | |
| BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" | | | |
| BD LANCETS 33G | | | |
| BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE | | | |
| BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE | | | |
| BD LUER-LOK SYRINGE 1 ML | | | |
| BD MICROTAINER LANCET 1.5 MM X 2 MM | | | |
| BD MICROTAINER LANCET 21 GAUGE | | | |
| BD MICROTAINER LANCET 30 GAUGE | | | |
| BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" | | | |
| BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" | | | |
| BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" | | | |
| BD ULTRA FINE LANCETS 33 GAUGE | | | |
| BD ULTRA-FINE II LANCETS 30 GAUGE | | | |
| BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" | | | |
| BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" | | | |
| BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" | | | |
| BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" | | | |
| BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" | | | |
| BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" | | | |
| BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" | | | |
| BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" | | | |
| BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" | | | |
| bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| belladonna-opium 16.2-30 supp | | | |
| belladonna-opium 16.2-60 supp | | | |
| belladonna-phenobarbital tab | | | |
| benazepril hcl 10 mg tablet | | | |
| benazepril hcl 20 mg tablet | | | |
| benazepril hcl 40 mg tablet | | | |
| benazepril hcl 5 mg tablet | | | |
| benzonatate 100 mg capsule | | | 20 |
| benzonatate 150 mg capsule | | | 20 |
| benzonatate 200 mg capsule | | | 20 |
| benztropine mes 0.5 mg tab | | 3 | |
| benztropine mes 1 mg tablet | | 3 | |
| benztropine mes 2 mg tablet | | 3 | |
| BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT | PA,QL(16 per 28 days) | 12 | |
| betamethasone dp aug 0.05% crm | | | |
| betamethasone sp-ac 30 mg/5 ml | | | |
| betamethasone va 0.1% cream | | | |
| BETAPACE AF 120 MG TABLET | | | |
| BETASERON 0.3 MG SUBCUTANEOUS KIT | QL(14 per 28 days) | 18 | |
| bethanechol 10 mg tablet | | | |
| bethanechol 25 mg tablet | | | |
| bethanechol 5 mg tablet | | | |
| bethanechol 50 mg tablet | | | |
| BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER | | | |
| BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET | QL(91 per 90 days) | 12 | |
| bicalutamide 50 mg tablet | QL(30 per 30 days) | 18 | |
| BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE | | | |
| BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE | | | |
| BICILLIN L-A 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE | | | |
| BICILLIN L-A 2,400,000 UNIT/4 ML INTRAMUSCULAR SYRINGE | | | |
| BICILLIN L-A 600,000 UNIT/ML INTRAMUSCULAR SYRINGE | | | |
| BIKTARVY 50 MG-200 MG-25 MG TABLET | | 18 | |
| BILTRICIDE 600 MG TABLET | | | |
| bisoprolol fumarate 10 mg tab | | | |
| bisoprolol fumarate 5 mg tab | | | |
| bisoprolol-hctz 10-6.25 mg tab | | | |
| bisoprolol-hctz 2.5-6.25 mg tb | | | |
| bisoprolol-hctz 5-6.25 mg tab | | | |
| BIVIGAM 10 % INTRAVENOUS SOLUTION | PA | | |
| bleo 15k (15 unit usp) vial | | | |
| bleomycin sulfate 15 unit vial | | | |
| bleomycin sulfate 30 unit vial | | | |
| blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet | QL(91 per 90 days) | 12 | |
| blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| bortezomib 3.5 mg vial | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| BOTOX 100 UNIT INJECTION | PA | | |
| BOTOX 200 UNIT INJECTION | PA | | |
| BREATHERITE MDI SPACER | | | |
| BREATHERITE SPACER AND MASK, ADULT | | | |
| BREATHERITE SPACER AND MASK, CHILD | | | |
| BREATHERITE SPACER AND MASK, INFANT | | | |
| BREATHERITE SPACER AND MASK, NEONATE | | | |
| BREATHERITE SPACER AND MASK, SMALL CHILD | | | |
| BREATHERITE SPACER-LARGE MASK | | | |
| BREATHERITE SPACER-MEDIUM MASK | | | |
| BREATHERITE SPACER-SMALL MASK | | | |
| BREATHERITE VALVED MDI CHAMBER SPACER | | | |
| BREATHERITE VALVED MDI SPACER | | | |
| briellyn 0.4 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| BRILINTA 60 MG TABLET | | | |
| BRILINTA 90 MG TABLET | | | |
| brimonidine 0.2% eye drop | | | |
| BRIVIACT 10 MG TABLET | | 4 | |
| BRIVIACT 10 MG/ML ORAL SOLUTION | | 4 | |
| BRIVIACT 100 MG TABLET | | 4 | |
| BRIVIACT 25 MG TABLET | | 4 | |
| BRIVIACT 50 MG TABLET | | 4 | |
| BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION | | 16 | |
| BRIVIACT 75 MG TABLET | | 4 | |
| bromphenir-pseudoephed-dm syr | | | 20 |
| budesonide 0.25 mg/2 ml susp | QL(120 per 30 days) | | |
| budesonide 0.5 mg/2 ml susp | QL(120 per 30 days) | | |
| budesonide 1 mg/2 ml inh susp | QL(120 per 30 days) | | |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE | | | |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE | | | |
| BULLSEYE MINI SAFETY LANCETS 28 GAUGE | | | |
| bumetanide 0.5 mg tablet | | | |
| bumetanide 1 mg tablet | | | |
| bumetanide 2 mg tablet | | | |
| bumetanide 2.5 mg/10 ml vial | | | |
| bupivacain 0.75%-dextros 8.25% | | | |
| bupivacaine 0.25% vial | | | |
| bupivacaine 0.25% vial | | | |
| bupivacaine 0.25%-epi 1:200000 | | | |
| bupivacaine 0.25%-epi 1:200000 | | | |
| bupivacaine 0.5% vial | | | |
| bupivacaine 0.5%-epi 1:200,000 | | | |
| bupivacaine 0.5%-epi 1:200,000 | | | |
| bupivacaine 0.75% vial | | | |
| buprenorphine 2 mg tablet sl | QL(90 per 30 days) | 16 | |
| buprenorphine 8 mg tablet sl | QL(90 per 30 days) | 16 | |
| bupropion hcl 100 mg tablet | | 6 | |
| bupropion hcl 75 mg tablet | | 6 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| bupropion hcl sr 100 mg tablet | QL(60 per 30 days) | 6 | |
| bupropion hcl sr 150 mg tablet | QL(60 per 30 days) | 6 | |
| bupropion hcl sr 150 mg tablet | QL(60 per 30 days) | 18 | |
| bupropion hcl sr 200 mg tablet | QL(60 per 30 days) | 6 | |
| bupropion hcl xl 150 mg tablet | QL(30 per 30 days) | 6 | |
| bupropion hcl xl 300 mg tablet | QL(30 per 30 days) | 6 | |
| bupropion hcl xl 450 mg tablet | QL(30 per 30 days) | 18 | |
| buspirone hcl 10 mg tablet | | | |
| buspirone hcl 15 mg tablet | | | |
| buspirone hcl 30 mg tablet | | | |
| buspirone hcl 5 mg tablet | | | |
| buspirone hcl 7.5 mg tablet | | | |
| BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION | | | |
| butalb-acetamin-caff 50-300-40 | | | |
| butalb-acetamin-caff 50-325-40 | | | |
| butalb-acetamin-caff 50-325-40 | | | |
| butalb-aspirin-caffe 50-325-40 | | | |
| butalb-caff-acetaminoph-codein | | 12 | |
| butalbital-acetaminophn 50-300 | | | |
| butalbital-acetaminophn 50-300 | | | |
| butalbital-acetaminophn 50-325 | | | |
| butalbital-asa-caffeine cap | | | |
| BYDUREON 2 MG VIAL | | | |
| BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR | | | |
| BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR | | | |
| BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR | | | |
| c-nate dha 28 mg iron-1 mg-200 mg capsule | | 12 | |
| cabergoline 0.5 mg tablet | QL(16 per 30 days) | | |
| caffeine cit 60 mg/3 ml oral | QL(90 per 30 days) | | |
| caffeine cit 60 mg/3 ml vial | QL(90 per 30 days) | | |
| cal-gest antacid 200 mg calcium (500 mg) chewable tablet OTC | | | |
| calcipotriene 0.005% cream | QL(120 per 30 days) | 18 | |
| calcipotriene 0.005% ointment | QL(120 per 30 days) | 18 | |
| calcitonin-salmon 200 units sp | QL(3.7 per 28 days) | 18 | |
| calcitriol 0.25 mcg capsule | | | |
| calcitriol 0.5 mcg capsule | | | |
| calcitriol 1 mcg/ml ampul | | | |
| calcitriol 1 mcg/ml solution | | | |
| calcitriol 3 mcg/g ointment | | | |
| calcium acetate 667 mg gelcap | | | |
| calcium antacid 430 mg calcium (1,000 mg) chewable tablet OTC | | | |
| calcium carb 1,250 mg/5 ml sus OTC | | | |
| calcium carb 500 (1,250) mg tb OTC | | | |
| calcium chloride 10% vial | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| camila 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| CAMPATH 30 MG/ML INTRAVENOUS SOLUTION | | | |
| CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| CANASA 1,000 MG RECTAL SUPPOSITORY | | | |
| CAPRELSA 100 MG TABLET | PA,QL(60 per 30 days) | 18 | |
| CAPRELSA 300 MG TABLET | PA,QL(30 per 30 days) | 18 | |
| carbamazepine 100 mg tab chew | | | |
| carbamazepine 100 mg/5 ml susp | | | |
| carbamazepine 200 mg tablet | | | |
| carbamazepine er 100 mg cap | | | |
| carbamazepine er 200 mg cap | | | |
| carbamazepine er 200 mg tablet | | | |
| carbamazepine er 300 mg cap | | | |
| carbamazepine er 400 mg tablet | | | |
| CARBATROL 100 MG CAPSULE, EXTENDED RELEASE | | | |
| CARBATROL 200 MG CAPSULE, EXTENDED RELEASE | | | |
| CARBATROL 300 MG CAPSULE, EXTENDED RELEASE | | | |
| carbidopa-levo 10-100 mg odt | | 18 | |
| carbidopa-levo 25-100 mg odt | | 18 | |
| carbidopa-levo er 25-100 tab | | 18 | |
| carbidopa-levo er 50-200 tab | | 18 | |
| carbidopa-levodopa 10-100 tab | | 18 | |
| carbidopa-levodopa 100 mg-enta | | 18 | |
| carbidopa-levodopa 125 mg-enta | | 18 | |
| carbidopa-levodopa 150 mg-enta | | 18 | |
| carbidopa-levodopa 200 mg-enta | | 18 | |
| carbidopa-levodopa 25-100 tab | | 18 | |
| carbidopa-levodopa 25-250 tab | | 18 | |
| carbidopa-levodopa 50 mg-enta | | 18 | |
| carbidopa-levodopa 75 mg-enta | | 18 | |
| carbinoxamine 4 mg/5 ml liquid | | | |
| carbinoxamine maleate 4 mg tab | | | |
| carboplatin 50 mg/5 ml vial | | | |
| CAREFINE PEN NEEDLE 29 GAUGE X 1/2" | | | |
| CAREFINE PEN NEEDLE 30 GAUGE X 5/16" | | | |
| CAREFINE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| CAREFINE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| CAREFINE PEN NEEDLE 32 GAUGE X 1/4" | | | |
| CAREFINE PEN NEEDLE 32 GAUGE X 3/16" | | | |
| CAREFINE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| CARELANCE ULTIMATE COMFORT LANCING DEVICE | | | |
| CAREONE LANCING DEVICE | | | |
| CAREONE THIN LANCET | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| CAREONE ULTRA THIN LANCET | | | |
| CARESENS LANCETS 30 GAUGE | | | |
| CARESENS PREMIUM COMFORT LANCING DEVICE | | | |
| CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| CARETOUCH LANCING DEVICE | | | |
| CARETOUCH PEN NEEDLE 31 GAUGE X 1/4" | | | |
| CARETOUCH PEN NEEDLE 31 GAUGE X 3/16" | | | |
| CARETOUCH PEN NEEDLE 31 GAUGE X 5/16" | | | |
| CARETOUCH PEN NEEDLE 32 GAUGE X 3/16" | | | |
| CARETOUCH PEN NEEDLE 32 GAUGE X 5/32" | | | |
| CARETOUCH TWIST LANCET 28 GAUGE | | | |
| CARETOUCH TWIST LANCET 30 GAUGE | | | |
| CARETOUCH TWIST LANCET 33 GAUGE | | | |
| CARIMUNE NF 12 GM VIAL | PA | | |
| CARIMUNE NF 6 GM VIAL | PA | | |
| carteolol hcl 1% eye drops | | | |
| carvedilol 12.5 mg tablet | | | |
| carvedilol 25 mg tablet | | | |
| carvedilol 3.125 mg tablet | | | |
| carvedilol 6.25 mg tablet | | | |
| CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH | QL(8 per 30 days) | | |
| CATAPRES-TTS-2  0.2 MG/24 HR TRANSDERMAL PATCH | QL(8 per 30 days) | | |
| CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH | QL(8 per 30 days) | | |
| CATHFLO ACTIVASE 2 MG INTRA-CATHETER SOLUTION | QL(2 per 28 days) | | |
| CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM | | | |
| caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| cefaclor 250 mg capsule | | | |
| cefaclor 500 mg capsule | | | |
| cefadroxil 500 mg capsule | | | |
| cefazolin 1 gm add-van vial | | | |
| cefazolin 1 gm vial | | | |
| cefazolin 10 gm vial | | | |
| cefazolin 20 gm bulk vial | | | |
| cefazolin 500 mg vial | | | |
| cefdinir 125 mg/5 ml susp | | | |
| cefdinir 250 mg/5 ml susp | | | |
| cefdinir 300 mg capsule | | | |
| cefotaxime sodium 1 gm vial | | | |
| cefotaxime sodium 10 gm vial | | | |
| cefotaxime sodium 2 gm vial | | | |
| cefotaxime sodium 500 mg vial | | | |
| cefotetan 1 gm vial | | | |
| cefotetan 10 gm vial | | | |
| cefotetan 2 gm vial | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| cefotetan-dextr 1 g duplex bag | | | |
| cefotetan-dextr 2 g duplex bag | | | |
| cefoxitin 1 gm piggyback bag | | | |
| cefoxitin 1 gm vial | | | |
| cefoxitin 10 gm vial | | | |
| cefoxitin 2 gm piggyback bag | | | |
| cefoxitin 2 gm vial | | | |
| cefprozil 125 mg/5 ml susp | QL(600 per 30 days) | | |
| cefprozil 250 mg tablet | QL(120 per 30 days) | | |
| cefprozil 250 mg/5 ml susp | QL(600 per 30 days) | | |
| cefprozil 500 mg tablet | QL(120 per 30 days) | | |
| ceftazidime 1 gm vial | | | |
| ceftazidime 2 gm vial | | | |
| ceftazidime 6 gm vial | | | |
| ceftriaxone 1 gm vial | | | |
| ceftriaxone 1 gm vial | QL(60 per 30 days) | | |
| ceftriaxone 1 gm-d5w bag | | | |
| ceftriaxone 10 gm vial | QL(60 per 30 days) | | |
| ceftriaxone 2 gm add vial | QL(60 per 30 days) | | |
| ceftriaxone 2 gm vial | QL(60 per 30 days) | | |
| ceftriaxone 2 gm-d5w bag | | | |
| ceftriaxone 250 mg vial | QL(60 per 30 days) | | |
| ceftriaxone 500 mg vial | QL(60 per 30 days) | | |
| cefuroxime axetil 250 mg tab | | | |
| cefuroxime axetil 500 mg tab | | | |
| cefuroxime sod 1.5 gm vial | | | |
| cefuroxime sod 7.5 gm vial | | | |
| cefuroxime sod 750 mg vial | | | |
| celecoxib 100 mg capsule | QL(60 per 30 days) | | |
| celecoxib 200 mg capsule | QL(60 per 30 days) | | |
| celecoxib 400 mg capsule | QL(30 per 30 days) | | |
| celecoxib 50 mg capsule | QL(60 per 30 days) | | |
| CELLCEPT 200 MG/ML ORAL SUSPENSION | | | 11 |
| CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION | | | |
| cephalexin 125 mg/5 ml susp | | | |
| cephalexin 250 mg capsule | | | |
| cephalexin 250 mg/5 ml susp | QL(2400 per 30 days) | | |
| cephalexin 500 mg capsule | | | |
| cephalexin 750 mg capsule | | | |
| CERDELGA 84 MG CAPSULE | PA,QL(60 per 30 days) | 18 | |
| cetirizine hcl 1 mg/ml soln OTC | | | |
| cetirizine hcl 10 mg chew tab OTC | | | |
| cetirizine hcl 10 mg tablet OTC | | | |
| cetirizine hcl 5 mg chew tab OTC | | | |
| cetirizine hcl 5 mg tablet OTC | | | |
| cetirizine-pse er 5-120 mg tab OTC | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| CHANTIX 0.5 MG TABLET | QL(60 per 30 days) | 18 | |
| CHANTIX 1 MG TABLET | QL(56 per 28 days) | 18 | |
| CHANTIX CONTINUING MONTH BOX 1 MG TABLET | QL(56 per 28 days) | 18 | |
| CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK | QL(53 per 28 days) | 18 | |
| chateal (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| chateal eq (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| child pain-fever 160 mg/5 ml OTC | | | 6 |
| children's cetirizine 1 mg/ml oral solution OTC | | | |
| children's cetirizine 10 mg chewable tablet OTC | | | |
| children's cetirizine 5 mg chewable tablet OTC | | | |
| children's mapap 160 mg chewable tablet OTC | | | 6 |
| children's silapap 160 mg/5 ml oral liquid OTC | | | 6 |
| chl mucinex chest congest liq OTC | | | |
| chlordiazepo-amitriptyl 5-12.5 | QL(180 per 30 days) | 18 | |
| chlordiazepox-amitriptyl 10-25 | QL(180 per 30 days) | 18 | |
| chlordiazepoxide 10 mg capsule | QL(120 per 30 days) | 6 | |
| chlordiazepoxide 25 mg capsule | QL(120 per 30 days) | 6 | |
| chlordiazepoxide 5 mg capsule | QL(120 per 30 days) | 6 | |
| chlorhexidine 0.12% rinse | | | |
| chloroquine ph 250 mg tablet | | | |
| chloroquine ph 500 mg tablet | | | |
| chlorothiazide 250 mg tablet | | | |
| chlorothiazide 500 mg tablet | | | |
| chlorpromazine 10 mg tablet | QL(120 per 30 days) | 18 | |
| chlorpromazine 100 mg tablet | QL(120 per 30 days) | 18 | |
| chlorpromazine 200 mg tablet | QL(150 per 30 days) | 18 | |
| chlorpromazine 25 mg tablet | QL(120 per 30 days) | 18 | |
| chlorpromazine 25 mg/ml amp | QL(1200 per 30 days) | 18 | |
| chlorpromazine 50 mg tablet | QL(120 per 30 days) | 18 | |
| chlorpropamide 100 mg tablet | | | |
| chlorpropamide 250 mg tablet | | | |
| chlorthalidone 25 mg tablet | | | |
| chlorthalidone 50 mg tablet | | | |
| chlorzoxazone 500 mg tablet | | | |
| cholestyramine light 4 gram oral powder | | | |
| cholestyramine light 4 gram powder for susp in a packet | | | |
| cholestyramine packet | | | |
| cholestyramine powder | | | |
| chromium cl 40 mcg/10 ml vial | | | |
| ciclopirox 0.77% cream | | | |
| ciclopirox 0.77% topical susp | | | |
| ciclopirox 8% solution | | | |
| cilostazol 100 mg tablet | | | |
| cilostazol 50 mg tablet | | | |
| CIMDUO 300 MG-300 MG TABLET | | | |
| CIPRO 250 MG/5 ML ORAL SUSPENSION | | | 11 |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| CIPRO 500 MG/5 ML ORAL SUSPENSION | | | 11 |
| CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION | | | |
| ciprofloxacin 0.3% eye drop | | | |
| ciprofloxacin 200 mg/20 ml vl | | | |
| ciprofloxacin 400 mg/40 ml vl | | | |
| ciprofloxacin hcl 100 mg tab | QL(120 per 30 days) | 12 | |
| ciprofloxacin hcl 250 mg tab | QL(120 per 30 days) | 12 | |
| ciprofloxacin hcl 500 mg tab | QL(120 per 30 days) | 12 | |
| ciprofloxacin hcl 750 mg tab | QL(120 per 30 days) | 12 | |
| ciprofloxacn-d5w 200 mg/100 ml | | | |
| ciprofloxacn-d5w 400 mg/200 ml | | | |
| cisplatin 100 mg/100 ml vial | | | |
| cisplatin 50 mg vial | | | |
| citalopram hbr 10 mg tablet | QL(30 per 30 days) | 6 | |
| citalopram hbr 10 mg/5 ml soln | QL(900 per 30 days) | 6 | 11 |
| citalopram hbr 20 mg tablet | QL(45 per 30 days) | 6 | |
| citalopram hbr 40 mg tablet | QL(30 per 30 days) | | |
| CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET | | 12 | |
| CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK | | 12 | |
| CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK | | 12 | |
| CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS | | 12 | |
| CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK | | 12 | |
| CITRANATAL HARMONY(IRON CARB-FUM) 27 MG IRON-1 MG-50 MG-260 MG CAPSULE | | 12 | |
| cladribine 10 mg/10 ml vial | | | |
| claravis 10 mg capsule | | 12 | |
| claravis 20 mg capsule | | 12 | |
| claravis 30 mg capsule | | 12 | |
| claravis 40 mg capsule | | 12 | |
| clarithromycin 125 mg/5 ml sus | | | 11 |
| clarithromycin 250 mg tablet | | | |
| clarithromycin 250 mg/5 ml sus | | | 11 |
| clarithromycin 500 mg tablet | | | |
| clarithromycin er 500 mg tab | | | |
| clemastine fum 2.68 mg tab | | | |
| CLEOCIN 100 MG VAGINAL SUPPOSITORY | | | |
| CLEVER CHEK LANCETS 30 GAUGE | | | |
| CLICKFINE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| CLICKFINE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| CLICKFINE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH | QL(4 per 28 days) | | |
| clinda-benzoyl perox 1-5% pump | | 12 | |
| clindamycin 300 mg/2 ml addvan | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| clindamycin 600 mg/4 ml addvan | | | |
| clindamycin 75 mg/5 ml soln | | | |
| clindamycin 900 mg/6 ml addvan | | | |
| clindamycin hcl 150 mg capsule | | | |
| clindamycin hcl 300 mg capsule | | | |
| clindamycin hcl 75 mg capsule | | | |
| clindamycin pediatric 75 mg/5 ml oral solution | | | |
| clindamycin ph 1% solution | | 12 | |
| clindamycin ph 900 mg/6 ml vl | | | |
| clindamycin phos 1% pledget | | 12 | |
| CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE | | | |
| CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION | | | |
| CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | | | |
| CLINIMIX N14G30E 4.25 % IN 15 % DEXTROSE (SULFITE-FREE) IV SOLUTION | | | |
| CLINIMIX N9G15E 2.75 % IN 7.5 % DEXTROSE (SULFITE-FREE) IV SOLUTION | | | |
| CLINIMIX N9G20E 2.75 % IN 10 % DEXTROSE (SULFITE-FREE) IV SOLUTION | | | |
| CLINISOL SF 15 % INTRAVENOUS SOLUTION | | | |
| clobazam 10 mg tablet | | 2 | |
| clobazam 2.5 mg/ml suspension | | 2 | |
| clobazam 20 mg tablet | | 2 | |
| clobetasol 0.05% cream | | | |
| clobetasol 0.05% gel | | | |
| clobetasol 0.05% ointment | | | |
| clobetasol 0.05% solution | | | |
| clobetasol emollient 0.05% crm | | | |
| clomipramine 25 mg capsule | PA | 10 | |
| clomipramine 50 mg capsule | PA | 10 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| clomipramine 75 mg capsule | PA | 10 | |
| clonazepam 0.125 mg dis tab | | | |
| clonazepam 0.25 mg odt | | | |
| clonazepam 0.5 mg dis tablet | | | |
| clonazepam 0.5 mg tablet | | | |
| clonazepam 1 mg dis tablet | | | |
| clonazepam 1 mg tablet | | | |
| clonazepam 2 mg odt | | | |
| clonazepam 2 mg tablet | | | |
| clonidine hcl 0.1 mg tablet | | | |
| clonidine hcl 0.2 mg tablet | | | |
| clonidine hcl 0.3 mg tablet | | | |
| clopidogrel 75 mg tablet | | | |
| clorazepate 15 mg tablet | QL(120 per 30 days) | 9 | |
| clorazepate 3.75 mg tablet | QL(120 per 30 days) | 9 | |
| clorazepate 7.5 mg tablet | QL(120 per 30 days) | 9 | |
| clotrimazole 1% cream | | | |
| clotrimazole 1% cream OTC | | | |
| clotrimazole 1% solution | | | |
| clotrimazole 10 mg troche | | | |
| clotrimazole-betamethasone crm | | | |
| clozapine 100 mg tablet | QL(270 per 30 days) | 6 | |
| clozapine 200 mg tablet | QL(120 per 30 days) | 6 | |
| clozapine 25 mg tablet | QL(240 per 30 days) | 6 | |
| clozapine 50 mg tablet | QL(360 per 30 days) | 6 | |
| clozapine odt 100 mg tablet | QL(270 per 30 days) | 6 | |
| clozapine odt 12.5 mg tablet | QL(360 per 30 days) | 6 | |
| clozapine odt 150 mg tablet | QL(120 per 30 days) | 6 | |
| clozapine odt 200 mg tablet | QL(120 per 30 days) | 6 | |
| clozapine odt 25 mg tablet | QL(240 per 30 days) | 6 | |
| CLOZARIL 100 MG TABLET | QL(270 per 30 days) | 6 | |
| CLOZARIL 25 MG TABLET | QL(240 per 30 days) | 6 | |
| COAGUCHEK LANCETS | | | |
| codeine sulfate 30 mg tablet | | 12 | |
| codeine sulfate 60 mg tablet | | 12 | |
| colchicine 0.6 mg capsule | QL(180 per 30 days) | 18 | |
| colchicine 0.6 mg tablet | QL(180 per 30 days) | 4 | |
| colestipol micronized 1 gm tab | | | |
| colistimethate 150 mg vial | | | |
| COLOR LANCETS 21 GAUGE | | | |
| COMBIGAN 0.2 %-0.5 % EYE DROPS | | | |
| COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL | | | |
| COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL | | | |
| COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION | | | |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| COMFORT EZ LANCETS 21 GAUGE | | | |
| COMFORT EZ LANCETS 23 GAUGE | | | |
| COMFORT EZ LANCETS 28 GAUGE | | | |
| COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" | | | |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" | | | |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" | | | |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" | | | |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" | | | |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" | | | |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" | | | |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" | | | |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" | | | |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" | | | |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" | | | |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" | | | |
| COMFORT LANCETS | | | |
| COMFORT POINT PEN NDL 31GX1/3" | | | |
| COMFORT POINT PEN NDL 31GX1/6" | | | |
| COMPACT SPACE CHAMBER PLUS | | | |
| COMPLERA 200 MG-25 MG-300 MG TABLET | QL(30 per 30 days) | 12 | |
| complete natal dha 29 mg-1 mg-250 mg oral pack | | 12 | |
| completenate 29 mg iron-1 mg chewable tablet | | 12 | |
| CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE | | 12 | |
| CONCEPT OB 85 MG-1 MG CAPSULE | | 12 | |
| CONDOMS-PREM LUBRICATED OTC | | | |
| COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE | QL(30 per 28 days) | 18 | |
| copper chloride 0.4 mg/ml intravenous solution | | | |
| CORTISPORIN 1 % TOPICAL OINTMENT | | | |
| CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM | | | |
| corvita 1.25 mg-2.5 mg-7 mg tablet OTC | | | |
| COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE | PA | 18 | |
| COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS | PA | 18 | |
| COSENTYX PEN 150 MG/ML SUBCUTANEOUS | PA | 18 | |
| COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS | PA | 18 | |
| coughtab 400 mg tablet OTC | | | |
| COUMADIN 1 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 10 MG TABLET | QL(120 per 30 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| COUMADIN 2 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 2.5 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 3 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 4 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 5 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 6 MG TABLET | QL(120 per 30 days) | | |
| COUMADIN 7.5 MG TABLET | QL(120 per 30 days) | | |
| CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| CRIXIVAN 200 MG CAPSULE | | | |
| CRIXIVAN 400 MG CAPSULE | | | |
| cromolyn 100 mg/5 ml oral conc | | | |
| cromolyn 20 mg/2 ml neb soln | | | |
| cromolyn 4% eye drops | | | |
| cryselle (28) 0.3 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| CURITY ALCOHOL SWABS OTC | | | |
| CUVITRU 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| CUVITRU 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| CUVITRU 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| CUVITRU 8 GRAM/40 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| cyanocobalamin 1,000 mcg/ml | QL(2 per 28 days) | | |
| cyclafem 1/35 (28) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| cyclobenzaprine 10 mg tablet | | | |
| cyclobenzaprine 5 mg tablet | | | |
| cyclobenzaprine 7.5 mg tablet | | | |
| cyclopentolate 0.5% eye drops | | | |
| cyclopentolate 1% eye drops | | | |
| cyclopentolate hcl 2% drops | | | |
| cyclophosphamide 1 gm vial | | | |
| cyclophosphamide 2 gm vial | | | |
| cyclophosphamide 25 mg capsule | | | |
| cyclophosphamide 50 mg capsule | | | |
| cyclophosphamide 500 mg vial | | | |
| cyclosporine 50 mg/ml ampul | | | |
| cyclosporine modified 100 mg | | | |
| cyclosporine modified 100mg/ml | | | 11 |
| cyclosporine modified 25 mg | | | |
| cyclosporine modified 50 mg | | | |
| cyproheptadine 2 mg/5 ml syrup | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| cyproheptadine 4 mg tablet | | | |
| cyred 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| cyred eq 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| CYSTADANE 1 GRAM/1.7 ML ORAL POWDER | | | |
| CYSTAGON 150 MG CAPSULE | | | |
| CYSTAGON 50 MG CAPSULE | | | |
| CYSTARAN 0.44 % EYE DROPS | QL(60 per 28 days) | | |
| cytarabine 100 mg/5 ml vial | | | |
| cytarabine 2 g/20 ml vial | | | |
| cytarabine 20 mg/ml vial | | | |
| cytarabine 20 mg/ml vial | | | |
| CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION | PA | | |
| d5%-1/2ns-kcl 10 meq/l iv sol | | | |
| d5%-1/2ns-kcl 30 meq/l iv sol | | | |
| d5%-1/2ns-kcl 40 meq/l iv sol | | | |
| d5%-1/4ns-kcl 30 meq/l iv sol | | | |
| d5%-1/4ns-kcl 40 meq/l iv sol | | | |
| d5w-kcl 30 meq/l iv solution | | | |
| dacarbazine 100 mg vial | | | |
| dacarbazine 200 mg vial | | | |
| danazol 100 mg capsule | | | |
| danazol 200 mg capsule | | | |
| danazol 50 mg capsule | | | |
| dapsone 100 mg tablet | | | |
| dapsone 25 mg tablet | | | |
| dasetta 1/35 (28) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| daunorubicin 20 mg/4 ml vial | | | |
| daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| DAYTRANA 10 MG/9 HR DAILY PATCH | QL(30 per 30 days) | 6 | |
| DAYTRANA 15 MG/9 HR DAILY PATCH | QL(30 per 30 days) | 6 | |
| DAYTRANA 20 MG/9 HR DAILY PATCH | QL(30 per 30 days) | 6 | |
| DAYTRANA 30 MG/9 HR DAILY PATCH | QL(30 per 30 days) | 6 | |
| deblitane 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| decitabine 50 mg vial | | | |
| deferoxamine 2 gram vial | | | |
| deferoxamine 500 mg vial | | | |
| DELSTRIGO 100 MG-300 MG-300 MG TABLET | | | |
| delyla (28) 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) | | | |
| DENAVIR 1 % TOPICAL CREAM | QL(5 per 30 days) | | |
| DEPAKENE 250 MG CAPSULE | | | |
| DEPAKENE 250 MG/5 ML SOLUTION | | | |
| DEPAKOTE 125 MG TABLET,DELAYED RELEASE | | | |
| DEPAKOTE 250 MG TABLET,DELAYED RELEASE | | | |
| DEPAKOTE 500 MG TABLET,DELAYED RELEASE | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE | | | |
| DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE | | | |
| DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE | | | |
| DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION | QL(1 per 84 days) | 12 | |
| DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE | QL(1 per 84 days) | 12 | |
| DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE | QL(0.65 per 84 days) | 12 | |
| DERMA-SMOOTHE/FS BODY OIL 0.01 % | | | |
| DERMA-SMOOTHE/FS SCALP OIL 0.01 % | | | |
| DESCOVY 200 MG-25 MG TABLET | QL(30 per 30 days) | | |
| desipramine 10 mg tablet | QL(240 per 30 days) | 13 | |
| desipramine 100 mg tablet | QL(60 per 30 days) | 13 | |
| desipramine 150 mg tablet | QL(30 per 30 days) | 13 | |
| desipramine 25 mg tablet | QL(60 per 30 days) | 13 | |
| desipramine 50 mg tablet | QL(60 per 30 days) | 13 | |
| desipramine 75 mg tablet | QL(60 per 30 days) | 13 | |
| desmopressin 10 mcg/0.1 ml spr | | | |
| desmopressin ac 4 mcg/ml vial | | | |
| desmopressin acetate 0.1 mg tb | | | |
| desmopressin acetate 0.2 mg tb | | | |
| desogest-eth estra 0.15-0.03mg | QL(91 per 90 days) | 12 | |
| desogestr-eth estrad eth estra | QL(91 per 90 days) | 12 | |
| desvenlafaxine suc er 100 mg | QL(30 per 30 days) | 18 | |
| desvenlafaxine suc er 25 mg tb | QL(30 per 30 days) | 18 | |
| desvenlafaxine suc er 50 mg tb | QL(30 per 30 days) | 18 | |
| dexamethasone 0.1% eye drop | | | |
| dexamethasone 0.5 mg tablet | | | |
| dexamethasone 0.5 mg/5 ml elx | | | |
| dexamethasone 0.5 mg/5 ml liq | | | |
| dexamethasone 0.75 mg tablet | | | |
| dexamethasone 1 mg tablet | | | |
| dexamethasone 1.5 mg tablet | | | |
| dexamethasone 10 mg/ml vial | | | |
| dexamethasone 10 mg/ml vial | | | |
| dexamethasone 2 mg tablet | | | |
| dexamethasone 4 mg tablet | | | |
| dexamethasone 4 mg/ml syringe | | | |
| dexamethasone 4 mg/ml vial | | | |
| dexamethasone 6 mg tablet | | | |
| DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) | | | |
| dexmethylphenidate 10 mg tab | QL(60 per 30 days) | | |
| dexmethylphenidate 2.5 mg tab | QL(60 per 30 days) | | |
| dexmethylphenidate 5 mg tab | QL(60 per 30 days) | | |
| dexrazoxane 250 mg vial | | | |
| dexrazoxane 500 mg vial | | 18 | |
| dextroamp-amphet er 10 mg cap | QL(30 per 30 days) | 6 | |
| dextroamp-amphet er 15 mg cap | QL(60 per 30 days) | 6 | |
| dextroamp-amphet er 20 mg cap | QL(60 per 30 days) | 6 | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| dextroamp-amphet er 25 mg cap | QL(60 per 30 days) | 6 | |
| dextroamp-amphet er 30 mg cap | QL(60 per 30 days) | 6 | |
| dextroamp-amphet er 5 mg cap | QL(30 per 30 days) | 6 | |
| dextroamp-amphetam 12.5 mg tab | QL(120 per 30 days) | 3 | |
| dextroamp-amphetam 7.5 mg tab | QL(180 per 30 days) | 3 | |
| dextroamp-amphetamin 10 mg tab | QL(180 per 30 days) | 3 | |
| dextroamp-amphetamin 15 mg tab | QL(120 per 30 days) | 3 | |
| dextroamp-amphetamin 20 mg tab | QL(90 per 30 days) | 3 | |
| dextroamp-amphetamin 30 mg tab | QL(60 per 30 days) | 3 | |
| dextroamp-amphetamine 5 mg tab | QL(180 per 30 days) | 3 | |
| dextroamphetamine 10 mg tab | QL(60 per 30 days) | | |
| dextroamphetamine 5 mg tab | QL(60 per 30 days) | | |
| dextrose 10%-0.2% nacl iv soln | | | |
| dextrose 10%-0.45% nacl iv sol | | | |
| dextrose 10%-water iv solution | | | |
| dextrose 2.5%-0.45% nacl iv | | | |
| dextrose 20%-water iv soln | | | |
| dextrose 25%-water syringe | | | |
| dextrose 30%-water iv soln | | | |
| dextrose 40%-water iv soln | | | |
| dextrose 5%-0.2% nacl iv soln | | | |
| dextrose 5%-0.3% nacl iv soln | | | |
| dextrose 5%-0.45% nacl iv soln | | | |
| dextrose 5%-0.9% nacl iv soln | | | |
| dextrose 5%-electrolyte 48 | | | |
| dextrose 5%-lr iv solution | | | |
| dextrose 5%-water iv soln | | | |
| dextrose 5%-water iv soln | | | |
| dextrose 50%-water syringe | | | |
| dextrose 50%-water vial | | | |
| dextrose 70%-water iv soln | | | |
| diabetic siltussin das-na 100 mg/5 ml oral liquid OTC | | | |
| DIALYVITE 1 MG-100 MG-300 MCG-50 MG TABLET OTC | | | |
| DIALYVITE 100 MG-1 MG TABLET OTC | | | |
| DIALYVITE 3000 3 MG-70 MCG-15 MG TABLET OTC | | | |
| DIALYVITE 5000 5 MG TABLET OTC | | | |
| DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET OTC | | | |
| DIASTAT 2.5 MG RECTAL KIT | QL(2 per 30 days) | | 18 |
| DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT | QL(2 per 30 days) | | 18 |
| DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT | QL(2 per 30 days) | | 18 |
| diazepam 10 mg rectal gel syst | QL(2 per 30 days) | | 18 |
| diazepam 10 mg tablet | QL(120 per 30 days) | | |
| diazepam 2 mg tablet | QL(120 per 30 days) | | |
| diazepam 2.5 mg rectal gel sys | QL(2 per 30 days) | | 18 |
| diazepam 20 mg rectal gel syst | QL(2 per 30 days) | | 18 |
| diazepam 5 mg tablet | QL(120 per 30 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| diazepam 5 mg/5 ml solution | QL(1200 per 30 days) | | |
| DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE | QL(120 per 30 days) | 18 | |
| diclofenac 0.1% eye drops | | | |
| diclofenac pot 50 mg tablet | | | |
| diclofenac sod ec 25 mg tab | | | |
| diclofenac sod ec 50 mg tab | | | |
| diclofenac sod ec 75 mg tab | | | |
| diclofenac sod er 100 mg tab | | | |
| diclofenac sodium 3% gel | PA,QL(200 per 30 days) | 18 | |
| dicloxacillin 250 mg capsule | | | |
| dicloxacillin 500 mg capsule | | | |
| dicyclomine 10 mg capsule | | | |
| dicyclomine 10 mg/5 ml soln | | | |
| dicyclomine 20 mg tablet | | | |
| didanosine dr 125 mg capsule | | | |
| didanosine dr 200 mg capsule | | | |
| didanosine dr 250 mg capsule | | | |
| didanosine dr 400 mg capsule | | | |
| DIFFERIN 0.1 % LOTION | | 12 | |
| DIFFERIN 0.1 % TOPICAL CREAM | | 12 | |
| digoxin 0.05 mg/ml solution | | | |
| digoxin 125 mcg tablet | | | |
| digoxin 250 mcg tablet | | | |
| dilantin 30 mg capsule | | | |
| dilantin extended 100 mg capsule | | | |
| DILANTIN INFATABS 50 MG CHEWABLE TABLET | | | |
| DILANTIN-125 125 MG/5 ML ORAL SUSPENSION | | | |
| diltiazem 120 mg tablet | | | |
| diltiazem 12hr er 120 mg cap | | | |
| diltiazem 12hr er 60 mg cap | | | |
| diltiazem 12hr er 90 mg cap | | | |
| diltiazem 24h er(cd) 120 mg cp | | | |
| diltiazem 24h er(cd) 180 mg cp | | | |
| diltiazem 24h er(cd) 240 mg cp | | | |
| diltiazem 24h er(cd) 300 mg cp | | | |
| diltiazem 24h er(cd) 360 mg cp | | | |
| diltiazem 24h er(xr) 120 mg cp | | | |
| diltiazem 24h er(xr) 180 mg cp | | | |
| diltiazem 24h er(xr) 240 mg cp | | | |
| diltiazem 24hr er 120 mg cap | | | |
| diltiazem 24hr er 180 mg cap | | | |
| diltiazem 24hr er 240 mg cap | | | |
| diltiazem 24hr er 300 mg cap | | | |
| diltiazem 24hr er 360 mg cap | | | |
| diltiazem 24hr er 420 mg cap | | | |
| diltiazem 30 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| diltiazem 60 mg tablet | | | |
| diltiazem 90 mg tablet | | | |
| diphenhist 12.5 mg/5 ml soln OTC | | | |
| diphenhydramine 50 mg/ml crpjt | | | |
| diphenhydramine 50 mg/ml vial | | | |
| diphenoxylate-atrop 2.5-0.025 | | | |
| dipyridamole 25 mg tablet | | | |
| dipyridamole 50 mg tablet | | | |
| dipyridamole 75 mg tablet | | | |
| disopyramide 100 mg capsule | | | |
| disopyramide 150 mg capsule | | | |
| disulfiram 250 mg tablet | | | |
| disulfiram 500 mg tablet | | | |
| DIURIL 250 MG/5 ML ORAL SUSPENSION | | | 11 |
| divalproex dr 125 mg cap sprnk | | | |
| divalproex sod dr 125 mg tab | | | |
| divalproex sod dr 250 mg tab | | | |
| divalproex sod dr 500 mg tab | | | |
| divalproex sod er 250 mg tab | | | |
| divalproex sod er 500 mg tab | | | |
| dobutamine 1 gm-d5w 250 ml | | | |
| dobutamine 12.5 mg/ml vial | | | |
| dobutamine 250 mg-d5w 250 ml | | | |
| dobutamine 250 mg/20 ml vial | | | |
| dobutamine 500 mg-d5w 250 ml | | | |
| docetaxel 160 mg/16 ml vial | | 18 | |
| docetaxel 160 mg/8 ml vial | | 18 | |
| docetaxel 20 mg/2 ml vial | | 18 | |
| docetaxel 20 mg/ml vial | | 18 | |
| docetaxel 200 mg/10 ml vial | | 18 | |
| docetaxel 80 mg/4 ml vial | | 18 | |
| docetaxel 80 mg/8 ml vial | | 18 | |
| donepezil hcl 10 mg tablet | | 18 | |
| donepezil hcl 5 mg tablet | QL(60 per 30 days) | 18 | |
| donepezil hcl odt 10 mg tablet | | 18 | |
| donepezil hcl odt 5 mg tablet | | 18 | |
| DORIBAX 250 MG VIAL | | | |
| DORIBAX 500 MG VIAL | | | |
| dorzolamide hcl 2% eye drops | | | |
| dorzolamide-timolol eye drops | QL(10 per 30 days) | | |
| dothelle dha softgel | | 12 | |
| DOVATO 50 MG-300 MG TABLET | | | |
| doxazosin mesylate 1 mg tab | QL(60 per 30 days) | | |
| doxazosin mesylate 2 mg tab | QL(60 per 30 days) | | |
| doxazosin mesylate 4 mg tab | QL(60 per 30 days) | | |
| doxazosin mesylate 8 mg tab | | | |
| doxepin 10 mg capsule | QL(240 per 30 days) | 12 | |
| doxepin 10 mg/ml oral conc | QL(900 per 30 days) | 12 | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| doxepin 100 mg capsule | QL(90 per 30 days) | 12 | |
| doxepin 150 mg capsule | QL(60 per 30 days) | 12 | |
| doxepin 25 mg capsule | QL(90 per 30 days) | 12 | |
| doxepin 5% cream | PA,QL(90 per 30 days) | 18 | |
| doxepin 50 mg capsule | QL(90 per 30 days) | 12 | |
| doxepin 75 mg capsule | QL(90 per 30 days) | 12 | |
| doxercalciferol 0.5 mcg cap | | | |
| doxercalciferol 1 mcg capsule | | | |
| doxercalciferol 2.5 mcg cap | | | |
| doxorubicin 10 mg/5 ml vial | | | |
| doxorubicin 150 mg/75 ml vial | | | |
| doxorubicin 20 mg/10 ml vial | | | |
| doxorubicin 50 mg vial | | | |
| doxorubicin 50 mg/25 ml vial | | | |
| doxorubicin liposome 20mg/10ml | | | |
| doxycycline hyclate 100 mg cap | | | |
| doxycycline hyclate 100 mg tab | | | |
| doxycycline hyclate 150 mg tab | | | |
| doxycycline hyclate 20 mg tab | | | |
| doxycycline hyclate 50 mg cap | | | |
| doxycycline hyclate 75 mg tab | | | |
| droperidol 2.5 mg/ml vial | | 18 | |
| DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" | | | |
| DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64" | | | |
| DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" | | | |
| DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64" | | | |
| DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" | | | |
| DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2" | | | |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" | | | |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16" | | | |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" | | | |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16" | | | |
| DROPLET LANCETS 30 GAUGE | | | |
| DROPLET LANCING DEVICE | | | |
| DROPLET PEN NEEDLE 29 GAUGE X 1/2" | | | |
| DROPLET PEN NEEDLE 29 GAUGE X 3/8" | | | |
| DROPLET PEN NEEDLE 31 GAUGE X 1/4" | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| DROPLET PEN NEEDLE 31 GAUGE X 3/16" | | | |
| DROPLET PEN NEEDLE 31 GAUGE X 5/16" | | | |
| DROPLET PEN NEEDLE 32 GAUGE X 1/4" | | | |
| DROPLET PEN NEEDLE 32 GAUGE X 3/16" | | | |
| DROPLET PEN NEEDLE 32 GAUGE X 5/16" | | | |
| DROPLET PEN NEEDLE 32 GAUGE X 5/32" | | | |
| DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| drosp-ee-levomef 3-0.02-0.451 | QL(91 per 90 days) | 12 | |
| drospirenone-ee 3-0.02 mg tab | QL(91 per 90 days) | 12 | |
| drospirenone-ee 3-0.03 mg tab | QL(91 per 90 days) | 12 | |
| DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER | QL(13 per 30 days) | 12 | |
| DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER | QL(13 per 30 days) | 12 | |
| duloxetine hcl dr 20 mg cap | QL(60 per 30 days) | 6 | |
| duloxetine hcl dr 30 mg cap | QL(60 per 30 days) | 6 | |
| duloxetine hcl dr 40 mg cap | | 6 | |
| duloxetine hcl dr 60 mg cap | QL(60 per 30 days) | 6 | |
| DUREX AVANTI BARE REAL FEEL CONDOM OTC | | | |
| DUREZOL 0.05 % EYE DROPS | | | |
| dutasteride 0.5 mg capsule | | | |
| DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION | QL(240 per 30 days) | 6 | |
| E-Z JECT LANCETS | | | |
| E-Z JECT LANCETS 26 GAUGE | | | |
| E-Z JECT LANCETS 30 GAUGE | | | |
| E-Z JECT LANCETS 32 GAUGE | | | |
| E-Z JECT LANCETS 33 GAUGE | | | |
| E-Z JECT THIN LANCETS 28 GAUGE | | | |
| E-Z SPACER | | | |
| e.c. prin 325 mg tablet,delayed release OTC | | | |
| E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION | | | |
| EASIVENT HOLDING CHAMBER | | | |
| EASIVENT MASK LARGE | | | |
| EASIVENT MASK MEDIUM | | | |
| EASIVENT MASK SMALL | | | |
| EASY CLICK LANCING DEVICE | | | |
| EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| EASY COMFORT LANCETS 30 GAUGE | | | |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4" | | | |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16" | | | |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16" | | | |
| EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" | | | |
| EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" | | | |
| EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" | | | |
| EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" | | | |
| EASY MINI EJECT LANCING DEVICE | | | |
| EASY TOUCH 29 GAUGE X 1/2" NEEDLE | | | |
| EASY TOUCH 31 GAUGE X 1/4" NEEDLE | | | |
| EASY TOUCH 31 GAUGE X 3/16" NEEDLE | | | |
| EASY TOUCH 31 GAUGE X 5/16" NEEDLE | | | |
| EASY TOUCH 32 GAUGE X 1/4" NEEDLE | | | |
| EASY TOUCH 32 GAUGE X 3/16" NEEDLE | | | |
| EASY TOUCH 32 GAUGE X 5/32" NEEDLE | | | |
| EASY TOUCH ALCOHOL PREP PADS OTC | | | |
| EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE | | | |
| EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE | | | |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" | | | |
| EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| EASY TOUCH LANCETS 26 GAUGE | | | |
| EASY TOUCH LANCETS 28 GAUGE | | | |
| EASY TOUCH LANCETS 30 GAUGE | | | |
| EASY TOUCH LANCETS 32 GAUGE | | | |
| EASY TOUCH LANCING DEVICE | | | |
| EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" | | | |
| EASY TOUCH SAFETY LANCETS 21 GAUGE | | | |
| EASY TOUCH SAFETY LANCETS 23 GAUGE | | | |
| EASY TOUCH SAFETY LANCETS 26 GAUGE | | | |
| EASY TOUCH SAFETY LANCETS 28 GAUGE | | | |
| EASY TOUCH SAFETY LANCETS 30 GAUGE | | | |
| EASY TOUCH SAFETY LANCETS 32 GAUGE | | | |
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE | | | |
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE | | | |
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE | | | |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| EASY TOUCH TWIST LANCETS 26 GAUGE | | | |
| EASY TOUCH TWIST LANCETS 28 GAUGE | | | |
| EASY TOUCH TWIST LANCETS 30 GAUGE | | | |
| EASY TOUCH TWIST LANCETS 32 GAUGE | | | |
| EASY TOUCH TWIST LANCETS 33 GAUGE | | | |
| EASY TOUCH UNI-SLIP 1 ML SYRINGE | | | |
| EASY TWIST AND CAP LANCETS 28 GAUGE | | | |
| ec-naproxen 375 mg tablet,delayed release | | | |
| ec-naproxen 500 mg tablet,delayed release | | | |
| ECLIPSE NEEDLE 23 GAUGE X 1" | | | |
| ECLIPSE NEEDLE 25 X 5/8" | | | |
| ECLIPSE NEEDLE 27 GAUGE X 1/2" | | | |
| ECLIPSE SYRINGE 3 ML 21 GAUGE X 1" | | | |
| ECLIPSE SYRINGE 3 ML 25 GAUGE X 1" | | | |
| econazole nitrate 1% cream | | | |
| econtra ez 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| econtra one-step 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| ed-apap 160 mg/5 ml oral liquid OTC | | | 6 |
| EDURANT 25 MG TABLET | QL(30 per 30 days) | 12 | |
| EFFER-K 10 MEQ EFFERVESCENT TABLET | | | |
| EFFER-K 20 MEQ EFFERVESCENT TABLET | | | |
| effer-k 25 meq effervescent tablet | | | |
| ELELYSO 200 UNIT INTRAVENOUS SOLUTION | PA,QL(82 per 28 days) | 4 | |
| ELIDEL 1 % TOPICAL CREAM | QL(100 per 30 days) | | |
| elinest 0.3 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| ELIQUIS 2.5 MG TABLET | QL(60 per 30 days) | 18 | |
| ELIQUIS 5 MG (74 TABS) TABLETS IN A DOSE PACK | | 18 | |
| ELIQUIS 5 MG TABLET | QL(74 per 30 days) | 18 | |
| elite-ob 50 mg iron-1.25 mg tablet | | 12 | |
| ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR | | | |
| ELLA 30 MG TABLET | QL(60 per 30 days) | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY | QL(60 per 30 days) | 18 | |
| EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY | QL(60 per 30 days) | 18 | |
| EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY | QL(60 per 30 days) | 18 | |
| EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY | QL(60 per 30 days) | 18 | |
| EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY | QL(60 per 30 days) | 18 | |
| EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY | QL(60 per 30 days) | 18 | |
| EMBRACE LANCETS 30 GAUGE | | | |
| EMEND 125 MG CAPSULE | QL(4 per 28 days) | | |
| EMEND 80 MG CAPSULE | QL(4 per 28 days) | | |
| EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR | | 18 | |
| emoquette 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| EMTRIVA 10 MG/ML ORAL SOLUTION | | | |
| EMTRIVA 200 MG CAPSULE | | | |
| enalapril maleate 10 mg tab | | | |
| enalapril maleate 2.5 mg tab | | | |
| enalapril maleate 20 mg tab | | | |
| enalapril maleate 5 mg tablet | | | |
| enalapril-hctz 10-25 mg tablet | | | |
| enalapril-hctz 5-12.5 mg tab | | | |
| ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION | PA,QL(8 per 28 days) | 2 | |
| ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE | PA,QL(5 per 28 days) | 2 | |
| ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE | PA,QL(8 per 28 days) | 2 | |
| ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE | PA | 2 | |
| ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR | PA,QL(8 per 28 days) | 2 | |
| enoxaparin 100 mg/ml syringe | QL(60 per 30 days) | | |
| enoxaparin 120 mg/0.8 ml syr | QL(48 per 30 days) | | |
| enoxaparin 150 mg/ml syringe | QL(60 per 30 days) | | |
| enoxaparin 30 mg/0.3 ml syr | QL(18 per 30 days) | | |
| enoxaparin 300 mg/3 ml vial | QL(90 per 30 days) | | |
| enoxaparin 40 mg/0.4 ml syr | QL(24 per 30 days) | | |
| enoxaparin 60 mg/0.6 ml syr | QL(36 per 30 days) | | |
| enoxaparin 80 mg/0.8 ml syr | QL(48 per 30 days) | | |
| enpresse 50-30 (6)/75-40(5)/125-30(10) tablet | QL(91 per 90 days) | 12 | |
| enskyce 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| entecavir 0.5 mg tablet | | | |
| entecavir 1 mg tablet | | | |
| ENTRESTO 24 MG-26 MG TABLET | | | |
| ENTRESTO 49 MG-51 MG TABLET | | | |
| ENTRESTO 97 MG-103 MG TABLET | | | |
| epinephrine 0.15 mg auto-injct | QL(2 per 30 days) | | |
| epinephrine 0.3 mg auto-inject | QL(2 per 30 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| epirubicin 200 mg/100 ml vial | | | |
| epirubicin 50 mg/25 ml vial | | | |
| epitol 200 mg tablet | | | |
| EPIVIR 10 MG/ML ORAL SOLUTION | | | |
| EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION | | | 11 |
| eplerenone 25 mg tablet | | | |
| eplerenone 50 mg tablet | | | |
| EPOGEN 10,000 UNIT/ML INJECTION SOLUTION | PA | | |
| EPOGEN 2,000 UNIT/ML INJECTION SOLUTION | PA | | |
| EPOGEN 20,000 UNIT/ML INJECTION SOLUTION | PA | | |
| EPOGEN 3,000 UNIT/ML INJECTION SOLUTION | PA | | |
| EPOGEN 4,000 UNIT/ML INJECTION SOLUTION | PA | | |
| epoprostenol sodium 0.5 mg vl | | | |
| epoprostenol sodium 1.5 mg vl | | | |
| EQUETRO 100 MG CAPSULE, EXTENDED RELEASE | | 6 | |
| EQUETRO 200 MG CAPSULE, EXTENDED RELEASE | | 6 | |
| EQUETRO 300 MG CAPSULE, EXTENDED RELEASE | | 6 | |
| ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION | | | |
| ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION | | | |
| errin 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| erythromycin 0.5% eye ointment | | | |
| escitalopram 10 mg tablet | QL(30 per 30 days) | 6 | |
| escitalopram 20 mg tablet | QL(30 per 30 days) | 6 | |
| escitalopram 5 mg tablet | QL(30 per 30 days) | 6 | |
| estarylla 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| estradiol 0.0375 mg/day patch | QL(4 per 28 days) | | |
| estradiol 0.06 mg/day patch | QL(4 per 28 days) | | |
| estradiol 0.075 mg/day patch | QL(4 per 28 days) | | |
| estradiol 0.5 mg tablet | | | |
| estradiol 1 mg tablet | | | |
| estradiol 2 mg tablet | | | |
| estradiol tds 0.025 mg/day | QL(4 per 28 days) | | |
| estradiol tds 0.05 mg/day | QL(4 per 28 days) | | |
| estradiol tds 0.1 mg/day | QL(4 per 28 days) | | |
| estradiol valerate 20 mg/ml vl | | | |
| estradiol valerate 40 mg/ml vl | | | |
| estradiol-noreth 0.5-0.1 mg tb | | 18 | |
| estradiol-noreth 1-0.5 mg tab | | 18 | |
| ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING | QL(1 per 84 days) | | |
| estropipate 0.625(0.75 mg) tab | | | |
| estropipate 1.25(1.5 mg) tab | | | |
| estropipate 2.5(3 mg) tab | | | |
| ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET | QL(91 per 90 days) | 12 | |
| ethambutol hcl 100 mg tablet | | | |
| ethambutol hcl 400 mg tablet | | | |
| ethosuximide 250 mg capsule | | | |
| ethosuximide 250 mg/5 ml soln | | | |
| ethynodiol-eth estra 1mg-35mcg | QL(91 per 90 days) | 12 | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ethynodiol-eth estra 1mg-50mcg | QL(91 per 90 days) | 12 | |
| etoposide 100 mg/5 ml vial | | | |
| EUCRISA 2 % TOPICAL OINTMENT | QL(60 per 30 days) | 2 | |
| EVOTAZ 300 MG-150 MG TABLET | QL(30 per 30 days) | 18 | |
| EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE | | | |
| EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE | | | |
| EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE | | | |
| EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE | | | |
| EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL | | 18 | |
| EXELON PATCH 4.6 MG/24 HR TRANSDERMAL | | 18 | |
| EXELON PATCH 9.5 MG/24 HR TRANSDERMAL | | 18 | |
| exemestane 25 mg tablet | QL(30 per 30 days) | 18 | |
| EXONDYS 51  50 MG/ML INTRAVENOUS SOLUTION | PA | | |
| EZ FLU 2018-19 (FLUCELVAX) KIT | | 4 | |
| EZ SMART LANCETS 28 GAUGE | | | |
| ezetimibe 10 mg tablet | QL(30 per 30 days) | 10 | |
| fabb 2.2 mg-25 mg-1 mg tablet OTC | | | |
| FABRAZYME 35 MG INTRAVENOUS SOLUTION | PA | 8 | |
| FABRAZYME 5 MG INTRAVENOUS SOLUTION | PA | 8 | |
| fallback solo 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| falmina (28) 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| famotidine 20 mg piggyback | | | |
| famotidine 20 mg tablet | QL(60 per 30 days) | | |
| famotidine 20 mg/2 ml vial | | | |
| famotidine 40 mg tablet | QL(60 per 30 days) | | |
| famotidine 40 mg/4 ml vial | | | |
| FANTASY CONDOM OTC | | | |
| FARXIGA 10 MG TABLET | | | |
| FARXIGA 5 MG TABLET | | | |
| fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| FC2 FEMALE CONDOM OTC | | | |
| felbamate 400 mg tablet | | | |
| felbamate 600 mg tablet | | | |
| felbamate 600 mg/5 ml susp | | | |
| FELBATOL 400 MG TABLET | | | |
| FELBATOL 600 MG TABLET | | | |
| FELBATOL 600 MG/5 ML ORAL SUSPENSION | | | |
| felodipine er 10 mg tablet | | | |
| felodipine er 2.5 mg tablet | QL(60 per 30 days) | | |
| felodipine er 5 mg tablet | QL(60 per 30 days) | | |
| FEMCAP 22 MM VAGINAL DEVICE | | | |
| FEMCAP 26 MM VAGINAL DEVICE | | | |
| FEMCAP 30 MM VAGINAL DEVICE | | | |
| FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET | | | |
| femynor 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| fenofibrate 145 mg tablet | | | |
| fenofibrate 48 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| fentanyl 100 mcg/hr patch | QL(10 per 30 days) | 18 | |
| fentanyl 12 mcg/hr patch | QL(10 per 30 days) | 18 | |
| fentanyl 25 mcg/hr patch | QL(10 per 30 days) | 18 | |
| fentanyl 50 mcg/hr patch | QL(10 per 30 days) | 18 | |
| fentanyl 75 mcg/hr patch | QL(10 per 30 days) | 18 | |
| FERRALET 90 DUAL-IRON DELIVERY 90 MG-1 MG-12 MCG-50 MG TABLET OTC | | | |
| ferraplus 90 90 mg-1 mg-12 mcg-120 mg-50mg tablet OTC | | | |
| ferrous gluconate 324 mg tab OTC | | | |
| ferrous sulf ec 324 mg tablet OTC | | | |
| FIFTY50 PEN 31G X 3/16" NEEDLE | | | |
| FIFTY50 PEN NEEDLE 32G X 1/4" | | | |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE | | | |
| FIFTY50 SAFETY SEAL LANCETS 32 GAUGE | | | |
| FILTER NEEDLE 5 MICRON | | | |
| FILTER NEEDLE 5 MICRON | | | |
| FINACEA 15 % TOPICAL GEL | | | |
| finasteride 5 mg tablet | | | |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE | | | |
| FINGERSTIX LANCETS | | | |
| FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE | PA,QL(9 per 28 days) | 18 | |
| FLAREX 0.1 % EYE DROPS,SUSPENSION | | | |
| FLEBOGAMMA DIF 10 % INTRAVENOUS SOLUTION | PA | | |
| FLEBOGAMMA DIF 5 % INTRAVENOUS SOLUTION | PA | | |
| flecainide acetate 100 mg tab | | | |
| flecainide acetate 150 mg tab | | | |
| flecainide acetate 50 mg tab | | | |
| FLEXBUMIN 25 % INTRAVENOUS SOLUTION | PA | | |
| FLEXBUMIN 5 % INTRAVENOUS SOLUTION | PA | | |
| FLEXICHAMBER SPACER | | | |
| FLEXICHAMBER-LARGE CHILD MASK | | | |
| FLEXICHAMBER-SMALL ADULT MASK | | | |
| FLEXICHAMBER-SMALL CHILD MASK | | | |
| FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER | QL(24 per 30 days) | | |
| FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER | QL(24 per 30 days) | | |
| FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER | QL(21.2 per 30 days) | | |
| floxuridine 500 mg vial | | | |
| FLUARIX QUAD 2018-2019 SYRINGE | | | |
| FLUBLOK QUAD 2018-2019 SYRINGE | | 18 | |
| fluconazole 10 mg/ml susp | | | |
| fluconazole 100 mg tablet | | | |
| fluconazole 150 mg tablet | | | |
| fluconazole 200 mg tablet | | | |
| fluconazole 40 mg/ml susp | | | |
| fluconazole 50 mg tablet | | | |
| fluconazole-nacl 200 mg/100 ml | | | |
| fluconazole-nacl 400 mg/200 ml | | | |
| fludarabine 50 mg/2 ml vial | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| fludrocortisone 0.1 mg tablet | | | |
| FLULAVAL QUAD 2018-2019 SYR | | | |
| FLUMIST QUAD NASAL 2018-19 VAC | | 2 | 49 |
| fluocinolone oil 0.01% ear drp | | | |
| fluoride 0.25 mg tablet chew OTC | | | |
| fluoride 0.5 mg tablet chew OTC | | | |
| fluoride 1 mg tablet chewable OTC | | | |
| fluorouracil 0.5% cream | | | |
| fluorouracil 1,000 mg/20 ml vl | | | |
| fluorouracil 2% topical soln | | | |
| fluorouracil 2,500 mg/50 ml vl | | | |
| fluorouracil 5% cream | | | |
| fluorouracil 5% topical soln | | | |
| fluorouracil 5,000 mg/100 ml | | | |
| fluorouracil 500 mg/10 ml vial | | | |
| fluoxetine 20 mg/5 ml solution | QL(600 per 30 days) | 6 | 11 |
| fluoxetine hcl 10 mg capsule | QL(60 per 30 days) | 6 | |
| fluoxetine hcl 20 mg capsule | QL(60 per 30 days) | 6 | |
| fluoxetine hcl 40 mg capsule | QL(60 per 30 days) | 6 | |
| fluphenazine 1 mg tablet | QL(300 per 30 days) | 6 | |
| fluphenazine 10 mg tablet | QL(60 per 30 days) | 6 | |
| fluphenazine 2.5 mg tablet | QL(120 per 30 days) | 6 | |
| fluphenazine 2.5 mg/5 ml elix | QL(1200 per 30 days) | 6 | |
| fluphenazine 2.5 mg/ml vial | QL(240 per 30 days) | 18 | |
| fluphenazine 5 mg tablet | QL(120 per 30 days) | 6 | |
| fluphenazine 5 mg/ml conc | QL(120 per 30 days) | 6 | |
| fluphenazine dec 125 mg/5 ml | | 18 | |
| flurbiprofen 0.03% eye drop | | | |
| flutamide 125 mg capsule | QL(180 per 30 days) | 18 | |
| fluticasone prop 0.005% oint | | | |
| fluticasone prop 0.05% cream | | | |
| fluticasone prop 50 mcg spray | QL(16 per 30 days) | | |
| fluvoxamine maleate 100 mg tab | QL(60 per 30 days) | 6 | |
| fluvoxamine maleate 25 mg tab | QL(60 per 30 days) | 6 | |
| fluvoxamine maleate 50 mg tab | QL(60 per 30 days) | 6 | |
| FLUZONE HIGH-DOSE 2018-19 SYR | | 65 | |
| FLUZONE QUAD 2018-2019 SYRINGE | | 3 | |
| FLUZONE QUAD 2018-2019 VIAL | | 3 | |
| FLUZONE QUAD PEDI 2018-19 SYR | | | 3 |
| FML FORTE 0.25 % EYE DROPS,SUSPENSION | | | |
| FML S.O.P. 0.1 % EYE OINTMENT | | | |
| FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| folic acid 1 mg tablet | | | |
| folic acid 5 mg/ml vial | | | |
| folivane-f 125 mg-1 mg-40 mg-3 mg capsule OTC | | | |
| folivane-ob 85 mg-1 mg capsule | | 12 | |
| FOLTRATE 0.5 MG-1 MG TABLET OTC | | | |
| fomepizole 1.5 gm/1.5 ml vial | | | |
| FORA LANCING DEVICE | | | |
| FORA V10-V12-D10-D20 STRIPS-LANCETS 30 GAUGE COMBO PACK | | | |
| FORACARE LANCETS 30 GAUGE | | | |
| fosinopril sodium 10 mg tab | QL(60 per 30 days) | | |
| fosinopril sodium 20 mg tab | QL(60 per 30 days) | | |
| fosinopril sodium 40 mg tab | | | |
| fosinopril-hctz 10-12.5 mg tab | | | |
| fosinopril-hctz 20-12.5 mg tab | | | |
| FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION | | | |
| FREAMINE III 10 % INTRAVENOUS SOLUTION | | | |
| FREESTYLE LANCETS 28 GAUGE | | | |
| FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE | | | |
| FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE | | | |
| FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE | | | |
| FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE | | | |
| FREESTYLE UNISTIK 2 | | | |
| furosemide 10 mg/ml solution | | | |
| furosemide 20 mg tablet | | | |
| furosemide 40 mg tablet | | | |
| furosemide 40 mg/4 ml syringe | | | |
| furosemide 40 mg/4 ml vial | | | |
| furosemide 40 mg/5 ml soln | | | |
| furosemide 80 mg tablet | | | |
| FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE OTC | | | |
| FUZEON 90 MG SUBCUTANEOUS SOLUTION | PA | 6 | |
| FYCOMPA 0.5 MG/ML ORAL SUSPENSION | | 4 | |
| FYCOMPA 10 MG TABLET | | 4 | |
| FYCOMPA 12 MG TABLET | | 4 | |
| FYCOMPA 2 MG TABLET | | 4 | |
| FYCOMPA 4 MG TABLET | | 4 | |
| FYCOMPA 6 MG TABLET | | 4 | |
| FYCOMPA 8 MG TABLET | | 4 | |
| gabapentin 100 mg capsule | | | |
| gabapentin 250 mg/5 ml soln | | | |
| gabapentin 250 mg/5 ml soln | | | |
| gabapentin 300 mg capsule | | | |
| gabapentin 300 mg/6 ml soln | | | |
| gabapentin 400 mg capsule | | | |
| gabapentin 600 mg tablet | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| gabapentin 800 mg tablet | | | |
| GABITRIL 12 MG TABLET | | | |
| GABITRIL 16 MG TABLET | | | |
| GABITRIL 2 MG TABLET | | | |
| GABITRIL 4 MG TABLET | | | |
| GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION | PA | | |
| GAMMAGARD LIQUID 10 % INJECTION SOLUTION | PA | | |
| GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM INTRAVENOUS SOLUTION | PA | | |
| GAMMAGARD S-D (IGA < 1 MCG/ML) 5 GRAM INTRAVENOUS SOLUTION | PA | | |
| GAMMAKED 1 GRAM/10 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMMAKED 10 GRAM/100 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMMAKED 2.5 GRAM/25 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMMAKED 20 GRAM/200 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMMAKED 5 GRAM/50 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION | PA | | |
| GAMMAPLEX 10 % INTRAVENOUS SOLUTION | PA | | |
| GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMUNEX-C 40 GRAM/400 ML (10 %) INJECTION SOLUTION | PA | | |
| GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION SOLUTION | PA | | |
| ganciclovir 500 mg vial | | | |
| ganciclovir 500 mg/10 ml vial | | | |
| GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION OTC | | | |
| gemcitabine 1 gram/26.3 ml vl | | | |
| gemcitabine 2 gram/52.6 ml vl | | | |
| gemcitabine 200 mg/5.26 ml vl | | | |
| gemcitabine hcl 1 gram vial | | | |
| gemcitabine hcl 2 gram vial | | | |
| gemcitabine hcl 2 gram/20 ml | | | |
| gemcitabine hcl 200 mg vial | | | |
| gemfibrozil 600 mg tablet | | | |
| GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET | QL(91 per 90 days) | 12 | |
| GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE | PA | | 16 |
| GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE | PA | | 16 |
| GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE | PA | | 16 |
| gentamicin 0.1% cream | | | |
| gentamicin 3 mg/ml eye drop | | | |
| gentamicin 80 mg/2 ml vial | | | |
| gentamicin ped 20 mg/2 ml vial | | | |
| GENTEEL VACUUM LANCING DEVICE COMBO PACK | | | |
| GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET | QL(30 per 30 days) | 12 | |
| GIANVI (28) 3 MG-0.02 MG TABLET | QL(91 per 90 days) | 12 | |
| GILENYA 0.5 MG CAPSULE | QL(28 per 28 days) | 10 | |
| GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION | PA | 18 | |
| GLEEVEC 100 MG TABLET | QL(90 per 30 days) | 1 | |
| GLEEVEC 400 MG TABLET | QL(60 per 30 days) | 1 | |
| glimepiride 1 mg tablet | | | |
| glimepiride 2 mg tablet | | | |
| glimepiride 4 mg tablet | QL(60 per 30 days) | | |
| glipizide 10 mg tablet | | | |
| glipizide 5 mg tablet | | | |
| glipizide er 10 mg tablet | | | |
| glipizide er 2.5 mg tablet | | | |
| glipizide er 5 mg tablet | | | |
| glipizide-metformin 2.5-250 mg | | | |
| glipizide-metformin 2.5-500 mg | | | |
| glipizide-metformin 5-500 mg | | | |
| GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION | | | |
| GLUCAGEN HYPOKIT 1 MG INJECTION | | | |
| glucagon 1 mg vial | | | |
| GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION | | | |
| GLUCOCOM LANCETS 28 GAUGE | | | |
| GLUCOCOM LANCETS 30 GAUGE | | | |
| GLUCOCOM LANCETS 33 GAUGE | | | |
| glyburid-metformin 1.25-250 mg | | | |
| glyburide 1.25 mg tablet | | | |
| glyburide 2.5 mg tablet | | | |
| glyburide 5 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| glyburide micro 1.5 mg tab | | | |
| glyburide micro 3 mg tablet | | | |
| glyburide micro 6 mg tablet | | | |
| glyburide-metformin 2.5-500 mg | | | |
| glyburide-metformin 5-500 mg | | | |
| glycopyrrolate 1 mg tablet | | | |
| glycopyrrolate 2 mg tablet | | | |
| GLYRX-PF 0.2 MG/ML INJECTION SOLUTION | | | |
| GLYSET 100 MG TABLET | | | |
| GLYSET 25 MG TABLET | | | |
| GLYSET 50 MG TABLET | | | |
| GLYXAMBI 10 MG-5 MG TABLET | QL(30 per 30 days) | 18 | |
| GLYXAMBI 25 MG-5 MG TABLET | QL(30 per 30 days) | 18 | |
| GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET | | | |
| GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION | | | |
| granisetron hcl 0.1 mg/ml vial | QL(8 per 28 days) | | |
| granisetron hcl 1 mg tablet | QL(8 per 28 days) | | |
| granisetron hcl 1 mg/ml vial | QL(8 per 28 days) | | |
| GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE | PA | | |
| GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION | PA | | |
| GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE | PA | | |
| GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION | PA | | |
| griseofulvin 125 mg/5 ml susp | | | |
| guaifenesin 200 mg/10 ml soln OTC | | | |
| guaifenesin-dm er 1,200-60 mg OTC | | | 20 |
| guanfacine 1 mg tablet | | | |
| guanfacine 2 mg tablet | | | |
| guanfacine hcl er 1 mg tablet | | | |
| guanfacine hcl er 2 mg tablet | | | |
| guanfacine hcl er 3 mg tablet | | | |
| guanfacine hcl er 4 mg tablet | | | |
| guanidine hcl 125 mg tablet | | | |
| gynazole-1 2 % vaginal cream | | | |
| HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION | | | |
| halobetasol prop 0.05% cream | | | |
| halobetasol prop 0.05% ointmnt | | | |
| haloperidol 0.5 mg tablet | QL(600 per 30 days) | 6 | |
| haloperidol 1 mg tablet | QL(300 per 30 days) | 6 | |
| haloperidol 10 mg tablet | QL(90 per 30 days) | 6 | |
| haloperidol 2 mg tablet | QL(150 per 30 days) | 6 | |
| haloperidol 20 mg tablet | QL(150 per 30 days) | 6 | |
| haloperidol 5 mg tablet | QL(150 per 30 days) | 6 | |
| haloperidol dec 100 mg/ml vial | | 18 | |
| haloperidol decan 50 mg/ml amp | | 18 | |
| haloperidol lac 2 mg/ml conc | QL(1500 per 30 days) | 6 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| haloperidol lac 5 mg/ml vial | | 18 | |
| HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16" | | | |
| HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE | | | |
| HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE | | | |
| HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE | | | |
| HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE | | | |
| HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE | | | |
| HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE | | | |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE | | | |
| heather 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule OTC | | | |
| HEMLIBRA 105 MG/0.7 ML SUBCUTANEOUS SOLUTION | | | |
| HEMLIBRA 150 MG/ML SUBCUTANEOUS SOLUTION | | | |
| HEMLIBRA 30 MG/ML SUBCUTANEOUS SOLUTION | | | |
| HEMLIBRA 60 MG/0.4 ML SUBCUTANEOUS SOLUTION | | | |
| hemocyte 324 mg (106 mg iron) tablet OTC | | | |
| HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET OTC | | | |
| HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE OTC | | | |
| hep flush-10 (pf) 10 unit/ml intravenous solution | | | |
| heparin 10,000 unit/10 ml vial | | | |
| heparin 2,000 unit/2 ml vial | | | |
| heparin 20,000 unit/500 ml-d5w | | | |
| heparin 25,000 unit/250-1/2 ns | | | |
| heparin 40,000 unit/4 ml vial | | | |
| heparin 5,000 unit/ml carpujct | | | |
| heparin lock flush 100 unit/ml | | | |
| heparin sod 20,000 unit/ml vl | | | |
| heparin sod 5,000 unit/ 0.5 ml | | | |
| heparin sod 5,000 unit/0.5 ml | | | |
| heparin sod 5,000 unit/0.5 ml | | | |
| heparin sod 5,000 unit/ml syrg | | | |
| heparin sod 5,000 unit/ml vial | | | |
| heparin-1/2ns 12,500 units/250 | | | |
| heparin-1/2ns 25,000 units/500 | | | |
| heparin-d5w 25,000 unit/250 ml | | | |
| heparin-d5w 25,000 unit/500 ml | | | |
| heparin-ns 1,000 units/500 ml | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| heparin-ns 2,000 unit/1,000 ml | | | |
| HEPATAMINE 8% INTRAVENOUS SOLUTION | | | |
| HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION | PA | | |
| hm aspirin ec 81 mg tablet | | | |
| HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION | QL(70 per 30 days) | | |
| HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN | QL(30 per 30 days) | | |
| HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION | QL(70 per 30 days) | | |
| HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN | QL(30 per 30 days) | | |
| HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE | QL(70 per 30 days) | | |
| HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION | QL(70 per 30 days) | | |
| HUMANA TRUERESULT GLUCOSE MTR | | | |
| HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT | PA,QL(2 per 28 days) | | |
| HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT | PA,QL(2 per 28 days) | | |
| HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT | PA,QL(6 per 28 days) | | |
| HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT | PA,QL(6 per 28 days) | | |
| HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT | PA,QL(6 per 28 days) | | |
| HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT | PA,QL(6 per 28 days) | | |
| HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT | PA,QL(6 per 28 days) | | |
| HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT | PA | | |
| HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT | PA | | |
| HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT | PA | | |
| HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT | PA,QL(2 per 365 days) | | |
| HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT | PA,QL(3 per 365 days) | | |
| HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT | PA | | |
| HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT | PA,QL(3 per 28 days) | | |
| HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT | PA,QL(3 per 28 days) | | |
| HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION OTC | QL(70 per 30 days) | | |
| HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS OTC | QL(70 per 30 days) | | |
| HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION OTC | QL(70 per 30 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| hydralazine 10 mg tablet | | | |
| hydralazine 100 mg tablet | | | |
| hydralazine 25 mg tablet | | | |
| hydralazine 50 mg tablet | | | |
| hydrochlorothiazide 12.5 mg cp | | | |
| hydrochlorothiazide 12.5 mg tb | | | |
| hydrochlorothiazide 25 mg tab | | | |
| hydrochlorothiazide 50 mg tab | | | |
| hydrocodone-acetamin 10-300 mg | QL(180 per 30 days) | | |
| hydrocodone-acetamin 10-325 mg | | | |
| hydrocodone-acetamin 2.5-325 | | | |
| hydrocodone-acetamin 5-300 mg | QL(240 per 30 days) | | |
| hydrocodone-acetamin 5-325 mg | | | |
| hydrocodone-acetamin 7.5-300 | QL(180 per 30 days) | | |
| hydrocodone-acetamin 7.5-325 | | | |
| hydrocodone-acetamn 7.5-325/15 | | | |
| hydrocodone-homatropine syrup | QL(300 per 30 days) | 18 | 20 |
| hydrocodone-homatropine syrup | QL(300 per 30 days) | 18 | 20 |
| hydrocodone-ibuprofen 10-200 | | | |
| hydrocodone-ibuprofen 5-200 mg | | | |
| hydrocodone-ibuprofen 7.5-200 | | | |
| hydrocortisone 1% cream | | | |
| hydrocortisone 1% cream | | | |
| hydrocortisone 1% ointment | | | |
| hydrocortisone 10 mg tablet | | | |
| hydrocortisone 100 mg/60 ml | | | |
| hydrocortisone 2.5% cream | | | |
| hydrocortisone 2.5% cream | | | |
| hydrocortisone 2.5% ointment | | | |
| hydrocortisone 20 mg tablet | | | |
| hydrocortisone 5 mg tablet | | | |
| hydromorphone 0.5 mg/0.5 ml | | | |
| hydromorphone 2 mg tablet | | | |
| hydromorphone 4 mg tablet | | | |
| hydromorphone 8 mg tablet | | | |
| hydroxychloroquine 200 mg tab | | | |
| hydroxyurea 500 mg capsule | QL(90 per 30 days) | | |
| hydroxyzine 10 mg/5 ml soln | | | |
| hydroxyzine 25 mg/ml vial | | | |
| hydroxyzine 50 mg/ml vial | | | |
| hydroxyzine hcl 10 mg tablet | | | |
| hydroxyzine hcl 25 mg tablet | | | |
| hydroxyzine hcl 50 mg tablet | | | |
| hydroxyzine pam 100 mg cap | | | |
| hydroxyzine pam 25 mg cap | | | |
| hydroxyzine pam 50 mg cap | | | |
| hyoscyamine 0.125 mg odt | | | |
| hyoscyamine 0.125 mg tab sl | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| hyoscyamine 0.125 mg/5 ml elix | | | |
| hyoscyamine 0.125 mg/ml drop | | | |
| hyoscyamine er 0.375 mg tab | | | |
| hyoscyamine sulf 0.125 mg tab | | | |
| HYPERHEP B S-D NEONATAL 110 UNIT/0.5 ML INTRAMUSCULAR SYRINGE | PA | | |
| HYPERHEP B S/D 220 UNIT/ML (5 ML) INTRAMUSCULAR SOLUTION | PA | | |
| HYPERHEP B S/D 220 UNIT/ML INTRAMUSCULAR SOLUTION | PA | | |
| HYPERHEP B S/D 220 UNIT/ML INTRAMUSCULAR SYRINGE | PA | | |
| HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION | | | |
| HYPERRHO S/D 1,500 UNIT (300 MCG) INTRAMUSCULAR SYRINGE | QL(2 per 365 days) | | |
| HYPERRHO S/D 250 UNIT (50 MCG) INTRAMUSCULAR SYRINGE | QL(2 per 365 days) | | |
| HYPOLANCE AST LANCING KIT | | | |
| HYQVIA 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION | PA | | |
| HYQVIA 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION | PA | | |
| HYQVIA 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION | PA | | |
| HYQVIA 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION | PA | | |
| HYQVIA 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION | PA | | |
| HYSINGLA ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| HYSINGLA ER 120 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| HYSINGLA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| HYSINGLA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| HYSINGLA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| HYSINGLA ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| HYSINGLA ER 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| ibu 600 mg tablet | | | |
| ibu 800 mg tablet | | | |
| ibuprofen 100 mg/5 ml susp OTC | | | |
| ibuprofen 400 mg tablet | | | |
| ibuprofen 600 mg tablet | | | |
| ibuprofen 800 mg tablet | | | |
| idarubicin hcl 20 mg/20 ml vl | | | |
| ifosfamide 1 gm vial | | | |
| ifosfamide 1 gm/20 ml vial | | | |
| ifosfamide 3 gm vial | | | |
| ifosfamide 3 gm/60 ml vial | | | |
| ILEVRO 0.3 % EYE DROPS,SUSPENSION | | | |
| imipenem-cilastatin 250 mg vl | QL(480 per 30 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| imipenem-cilastatin 500 mg vl | QL(240 per 30 days) | | |
| imipramine hcl 10 mg tablet | QL(240 per 30 days) | 6 | |
| imipramine hcl 25 mg tablet | QL(90 per 30 days) | 6 | |
| imipramine hcl 50 mg tablet | QL(120 per 30 days) | 6 | |
| imiquimod 5% cream packet | QL(24 per 112 days) | 12 | |
| INCONTROL LANCING DEVICE | | | |
| INCONTROL PEN NEEDLE 29 GAUGE X 1/2" | | | |
| INCONTROL PEN NEEDLE 31 GAUGE X 1/4" | | | |
| INCONTROL PEN NEEDLE 31 GAUGE X 3/16" | | | |
| INCONTROL PEN NEEDLE 31 GAUGE X 5/16" | | | |
| INCONTROL PEN NEEDLE 32 GAUGE X 5/32" | | | |
| INCONTROL SUPER THIN LANCETS 30 GAUGE | | | |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE | | | |
| indapamide 1.25 mg tablet | | | |
| indapamide 2.5 mg tablet | | | |
| indomethacin 25 mg capsule | | | |
| indomethacin 50 mg capsule | | | |
| INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION | | | |
| INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION | | | |
| INJECT EASE LANCETS 28 GAUGE | | | |
| INJECT EASE LANCETS 30 GAUGE | | | |
| INSPIRACHAMBER SPACER | | | |
| INSPIRACHAMBER WITH MASK-LARGE | | | |
| INSPIRACHAMBER WITH MASK-MED | | | |
| INSPIRACHAMBER WITH MASK-SMALL | | | |
| INSULIN 1 ML SYRINGE | | | |
| INSULIN 1/2 ML SYRINGE | | | |
| INSULIN 3/10 ML SYRINGE | | | |
| INSULIN SYR 0.3ML 31GX1/4(1/2) | | | |
| INSULIN SYRIN 0.3 ML 30GX1/2" | | | |
| INSULIN SYRIN 0.3 ML 31GX5/16" | | | |
| INSULIN SYRIN 0.5 ML 30GX1/2" | | | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 | | | |
| INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 | | | |
| INSULIN SYRINGE 1 ML | | | |
| INSULIN SYRINGE 1 ML 27GX1/2" | | | |
| INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| INSULIN SYRINGE 1 ML 30GX1/2" | | | |
| INSULIN SYRINGE 1 ML 31GX1/4" | | | |
| INSULIN SYRINGE 1 ML 31GX5/16" | | | |
| INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8" | | | |
| INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" | | | |
| INSULIN SYRINGE U100 1 ML | | | |
| INSUPEN 29 GAUGE X 1/2" NEEDLE | | | |
| INSUPEN 30 GAUGE X 5/16" NEEDLE | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| INSUPEN 31 GAUGE X 1/4" NEEDLE | | | |
| INSUPEN 31 GAUGE X 3/16" NEEDLE | | | |
| INSUPEN 31 GAUGE X 5/16" NEEDLE | | | |
| INSUPEN 32 GAUGE X 1/4" NEEDLE | | | |
| INSUPEN 32 GAUGE X 5/16" NEEDLE | | | |
| INSUPEN 32 GAUGE X 5/32" NEEDLE | | | |
| INSUPEN 33 GAUGE X 5/32" NEEDLE | | | |
| INTEGRA SYRINGE 3 ML 21 GAUGE X 1" | | | |
| INTELENCE 100 MG TABLET | | | |
| INTELENCE 200 MG TABLET | | | |
| INTELENCE 25 MG TABLET | | | |
| INTERLINK SYRINGE AND CANNULA 15 X 10 ML | | | |
| INTRALIPID 20 % INTRAVENOUS EMULSION | | | |
| INTRALIPID 30 % INTRAVENOUS EMULSION | | | |
| INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION | | | |
| INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION | | | |
| INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION | | | |
| INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION | | | |
| INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION | | | |
| introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| INVACARE LANCETS 30 GAUGE | | | |
| INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE | PA,QL(0.75 per 28 days) | 18 | |
| INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE | PA,QL(1 per 28 days) | 18 | |
| INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE | PA,QL(1.5 per 28 days) | 18 | |
| INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE | PA,QL(0.25 per 28 days) | 18 | |
| INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE | PA,QL(0.5 per 28 days) | 18 | |
| INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE | PA,QL(0.88 per 90 days) | 18 | |
| INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE | PA,QL(1.32 per 90 days) | 18 | |
| INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE | PA,QL(1.75 per 90 days) | 18 | |
| INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE | PA,QL(2.63 per 90 days) | 18 | |
| INVIRASE 500 MG TABLET | | | |
| INVOKAMET 150 MG-1,000 MG TABLET | | | |
| INVOKAMET 150 MG-500 MG TABLET | | | |
| INVOKAMET 50 MG-1,000 MG TABLET | | | |
| INVOKAMET 50 MG-500 MG TABLET | | | |
| INVOKANA 100 MG TABLET | | | |
| INVOKANA 300 MG TABLET | | | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | | | |
| iprat-albut 0.5-3(2.5) mg/3 ml | | | |
| ipratropium br 0.02% soln | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| irbesartan 150 mg tablet | QL(60 per 30 days) | | |
| irbesartan 300 mg tablet | | | |
| irbesartan 75 mg tablet | QL(60 per 30 days) | | |
| IRESSA 250 MG TABLET | QL(60 per 30 days) | 18 | |
| irinotecan hcl 100 mg/5 ml vl | | | |
| irinotecan hcl 40 mg/2 ml vial | | | |
| irinotecan hcl 500 mg/25 ml vl | | | |
| ISENTRESS 100 MG CHEWABLE TABLET | | | |
| ISENTRESS 100 MG ORAL POWDER PACKET | | | |
| ISENTRESS 25 MG CHEWABLE TABLET | | | |
| ISENTRESS 400 MG TABLET | | | |
| ISENTRESS HD 600 MG TABLET | | | |
| isibloom 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| iso gentamicin 100 mg/100 ml | | | |
| iso gentamicin 120 mg/100 ml | | | |
| ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION | | | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION | | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | | | |
| isoniazid 100 mg tablet | | | |
| isoniazid 300 mg tablet | | | |
| isoniazid 50 mg/5 ml solution | | | |
| isosorbide dinitrate 10 mg tab | | | |
| isosorbide dinitrate 20 mg tab | | | |
| isosorbide dinitrate 30 mg tab | | | |
| isosorbide dinitrate 5 mg tab | | | |
| isosorbide mononit 10 mg tab | | | |
| isosorbide mononit 20 mg tab | | | |
| isosorbide mononit er 120 mg | | | |
| isosorbide mononit er 30 mg tb | | | |
| isosorbide mononit er 60 mg tb | | | |
| isoton gentamicin 100 mg/50 ml | | | |
| isoton gentamicin 60 mg/50 ml | | | |
| isoton gentamicin 80 mg/100 ml | | | |
| isoton gentamicin 80 mg/50 ml | | | |
| isotretinoin 10 mg capsule | | 12 | |
| isotretinoin 20 mg capsule | | 12 | |
| isotretinoin 30 mg capsule | | 12 | |
| isotretinoin 40 mg capsule | | 12 | |
| ivermectin 3 mg tablet | | | |
| jantoven 1 mg tablet | QL(120 per 30 days) | | |
| jantoven 10 mg tablet | QL(120 per 30 days) | | |
| jantoven 2 mg tablet | QL(120 per 30 days) | | |
| jantoven 2.5 mg tablet | QL(120 per 30 days) | | |
| jantoven 3 mg tablet | QL(120 per 30 days) | | |
| jantoven 4 mg tablet | QL(120 per 30 days) | | |
| jantoven 5 mg tablet | QL(120 per 30 days) | | |
| jantoven 6 mg tablet | QL(120 per 30 days) | | |
| jantoven 7.5 mg tablet | QL(120 per 30 days) | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| JANUMET 50 MG-1,000 MG TABLET | QL(60 per 30 days) | 18 | |
| JANUMET 50 MG-500 MG TABLET | QL(60 per 30 days) | 18 | |
| JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE | QL(30 per 30 days) | 18 | |
| JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE | QL(60 per 30 days) | 18 | |
| JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE | QL(60 per 30 days) | 18 | |
| JANUVIA 100 MG TABLET | QL(30 per 30 days) | 18 | |
| JANUVIA 25 MG TABLET | QL(30 per 30 days) | 18 | |
| JANUVIA 50 MG TABLET | QL(30 per 30 days) | 18 | |
| JARDIANCE 10 MG TABLET | | | |
| JARDIANCE 25 MG TABLET | | | |
| jasmiel (28) 3 mg-0.02 mg tablet | QL(91 per 90 days) | 12 | |
| jencycla 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| JENTADUETO 2.5 MG-1,000 MG TABLET | QL(60 per 30 days) | 18 | |
| JENTADUETO 2.5 MG-500 MG TABLET | QL(60 per 30 days) | 18 | |
| JENTADUETO 2.5 MG-850 MG TABLET | QL(60 per 30 days) | 18 | |
| JOLESSA 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| JOLIVETTE TABLET | QL(91 per 90 days) | 12 | |
| jr. str non-aspirin pain 160 mg disintegrating tablet OTC | | | 6 |
| juleber 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| JULUCA 50 MG-25 MG TABLET | QL(30 per 30 days) | 18 | |
| junel 1.5/30 (21) 1.5 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| junel 1/20 (21) 1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet | QL(91 per 90 days) | 12 | |
| junior mapap 160 mg rapid tab OTC | | | 6 |
| k effervescent 25 meq tablet | | | |
| K-PHOS NO 2 305 MG-700 MG TABLET | | | |
| K-PHOS ORIGINAL 500 MG SOLUBLE TABLET | | | |
| K-PHOS-NEUTRAL 250 MG TABLET OTC | | | |
| KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION | | | |
| kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet | QL(91 per 90 days) | 12 | |
| KALETRA 100 MG-25 MG TABLET | | | |
| KALETRA 200 MG-50 MG TABLET | | | |
| KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION | | | |
| kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |
| kcl 20 meq in d5w solution | | | |
| kcl 20 meq in d5w-0.225% nacl | | | |
| kcl 20 meq in d5w-0.3% nacl | | | |
| kcl 20 meq in d5w-0.45% nacl | | | |
| kcl 20 meq in d5w-lact ringer | | | |
| kcl 20 meq in d5w-ns | | | |
| kcl 20 meq-ns 1,000 ml iv soln | | | |
| kcl 40 meq in d5w solution | | | |
| kcl 40 meq in d5w-lact ringer | | | |
| kcl 40 meq in d5w-nacl 0.9% | | | |
| kcl 40 meq-ns 1,000 ml iv soln | | | |
| KEDBUMIN INTRAVENOUS SOLUTION | PA | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| kelnor 1/35 (28) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| KEPPRA 1,000 MG TABLET | | | |
| KEPPRA 100 MG/ML ORAL SOLUTION | | | |
| KEPPRA 250 MG TABLET | | | |
| KEPPRA 500 MG TABLET | | | |
| KEPPRA 750 MG TABLET | | | |
| KEPPRA XR 500 MG TABLET,EXTENDED RELEASE | | | |
| KEPPRA XR 750 MG TABLET,EXTENDED RELEASE | | | |
| ketoconazole 2% cream | | | |
| ketoconazole 2% shampoo | | | |
| ketorolac 0.5% ophth solution | | | |
| ketorolac 10 mg tablet | QL(120 per 180 days) | 17 | |
| ketorolac 15 mg/ml syringe | QL(120 per 180 days) | 17 | |
| ketorolac 15 mg/ml vial | QL(120 per 180 days) | 17 | |
| ketorolac 30 mg/ml carpuject | QL(120 per 180 days) | 17 | |
| ketorolac 30 mg/ml syringe | QL(120 per 180 days) | 17 | |
| ketorolac 30 mg/ml vial | QL(120 per 180 days) | 17 | |
| ketorolac 60 mg/2 ml carpuject | QL(120 per 30 days) | 17 | |
| ketorolac 60 mg/2 ml syringe | QL(120 per 180 days) | 17 | |
| ketorolac 60 mg/2 ml vial | QL(120 per 180 days) | 17 | |
| kimidess 28 day tablet | QL(91 per 90 days) | 12 | |
| KIMONO CONDOMS(NON-LUBRICATED) OTC | | | |
| KIMONO MAXX CONDOMS OTC | | | |
| KIMONO MICROTHIN AQUA LUBE CONDOM OTC | | | |
| KIMONO MICROTHIN CONDOMS OTC | | | |
| KIMONO MICROTHIN LARGE CONDOMS OTC | | | |
| KIMONO TEXTURED CONDOMS OTC | | | |
| KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION | PA,QL(280 per 56 days) | | |
| KLONOPIN 0.5 MG TABLET | | | |
| KLONOPIN 1 MG TABLET | | | |
| KLONOPIN 2 MG TABLET | | | |
| KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE | | | |
| KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE | | | |
| klor-con m10 meq tablet,extended release | | | |
| KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE | | | |
| klor-con m20 meq tablet,extended release | | | |
| klor-con sprinkle 8 meq capsule,extended release | | | |
| klor-con sprinkle er 10 meq cp | | | |
| klor-con/ef 25 meq effervescent tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE | QL(60 per 30 days) | 18 | |
| KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE | QL(30 per 30 days) | 18 | |
| KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE | QL(30 per 30 days) | 18 | |
| kurvelo (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| l-cysteine 50 mg/ml vial | | | |
| labetalol hcl 100 mg tablet | QL(240 per 30 days) | | |
| labetalol hcl 200 mg tablet | QL(240 per 30 days) | | |
| labetalol hcl 300 mg tablet | QL(240 per 30 days) | | |
| lactated ringers injection | | | |
| lactated ringers irrigation | | | |
| lactulose 10 gm/15 ml solution | | | |
| lactulose 20 gm/30 ml solution | | | |
| LAMICTAL 100 MG TABLET | | | |
| LAMICTAL 150 MG TABLET | | | |
| LAMICTAL 200 MG TABLET | | | |
| LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET | | | |
| LAMICTAL 25 MG TABLET | | | |
| LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET | | | |
| LAMICTAL ODT 100 MG DISINTEGRATING TABLET | | | |
| LAMICTAL ODT 200 MG DISINTEGRATING TABLET | | | |
| LAMICTAL ODT 25 MG DISINTEGRATING TABLET | | | |
| LAMICTAL ODT 50 MG DISINTEGRATING TABLET | | | |
| LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING | QL(28 per 30 days) | | |
| LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT | QL(56 per 30 days) | | |
| LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT | QL(35 per 30 days) | | |
| LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK | QL(35 per 30 days) | | |
| LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK | QL(98 per 30 days) | | |
| LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK | QL(49 per 30 days) | | |
| LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE | | | |
| LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE | | | |
| LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE | | | |
| LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE | | 13 | |
| LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE | | | |
| LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE | | | |
| LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE | QL(28 per 30 days) | 13 | |
| LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL | QL(35 per 30 days) | 13 | |
| LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL | QL(35 per 30 days) | 13 | |
| lamivudine 10 mg/ml oral soln | | | |
| lamivudine 150 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| lamivudine 300 mg tablet | | | |
| lamivudine hbv 100 mg tablet | | | |
| lamivudine-zidovudine tablet | | | |
| lamotrigine 100 mg tablet | | | |
| lamotrigine 150 mg tablet | | | |
| lamotrigine 200 mg tablet | | | |
| lamotrigine 25 mg disper tab | | | |
| lamotrigine 25 mg tablet | | | |
| lamotrigine 5 mg disper tablet | | | |
| lamotrigine er 100 mg tablet | | | |
| lamotrigine er 200 mg tablet | | | |
| lamotrigine er 25 mg tablet | | | |
| lamotrigine er 250 mg tablet | | 13 | |
| lamotrigine er 300 mg tablet | | | |
| lamotrigine er 50 mg tablet | | | |
| lamotrigine odt 100 mg tablet | | | |
| lamotrigine odt 200 mg tablet | | | |
| lamotrigine odt 25 mg tablet | | | |
| lamotrigine odt 50 mg tablet | | | |
| lamotrigine tab start kit-blue | QL(35 per 30 days) | | |
| lamotrigine tab start kt-green | QL(98 per 30 days) | | |
| lamotrigine tab start kt-orang | QL(49 per 30 days) | | |
| LANCETS, SUPER THIN | | | |
| LANCETS,THIN | | | |
| LANCETS,THIN 23 GAUGE | | | |
| LANCETS,THIN 28 GAUGE | | | |
| LANCETS,ULTRA THIN | | | |
| LANCETS,ULTRA THIN 26 GAUGE | | | |
| LANCING DEVICE | | | |
| LANCING DEVICE WITH LANCETS | | | |
| LANCING SYSTEM | | | |
| LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN | QL(30 per 30 days) | | |
| LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION | QL(70 per 30 days) | | |
| LANZO LANCING DEVICE KIT | | | |
| larin 1.5/30 (21) 1.5 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| larin 1/20 (21) 1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet | QL(91 per 90 days) | 12 | |
| larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| larissia 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| latanoprost 0.005% eye drops | QL(5 per 30 days) | | |
| LATUDA 120 MG TABLET | QL(30 per 30 days) | 10 | |
| LATUDA 20 MG TABLET | QL(30 per 30 days) | 10 | |
| LATUDA 40 MG TABLET | QL(30 per 30 days) | 10 | |
| LATUDA 60 MG TABLET | QL(30 per 30 days) | 10 | |
| LATUDA 80 MG TABLET | QL(60 per 30 days) | 10 | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET | QL(91 per 90 days) | 12 | |
| LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET | QL(91 per 90 days) | 12 | |
| leflunomide 10 mg tablet | | | |
| leflunomide 20 mg tablet | | | |
| lessina 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| LETAIRIS 10 MG TABLET | PA | | |
| LETAIRIS 5 MG TABLET | PA | | |
| letrozole 2.5 mg tablet | QL(30 per 30 days) | 18 | |
| leucovorin cal 500 mg/50 ml vl | | | |
| leucovorin calcium 10 mg tab | | | |
| leucovorin calcium 100 mg vial | | | |
| leucovorin calcium 15 mg tab | | | |
| leucovorin calcium 200 mg vial | | | |
| leucovorin calcium 25 mg tab | | | |
| leucovorin calcium 350 mg vial | | | |
| leucovorin calcium 5 mg tab | | | |
| leucovorin calcium 50 mg vial | | | |
| leucovorin calcium 500 mg vl | | | |
| LEUKERAN 2 MG TABLET | | | |
| LEUKINE 250 MCG SOLUTION FOR INJECTION | PA | | |
| leuprolide 2wk 14 mg/2.8 ml kt | PA,QL(2 per 27 days) | | |
| LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN | QL(30 per 30 days) | | |
| LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION | QL(70 per 30 days) | | |
| levetiracetam 1,000 mg tablet | | | |
| levetiracetam 100 mg/ml soln | | | |
| levetiracetam 250 mg tablet | | | |
| levetiracetam 500 mg tablet | | | |
| levetiracetam 500 mg/5 ml vial | | | |
| levetiracetam 750 mg tablet | | | |
| levetiracetam er 500 mg tablet | | | |
| levetiracetam er 750 mg tablet | | | |
| levobunolol 0.5% eye drops | | | |
| levocarnitine 1 g/10 ml soln | | | |
| levocarnitine 330 mg tablet | | | |
| levocetirizine 5 mg tablet | | | |
| levofloxacin 250 mg tablet | | 12 | |
| levofloxacin 500 mg tablet | | 12 | |
| levofloxacin 500 mg/100 ml-d5w | | | |
| levofloxacin 750 mg tablet | | 12 | |
| levofloxacin 750 mg/150 ml-d5w | | | |
| levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet | QL(91 per 90 days) | 12 | |
| levono-e estrad 0.10-0.02-0.01 | QL(91 per 90 days) | 12 | |
| levono-e estrad 0.15-0.03-0.01 | QL(91 per 90 days) | 12 | |
| levonor-eth estra 0.09-0.02 mg | QL(91 per 90 days) | 12 | |
| levonor-eth estrad 0.1-0.02 mg | QL(91 per 90 days) | 12 | |
| levonor-eth estrad 0.15-0.03 | QL(91 per 90 days) | 12 | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| levonor-eth estrad 0.15-0.03 | QL(91 per 90 days) | 12 | |
| levonor-eth estrad triphasic | QL(91 per 90 days) | 12 | |
| levonorg 0.15mg-ee 20-25-30mcg | QL(91 per 90 days) | 12 | |
| levonorgestrel 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| levora-28 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| levothyroxine 100 mcg tablet | | | |
| levothyroxine 100 mcg/5 ml vl | | | |
| levothyroxine 112 mcg tablet | | | |
| levothyroxine 125 mcg tablet | | | |
| levothyroxine 137 mcg tablet | | | |
| levothyroxine 150 mcg tablet | | | |
| levothyroxine 175 mcg tablet | | | |
| levothyroxine 200 mcg tablet | | | |
| levothyroxine 200 mcg/5 ml vl | | | |
| levothyroxine 25 mcg tablet | | | |
| levothyroxine 300 mcg tablet | | | |
| levothyroxine 50 mcg tablet | | | |
| levothyroxine 500 mcg/5 ml vl | | | |
| levothyroxine 75 mcg tablet | | | |
| levothyroxine 88 mcg tablet | | | |
| LEVOXYL 100 MCG TABLET | | | |
| LEVOXYL 112 MCG TABLET | | | |
| LEVOXYL 125 MCG TABLET | | | |
| LEVOXYL 137 MCG TABLET | | | |
| LEVOXYL 150 MCG TABLET | | | |
| LEVOXYL 175 MCG TABLET | | | |
| LEVOXYL 200 MCG TABLET | | | |
| LEVOXYL 25 MCG TABLET | | | |
| LEVOXYL 50 MCG TABLET | | | |
| LEVOXYL 75 MCG TABLET | | | |
| LEVOXYL 88 MCG TABLET | | | |
| LEXIVA 50 MG/ML ORAL SUSPENSION | | | |
| LEXIVA 700 MG TABLET | | | |
| LIBERTY BLOOD GLUCOSE MONITOR | | | |
| LIBERTY LEV 1 GLUCOSE CTRL SOL | | | |
| LIBERTY LEV 2 GLUCOSE CTRL SOL | | | |
| LIBERTY TEST STRIPS | QL(150 per 30 days) | | |
| lidocaine 0.5%-epi 1:200,000 | | | |
| lidocaine 1%-epi 1:100,000 | | | |
| lidocaine 1.5%-epi 1:200,000 | | | |
| lidocaine 2%-epi 1:100,000 | | | |
| lidocaine 2%-epi 1:200,000 | | | |
| lidocaine 3% cream | | | |
| lidocaine 5% in d7.5w ampul | | | |
| lidocaine 5% ointment | | | |
| lidocaine 5% patch | PA,QL(90 per 30 days) | | |
| lidocaine hcl 0.5% vial | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| lidocaine hcl 0.5% vial | | | |
| lidocaine hcl 1% ampul | | | |
| lidocaine hcl 1% vial | | | |
| lidocaine hcl 1.5% ampul | | | |
| lidocaine hcl 2% jelly | | | |
| lidocaine hcl 2% jelly uro-jet | | | |
| lidocaine hcl 2% vial | | | |
| lidocaine hcl 2% vial | | | |
| lidocaine hcl 4% ampul | | | |
| lidocaine hcl 4% solution | | | |
| lidocaine viscous 2 % mucosal solution | | | |
| lidocaine-hc 2.8-0.55% gel | | | |
| lidocaine-hc 3-0.5% cream | | | |
| lidocaine-hc 3-2.5% gel kit | | | |
| lidocaine-prilocaine cream | QL(30 per 30 days) | | |
| lillow (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| lincomycin hcl 600 mg/2 ml vl | | | |
| linezolid 600 mg tablet | | | |
| LINZESS 145 MCG CAPSULE | PA | 18 | |
| LINZESS 290 MCG CAPSULE | PA | 18 | |
| LINZESS 72 MCG CAPSULE | PA | 18 | |
| liothyronine sod 25 mcg tab | | | |
| liothyronine sod 5 mcg tab | | | |
| liothyronine sod 50 mcg tab | | | |
| lisinopril 10 mg tablet | QL(60 per 30 days) | | |
| lisinopril 2.5 mg tablet | QL(60 per 30 days) | | |
| lisinopril 20 mg tablet | QL(60 per 30 days) | | |
| lisinopril 30 mg tablet | | | |
| lisinopril 40 mg tablet | | | |
| lisinopril 5 mg tablet | QL(60 per 30 days) | | |
| lisinopril-hctz 10-12.5 mg tab | | | |
| lisinopril-hctz 20-12.5 mg tab | | | |
| lisinopril-hctz 20-25 mg tab | | | |
| LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" | | | |
| LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" | | | |
| LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" | | | |
| LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" | | | |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE | | | |
| LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE | | | |
| LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" | | | |
| LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE | | | |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 29 | | | |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE | | | |
| LITE TOUCH LANCETS 28 GAUGE | | | |
| LITE TOUCH LANCETS 33 GAUGE | | | |
| LITE TOUCH LANCING DEVICE | | | |
| LITE TOUCH-MEDIUM MASK | | | |
| LITEAIRE MDI CHAMBER | | | |
| LITETOUCH-LARGE MASK | | | |
| LITETOUCH-SMALL MASK | | | |
| lithium 8 meq/5 ml solution | | 6 | 11 |
| lithium carbonate 150 mg cap | | 6 | |
| lithium carbonate 300 mg cap | | 6 | |
| lithium carbonate 300 mg tab | | 6 | |
| lithium carbonate 600 mg cap | | 6 | |
| lithium carbonate er 300 mg tb | | 6 | |
| lithium carbonate er 450 mg tb | | 6 | |
| LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET | QL(91 per 90 days) | 12 | |
| lo-zumandimine (28) 3 mg-0.02 mg tablet | QL(91 per 90 days) | 12 | |
| loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| loestrin 1/20 (21) 1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| loestrin fe 1.5/30 (28-day) 1.5 mg-30 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| loestrin fe 1/20 (28-day) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| lomedia 24 fe 1 mg-20 mcg tab | QL(91 per 90 days) | 12 | |
| loperamide 2 mg capsule | | | |
| lorata-dine d 10 mg-240 mg tablet,extended release OTC | | | |
| loratadine 10 mg tablet OTC | | | |
| loratadine 5 mg/5 ml syrup OTC | | | 11 |
| lorazepam 0.5 mg tablet | QL(150 per 30 days) | | |
| lorazepam 1 mg tablet | QL(150 per 30 days) | | |
| lorazepam 2 mg tablet | QL(150 per 30 days) | | |
| lorazepam 2 mg/ml carpuject | | | |
| lorazepam 2 mg/ml oral concent | QL(150 per 30 days) | | |
| lorazepam 2 mg/ml vial | | | |
| lorazepam 4 mg/ml carpuject | | | |
| lorazepam 4 mg/ml vial | | | |
| LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE | QL(150 per 30 days) | | |
| loryna (28) 3 mg-0.02 mg tablet | QL(91 per 90 days) | 12 | |
| losartan potassium 100 mg tab | | | |
| losartan potassium 25 mg tab | QL(60 per 30 days) | | |
| losartan potassium 50 mg tab | QL(60 per 30 days) | | |
| losartan-hctz 100-12.5 mg tab | | | |
| losartan-hctz 100-25 mg tab | | | |
| losartan-hctz 50-12.5 mg tab | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| LOTEMAX 0.5 % EYE DROPS,SUSPENSION | | | |
| LOTRONEX 0.5 MG TABLET | | | |
| LOTRONEX 1 MG TABLET | | | |
| lovastatin 10 mg tablet | QL(60 per 30 days) | | |
| lovastatin 20 mg tablet | QL(60 per 30 days) | | |
| lovastatin 40 mg tablet | QL(60 per 30 days) | | |
| low-ogestrel (28) 0.3 mg-30 mcg tablet | QL(91 per 90 days) | 12 | |
| loxapine 10 mg capsule | QL(120 per 30 days) | 18 | |
| loxapine 25 mg capsule | QL(120 per 30 days) | 18 | |
| loxapine 5 mg capsule | QL(120 per 30 days) | 18 | |
| loxapine 50 mg capsule | QL(90 per 30 days) | 18 | |
| LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT | PA,QL(1 per 27 days) | 18 | |
| LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT | PA,QL(1 per 84 days) | 18 | |
| LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 168 days) | 18 | |
| LUPRON DEPOT 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 84 days) | 18 | |
| LUPRON DEPOT 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 84 days) | 18 | |
| LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 28 days) | 18 | |
| LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 112 days) | 18 | |
| LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 28 days) | 18 | |
| LUPRON DEPOT-PED 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 84 days) | 2 | 12 |
| LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT | PA,QL(1 per 28 days) | 2 | 12 |
| LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT | PA,QL(1 per 28 days) | 2 | 12 |
| LUPRON DEPOT-PED 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT | PA,QL(1 per 84 days) | 2 | 12 |
| LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT | PA,QL(1 per 28 days) | 2 | 12 |
| lutera (28) 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| LYRICA 100 MG CAPSULE | QL(90 per 30 days) | | |
| LYRICA 150 MG CAPSULE | QL(90 per 30 days) | | |
| LYRICA 200 MG CAPSULE | QL(90 per 30 days) | | |
| LYRICA 225 MG CAPSULE | QL(60 per 30 days) | | |
| LYRICA 25 MG CAPSULE | QL(90 per 30 days) | | |
| LYRICA 300 MG CAPSULE | QL(60 per 30 days) | | |
| LYRICA 50 MG CAPSULE | QL(90 per 30 days) | | |
| LYRICA 75 MG CAPSULE | QL(90 per 30 days) | | |
| lyza 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| m-natal plus 27 mg iron-1 mg tablet | | 12 | |
| M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| M.V.I. PEDIATRIC 80 MG-400 UNIT-200 MCG INTRAVENOUS SOLUTION | | | |
| MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION OTC | | | |
| mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension OTC | | | |
| MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" | | | |
| MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| MAGELLAN SYRINGE 0.3 ML 30 X 5/16" | | | |
| MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2" | | | |
| magnesium chl 200 mg/ml vial | | | |
| magnesium sulf 2 g/50 ml bag | | | |
| magnesium sulf 20 g/500 ml bag | | | |
| magnesium sulf 4 g/100 ml bag | | | |
| magnesium sulf 4 g/50 ml bag | | | |
| magnesium sulf 40 g/1,000 ml | | | |
| magnesium sulfate 50% vial | | | |
| MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR | PA,QL(4.4 per 28 days) | 16 | |
| MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL | PA,QL(4 per 28 days) | 16 | |
| manganese 1 mg/10 ml vial | | | |
| manganese sulf 1 mg/10 ml vial | | | |
| mapap (acetaminophen) 160 mg/5 ml oral liquid OTC | | | 6 |
| mapap 160 mg/5 ml suspension OTC | | | 6 |
| mapap arthritis pain 650 mg tablet,extended release OTC | | | |
| marlissa (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| MATULANE 50 MG CAPSULE | QL(56 per 30 days) | | |
| MAVYRET 100 MG-40 MG TABLET | PA | 12 | |
| MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16" | | | |
| MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16" | | | |
| MAXIDEX 0.1 % EYE DROPS,SUSPENSION | | | |
| meclizine 12.5 mg tablet | | | |
| meclizine 25 mg tablet | | | |
| MEDISENSE THIN LANCETS | | | |
| MEDISENSE THIN LANCETS 28 GAUGE | | | |
| MEDLANCE PLUS LANCETS 21 GAUGE | | | |
| MEDLANCE PLUS LANCETS 25 GAUGE | | | |
| MEDLANCE PLUS LANCETS 30 GAUGE | | | |
| medroxyprogesterone 10 mg tab | | | |
| medroxyprogesterone 150 mg/ml | QL(1 per 84 days) | 12 | |
| medroxyprogesterone 150 mg/ml | QL(1 per 84 days) | 12 | |
| medroxyprogesterone 2.5 mg tab | | | |
| medroxyprogesterone 5 mg tab | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| mefloquine hcl 250 mg tablet | | | |
| megestrol 20 mg tablet | | | |
| megestrol 40 mg tablet | | | |
| megestrol 625 mg/5 ml susp | | | |
| megestrol acet 40 mg/ml susp | | | |
| megestrol acet 400 mg/10 ml | | | |
| melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet | QL(91 per 90 days) | 12 | |
| meloxicam 15 mg tablet | | | |
| meloxicam 7.5 mg tablet | | | |
| melphalan 2 mg tablet | | | |
| melphalan hcl 50 mg vial | | | |
| memantine 5-10 mg titration pk | | 18 | |
| memantine hcl 10 mg tablet | | 18 | |
| memantine hcl 2 mg/ml solution | | 18 | |
| memantine hcl 5 mg tablet | | 18 | |
| MEPHYTON 5 MG TABLET | QL(5 per 30 days) | | |
| mercaptopurine 50 mg tablet | QL(90 per 30 days) | | |
| meropenem iv 1 gm vial | | | |
| meropenem iv 500 mg vial | | | |
| meropenem-0.9% nacl 1 gram/50 | | | |
| meropenem-0.9% nacl 500 mg/50 | | | |
| mesna 1 gram/10 ml vial | | | |
| MESTINON 60 MG/5 ML ORAL SYRUP | | | |
| metformin hcl 1,000 mg tablet | QL(75 per 30 days) | | |
| metformin hcl 500 mg tablet | QL(150 per 30 days) | | |
| metformin hcl 850 mg tablet | QL(90 per 30 days) | | |
| metformin hcl er 500 mg tablet | QL(150 per 30 days) | | |
| metformin hcl er 750 mg tablet | QL(105 per 30 days) | | |
| methazolamide 25 mg tablet | | | |
| methazolamide 50 mg tablet | | | |
| methenamine hipp 1 gm tablet | | | |
| methenamine md 1 gm tablet | | | |
| methimazole 10 mg tablet | | | |
| methimazole 5 mg tablet | | | |
| methocarbamol 500 mg tablet | | | |
| methocarbamol 750 mg tablet | | | |
| methotrexate 1 gm vial | | | |
| methotrexate 2.5 mg tablet | | | |
| methotrexate 50 mg/2 ml vial | | | |
| methotrexate 50 mg/2 ml vial | | | |
| methyldopa 250 mg tablet | | | |
| methyldopa 500 mg tablet | | | |
| methylergonovine 0.2 mg tablet | | | |
| methylphenidate 10 mg chew tab | QL(180 per 30 days) | | |
| methylphenidate 10 mg tablet | QL(90 per 30 days) | | |
| methylphenidate 2.5 mg chew tb | QL(90 per 30 days) | | |
| methylphenidate 20 mg tablet | QL(90 per 30 days) | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| methylphenidate 5 mg chew tab | QL(90 per 30 days) | | |
| methylphenidate 5 mg tablet | QL(90 per 30 days) | | |
| methylphenidate cd 10 mg cap | QL(30 per 30 days) | 6 | |
| methylphenidate cd 20 mg cap | QL(30 per 30 days) | 6 | |
| methylphenidate cd 30 mg cap | QL(30 per 30 days) | 6 | |
| methylphenidate cd 40 mg cap | QL(30 per 30 days) | 6 | |
| methylphenidate cd 50 mg cap | QL(30 per 30 days) | 6 | |
| methylphenidate cd 60 mg cap | QL(30 per 30 days) | 6 | |
| methylphenidate er 10 mg tab | QL(135 per 30 days) | 6 | |
| methylphenidate er 20 mg tab | QL(135 per 30 days) | 6 | |
| methylprednisolone 16 mg tab | | | |
| methylprednisolone 32 mg tab | | | |
| methylprednisolone 4 mg dosepk | | | |
| methylprednisolone 4 mg tablet | | | |
| methylprednisolone 40 mg/ml vl | | | |
| methylprednisolone 8 mg tab | | | |
| methylprednisolone 80 mg/ml vl | | | |
| methylprednisolone ss 1 gm vl | | | |
| methylprednisolone ss 125 mg | | | |
| methylprednisolone ss 40 mg vl | | | |
| metoclopramide 10 mg tablet | | | |
| metoclopramide 5 mg tablet | | | |
| metoclopramide 5 mg/5 ml soln | | | |
| metolazone 10 mg tablet | | | |
| metolazone 2.5 mg tablet | | | |
| metolazone 5 mg tablet | | | |
| metoprolol succ er 100 mg tab | | | |
| metoprolol succ er 200 mg tab | | | |
| metoprolol succ er 25 mg tab | | | |
| metoprolol succ er 50 mg tab | | | |
| metoprolol tartrate 100 mg tab | | | |
| metoprolol tartrate 25 mg tab | | | |
| metoprolol tartrate 50 mg tab | | | |
| metronidazole 0.75% cream | | | |
| metronidazole 250 mg tablet | | | |
| metronidazole 500 mg tablet | | | |
| metronidazole 500 mg/100 ml | | | |
| metronidazole top 1% gel pump | | | |
| metronidazole topical 0.75% gl | | | |
| metronidazole topical 1% gel | | | |
| metronidazole vaginal 0.75% gl | | | |
| mexiletine 150 mg capsule | | | |
| mexiletine 200 mg capsule | | | |
| mexiletine 250 mg capsule | | | |
| mi-acid 200 mg-200 mg-20 mg/5 ml oral suspension OTC | | | |
| mi-acid 400 mg-400 mg-40 mg/5 ml oral suspension OTC | | | |
| mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet | QL(91 per 90 days) | 12 | |
| miconazole 100 mg vag supp OTC | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| miconazole 7 100 mg vaginal suppository OTC | | | |
| miconazole-3 200 mg vaginal suppository | | | |
| miconazole-3 200 mg/5 gram (4 %) vaginal cream OTC | | | |
| MICRO THIN LANCETS 33 GAUGE | | | |
| MICROCHAMBER SPACER | | | |
| MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4" | | | |
| MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32" | | | |
| MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32" | | | |
| MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET | QL(91 per 90 days) | 12 | |
| MICROGESTIN 1/20 (21) 1 MG-20 MCG TABLET | QL(91 per 90 days) | 12 | |
| MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET | QL(91 per 90 days) | 12 | |
| MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET | QL(91 per 90 days) | 12 | |
| MICROLET 2 LANCING DEVICE KIT | | | |
| MICROLET LANCET | | | |
| MICROLET NEXT LANCING DEVICE KIT | | | |
| MICROSPACER | | | |
| midodrine hcl 10 mg tablet | | | |
| midodrine hcl 2.5 mg tablet | | | |
| midodrine hcl 5 mg tablet | | | |
| mili 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| milrinone lact 20 mg/20 ml vl | | | |
| milrinone-d5w 20 mg/100 ml | | | |
| milrinone-d5w 40 mg/200 ml | | | |
| MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET | QL(91 per 90 days) | 12 | |
| MINI LANCING DEVICE | | | |
| MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE | | | |
| MINI WRIGHT PEAK FLOW METER | | | |
| MINI-WRIGHT PEAK FLOW METER | | | |
| MINIMED SYRINGE RESERVOIR 1.8 ML | | | |
| MINIMED SYRINGE RESERVOIR 3 ML | | | |
| minocycline 100 mg capsule | | | |
| minocycline 50 mg capsule | | | |
| minocycline 75 mg capsule | | | |
| minoxidil 10 mg tablet | | | |
| minoxidil 2.5 mg tablet | | | |
| mintox 200 mg-200 mg-20 mg/5 ml oral suspension OTC | | | |
| mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension OTC | | | |
| mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |
| mirtazapine 15 mg odt | QL(30 per 30 days) | 6 | |
| mirtazapine 15 mg tablet | QL(30 per 30 days) | 6 | |
| mirtazapine 30 mg odt | QL(30 per 30 days) | 6 | |
| mirtazapine 30 mg tablet | QL(30 per 30 days) | 6 | |
| mirtazapine 45 mg odt | QL(30 per 30 days) | 6 | |
| mirtazapine 45 mg tablet | QL(30 per 30 days) | 6 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| mirtazapine 7.5 mg tablet | QL(60 per 30 days) | 6 | |
| misoprostol 100 mcg tablet | | | |
| misoprostol 200 mcg tablet | | | |
| mitomycin 20 mg vial | | | |
| mitomycin 40 mg vial | | | |
| mitomycin 5 mg vial | | | |
| mitoxantrone 30 mg/15 ml vial | | 18 | |
| modafinil 100 mg tablet | PA,QL(90 per 30 days) | 18 | |
| modafinil 200 mg tablet | PA,QL(60 per 30 days) | 18 | |
| moderiba 200 mg tablet | PA | 5 | |
| moderiba 600-600 mg dosepack | PA | 5 | |
| mometasone furoate 0.1% cream | | | |
| mometasone furoate 0.1% oint | | | |
| mometasone furoate 0.1% soln | | | |
| mometasone furoate 50 mcg spry | | | |
| mono-linyah 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE | | | |
| MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE | | | |
| MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE | | | |
| MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE | | | |
| MONOJECT CONTROL SYRINGE LUER LOCK 12 ML | | | |
| MONOJECT ENFIT STERILE SYRINGE 1 ML | | | |
| MONOJECT ENFIT STERILE SYRINGE 3 ML | | | |
| MONOJECT ENFIT STERILE SYRINGE 35 ML | | | |
| MONOJECT ENFIT STERILE SYRINGE 6 ML | | | |
| MONOJECT ENFIT STERILE SYRINGE 60 ML | | | |
| MONOJECT ENFIT SYRINGE 12 ML | | | |
| MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" | | | |
| MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" | | | |
| MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" | | | |
| MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2" | | | |
| MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1" | | | |
| MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" | | | |
| MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2" | | | |
| MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" | | | |
| MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4" | | | |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SYRINGE 1 ML | | | |
| MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" | | | |
| MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1" | | | |
| MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8" | | | |
| MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1" | | | |
| MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE | | | |
| MONOJECT SAFETY SYRINGES | | | |
| MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2" | | | |
| MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2" | | | |
| MONOJECT SAFETY SYRINGES 6 ML | | | |
| MONOJECT SYRINGE 1/2 ML 28 GAUGE | | | |
| MONOJECT SYRINGE 3 ML | | | |
| MONOJECT SYRINGE 6 ML | | | |
| MONOJECT SYRINGE 6 ML 20 X 1 1/2" | | | |
| MONOJECT SYRINGE 6 ML 21 X 1 1/2" | | | |
| MONOJECT SYRINGE 6 ML 21 X 1" | | | |
| MONOJECT SYRINGE 6 ML 22 X 1 1/2" | | | |
| MONOJECT TB LUER LOK 1 ML SYRINGE | | | |
| MONOJECT TUBERCULIN SYRINGE 1 ML | | | |
| MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE | | | |
| MONOLET LANCETS 21 GAUGE | | | |
| MONOLET THIN LANCETS 28 GAUGE | | | |
| MONONESSA 28 TABLET | QL(91 per 90 days) | 12 | |
| montelukast sod 10 mg tablet | QL(30 per 30 days) | | |
| montelukast sod 4 mg tab chew | QL(30 per 30 days) | | |
| montelukast sod 5 mg tab chew | QL(30 per 30 days) | | |
| MORPHABOND ER 100 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | 18 | |
| MORPHABOND ER 15 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | 18 | |
| MORPHABOND ER 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | 18 | |
| MORPHABOND ER 60 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | 18 | |
| morphine sulf 10 mg/5 ml soln | | | |
| morphine sulf 100 mg/5 ml conc | | | |
| morphine sulf 20 mg/5 ml soln | | | |
| morphine sulfate ir 15 mg tab | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| morphine sulfate ir 30 mg tab | | | |
| MOUTHPIECE DEVICE | | | |
| MOVANTIK 12.5 MG TABLET | PA | | |
| MOVANTIK 25 MG TABLET | PA | | |
| MOXEZA 0.5 % EYE DROPS | | | |
| moxifloxacin 0.5% eye drops | QL(6 per 30 days) | | |
| MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION | PA | | |
| MUCINEX 1,200 MG TABLET, EXTENDED RELEASE OTC | | | |
| MUCINEX 600 MG TABLET, EXTENDED RELEASE OTC | | | |
| MUCINEX MINI-MELTS 100 MG ORAL GRANULES IN PACKET OTC | | | |
| mucosa 400 mg tablet OTC | | | |
| MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID OTC | | | |
| MULTI-LANCET DEVICE 2 KIT | | | |
| multi-vitamin with fluoride 0.25 mg chewable tablet OTC | | | 12 |
| multi-vitamin with fluoride 0.5 mg chewable tablet OTC | | | 12 |
| multi-vitamin with fluoride 1 mg chewable tablet OTC | | | 12 |
| multitrace-4 4 mcg-0.4 mg-0.1 mg-1 mg/ml intravenous solution | | | |
| multitrace-4 concentrate 10 mg-1 mg-0.5 mg-5 mg/ml intravenous soln | | | |
| multitrace-4 neonatal 0.85 mcg-0.1 mg-25 mcg-1.5 mg/ml intravenous | | | |
| MULTITRACE-4 PEDIATRIC 1 MCG-0.1 MG-25 MCG-1 MG/ML INTRAVENOUS SOLN | | | |
| multitrace-5 4-400-100-20 mcg-1000 mcg/ml intravenous solution | | | |
| multitrace-5 concentrate 10 mcg-1 mg-0.5 mg-60 mcg-5mg/ml iv solution | | | |
| multivit-fluor 0.25 mg/ml drop OTC | | | 12 |
| mupirocin 2% ointment | QL(44 per 30 days) | | |
| MUTAMYCIN 20 MG INTRAVENOUS SOLUTION | | | |
| MUTAMYCIN 40 MG INTRAVENOUS SOLUTION | | | |
| MUTAMYCIN 5 MG INTRAVENOUS SOLUTION | | | |
| MX-SOL ORAL LIQUID OTC | | | |
| my choice 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| my way 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| mycophenolate 250 mg capsule | | | |
| mycophenolate 500 mg tablet | | | |
| mycophenolate 500 mg vial | | | |
| MYGLUCOHEALTH LANCETS 30 GAUGE | | | |
| MYLERAN 2 MG TABLET | | | |
| MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION | | | |
| myorisan 10 mg capsule | | 12 | |
| myorisan 20 mg capsule | | 12 | |
| myorisan 30 mg capsule | | 12 | |
| myorisan 40 mg capsule | | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| MYSOLINE 250 MG TABLET | | | |
| MYSOLINE 50 MG TABLET | | | |
| myzilra-28 tablet | QL(91 per 90 days) | 12 | |
| NABI-HB GREATER THAN 1,560 UNIT/5 ML INTRAMUSCULAR SOLUTION | PA | | |
| NABI-HB GREATER THAN 312 UNIT/ML INTRAMUSCULAR SOLUTION | PA | | |
| nabumetone 500 mg tablet | | | |
| nabumetone 750 mg tablet | | | |
| naloxone 0.4 mg/ml carpuject | | | |
| naloxone 0.4 mg/ml vial | | | |
| naloxone 2 mg/2 ml syringe | | | |
| naltrexone 50 mg tablet | | | |
| naproxen 250 mg tablet | | | |
| naproxen 375 mg tablet | | | |
| naproxen 500 mg tablet | | | |
| naproxen dr 375 mg tablet | | | |
| naproxen dr 500 mg tablet | | | |
| NARCAN 4 MG/ACTUATION NASAL SPRAY | QL(2 per 365 days) | | |
| NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET | QL(91 per 90 days) | 12 | |
| NATROBA 0.9 % TOPICAL SUSPENSION | | | |
| NEBUPENT 300 MG SOLUTION FOR INHALATION | | | |
| necon 0.5/35 (28) 0.5 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| NECON 7-7-7-28 TABLET | QL(91 per 90 days) | 12 | |
| neo-bacit-poly-hc eye ointment | | | |
| neomy-polymyxin b 40 mg/ml amp | | | |
| neomyc-bacit-polymix eye oint | | | |
| neomyc-polym-dexamet eye ointm | | | |
| neomyc-polym-dexameth eye drop | | | |
| neomycin 500 mg tablet | | | |
| neomycin-polymyxin-hc ear soln | | | |
| neomycin-polymyxin-hc ear susp | | | |
| NEPHPLEX RX 1 MG-60 MG-300 MCG-12.5 MG TABLET OTC | | | |
| NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION | | | |
| NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE | PA | | |
| NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR | PA | | |
| NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE | PA | | |
| NEUPOGEN 300 MCG/ML INJECTION SOLUTION | PA | | |
| NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE | PA | | |
| NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION | PA | | |
| NEURONTIN 100 MG CAPSULE | | | |
| NEURONTIN 250 MG/5 ML ORAL SOLUTION | | | |
| NEURONTIN 300 MG CAPSULE | | | |
| NEURONTIN 400 MG CAPSULE | | | |
| NEURONTIN 600 MG TABLET | | | |
| NEURONTIN 800 MG TABLET | | | |
| nevirapine 200 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| nevirapine er 100 mg tablet | | | |
| nevirapine er 400 mg tablet | | | |
| new day 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| NEXAVAR 200 MG TABLET | | 18 | |
| NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP | QL(30 per 30 days) | | 11 |
| NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP | QL(30 per 30 days) | | 11 |
| NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP | QL(30 per 30 days) | | 11 |
| NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP | QL(30 per 30 days) | | 11 |
| NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP | QL(30 per 30 days) | | 11 |
| niacin er 1,000 mg tablet | | | |
| niacin er 500 mg tablet | | | |
| niacin er 750 mg tablet | | | |
| niacor 500 mg tablet | | | |
| NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET OTC | | | |
| nicotine 2 mg chewing gum OTC | | 18 | |
| nicotine 4 mg chewing gum OTC | | 18 | |
| nifedipine 10 mg capsule | | | |
| nifedipine 20 mg capsule | | | |
| nifedipine er 30 mg tablet | QL(60 per 30 days) | | |
| nifedipine er 30 mg tablet | QL(60 per 30 days) | | |
| nifedipine er 60 mg tablet | | | |
| nifedipine er 60 mg tablet | | | |
| nifedipine er 90 mg tablet | | | |
| nifedipine er 90 mg tablet | | | |
| nikki (28) 3 mg-0.02 mg tablet | QL(91 per 90 days) | 12 | |
| nilutamide 150 mg tablet | QL(30 per 30 days) | 18 | |
| nimodipine 30 mg capsule | | 18 | |
| nitrofurantoin 25 mg/5 ml susp | | | |
| nitrofurantoin mcr 100 mg cap | | | |
| nitrofurantoin mcr 25 mg cap | | | |
| nitrofurantoin mcr 50 mg cap | | | |
| nitrofurantoin mono-mcr 100 mg | | | |
| nitroglycerin 0.1 mg/hr patch | | | |
| nitroglycerin 0.2 mg/hr patch | | | |
| nitroglycerin 0.3 mg tablet sl | | | |
| nitroglycerin 0.4 mg tablet sl | | | |
| nitroglycerin 0.4 mg/hr patch | | | |
| nitroglycerin 0.6 mg tablet sl | | | |
| nitroglycerin 0.6 mg/hr patch | | | |
| NITYR 10 MG TABLET | PA | | |
| NITYR 2 MG TABLET | PA | | |
| NITYR 5 MG TABLET | PA | | |
| niva-plus 27 mg iron-1 mg tablet OTC | | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| non-drowsy allergy 10 mg tablet OTC | | | |
| NORA-BE 0.35 MG TABLET | QL(91 per 90 days) | 12 | |
| NORCO 5 MG-325 MG TABLET | | | |
| NORCO 7.5 MG-325 MG TABLET | | | |
| NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR | PA | | 16 |
| NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR | PA | | 16 |
| NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR | PA | | 16 |
| NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR | PA | | 16 |
| noret-estr-fe 0.4-0.035(21)-75 | QL(91 per 90 days) | 12 | |
| noreth-estrad-fe 1-0.02(21)-75 | QL(91 per 90 days) | 12 | |
| noreth-estrad-fe 1-0.02(24)-75 | QL(91 per 90 days) | 12 | |
| noreth-estrad-fe 1-0.02(24)-75 | QL(91 per 90 days) | 12 | |
| norethin-estra-fe 0.8-0.025 mg | QL(91 per 90 days) | 12 | |
| norethin-eth estrad 1 mg-5 mcg | | | |
| norethind-eth estrad 0.5-2.5 | | | |
| norethind-eth estrad 1-0.02 mg | QL(91 per 90 days) | 12 | |
| norethindrone 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| norethindrone 5 mg tablet | | | |
| norg-ee 0.18-0.215-0.25/0.025 | QL(91 per 90 days) | 12 | |
| norg-ee 0.18-0.215-0.25/0.035 | QL(91 per 90 days) | 12 | |
| norg-ethin estra 0.25-0.035 mg | QL(91 per 90 days) | 12 | |
| norlyda 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| norlyroc 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION | | | |
| NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION | | | |
| NORMOSOL-R INTRAVENOUS SOLUTION | | | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | | | |
| nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| nortrel 1/35 (21) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| nortrel 1/35 (28) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| nortriptyline 10 mg/5 ml soln | QL(2250 per 30 days) | 13 | |
| nortriptyline hcl 10 mg cap | QL(240 per 30 days) | 13 | |
| nortriptyline hcl 25 mg cap | QL(120 per 30 days) | 13 | |
| nortriptyline hcl 50 mg cap | QL(90 per 30 days) | 13 | |
| nortriptyline hcl 75 mg cap | QL(60 per 30 days) | 13 | |
| NORVIR 100 MG ORAL POWDER PACKET | | | |
| NORVIR 100 MG TABLET | | | |
| NORVIR 80 MG/ML ORAL SOLUTION | | | |
| NOVA SAFETY LANCETS 23 GAUGE | | | |
| NOVA SAFETY LANCETS 28 GAUGE | | | |
| NOVA SUREFLEX LANCETS | | | |
| NOVOFINE 30G X 1/3" NEEDLES | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| NOVOFINE 32 32 GAUGE X 1/4" NEEDLE | | | |
| NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE | | | |
| NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE | | | |
| NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP OTC | QL(70 per 30 days) | | |
| NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION OTC | QL(70 per 30 days) | | |
| NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS | QL(30 per 30 days) | | |
| NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN | QL(30 per 30 days) | | |
| NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION | QL(70 per 30 days) | | |
| NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG | QL(30 per 30 days) | | |
| NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION | QL(70 per 30 days) | | |
| NOVOTWIST 32 GAUGE X 1/5" NEEDLE | | | |
| np thyroid 120 mg tablet | | | |
| np thyroid 15 mg tablet | | | |
| np thyroid 30 mg tablet | | | |
| np thyroid 60 mg tablet | | | |
| np thyroid 90 mg tablet | | | |
| NUTRILIPID 20 % INTRAVENOUS EMULSION | | | |
| NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL | | 12 | |
| nystatin 100,000 unit/gm cream | | | |
| nystatin 100,000 unit/gm oint | | | |
| nystatin 100,000 unit/gm powd | | | |
| nystatin 100,000 unit/ml susp | | | |
| nystatin 500,000 unit oral tab | | | |
| OB COMPLETE 50 MG IRON-1.25 MG TABLET | | 12 | |
| OCELLA 3 MG-0.03 MG TABLET | QL(91 per 90 days) | 12 | |
| OCTAGAM 10 % INTRAVENOUS SOLUTION | PA | | |
| OCTAGAM 5 % INTRAVENOUS SOLUTION | PA | | |
| octreotide 1,000 mcg/ml vial | | | |
| octreotide acet 0.05 mg/ml vl | | | |
| octreotide acet 100 mcg/ml vl | | | |
| octreotide acet 200 mcg/ml vl | | | |
| octreotide acet 500 mcg/ml vl | | | |
| ODEFSEY 200 MG-25 MG-25 MG TABLET | QL(30 per 30 days) | 12 | |
| ofloxacin 0.3% ear drops | | | |
| ofloxacin 0.3% eye drops | | | |
| ogestrel (28) 0.5 mg-50 mcg tablet | QL(91 per 90 days) | 12 | |
| olanzapine 10 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine 15 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine 2.5 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine 20 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine 5 mg tablet | QL(30 per 30 days) | 6 | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| olanzapine 7.5 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine odt 10 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine odt 15 mg tablet | QL(60 per 30 days) | 6 | |
| olanzapine odt 20 mg tablet | QL(30 per 30 days) | 6 | |
| olanzapine odt 5 mg tablet | QL(30 per 30 days) | 6 | |
| olmesartan medoxomil 20 mg tab | | | |
| olmesartan medoxomil 40 mg tab | | | |
| olmesartan medoxomil 5 mg tab | | | |
| olopatadine hcl 0.1% eye drops | | | |
| omeprazole dr 10 mg capsule | QL(30 per 30 days) | 1 | |
| omeprazole dr 20 mg capsule | QL(30 per 30 days) | 1 | |
| omeprazole dr 40 mg capsule | QL(30 per 30 days) | 1 | |
| ON CALL LANCET 30 GAUGE | | | |
| ON CALL LANCING DEVICE | | | |
| ON CALL PLUS LANCET 30 GAUGE | | | |
| ON CALL PLUS LANCING DEVICE | | | |
| ON-THE-GO LANCETS 30 GAUGE | | | |
| ONCASPAR 750 UNIT/ML INJECTION SOLUTION | | | |
| ondansetron 4 mg/5 ml solution | QL(600 per 28 days) | | |
| ondansetron 40 mg/20 ml vial | QL(32 per 28 days) | | |
| ondansetron hcl 4 mg tablet | QL(60 per 30 days) | | |
| ondansetron hcl 4 mg/2 ml syr | QL(32 per 28 days) | | |
| ondansetron hcl 4 mg/2 ml vial | QL(32 per 28 days) | | |
| ondansetron hcl 8 mg tablet | QL(60 per 30 days) | | |
| ondansetron odt 4 mg tablet | QL(60 per 30 days) | | |
| ondansetron odt 8 mg tablet | QL(60 per 30 days) | | |
| ONE WAY VALVED MOUTHPIECE DEVICE | | | |
| ONETOUCH DELICA LANCETS 30 GAUGE | | | |
| ONETOUCH DELICA LANCETS 33 GAUGE | | | |
| ONETOUCH DELICA LANCING DEVICE KIT | | | |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE | | | |
| ONETOUCH DELICA PLUS LANCET 33 GAUGE | | | |
| ONETOUCH DELICA PLUS LANCING DEVICE KIT | | | |
| ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE | | | |
| ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE | | | |
| ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE | | | |
| ONETOUCH ULTRASOFT LANCETS | | | |
| ONFI 10 MG TABLET | | 2 | |
| ONFI 2.5 MG/ML ORAL SUSPENSION | | 2 | |
| ONFI 20 MG TABLET | | 2 | |
| ONGLYZA 2.5 MG TABLET | QL(30 per 30 days) | 18 | |
| ONGLYZA 5 MG TABLET | QL(30 per 30 days) | 18 | |
| opcicon one-step 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| OPTICHAMBER ADULT MASK-LARGE | | | |
| OPTICHAMBER DIAMOND VHC SPACER | | | |
| OPTICHAMBER DIAMOND VHC WITH LARGE MASK | | | |
| OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK | | | |
| OPTICHAMBER DIAMOND VHC WITH SMALL MASK | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| option-2 1.5 mg tablet OTC | QL(2 per 30 days) | 12 | |
| ORA-BLEND SF ORAL SUSPENSION OTC | | | |
| ORA-PLUS ORAL SUSPENSION OTC | | | |
| ORA-SWEET ORAL LIQUID OTC | | | |
| ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION | | | |
| ORAPRED ODT 10 MG DISINTEGRATING TABLET | | | 11 |
| ORAPRED ODT 15 MG DISINTEGRATING TABLET | | | 11 |
| ORAPRED ODT 30 MG DISINTEGRATING TABLET | | | 11 |
| ORFADIN 10 MG CAPSULE | PA | | |
| ORFADIN 2 MG CAPSULE | PA | | |
| ORFADIN 20 MG CAPSULE | PA | | |
| ORFADIN 4 MG/ML ORAL SUSPENSION | PA | | |
| ORFADIN 5 MG CAPSULE | PA | | |
| ORILISSA 150 MG TABLET | PA | | |
| ORILISSA 200 MG TABLET | PA | | |
| orsythia 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| ORTHO MICRONOR 0.35 MG TABLET | QL(91 per 90 days) | 12 | |
| ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET | QL(91 per 90 days) | 12 | |
| ORTHO TRI-CYCLEN LO TABLET | QL(91 per 90 days) | 12 | |
| ORTHO-CYCLEN 28 TABLET | QL(91 per 90 days) | 12 | |
| ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET | QL(91 per 90 days) | 12 | |
| ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET | QL(91 per 90 days) | 12 | |
| oxaliplatin 100 mg vial | | | |
| oxaliplatin 100 mg/20 ml vial | | | |
| oxaliplatin 50 mg vial | | | |
| oxaliplatin 50 mg/10 ml vial | | | |
| OXAYDO 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | | | |
| oxazepam 10 mg capsule | QL(120 per 30 days) | 6 | |
| oxazepam 15 mg capsule | QL(120 per 30 days) | 6 | |
| oxazepam 30 mg capsule | QL(120 per 30 days) | 6 | |
| oxcarbazepine 150 mg tablet | | | |
| oxcarbazepine 300 mg tablet | | | |
| oxcarbazepine 300 mg/5 ml susp | | | |
| oxcarbazepine 600 mg tablet | | | |
| OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE | | 6 | |
| OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE | | 6 | |
| OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE | | 6 | |
| oxybutynin 5 mg tablet | | | |
| oxybutynin 5 mg/5 ml syrup | | | |
| oxybutynin cl er 10 mg tablet | | | |
| oxybutynin cl er 15 mg tablet | | | |
| oxybutynin cl er 5 mg tablet | | | |
| oxycodon-acetaminophen 2.5-325 | QL(360 per 30 days) | | |
| oxycodon-acetaminophen 7.5-325 | QL(240 per 30 days) | | |
| oxycodone hcl 10 mg tablet | QL(180 per 30 days) | | |
| oxycodone hcl 15 mg tablet | QL(180 per 30 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| oxycodone hcl 20 mg tablet | QL(270 per 30 days) | | |
| oxycodone hcl 30 mg tablet | QL(180 per 30 days) | | |
| oxycodone hcl 5 mg tablet | QL(360 per 30 days) | | |
| oxycodone hcl 5 mg/5 ml soln | QL(1800 per 30 days) | | |
| oxycodone-acetaminophen 10-325 | QL(180 per 30 days) | | |
| oxycodone-acetaminophen 5-325 | QL(360 per 30 days) | | |
| paclitaxel 300 mg/50 ml vial | | | |
| pamidronate 30 mg/10 ml vial | | | |
| pamidronate 60 mg/10 ml vial | | | |
| pamidronate 90 mg/10 ml vial | | | |
| pamidronate disod 30 mg vial | | | |
| pamidronate disod 90 mg vial | | | |
| PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE | | | |
| PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE | | | |
| PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE | | | |
| PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE | | | |
| PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE | | | |
| PANDA MASK | | | |
| PANRETIN 0.1 % TOPICAL GEL | PA | | |
| pantoprazole sod dr 20 mg tab | QL(30 per 30 days) | 5 | |
| pantoprazole sod dr 40 mg tab | QL(60 per 30 days) | 5 | |
| paricalcitol 1 mcg capsule | | | |
| paricalcitol 2 mcg capsule | | | |
| paricalcitol 2 mcg/ml vial | | | |
| paricalcitol 4 mcg capsule | | | |
| paricalcitol 5 mcg/ml vial | | | |
| paroxetine hcl 10 mg tablet | QL(30 per 30 days) | 6 | |
| paroxetine hcl 20 mg tablet | QL(30 per 30 days) | 6 | |
| paroxetine hcl 30 mg tablet | QL(60 per 30 days) | 6 | |
| paroxetine hcl 40 mg tablet | QL(30 per 30 days) | 6 | |
| PAZEO 0.7 % EYE DROPS | | | |
| PEDIATRIC MEDIUM MASK | | | |
| PEDIATRIC PANDA MASK | | | |
| PEDIATRIC SMALL MASK | | | |
| peg 3350 electrolyte soln | | | |
| peg 3350-electrolyte solution | | | |
| peg-3350 and electrolytes soln | | | |
| PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE | PA,QL(2 per 28 days) | 3 | |
| PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION | PA,QL(4 per 28 days) | 3 | |
| PEGASYS PROCLICK 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR | PA,QL(2 per 28 days) | 3 | |
| PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT | PA | 3 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| pen g 1.2 million unit/2 ml | | | |
| PEN NEEDLE 12MM 29G | | | |
| PEN NEEDLE 29 GAUGE X 1/2" | | | |
| PEN NEEDLE 30 GAUGE X 5/16" | | | |
| PEN NEEDLE 31 GAUGE X 1/4" | | | |
| PEN NEEDLE 31 GAUGE X 3/16" | | | |
| PEN NEEDLE 31 GAUGE X 5/16" | | | |
| PEN NEEDLE 32 GAUGE X 5/32" | | | |
| PEN NEEDLE 32G X 3/16" | | | |
| PEN NEEDLE 32G X 5/32" | | | |
| PEN NEEDLE 8MM 31G | | | |
| PEN NEEDLES 6MM 31G | | | |
| penicillin g 600,000 unit/1 ml | | | |
| penicillin g na 5 million unit | | | |
| penicillin vk 125 mg/5 ml soln | | | |
| penicillin vk 250 mg tablet | | | |
| penicillin vk 250 mg/5 ml soln | | | |
| penicillin vk 500 mg tablet | | | |
| PENTIPS 29 GAUGE X 1/2" NEEDLE | | | |
| PENTIPS 31 GAUGE X 1/4" NEEDLE | | | |
| PENTIPS 31 GAUGE X 3/16" NEEDLE | | | |
| PENTIPS 31 GAUGE X 5/16" NEEDLE | | | |
| PENTIPS 32 GAUGE X 5/32" NEEDLE | | | |
| pentoxifylline er 400 mg tab | | | |
| PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION | | | |
| permethrin 5% cream | | | |
| perphen-amitrip 2 mg-10 mg tab | QL(240 per 30 days) | 18 | |
| perphen-amitrip 2 mg-25 mg tab | QL(120 per 30 days) | 18 | |
| perphen-amitrip 4 mg-10 mg tab | QL(120 per 30 days) | 18 | |
| perphen-amitrip 4 mg-25 mg tab | QL(120 per 30 days) | 18 | |
| perphen-amitrip 4 mg-50 mg tab | QL(120 per 30 days) | 18 | |
| perphenazine 16 mg tablet | QL(120 per 30 days) | 6 | |
| perphenazine 2 mg tablet | QL(330 per 30 days) | 6 | |
| perphenazine 4 mg tablet | QL(165 per 30 days) | 6 | |
| perphenazine 8 mg tablet | QL(120 per 30 days) | 6 | |
| PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT | PA,QL(1 per 30 days) | 18 | |
| PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT | PA,QL(1 per 30 days) | 18 | |
| PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE | | | |
| PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE | | | |
| PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE | | | |
| PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE | | | |
| PHARMACIST CHOICE 30G LANCETS | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| PHASEAL PROTECTOR 13 MM DEVICE | | | |
| PHASEAL PROTECTOR 20 MM DEVICE | | | |
| PHASEAL PROTECTOR 28 MM DEVICE | | | |
| phenazopyridine 100 mg tab | | | |
| phenazopyridine 200 mg tab | | | |
| phenobarbital 100 mg tablet | | | |
| phenobarbital 15 mg tablet | | | |
| phenobarbital 16.2 mg tablet | | | |
| phenobarbital 20 mg/5 ml elix | | | |
| phenobarbital 30 mg tablet | | | |
| phenobarbital 32.4 mg tablet | | | |
| phenobarbital 60 mg tablet | | | |
| phenobarbital 64.8 mg tablet | | | |
| phenobarbital 97.2 mg tablet | | | |
| phenylephrine 10% eye drops | | | |
| phenylephrine 2.5% eye drop | | | |
| PHENYTEK 200 MG CAPSULE | | | |
| PHENYTEK 300 MG CAPSULE | | | |
| phenytoin 100 mg/4 ml susp | | | |
| phenytoin 125 mg/5 ml susp | | | |
| phenytoin 50 mg tablet chew | | | |
| phenytoin sod ext 100 mg cap | | | |
| phenytoin sod ext 200 mg cap | | | |
| phenytoin sod ext 300 mg cap | | | |
| philith 0.4 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| phospha 250 neutral 250 mg tablet OTC | | | |
| phytonadione 1 mg/0.5 ml syr | | | |
| phytonadione 10 mg/ml ampul | | | |
| PIFELTRO 100 MG TABLET | | | |
| pilocarpine hcl 5 mg tablet | | | |
| pilocarpine hcl 7.5 mg tablet | | | |
| pimozide 1 mg tablet | | 18 | |
| pimozide 2 mg tablet | | 18 | |
| pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |
| pioglitazone hcl 15 mg tablet | | | |
| pioglitazone hcl 30 mg tablet | | | |
| pioglitazone hcl 45 mg tablet | | | |
| pioglitazone-metformin 15-500 | | | |
| pioglitazone-metformin 15-850 | | | |
| piperacil-tazobact 13.5 gm vl | | | |
| piperacil-tazobact 2.25 gm vl | | | |
| piperacil-tazobact 3.375 gm vl | | | |
| piperacil-tazobact 4.5 gm vial | | | |
| piperacil-tazobact 40.5 gram | | | |
| pirmella 0.5/0.75/1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| pirmella 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| PLAN B ONE-STEP 1.5 MG TABLET OTC | QL(2 per 30 days) | 12 | |
| PLASBUMIN 25 % INTRAVENOUS SOLUTION | PA | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | | | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | | | |
| PLASMANATE 5 % INTRAVENOUS SOLUTION | PA | | |
| plenamine 15 % intravenous solution | | | |
| PNEUMOVAX 23 25 MCG/0.5 ML INJECTION SOLUTION | | 2 | |
| PNEUMOVAX 23 25 MCG/0.5 ML INJECTION SYRINGE | | 2 | |
| pnv 29-1 29 mg iron-1 mg tablet | | 12 | |
| pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack | | 12 | |
| pnv-dha + docusate 27 mg-1.25 mg-55 mg-300 mg capsule | | 12 | |
| pnv-omega 28 mg-1 mg-300 mg capsule | | 12 | |
| POCKET CHAMBER SPACER | | | |
| podofilox 0.5% topical soln | | | |
| POLY-VI-FLOR 0.25 MG/ML FLUORIDE BIPHASIC ORAL DROPS OTC | | | 12 |
| POLY-VI-FLOR 1 MG FLUORIDE CHEWABLE TABLET OTC | | | 12 |
| POLY-VI-FLOR WITH IRON 0.25 MG FLUORIDE-7 MG IRON/ML BPHASE ORAL DROPS OTC | | | 12 |
| polyethylene glycol 3350 powd OTC | | | |
| polyethylene glycol 3350 powd OTC | | | |
| polymyxin b sulfate vial | | | |
| polymyxin b-tmp eye drops | | | |
| POMALYST 1 MG CAPSULE | QL(21 per 28 days) | 18 | |
| POMALYST 2 MG CAPSULE | QL(21 per 28 days) | 18 | |
| POMALYST 3 MG CAPSULE | QL(21 per 28 days) | 18 | |
| POMALYST 4 MG CAPSULE | QL(21 per 28 days) | 18 | |
| portia 28 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| pot citrate-citric acid packet | | | |
| potassium 25 meq tablet eff | | | |
| potassium acet 40 meq/20 ml vl | | | |
| potassium cit-citric acid soln OTC | | | |
| potassium citrate er 10 meq tb | | | |
| potassium citrate er 15 meq tb | | | |
| potassium citrate er 5 meq tab | | | |
| potassium cl 10 meq/100 ml sol | | | |
| potassium cl 10 meq/50 ml sol | | | |
| potassium cl 10% (20 meq/15ml) | | | |
| potassium cl 20 meq packet | | | |
| potassium cl 20 meq-0.45% nacl | | | |
| potassium cl 20 meq/100 ml sol | | | |
| potassium cl 20 meq/50 ml sol | | | |
| potassium cl 20% (40 meq/15ml) | | | |
| potassium cl 25 meq tab eff | | | |
| potassium cl 30 meq/100 ml sol | | | |
| potassium cl 40 meq/100 ml sol | | | |
| potassium cl 40 meq/20 ml conc | | | |
| potassium cl er 10 meq capsule | | | |
| potassium cl er 10 meq tablet | | | |
| potassium cl er 10 meq tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| potassium cl er 20 meq tablet | | | |
| potassium cl er 20 meq tablet | | | |
| potassium cl er 8 meq capsule | | | |
| potassium cl er 8 meq tablet | | | |
| potassium phosph 15 mmol/5 ml | | | |
| PRADAXA 110 MG CAPSULE | | 18 | |
| PRADAXA 150 MG CAPSULE | | 18 | |
| PRADAXA 75 MG CAPSULE | | 18 | |
| pramipexole 0.125 mg tablet | | 18 | |
| pramipexole 0.25 mg tablet | | 18 | |
| pramipexole 0.5 mg tablet | | 18 | |
| pramipexole 0.75 mg tablet | | 18 | |
| pramipexole 1 mg tablet | | 18 | |
| pramipexole 1.5 mg tablet | | 18 | |
| pravastatin sodium 10 mg tab | QL(60 per 30 days) | | |
| pravastatin sodium 20 mg tab | QL(60 per 30 days) | | |
| pravastatin sodium 40 mg tab | QL(60 per 30 days) | | |
| pravastatin sodium 80 mg tab | QL(60 per 30 days) | | |
| prazosin 1 mg capsule | | | |
| prazosin 2 mg capsule | | | |
| prazosin 5 mg capsule | | | |
| prednisolone 10 mg/5 ml soln | | | |
| prednisolone 15 mg/5 ml soln | | | |
| prednisolone 15 mg/5 ml syrup | | | |
| prednisolone 20 mg/5 ml soln | | | |
| prednisolone 5 mg/5 ml soln | | | |
| prednisolone ac 1% eye drop | | | |
| prednisolone odt 10 mg tablet | | | 11 |
| prednisolone odt 15 mg tablet | | | 11 |
| prednisolone odt 30 mg tablet | | | 11 |
| prednisolone sod ph 25 mg/5 ml | | | |
| prednisone 1 mg tablet | | | |
| prednisone 10 mg tab dose pack | | | |
| prednisone 10 mg tablet | | | |
| prednisone 2.5 mg tablet | | | |
| prednisone 20 mg tablet | | | |
| prednisone 5 mg tab dose pack | | | |
| prednisone 5 mg tablet | | | |
| prednisone 5 mg/5 ml solution | | | |
| prednisone 50 mg tablet | | | |
| PREFERRED PLUS SYRINGE 0.5 ML | | | |
| PREFERRED PLUS SYRINGE 1 ML | | | |
| PREMARIN 0.3 MG TABLET | | | |
| PREMARIN 0.45 MG TABLET | | | |
| PREMARIN 0.625 MG TABLET | | | |
| PREMARIN 0.625 MG/GRAM VAGINAL CREAM | QL(42.5 per 30 days) | | |
| PREMARIN 0.9 MG TABLET | | | |
| PREMARIN 1.25 MG TABLET | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| PREMASOL 10 % INTRAVENOUS SOLUTION | | | |
| PREMASOL 6 % INTRAVENOUS SOLUTION | | | |
| PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET | QL(28 per 28 days) | | |
| PREMPRO 0.3 MG-1.5 MG TABLET | QL(30 per 30 days) | | |
| PREMPRO 0.45 MG-1.5 MG TABLET | QL(30 per 30 days) | | |
| PREMPRO 0.625 MG-2.5 MG TABLET | QL(30 per 30 days) | | |
| PREMPRO 0.625 MG-5 MG TABLET | QL(30 per 30 days) | | |
| prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule | | 12 | |
| prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule | | 12 | |
| prenatal vitamins plus low iron 27 mg iron-1 mg tablet | | 12 | |
| preplus 27 mg iron-1 mg tablet | | 12 | |
| PRESSURE ACTIVATED LANCETS 21 GAUGE | | | |
| PRESSURE ACTIVATED LANCETS 28 GAUGE | | | |
| PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET | QL(90 per 30 days) | 1 | 11 |
| PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET | QL(90 per 30 days) | 1 | 11 |
| PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| previfem 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| PREZCOBIX 800 MG-150 MG TABLET | QL(30 per 30 days) | 18 | |
| PREZISTA 100 MG/ML ORAL SUSPENSION | | | |
| PREZISTA 150 MG TABLET | | | |
| PREZISTA 600 MG TABLET | | | |
| PREZISTA 75 MG TABLET | | | |
| PREZISTA 800 MG TABLET | | | |
| primaquine 26.3 mg tablet | | | |
| PRIMEAIRE SPACER | | | |
| primidone 250 mg tablet | | | |
| primidone 50 mg tablet | | | |
| PRIVIGEN 10 % INTRAVENOUS SOLUTION | PA | | |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| PRO COMFORT LANCET 30 GAUGE | | | |
| PRO COMFORT LANCET 31 GAUGE | | | |
| PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16" | | | |
| PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4" | | | |
| PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16" | | | |
| PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32" | | | |
| PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER | QL(36 per 30 days) | | |
| probenecid 500 mg tablet | | | |
| probenecid-colchicine tablet | | | |
| PROCALAMINE 3% INTRAVENOUS SOLUTION | | | |
| PROCHAMBER | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| prochlorperazine 10 mg tab | | | |
| prochlorperazine 5 mg tablet | | | |
| PROCRIT 10,000 UNIT/ML INJECTION SOLUTION | PA | | |
| PROCRIT 2,000 UNIT/ML INJECTION SOLUTION | PA | | |
| PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION | PA | | |
| PROCRIT 20,000 UNIT/ML INJECTION SOLUTION | PA | | |
| PROCRIT 3,000 UNIT/ML INJECTION SOLUTION | PA | | |
| PROCRIT 4,000 UNIT/ML INJECTION SOLUTION | PA | | |
| PROCRIT 40,000 UNIT/ML INJECTION SOLUTION | PA | | |
| PROCTOFOAM HC 1 %-1 % | | | |
| proctosol hc 2.5 % topical cream perineal applicator | | | |
| proctozone-hc 2.5 % topical cream perineal applicator | | | |
| PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| PRODIGY LANCETS 26 GAUGE | | | |
| PRODIGY LANCETS 28 GAUGE | | | |
| PRODIGY LANCING DEVICE | | | |
| PRODIGY TWIST TOP LANCET 28 GAUGE | | | |
| progesterone 100 mg capsule | | | |
| progesterone 200 mg capsule | | | |
| progesterone 500 mg/10 ml vial | | | |
| PROGLYCEM 50 MG/ML ORAL SUSPENSION | | | |
| PROLASTIN-C 1,000 MG INTRAVENOUS POWDER FOR SOLUTION | PA | 18 | |
| PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION | PA | | |
| promethazine 12.5 mg suppos | | | |
| promethazine 12.5 mg tablet | | | |
| promethazine 25 mg suppository | | | |
| promethazine 25 mg tablet | | | |
| promethazine 25 mg/ml vial | | | |
| promethazine 50 mg tablet | | | |
| promethazine 50 mg/ml ampul | | | |
| promethazine 6.25 mg/5 ml syrp | | | |
| promethazine vc 6.25 mg-5 mg/5 ml oral syrup | | | 20 |
| promethazine-dm solution | QL(300 per 30 days) | | 20 |
| promethazine-phenylephrine syr | | | 20 |
| promethegan 12.5 mg rectal suppository | | | |
| promethegan 25 mg rectal suppository | | | |
| promethegan 50 mg rectal suppository | | | |
| PROMETRIUM 100 MG CAPSULE | | | |
| PROMETRIUM 200 MG CAPSULE | | | |
| propafenone hcl 150 mg tablet | | | |
| propafenone hcl 225 mg tab | | | |
| propafenone hcl 300 mg tab | | | |
| propantheline 15 mg tablet | | | |
| propranolol 10 mg tablet | | | |
| propranolol 20 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| propranolol 20 mg/5 ml soln | | | |
| propranolol 40 mg tablet | | | |
| propranolol 40 mg/5 ml soln | | | |
| propranolol 60 mg tablet | | | |
| propranolol 80 mg tablet | | | |
| propranolol er 120 mg capsule | | | |
| propranolol er 160 mg capsule | | | |
| propranolol er 60 mg capsule | | | |
| propranolol er 80 mg capsule | | | |
| propranolol-hctz 40-25 mg tab | | | |
| propranolol-hctz 80-25 mg tab | | | |
| propylthiouracil 50 mg tablet | | | |
| PROSOL 20 % INTRAVENOUS SOLUTION | | | |
| PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET | QL(30 per 30 days) | 5 | 11 |
| PROTOPIC 0.03 % TOPICAL OINTMENT | QL(100 per 30 days) | | |
| PROTOPIC 0.1 % TOPICAL OINTMENT | QL(100 per 30 days) | 16 | |
| PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER | QL(36 per 30 days) | | |
| PROVIDA OB 40 MG IRON-1.25 MG CAPSULE | | 12 | |
| PULMOZYME 1 MG/ML SOLUTION FOR INHALATION | PA,QL(150 per 30 days) | | 65 |
| purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule OTC | | | |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE | | | |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE | | | |
| PYLERA 140 MG-125 MG-125 MG CAPSULE | | | |
| pyrazinamide 500 mg tablet | | | |
| pyridostigmine 60 mg/5 ml soln | | | |
| pyridostigmine br 30 mg tablet | | | |
| pyridostigmine br 60 mg tablet | | | |
| pyridostigmine er 180 mg tab | | | |
| pyridoxine 100 mg/ml vial | | | |
| QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| quasense 0.15-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE | | | |
| QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE | | | |
| QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE | | | |
| QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE | | | |
| QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE | | | |
| quetiapine er 150 mg tablet | QL(30 per 30 days) | 6 | |
| quetiapine er 200 mg tablet | QL(30 per 30 days) | 6 | |
| quetiapine er 300 mg tablet | QL(60 per 30 days) | 6 | |
| quetiapine er 400 mg tablet | QL(60 per 30 days) | 6 | |
| quetiapine er 50 mg tablet | QL(60 per 30 days) | 6 | |
| quetiapine fumarate 100 mg tab | QL(150 per 30 days) | 6 | |
| quetiapine fumarate 200 mg tab | QL(150 per 30 days) | 6 | |
| quetiapine fumarate 25 mg tab | QL(360 per 30 days) | 6 | |
| quetiapine fumarate 300 mg tab | QL(90 per 30 days) | 6 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| quetiapine fumarate 400 mg tab | QL(60 per 30 days) | 6 | |
| quetiapine fumarate 50 mg tab | QL(180 per 30 days) | 6 | |
| QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE | QL(30 per 30 days) | 6 | |
| QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE | QL(60 per 30 days) | 6 | |
| QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET | QL(30 per 30 days) | 6 | |
| QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR | QL(360 per 30 days) | 6 | |
| quinapril 10 mg tablet | | | |
| quinapril 20 mg tablet | | | |
| quinapril 40 mg tablet | | | |
| quinapril 5 mg tablet | | | |
| quinapril-hctz 10-12.5 mg tab | | | |
| quinapril-hctz 20-12.5 mg tab | | | |
| quinapril-hctz 20-25 mg tab | | | |
| quinidine gluc er 324 mg tab | | | |
| quinidine sulfate 200 mg tab | | | |
| quinidine sulfate 300 mg tab | | | |
| QVAR 40 MCG ORAL INHALER | | 5 | |
| QVAR 80 MCG ORAL INHALER | | 5 | |
| ramipril 1.25 mg capsule | QL(60 per 30 days) | | |
| ramipril 10 mg capsule | | | |
| ramipril 2.5 mg capsule | QL(60 per 30 days) | | |
| ramipril 5 mg capsule | QL(60 per 30 days) | | |
| RANEXA 1,000 MG TABLET,EXTENDED RELEASE | | | |
| RANEXA 500 MG TABLET,EXTENDED RELEASE | | | |
| ranitidine 15 mg/ml syrup | | | |
| ranitidine 150 mg tablet | QL(60 per 30 days) | | |
| ranitidine 300 mg tablet | QL(60 per 30 days) | | |
| RAPAMUNE 1 MG/ML ORAL SOLUTION | | | |
| READYLANCE SAFETY LANCETS 21 GAUGE | | | |
| READYLANCE SAFETY LANCETS 23 GAUGE | | | |
| READYLANCE SAFETY LANCETS 26 GAUGE | | | |
| READYLANCE SAFETY LANCETS 28 GAUGE | | | |
| READYLANCE SAFETY LANCETS 30 GAUGE | | | |
| REBETOL 40 MG/ML ORAL SOLUTION | PA | 5 | |
| REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE | QL(6 per 28 days) | | |
| REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE | QL(6 per 28 days) | | |
| REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR | QL(6 per 28 days) | | |
| REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR | QL(6 per 28 days) | | |
| REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. | QL(4.2 per 28 days) | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE | QL(4.2 per 28 days) | | |
| reclipsen (28) 0.15 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION | QL(40 per 365 days) | 6 | |
| RELI-ON INSULIN 0.3 ML SYR | | | |
| RELI-ON INSULIN 0.5 ML SYR | | | |
| RELIAMED LANCET 23 GAUGE | | | |
| RELIAMED LANCET 28 GAUGE | | | |
| RELIAMED LANCET 30 GAUGE | | | |
| RELIAMED MINI LANCING DEVICE | | | |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE | | | |
| RELIAMED SAFETY SEAL LANCETS 30 GAUGE | | | |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE | | | |
| RELION INS SYR 0.3 ML 29GX1/2" | | | |
| RELION INS SYR 0.3 ML 31GX6MM | | | |
| RELION INS SYR 0.5 ML 31GX6MM | | | |
| RELION INS SYR 1 ML 29GX1/2" | | | |
| RELION INS SYR 1 ML 31GX15/64" | | | |
| RELION LANCING DEVICE | | | |
| RELION NEEDLES 31 GAUGE X 1/4" | | | |
| RELION PEN NEEDLES 32 GAUGE X 5/32" | | | |
| RELION SYRING 0.5 ML 31GX5/16" | | | |
| RELION THIN 26G LANCETS | | | |
| RELION THIN LANCETS 26 GAUGE | | | |
| RELION ULTRA THIN PLUS LANCETS | | | |
| RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION | | | |
| RENAGEL 400 MG TABLET | | | |
| RENAGEL 800 MG TABLET | | | |
| RENVELA 0.8 GRAM ORAL POWDER PACKET | | | 11 |
| RENVELA 2.4 GRAM ORAL POWDER PACKET | | | 11 |
| repaglinide 0.5 mg tablet | | | |
| repaglinide 1 mg tablet | | | |
| repaglinide 2 mg tablet | | | |
| RESCRIPTOR 100 MG TABLET | | | |
| RESCRIPTOR 200 MG TABLET | | | |
| RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE | | | |
| RESTASIS MULTIDOSE 0.05 % EYE DROPS | | | |
| RETACRIT 10,000 UNIT/ML INJECTION SOLUTION | | | |
| RETACRIT 2,000 UNIT/ML INJECTION SOLUTION | | | |
| RETACRIT 3,000 UNIT/ML INJECTION SOLUTION | | | |
| RETACRIT 4,000 UNIT/ML INJECTION SOLUTION | | | |
| RETACRIT 40,000 UNIT/ML INJECTION SOLUTION | | | |
| RETIN-A 0.025 % TOPICAL CREAM | | 12 | |
| RETIN-A 0.05 % TOPICAL CREAM | | 12 | |
| RETIN-A 0.1 % TOPICAL CREAM | | 12 | |
| RETROVIR 10 MG/ML INTRAVENOUS SOLUTION | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| REVLIMID 10 MG CAPSULE | PA,QL(30 per 30 days) | 18 | |
| REVLIMID 15 MG CAPSULE | PA,QL(30 per 30 days) | 18 | |
| REVLIMID 2.5 MG CAPSULE | PA,QL(30 per 30 days) | 18 | |
| REVLIMID 20 MG CAPSULE | PA,QL(30 per 30 days) | 18 | |
| REVLIMID 25 MG CAPSULE | PA,QL(30 per 30 days) | 18 | |
| REVLIMID 5 MG CAPSULE | PA,QL(30 per 30 days) | 18 | |
| REYATAZ 150 MG CAPSULE | | | |
| REYATAZ 200 MG CAPSULE | | | |
| REYATAZ 300 MG CAPSULE | | | |
| REYATAZ 50 MG ORAL POWDER PACKET | | | |
| RHOPRESSA 0.02 % EYE DROPS | PA,QL(2.5 per 25 days) | 18 | |
| ribasphere 200 mg capsule | PA | 5 | |
| ribasphere 200 mg tablet | PA | 5 | |
| RIBASPHERE 400 MG TABLET | PA | 5 | |
| RIBASPHERE 600 MG TABLET | PA | 5 | |
| RIBASPHERE RIBAPAK 200-400 MG | PA | 5 | |
| RIBASPHERE RIBAPAK 200-400 MG | PA | 5 | |
| RIBASPHERE RIBAPAK 400-400 MG | PA | 5 | |
| RIBASPHERE RIBAPAK 400-400 MG | PA | 5 | |
| RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK | PA | 5 | |
| RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK | PA | 5 | |
| RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK | PA | 5 | |
| RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK | PA | 5 | |
| ribavirin 200 mg capsule | PA | 5 | |
| ribavirin 200 mg tablet | PA | 5 | |
| ribavirin 6 gm inhalation vial | PA | 5 | |
| rifabutin 150 mg capsule | | | |
| rifampin 150 mg capsule | | | |
| rifampin 300 mg capsule | | | |
| rifampin iv 600 mg vial | | | |
| RIGHTEST GD500 LANCING DEVICE | | | |
| RIGHTEST GL300 LANCETS 30 GAUGE | | | |
| riluzole 50 mg tablet | | | |
| ringer's iv solution | | | |
| ringers irrigation solution | | | |
| RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE | PA,QL(2 per 28 days) | 18 | |
| RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE | PA,QL(2 per 28 days) | 18 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SYRINGE | PA,QL(2 per 28 days) | 18 | |
| RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE | PA,QL(2 per 28 days) | 18 | |
| risperidone 0.25 mg odt | QL(240 per 30 days) | 6 | |
| risperidone 0.25 mg tablet | QL(240 per 30 days) | 6 | |
| risperidone 0.5 mg odt | QL(240 per 30 days) | 6 | |
| risperidone 0.5 mg tablet | QL(240 per 30 days) | 6 | |
| risperidone 1 mg odt | QL(180 per 30 days) | 6 | |
| risperidone 1 mg tablet | QL(180 per 30 days) | 6 | |
| risperidone 1 mg/ml solution | QL(480 per 30 days) | 6 | |
| risperidone 2 mg odt | QL(90 per 30 days) | 6 | |
| risperidone 2 mg tablet | QL(90 per 30 days) | 6 | |
| risperidone 3 mg odt | QL(120 per 30 days) | 6 | |
| risperidone 3 mg tablet | QL(120 per 30 days) | 6 | |
| risperidone 4 mg odt | QL(120 per 30 days) | 6 | |
| risperidone 4 mg tablet | QL(120 per 30 days) | 6 | |
| RITEFLO AEROCHAMBER | | | |
| RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS | | | |
| RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| rizatriptan 10 mg odt | | 6 | |
| rizatriptan 10 mg tablet | | 6 | |
| rizatriptan 5 mg odt | | 6 | |
| rizatriptan 5 mg tablet | | 6 | |
| robafen 100 mg/5 ml oral liquid OTC | | | |
| robafen dm cough 10 mg-100 mg/5 ml oral liquid OTC | | | 20 |
| ropinirole hcl 0.25 mg tablet | | 18 | |
| ropinirole hcl 0.5 mg tablet | | 18 | |
| ropinirole hcl 1 mg tablet | | 18 | |
| ropinirole hcl 2 mg tablet | | 18 | |
| ropinirole hcl 3 mg tablet | | 18 | |
| ropinirole hcl 4 mg tablet | | 18 | |
| ropinirole hcl 5 mg tablet | | 18 | |
| rosuvastatin calcium 10 mg tab | QL(60 per 30 days) | | |
| rosuvastatin calcium 20 mg tab | QL(60 per 30 days) | | |
| rosuvastatin calcium 40 mg tab | QL(60 per 30 days) | | |
| rosuvastatin calcium 5 mg tab | QL(60 per 30 days) | | |
| roweepra 1,000 mg tablet | | | |
| roweepra 500 mg tablet | | | |
| roweepra 750 mg tablet | | | |
| roweepra xr 500 mg tablet,extended release | | | |
| roweepra xr 750 mg tablet,extended release | | | |
| ROXYBOND 15 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | 18 | |
| ROXYBOND 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | 18 | |
| ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) | PA | | |
| ROZEREM 8 MG TABLET | QL(30 per 30 days) | 65 | |
| RULOX 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION OTC | | | |
| SABRIL 500 MG ORAL POWDER PACKET | | | |
| SABRIL 500 MG TABLET | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| SAFETY LANCETS 21 GAUGE | | | |
| SAFETY LANCETS 26 GAUGE | | | |
| SAFETY LANCETS 28 GAUGE | | | |
| SAFETY PEN NEEDLE 31 GAUGE X 3/16" | | | |
| SAFETY SEAL LANCETS 28 GAUGE | | | |
| SAFETY SEAL LANCETS 30 GAUGE | | | |
| SAFETY-LET LANCETS 30 GAUGE | | | |
| SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET | QL(91 per 90 days) | 12 | |
| saline 0.45% soln-excel con | | | |
| salsalate 500 mg tablet | | | |
| salsalate 750 mg tablet | | | |
| SANDIMMUNE 100 MG/ML ORAL SOLUTION | | | |
| SANDIMMUNE 250 MG/5 ML INTRAVENOUS SOLUTION | | | |
| SANTYL 250 UNIT/GRAM TOPICAL OINTMENT | | | |
| se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet | | 12 | |
| se-natal 19 29 mg iron-1 mg chewable tablet | | 12 | |
| se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule OTC | | | |
| SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | QL(91 per 90 days) | 12 | |
| SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET | | 12 | |
| SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK | | 12 | |
| SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET | | 12 | |
| selegiline hcl 5 mg capsule | | 18 | |
| selegiline hcl 5 mg tablet | | 18 | |
| selenium 400 mcg/10 ml vial | | | |
| selenium sulfide 2.25% shampoo | | | |
| selenium sulfide 2.5% lotion | | | |
| SELZENTRY 150 MG TABLET | PA | 16 | |
| SELZENTRY 20 MG/ML ORAL SOLUTION | PA | 16 | |
| SELZENTRY 25 MG TABLET | PA | 16 | |
| SELZENTRY 300 MG TABLET | PA | 16 | |
| SELZENTRY 75 MG TABLET | PA | 16 | |
| SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION | QL(60 per 30 days) | 4 | |
| SEROSTIM 4 MG SUBCUTANEOUS SOLUTION | PA | 18 | |
| SEROSTIM 5 MG SUBCUTANEOUS SOLUTION | PA | | |
| SEROSTIM 6 MG SUBCUTANEOUS SOLUTION | PA | 18 | |
| sertraline 20 mg/ml oral conc | QL(300 per 30 days) | 6 | 11 |
| sertraline hcl 100 mg tablet | QL(60 per 30 days) | 6 | |
| sertraline hcl 25 mg tablet | QL(90 per 30 days) | 6 | |
| sertraline hcl 50 mg tablet | QL(90 per 30 days) | 6 | |
| setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| sevelamer hcl 800 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| sharobel 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT | | 50 | |
| SIDEKICK BLOOD GLUCOSE SYSTEM KIT | | | |
| SIDESTREAM PEDIATRIC FACE MASK | | | |
| siladryl sa 12.5 mg/5 ml oral liquid OTC | | | |
| sildenafil 10 mg/ml oral susp | PA | | |
| sildenafil 20 mg tablet | PA | | |
| SILICONE MASK - INFANT | | | |
| SILICONE MASK - PEDIATRIC | | | |
| siltussin sa 100 mg/5 ml oral liquid OTC | | | |
| silver nitrate 0.5% soln | | | |
| silver sulfadiazine 1% cream | | | |
| SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION | | | |
| simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |
| simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack | QL(91 per 90 days) | 12 | |
| simvastatin 10 mg tablet | QL(60 per 30 days) | | |
| simvastatin 20 mg tablet | QL(60 per 30 days) | | |
| simvastatin 40 mg tablet | QL(60 per 30 days) | | |
| simvastatin 5 mg tablet | QL(60 per 30 days) | | |
| simvastatin 80 mg tablet | QL(60 per 30 days) | | |
| SINGLE-LET MISC | | | |
| sirolimus 0.5 mg tablet | | | |
| sirolimus 1 mg tablet | | | |
| sirolimus 2 mg tablet | | | |
| SKLICE 0.5 % LOTION | | | |
| SM LANCETS 21G | | | |
| sm loratadine 10 mg odt OTC | | | |
| SMART SENSE LANCETS 21 GAUGE | | | |
| SMART SENSE LANCETS 26 GAUGE | | | |
| SMART SENSE LANCETS 33 GAUGE | | | |
| SMARTDIABETES VANTAGE | | | |
| SMARTEST LANCET | | | |
| sod citrate-citric acid soln OTC | | | |
| sod polystyren sulf 15 g/60 ml | | | |
| sodium acetate 40 meq/20 ml vl | | | |
| sodium chloride 0.45% soln | | | |
| sodium chloride 0.9% inhal vl | | | |
| sodium chloride 0.9% irrig. | | | |
| sodium chloride 0.9% solution | | | |
| sodium chloride 0.9% solution | | | |
| sodium chloride 0.9% vial | | | |
| sodium chloride 10% vial | PA | | |
| sodium chloride 100 meq/40 ml | | | |
| sodium chloride 3% iv soln | | | |
| sodium chloride 3% vial | PA | | |
| sodium chloride 4 meq/ml vl | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| sodium chloride 5% iv soln | | | |
| sodium lactate 50 meq/10 ml vl | | | |
| sodium phosphate 45 mmol/15 ml | | | |
| SOFT TOUCH LANCETS | | | |
| SOLU-CORTEF 100 MG SOLUTION FOR INJECTION | | | |
| SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION | | | |
| SOLU-CORTEF ACT-O-VIAL (PF) 100 MG/2 ML SOLUTION FOR INJECTION | | | |
| SOLU-CORTEF ACT-O-VIAL (PF) 250 MG/2 ML SOLUTION FOR INJECTION | | | |
| SOLU-CORTEF ACT-O-VIAL (PF) 500 MG/4 ML SOLUTION FOR INJECTION | | | |
| SOLUS V2 LANCETS 28 GAUGE | | | |
| SOLUS V2 LANCETS 30 GAUGE | | | |
| SOLUS V2 LANCING DEVICE KIT | | | |
| sorbitol 3% urologic irrig | | | |
| sorbitol 3.3% urologic soln | | | |
| sorbitol-mannitol irrig | | | |
| sotalol 120 mg tablet | | | |
| sotalol 160 mg tablet | | | |
| sotalol 240 mg tablet | | | |
| sotalol 80 mg tablet | | | |
| sotalol af 120 mg tablet | | | |
| sotalol af 160 mg tablet | | | |
| sotalol af 80 mg tablet | | | |
| SPACE CHAMBER PLUS | | | |
| SPINRAZA (PF) 12 MG/5 ML INTRATHECAL SOLUTION | PA | | |
| SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES | QL(30 per 30 days) | 18 | |
| spironolactone 100 mg tablet | | | |
| spironolactone 25 mg tablet | | | |
| spironolactone 50 mg tablet | | | |
| spironolactone-hctz 25-25 tab | | | |
| sprintec (28) 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION | | | |
| SPRITAM 250 MG TABLET FOR ORAL SUSPENSION | | | |
| SPRITAM 500 MG TABLET FOR ORAL SUSPENSION | | | |
| SPRITAM 750 MG TABLET FOR ORAL SUSPENSION | | | |
| SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION | | | |
| SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA | | | |
| sps 15 gm/60 ml suspension | | | |
| sps 30 gm/120 ml enema | | | |
| sps 50 gm/200 ml enema | | | |
| sronyx 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| SSKI 1 GRAM/ML ORAL SOLUTION | | | |
| stavudine 15 mg capsule | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| stavudine 20 mg capsule | | | |
| stavudine 30 mg capsule | | | |
| stavudine 40 mg capsule | | | |
| STERILANCE TL 30 GAUGE | | | |
| STERILANCE TL 32 GAUGE | | | |
| sterile water for injection | | | |
| sterile water for injection | | | |
| sterile water for irrigation | | | |
| STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY | | | |
| STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION | | | |
| STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET | QL(30 per 30 days) | 12 | |
| STROVITE ONE 1 MG-1,000 UNIT-15 MG-5 MG TABLET OTC | | | |
| SUBOXONE 12 MG-3 MG SUBLINGUAL FILM | QL(90 per 30 days) | 16 | |
| SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM | QL(90 per 30 days) | 16 | |
| SUBOXONE 4 MG-1 MG SUBLINGUAL FILM | QL(90 per 30 days) | 16 | |
| SUBOXONE 8 MG-2 MG SUBLINGUAL FILM | QL(90 per 30 days) | 16 | |
| subvenite 100 mg tablet | | | |
| subvenite 150 mg tablet | | | |
| subvenite 200 mg tablet | | | |
| subvenite 25 mg tablet | | | |
| subvenite starter (blue) kit 25 mg (35) tablets in a dose pack | QL(35 per 30 days) | | |
| subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack | QL(98 per 30 days) | | |
| subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack | QL(49 per 30 days) | | |
| sucralfate 1 gm tablet | | | |
| sulf-pred 10-0.23% eye drops | | | |
| sulfadiazine 500 mg tablet | | | |
| sulfamethoxazole-tmp ds tablet | | | |
| sulfamethoxazole-tmp ss tablet | | | |
| sulfamethoxazole-tmp susp | | | |
| sulfasalazine 500 mg tablet | | | |
| sulfasalazine dr 500 mg tab | | | |
| sumatriptan 20 mg nasal spray | QL(6 per 30 days) | 18 | |
| sumatriptan 5 mg nasal spray | QL(6 per 30 days) | 18 | |
| sumatriptan succ 100 mg tablet | QL(9 per 30 days) | 18 | |
| sumatriptan succ 25 mg tablet | QL(9 per 30 days) | 18 | |
| sumatriptan succ 50 mg tablet | QL(9 per 30 days) | 18 | |
| SUPER THIN LANCETS | | | |
| SUPER THIN LANCETS 28 GAUGE | | | |
| SUPER THIN LANCETS 30 GAUGE | | | |
| SUPRAX 400 MG CAPSULE | | | |
| SURE COMFORT ALCOHOL PREP PADS OTC | | | |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" | | | |
| SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" | | | |
| SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" | | | |
| SURE COMFORT LANCETS 18 GAUGE | | | |
| SURE COMFORT LANCETS 21 GAUGE | | | |
| SURE COMFORT LANCETS 23 GAUGE | | | |
| SURE COMFORT LANCETS 28 GAUGE | | | |
| SURE COMFORT LANCETS 30 GAUGE | | | |
| SURE COMFORT LANCING PEN | | | |
| SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2" | | | |
| SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16" | | | |
| SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16" | | | |
| SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16" | | | |
| SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" | | | |
| SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" | | | |
| SURE-FINE PEN NEEDLES 29 GAUGE X 1/2" | | | |
| SURE-FINE PEN NEEDLES 31 GAUGE X 3/16" | | | |
| SURE-FINE PEN NEEDLES 31 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| SURE-LANCE | | | |
| SURE-LANCE 26 GAUGE | | | |
| SURE-LANCE 28 GAUGE | | | |
| SURE-LANCE ULTRA THIN 30 GAUGE | | | |
| SURE-PEN LANCING DEVICE | | | |
| SURE-PREP ALCOHOL PREP PADS OTC | | | |
| SURE-TOUCH LANCET | | | |
| SUREFLEX LANCING DEVICE | | | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| SUREFLEX LANCING DEVICE WITH LANCETS KIT | | | |
| SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE | | | |
| SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE | | | |
| SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE | | | |
| SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE | | | |
| SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE | | | |
| SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE | | | |
| SURGUARD2 SAFETY 25 X 5/8" NEEDLE | | | |
| SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE | | | |
| SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE | | | |
| SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE | | | |
| SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE | | | |
| SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE | | | |
| SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE | | | |
| SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE | | | |
| SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE | | | |
| SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE | | | |
| SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE | | | |
| SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE | | | |
| SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2" | | | |
| SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2" | | | |
| SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1" | | | |
| SUSTIVA 200 MG CAPSULE | | | |
| SUSTIVA 50 MG CAPSULE | | | |
| SUSTIVA 600 MG TABLET | | | |
| SUTENT 12.5 MG CAPSULE | QL(30 per 30 days) | 18 | |
| SUTENT 25 MG CAPSULE | QL(30 per 30 days) | 18 | |
| SUTENT 37.5 MG CAPSULE | QL(30 per 30 days) | 18 | |
| SUTENT 50 MG CAPSULE | QL(30 per 30 days) | 18 | |
| syeda 3 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER | QL(10.2 per 30 days) | 5 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER | QL(10.2 per 30 days) | 5 | |
| SYMFI 600 MG-300 MG-300 MG TABLET | | | |
| SYMFI LO 400 MG-300 MG-300 MG TABLET | | | |
| SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR | | | |
| SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR | | | |
| SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET | | | |
| SYNAREL 2 MG/ML NASAL SPRAY | PA,QL(40 per 27 days) | | |
| SYNJARDY 12.5 MG-1,000 MG TABLET | | | |
| SYNJARDY 12.5 MG-500 MG TABLET | | | |
| SYNJARDY 5 MG-1,000 MG TABLET | | | |
| SYNJARDY 5 MG-500 MG TABLET | | | |
| SYNTHAMIN 17 WITHOUT ELECTROLYTE 10 % INTRAVENOUS SOLUTION | | | |
| SYNTHROID 100 MCG TABLET | | | |
| SYNTHROID 112 MCG TABLET | | | |
| SYNTHROID 125 MCG TABLET | | | |
| SYNTHROID 137 MCG TABLET | | | |
| SYNTHROID 150 MCG TABLET | | | |
| SYNTHROID 175 MCG TABLET | | | |
| SYNTHROID 200 MCG TABLET | | | |
| SYNTHROID 25 MCG TABLET | | | |
| SYNTHROID 300 MCG TABLET | | | |
| SYNTHROID 50 MCG TABLET | | | |
| SYNTHROID 75 MCG TABLET | | | |
| SYNTHROID 88 MCG TABLET | | | |
| tacrolimus 0.5 mg capsule | | | |
| tacrolimus 1 mg capsule | | | |
| tacrolimus 5 mg capsule | | | |
| TAKE ACTION 1.5 MG TABLET OTC | QL(2 per 30 days) | 12 | |
| TAMIFLU 30 MG CAPSULE | QL(40 per 365 days) | | |
| TAMIFLU 45 MG CAPSULE | QL(20 per 365 days) | | |
| TAMIFLU 6 MG/ML ORAL SUSPENSION | QL(360 per 365 days) | | 12 |
| TAMIFLU 75 MG CAPSULE | QL(20 per 365 days) | | |
| tamoxifen 10 mg tablet | QL(90 per 30 days) | 18 | |
| tamoxifen 20 mg tablet | QL(60 per 30 days) | 18 | |
| tamsulosin hcl 0.4 mg capsule | QL(60 per 30 days) | | |
| tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet | QL(91 per 90 days) | 12 | |
| tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet | QL(91 per 90 days) | 12 | |
| taron forte 150 mg-60 mg-25 mcg-1 mg capsule OTC | | | |
| taron-c dha 35 mg-1 mg-200 mg capsule | | 12 | |
| taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule | | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE | QL(91 per 90 days) | 12 | |
| TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" | | | |
| TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 1/2" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" | | | |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16" | | | |
| TECHLITE LANCETS 25 GAUGE | | | |
| TECHLITE LANCETS 28 GAUGE | | | |
| TECHLITE LANCETS 30 GAUGE | | | |
| TECHLITE PEN NEEDLE 29 GAUGE X 1/2" | | | |
| TECHLITE PEN NEEDLE 29 GAUGE X 3/8" | | | |
| TECHLITE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| TECHLITE PEN NEEDLE 31 GAUGE X 3/16" | | | |
| TECHLITE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| TECHLITE PEN NEEDLE 32 GAUGE X 1/4" | | | |
| TECHLITE PEN NEEDLE 32 GAUGE X 5/16" | | | |
| TECHLITE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| TEGRETOL 100 MG/5 ML ORAL SUSPENSION | | | |
| TEGRETOL 200 MG TABLET | | | |
| TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE | | | |
| TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE | | | |
| TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE | | | |
| TELCARE LANCETS 30 GAUGE | | | |
| temazepam 15 mg capsule | QL(30 per 30 days) | 18 | |
| temazepam 30 mg capsule | QL(30 per 30 days) | 18 | |
| TEMODAR 100 MG INTRAVENOUS SOLUTION | | | |
| temozolomide 100 mg capsule | QL(60 per 30 days) | | |
| temozolomide 140 mg capsule | QL(60 per 30 days) | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| temozolomide 180 mg capsule | QL(60 per 30 days) | | |
| temozolomide 20 mg capsule | QL(60 per 30 days) | | |
| temozolomide 250 mg capsule | QL(60 per 30 days) | | |
| temozolomide 5 mg capsule | QL(60 per 30 days) | | |
| temsirolimus 25 mg vial | | | |
| tenofovir disop fum 300 mg tb | | | |
| terazosin 1 mg capsule | QL(60 per 30 days) | | |
| terazosin 10 mg capsule | | | |
| terazosin 2 mg capsule | | | |
| terazosin 5 mg capsule | QL(60 per 30 days) | | |
| terbutaline sulf 1 mg/ml vial | | | |
| terconazole 0.4% cream | | | |
| terconazole 0.8% cream | | | |
| TERUMO INS SYRINGE U100-1 ML | | | |
| TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" | | | |
| TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" | | | |
| TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" | | | |
| TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" | | | |
| testosteron cyp 1,000 mg/10 ml | | | |
| testosteron enan 1,000 mg/5 ml | | | |
| testosterone cyp 200 mg/ml | | | |
| tetrabenazine 12.5 mg tablet | PA | 18 | |
| tetrabenazine 25 mg tablet | PA | 18 | |
| THALOMID 100 MG CAPSULE | QL(30 per 30 days) | | |
| THALOMID 150 MG CAPSULE | QL(30 per 30 days) | | |
| THALOMID 200 MG CAPSULE | QL(60 per 30 days) | | |
| THALOMID 50 MG CAPSULE | QL(30 per 30 days) | | |
| THEO-24 100 MG CAPSULE,EXTENDED RELEASE | | | |
| THEO-24 200 MG CAPSULE,EXTENDED RELEASE | | | |
| THEO-24 300 MG CAPSULE,EXTENDED RELEASE | | | |
| THEO-24 400 MG CAPSULE,EXTENDED RELEASE | | | |
| theophylline 80 mg/15 ml soln | | | |
| theophylline 80 mg/15 ml soln | | | |
| theophylline er 100 mg tablet | | | |
| theophylline er 200 mg tablet | | | |
| theophylline er 300 mg tab | | | |
| theophylline er 400 mg tablet | | | |
| theophylline er 450 mg tab | | | |
| theophylline er 600 mg tablet | | | |
| thiamine 200 mg/2 ml vial | | | |
| THIN LANCETS 26 GAUGE | | | |
| THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" | | | |
| THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" | | | |
| THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8" | | | |
| THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" | | | |
| THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" | | | |
| THIOLA 100 MG TABLET | | | |
| thioridazine 10 mg tablet | QL(120 per 30 days) | 18 | |
| thioridazine 100 mg tablet | QL(240 per 30 days) | 18 | |
| thioridazine 25 mg tablet | QL(120 per 30 days) | 18 | |
| thioridazine 50 mg tablet | QL(120 per 30 days) | 18 | |
| thiotepa 15 mg vial | | | |
| thiothixene 1 mg capsule | QL(90 per 30 days) | 18 | |
| thiothixene 10 mg capsule | QL(180 per 30 days) | 18 | |
| thiothixene 2 mg capsule | QL(90 per 30 days) | 18 | |
| thiothixene 5 mg capsule | QL(90 per 30 days) | 18 | |
| THRESHOLD IMT TRAINER DEVICE | | | |
| THRESHOLD PEP DEVICE | | | |
| thrivite rx 29 mg iron-1 mg tablet | | 12 | |
| THRIVITE-19 29 MG IRON-1 MG-25 MG TABLET OTC | | 12 | |
| THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION | PA | | |
| thyroid 120 mg tablet | | | |
| thyroid 15 mg tablet | | | |
| thyroid 30 mg tablet | | | |
| thyroid 60 mg tablet | | | |
| thyroid 90 mg tablet | | | |
| THYROLAR-1 12.5 MCG-50 MCG TABLET | | | |
| THYROLAR-1/2 6.25 MCG-25 MCG TABLET | | | |
| THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET | | | |
| THYROLAR-2 25 MCG-100 MCG TABLET | | | |
| THYROLAR-3 37.5 MCG-150 MCG TABLET | | | |
| tiagabine hcl 12 mg tablet | | | |
| tiagabine hcl 16 mg tablet | | | |
| tiagabine hcl 2 mg tablet | | | |
| tiagabine hcl 4 mg tablet | | | |
| TIKOSYN 125 MCG CAPSULE | | | |
| TIKOSYN 250 MCG CAPSULE | | | |
| TIKOSYN 500 MCG CAPSULE | | | |
| TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET | QL(91 per 90 days) | 12 | |
| timolol 0.25% gfs gel-solution | QL(15 per 30 days) | | |
| timolol 0.5% eye drop | QL(15 per 30 days) | | |
| timolol 0.5% gfs gel-solution | QL(15 per 30 days) | | |
| timolol maleate 0.25% eye drop | QL(15 per 30 days) | | |
| timolol maleate 0.5% eye drops | QL(15 per 30 days) | | |
| tinidazole 250 mg tablet | | | |
| tinidazole 500 mg tablet | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| TIS-U-SOL PENTALYTE 800-40-20-8.75-6.25 MG/100 ML IRRIGATION SOLUTION | | | |
| TIVICAY 10 MG TABLET | | | |
| TIVICAY 25 MG TABLET | | | |
| TIVICAY 50 MG TABLET | | | |
| tizanidine hcl 2 mg tablet | | | |
| tizanidine hcl 4 mg tablet | | | |
| tl g-fol os tablet | | | |
| tl gard rx tablet OTC | | | |
| tl icon capsule OTC | | | |
| TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION | PA,QL(280 per 56 days) | | |
| TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION | | | |
| TOBRADEX 0.3 %-0.1 % EYE OINTMENT | | | |
| tobramycin 0.3% eye drop | QL(10 per 30 days) | | |
| tobramycin 10 mg/ml vial | | | |
| tobramycin 40 mg/ml vial | | | |
| tolazamide 250 mg tablet | | | |
| tolazamide 500 mg tablet | | | |
| tolbutamide 500 mg tablet | | | |
| TOPAMAX 100 MG TABLET | | | |
| TOPAMAX 15 MG SPRINKLE CAPSULE | | | |
| TOPAMAX 200 MG TABLET | | | |
| TOPAMAX 25 MG SPRINKLE CAPSULE | | | |
| TOPAMAX 25 MG TABLET | | | |
| TOPAMAX 50 MG TABLET | | | |
| TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE | | | |
| TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE | | | |
| TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE | | | |
| TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE | | | |
| TOPCARE UNIVERSAL1 LANCET | | | |
| TOPCARE UNIVERSAL1 LANCET 33 GAUGE | | | |
| topiramate 100 mg tablet | | | |
| topiramate 15 mg sprinkle cap | | | |
| topiramate 200 mg tablet | | | |
| topiramate 25 mg sprinkle cap | | | |
| topiramate 25 mg tablet | | | |
| topiramate 50 mg tablet | | | |
| topiramate er 100 mg capsule | | | |
| topiramate er 150 mg capsule | | | |
| topiramate er 200 mg capsule | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| topiramate er 25 mg capsule | | | |
| topiramate er 50 mg capsule | | | |
| topotecan hcl 4 mg vial | | | |
| topotecan hcl 4 mg/4 ml vial | | | |
| torsemide 10 mg tablet | | | |
| torsemide 100 mg tablet | | | |
| torsemide 20 mg tablet | | | |
| torsemide 5 mg tablet | | | |
| TOVIAZ 4 MG TABLET,EXTENDED RELEASE | | 18 | |
| TOVIAZ 8 MG TABLET,EXTENDED RELEASE | | 18 | |
| TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION | | | |
| TRACE ELEMENTS 4/PEDIATRIC 1 MCG-0.1 MG-30 MCG-0.5 MG/ML INTRAVENOUS | | | |
| TRACLEER 125 MG TABLET | PA | | |
| TRACLEER 62.5 MG TABLET | PA | | |
| TRADJENTA 5 MG TABLET | QL(30 per 30 days) | 18 | |
| tramadol hcl 50 mg tablet | QL(240 per 30 days) | 12 | |
| tranexamic acid 1,000 mg/10 ml | | | |
| tranexamic acid 650 mg tablet | | | |
| TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) | PA,QL(10 per 30 days) | 18 | |
| TRAVASOL 10 % INTRAVENOUS SOLUTION | | | |
| TRAVATAN Z 0.004 % EYE DROPS | QL(5 per 30 days) | | |
| trazodone 100 mg tablet | QL(120 per 30 days) | 6 | |
| trazodone 150 mg tablet | QL(60 per 30 days) | 6 | |
| trazodone 300 mg tablet | QL(30 per 30 days) | 6 | |
| trazodone 50 mg tablet | QL(60 per 30 days) | 6 | |
| TREANDA 100 MG INTRAVENOUS POWDER FOR SOLUTION | | | |
| TREANDA 25 MG INTRAVENOUS POWDER FOR SOLUTION | | | |
| tretinoin 10 mg capsule | | 1 | |
| tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet | QL(91 per 90 days) | 12 | |
| tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| TRI-NORINYL 28 TABLET | QL(91 per 90 days) | 12 | |
| tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| TRI-VI-FLOR 0.25 MG/ML FLUORIDE BIPHASIC ORAL DROPS OTC | | | 12 |
| tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops OTC | | | 12 |
| tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | QL(91 per 90 days) | 12 | |
| tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| triamcinolone 0.025% cream | | | |
| triamcinolone 0.025% oint | | | |
| triamcinolone 0.1% cream | | | |
| triamcinolone 0.1% ointment | | | |
| triamcinolone 0.1% paste | | | |
| triamcinolone 0.5% cream | | | |
| triamcinolone 0.5% ointment | | | |
| triamterene-hctz 37.5-25 mg cp | | | |
| triamterene-hctz 37.5-25 mg tb | | | |
| triamterene-hctz 50-25 mg cap | | | |
| triamterene-hctz 75-50 mg tab | | | |
| tricitrates 550 mg-500 mg-334 mg/5 ml oral solution OTC | | | |
| tricon 110 mg-0.5 mg capsule OTC | | | |
| triderm 0.1 % topical cream | | | |
| trifluoperazine 1 mg tablet | QL(90 per 30 days) | 18 | |
| trifluoperazine 10 mg tablet | QL(120 per 30 days) | 18 | |
| trifluoperazine 2 mg tablet | QL(90 per 30 days) | 18 | |
| trifluoperazine 5 mg tablet | QL(90 per 30 days) | 18 | |
| trifluridine 1% eye drops | | | |
| trihexyphenidyl 2 mg tablet | | 18 | |
| trihexyphenidyl 2 mg/5 ml elx | | 18 | |
| trihexyphenidyl 5 mg tablet | | 18 | |
| TRILEPTAL 150 MG TABLET | | | |
| TRILEPTAL 300 MG TABLET | | | |
| TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION | | | |
| TRILEPTAL 600 MG TABLET | | | |
| trilyte with flavor packets 420 gram oral solution | | | |
| trimethoprim 100 mg tablet | | | |
| trinatal rx 1 60 mg iron-1 mg tablet | | 12 | |
| TRINESSA LO TABLET | QL(91 per 90 days) | 12 | |
| TRINESSA TABLET | QL(91 per 90 days) | 12 | |
| TRINTELLIX 10 MG TABLET | PA,QL(30 per 30 days) | 18 | |
| TRINTELLIX 20 MG TABLET | PA,QL(30 per 30 days) | 18 | |
| TRINTELLIX 5 MG TABLET | PA,QL(30 per 30 days) | 18 | |
| TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION | PA | 2 | 12 |
| TRISENOX 10 MG/10 ML AMPULE | | | |
| TRIUMEQ 600 MG-50 MG-300 MG TABLET | QL(30 per 30 days) | 18 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| triveen-duo dha 29 mg-1 mg-400 mg oral pack | | 12 | |
| trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet | QL(91 per 90 days) | 12 | |
| TRIZIVIR 300 MG-150 MG-300 MG TABLET | | | |
| TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION | PA | 18 | |
| TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE | | 6 | |
| TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE | | 6 | |
| TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE | | 6 | |
| TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE | | 6 | |
| TROPHAMINE 10 % INTRAVENOUS SOLUTION | | | |
| TROPHAMINE 6% INTRAVENOUS SOLUTION | | | |
| TRUE COMFORT ALCOHOL PADS | | | |
| TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| TRUE COMFORT LANCET 30 GAUGE | | | |
| TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4" | | | |
| TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16" | | | |
| TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32" | | | |
| TRUE METRIX AIR GLUCOSE METER | | | |
| TRUE METRIX AIR GLUCOSE METER KIT | | | |
| TRUE METRIX GLUCOSE METER | | | |
| TRUE METRIX GLUCOSE TEST STRIP | QL(150 per 30 days) | | |
| TRUE METRIX GO GLUCOSE METER | | | |
| TRUE METRIX LEVEL 1 SOLUTION | | | |
| TRUE METRIX LEVEL 2 SOLUTION | | | |
| TRUE METRIX LEVEL 3 SOLUTION | | | |
| TRUE METRIX PRO TEST STRIP | QL(150 per 30 days) | | |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT | | | |
| TRUECONTROL LEVEL 0 SOLUTION | | | |
| TRUECONTROL LEVEL 1 SOLUTION | | | |
| TRUEDRAW LANCING DEVICE | | | |
| TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE | | | |
| TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE | | | |
| TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE | | | |
| TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE | | | |
| TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE | | | |
| TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE | | | |
| TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE | | | |
| TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE | | | |
| TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE | | | |
| TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE | | | |
| TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE | | | |
| TRUEPLUS LANCETS 26 GAUGE | | | |
| TRUEPLUS LANCETS 28 GAUGE | | | |
| TRUEPLUS LANCETS 30 GAUGE | | | |
| TRUEPLUS LANCETS 33 GAUGE | | | |
| TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2" | | | |
| TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4" | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16" | | | |
| TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" | | | |
| TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" | | | |
| TRUERESULT BLOOD GLUCOSE SYSTEM KIT | | | |
| TRUETEST CONTROL SOLN HIGH | | | |
| TRUETEST CONTROL SOLN NORMAL | | | |
| TRUETEST CONTROL SOLUTION LOW | | | |
| TRUETEST TEST STRIPS OTC | QL(150 per 30 days) | | |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT | | | |
| TRUETRACK TEST STRIPS | QL(150 per 30 days) | | |
| TRUSTEX LATEX CONDOM OTC | | | |
| TRUSTEX LUBRICATED CONDOMS OTC | | | |
| TRUSTEX NON-LUBRICATED CONDOMS OTC | | | |
| TRUSTEX-RIA LUBRICATED CONDOMS OTC | | | |
| TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM OTC | | | |
| TRUSTEX-RIA NON-LUBRICATED CONDOMS OTC | | | |
| TRUVADA 100 MG-150 MG TABLET | | | |
| TRUVADA 133 MG-200 MG TABLET | | | |
| TRUVADA 167 MG-250 MG TABLET | | | |
| TRUVADA 200 MG-300 MG TABLET | QL(30 per 30 days) | | |
| TRUZONE PEAK FLOW METER | | | |
| tulana 0.35 mg tablet | QL(91 per 90 days) | 12 | |
| tums ultra 1,177 mg chewable tablet OTC | | | |
| tussin dm max 10 mg-200 mg/5 ml oral liquid OTC | | | 20 |
| TWIST LANCETS 30 GAUGE | | | |
| TWIST LANCETS 32 GAUGE | | | |
| TYBOST 150 MG TABLET | PA,QL(30 per 30 days) | 18 | |
| tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet | QL(91 per 90 days) | 12 | |
| ULTI-LANCE KIT | | | |
| ULTI-LANCE MISC | | | |
| ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE | | | |
| ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE | | | |
| ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE | | | |
| ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE | | | |
| ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE | | | |
| ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE | | | |
| ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE | | | |
| ULTICARE 1.5 ML 22 GAUGE X 1 1/2" SYRINGE | | | |
| ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" | | | |
| ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" | | | |
| ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" | | | |
| ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" | | | |
| ULTICARE PEN NEEDLE 29 GAUGE X 1/2" | | | |
| ULTICARE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| ULTICARE PEN NEEDLE 31 GAUGE X 3/16" | | | |
| ULTICARE PEN NEEDLE 31 GAUGE X 5/16" | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ULTICARE PEN NEEDLE 32 GAUGE X 1/4" | | | |
| ULTICARE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| ULTICARE SAFETY 0.5 ML 29GX1/2 | | | |
| ULTICARE SYR 0.3 ML 30GX5/16" | | | |
| ULTICARE SYR 0.5 ML 30GX5/16" | | | |
| ULTICARE SYR 1 ML 30GX5/16" | | | |
| ULTICARE SYRIN 0.5 ML 28GX1/2" | | | |
| ULTILET ALCOHOL SWAB OTC | | | |
| ULTILET BASIC LANCETS 30 GAUGE | | | |
| ULTILET CLASSIC LANCETS | | | |
| ULTILET CLASSIC LANCETS 28 GAUGE | | | |
| ULTILET CLASSIC LANCETS 30 GAUGE | | | |
| ULTILET CLASSIC LANCETS 33 GAUGE | | | |
| ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE | | | |
| ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| ULTILET INSULIN SYRINGE 1 ML 29 GAUGE | | | |
| ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| ULTILET INSULIN SYRINGE 1/2 ML 29 | | | |
| ULTILET LANCETS 28 GAUGE | | | |
| ULTILET LANCETS 30 GAUGE | | | |
| ULTILET LANCETS 33 GAUGE | | | |
| ULTILET PEN NEEDLE 29 GAUGE | | | |
| ULTILET PEN NEEDLE 32 GAUGE X 5/32" | | | |
| ULTILET SAFETY LANCETS 23 GAUGE | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE | | | |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | | | |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE | | | |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2" | | | |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" | | | |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" | | | |
| ULTRA FINE LANCETS 30 GAUGE | | | |
| ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" | | | |
| ULTRA THIN II LANCETS 30 GAUGE | | | |
| ULTRA THIN LANCETS | | | |
| ULTRA THIN LANCETS 28 GAUGE | | | |
| ULTRA THIN LANCETS 30 GAUGE | | | |
| ULTRA THIN LANCETS 31 GAUGE | | | |
| ULTRA THIN LANCETS 33 GAUGE | | | |
| ULTRA THIN PLUS LANCETS 33 GAUGE | | | |
| ULTRA TLC LANCETS | | | |
| ULTRA-CARE LANCETS 30 GAUGE | | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE | | | |
| ULTRA-THIN II 26G LANCET | | | |
| ULTRA-THIN II INS 0.3 ML 29G | | | |
| ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" | | | |
| ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | | | |
| ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| ULTRA-THIN II LANCETS 28 GAUGE | | | |
| ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | | | |
| ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | | | |
| ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | | | |
| ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | | | |
| ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" | | | |
| ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" | | | |
| ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" | | | |
| ULTRACARE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| ULTRACARE PEN NEEDLE 31 GAUGE X 3/16" | | | |
| ULTRACARE PEN NEEDLE 31 GAUGE X 5/16" | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ULTRACARE PEN NEEDLE 32 GAUGE X 1/4" | | | |
| ULTRACARE PEN NEEDLE 32 GAUGE X 3/16" | | | |
| ULTRACARE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| ULTRACARE PEN NEEDLE 33 GAUGE X 5/32" | | | |
| ULTRALANCE LANCETS 26 GAUGE | | | |
| ULTRALANCE LANCETS 28 GAUGE | | | |
| UNIFINE PENTIPS 29 GAUGE NEEDLE | | | |
| UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE | | | |
| UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE | | | |
| UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE | | | |
| UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE | | | |
| UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE | | | |
| UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE | | | |
| UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE | | | |
| UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE | | | |
| UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE | | | |
| UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE | | | |
| UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE | | | |
| UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE | | | |
| UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE | | | |
| UNILET COMFORTOUCH LANCET | | | |
| UNILET COMFORTOUCH LANCET 26 GAUGE | | | |
| UNILET EXCELITE II LANCET | | | |
| UNILET EXCELITE LANCET | | | |
| UNILET GP LANCET | | | |
| UNILET LANCET 28 GAUGE | | | |
| UNILET LANCET 33 GAUGE | | | |
| UNILET LANCETS 30 GAUGE | | | |
| UNILET SUPER THIN LANCETS 30 GAUGE | | | |
| UNISTIK 2 EXTRA KIT | | | |
| UNISTIK 2 NORMAL LANCET AND DEVICE KIT | | | |
| UNISTIK 3 COMFORT LANCET | | | |
| UNISTIK 3 EXTRA LANCET 21 GAUGE | | | |
| UNISTIK 3 GENTLE 30 GAUGE | | | |
| UNISTIK 3 LANCETS 21 GAUGE | | | |
| UNISTIK 3 NORMAL LANCET 23 GAUGE | | | |
| UNISTIK CZT LANCET 23 GAUGE | | | |
| UNISTIK CZT LANCET 28 GAUGE | | | |
| UNISTIK PRO LANCET 21 GAUGE | | | |
| UNISTIK PRO LANCET 25 GAUGE | | | |
| UNISTIK PRO LANCET 28 GAUGE | | | |
| UNISTIK SAFETY 28 GAUGE | | | |
| UNISTIK SAFETY 30 GAUGE | | | |
| UNISTIK TOUCH LANCETS 21 GAUGE | | | |
| UNISTIK TOUCH LANCETS 23 GAUGE | | | |
| UNISTIK TOUCH LANCETS 28 GAUGE | | | |
| UNISTIK TOUCH LANCETS 30 GAUGE | | | |
| UNITHROID 100 MCG TABLET | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| UNITHROID 112 MCG TABLET | | | |
| UNITHROID 125 MCG TABLET | | | |
| UNITHROID 137 MCG TABLET | | | |
| UNITHROID 150 MCG TABLET | | | |
| UNITHROID 175 MCG TABLET | | | |
| UNITHROID 200 MCG TABLET | | | |
| UNITHROID 25 MCG TABLET | | | |
| UNITHROID 300 MCG TABLET | | | |
| UNITHROID 50 MCG TABLET | | | |
| UNITHROID 75 MCG TABLET | | | |
| UNITHROID 88 MCG TABLET | | | |
| UNIVERSAL 1 LANCETS 21 GAUGE | | | |
| UNIVERSAL 1 LANCETS 26 GAUGE | | | |
| UNIVERSAL 1 LANCETS 30 GAUGE | | | |
| UNIVERSAL 1 LANCETS 33 GAUGE | | | |
| urea 40% cream | | | |
| urea 40% lotion | | | |
| ursodiol 250 mg tablet | | | |
| ursodiol 300 mg capsule | | | |
| ursodiol 500 mg tablet | | | |
| UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE | | | |
| utira-c 81.6 mg-10.8 mg-40.8 mg tablet | | | |
| VAGIFEM 10 MCG VAGINAL TABLET | QL(18 per 28 days) | | |
| valacyclovir hcl 1 gram tablet | | | |
| valacyclovir hcl 500 mg tablet | | | |
| valganciclovir 450 mg tablet | | | |
| valganciclovir hcl 50 mg/ml | | | |
| valproic acid 250 mg capsule | | | |
| valproic acid 250 mg/5 ml soln | | | |
| valproic acid 500 mg/10 ml sol | | | |
| VALSTAR 40 MG/ML INTRAVESICAL SOLUTION | | | |
| vanco 500 mg/100 ml-0.9% nacl | | | |
| vanco 750 mg/150 ml-0.9% nacl | | | |
| vancomycin 1 g/200ml-0.9% nacl | | | |
| vancomycin 1 gm vial | | | |
| vancomycin 500 mg vial | | | |
| vancomycin 750 mg/150 ml bag | | | |
| vancomycin hcl 1.25 gram vial | | | |
| vancomycin hcl 1.5 gram vial | | | |
| vancomycin hcl 10 gm vial | | | |
| vancomycin hcl 125 mg capsule | | | |
| vancomycin hcl 1g/200 ml bag | | | |
| vancomycin hcl 250 mg capsule | | | |
| vancomycin hcl 250 mg vial | | | |
| vancomycin hcl 5 gm vial | | | |
| vancomycin hcl 750 mg vial | | | |
| vancomycin-d5w 500 mg/100 ml | | | |

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2" | | | |
| VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2" | | | |
| VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION | | | |
| VELCADE 3.5 MG SOLUTION FOR INJECTION | | | |
| velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet | QL(91 per 90 days) | 12 | |
| venlafaxine hcl 100 mg tablet | | 6 | |
| venlafaxine hcl 25 mg tablet | QL(60 per 30 days) | 6 | |
| venlafaxine hcl 37.5 mg tablet | QL(60 per 30 days) | 6 | |
| venlafaxine hcl 50 mg tablet | QL(60 per 30 days) | 6 | |
| venlafaxine hcl 75 mg tablet | QL(60 per 30 days) | 6 | |
| venlafaxine hcl er 150 mg cap | QL(30 per 30 days) | 6 | |
| venlafaxine hcl er 37.5 mg cap | QL(30 per 30 days) | 6 | |
| venlafaxine hcl er 75 mg cap | QL(90 per 30 days) | 6 | |
| VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION | PA,QL(270 per 30 days) | | |
| VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION | PA,QL(270 per 30 days) | | |
| verapamil 120 mg tablet | | | |
| verapamil 360 mg cap pellet | | | |
| verapamil 40 mg tablet | | | |
| verapamil 80 mg tablet | | | |
| verapamil er 120 mg capsule | | | |
| verapamil er 120 mg tablet | | | |
| verapamil er 180 mg tablet | | | |
| verapamil er 240 mg tablet | | | |
| verapamil sr 180 mg capsule | | | |
| verapamil sr 240 mg capsule | | | |
| VERIFINE PEN NEEDLE 31 GAUGE X 1/4" | | | |
| VERIFINE PEN NEEDLE 31 GAUGE X 5/16" | | | |
| VERIFINE PEN NEEDLE 32 GAUGE X 3/16" | | | |
| VERIFINE PEN NEEDLE 32 GAUGE X 5/32" | | | |
| VESICARE 10 MG TABLET | | 18 | |
| VESICARE 5 MG TABLET | | 18 | |
| vestura 3 mg-0.02 mg tablet | QL(91 per 90 days) | 12 | |
| vicodin 5 mg-300 mg tablet | QL(240 per 30 days) | | |
| vicodin es 7.5 mg-300 mg tablet | QL(180 per 30 days) | | |
| vicodin hp 10 mg-300 mg tablet | QL(180 per 30 days) | | |
| VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION | | | |
| VIDEX 4 GM PEDIATRIC SOLN | | | |
| vienva 0.1 mg-20 mcg tablet | QL(91 per 90 days) | 12 | |
| vigabatrin 500 mg powder packt | | | |
| vigabatrin 500 mg tablet | | | |
| vigadrone 500 mg oral powder packet | | | |
| VIIBRYD 10 MG TABLET | QL(30 per 30 days) | 18 | |
| VIIBRYD 20 MG TABLET | QL(60 per 30 days) | 18 | |
| VIIBRYD 40 MG TABLET | QL(30 per 30 days) | 18 | |

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| VIMPAT 10 MG/ML ORAL SOLUTION | QL(1200 per 30 days) | | |
| VIMPAT 100 MG TABLET | | | |
| VIMPAT 150 MG TABLET | | | |
| VIMPAT 200 MG TABLET | QL(60 per 30 days) | | |
| VIMPAT 50 MG TABLET | | | |
| vinblastine 1 mg/ml vial | | | |
| vincristine 1 mg/ml vial | | | |
| vincristine 2 mg/2 ml vial | | | |
| vinorelbine 10 mg/ml vial | | | |
| vinorelbine 50 mg/5 ml vial | | | |
| VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET | | | |
| VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET | | | |
| viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet | QL(91 per 90 days) | 12 | |
| VIRACEPT 250 MG TABLET | | | |
| VIRACEPT 625 MG TABLET | | | |
| VIRAMUNE 50 MG/5 ML ORAL SUSPENSION | | | |
| VIREAD 150 MG TABLET | | | |
| VIREAD 200 MG TABLET | | | |
| VIREAD 250 MG TABLET | | | |
| VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER | | | |
| virt-c dha 35 mg-1 mg-200 mg capsule | | 12 | |
| virt-nate dha 28 mg iron-1 mg-200 mg capsule | | 12 | |
| virt-phos 250 neutral 250 mg tablet OTC | | | |
| virt-pn dha 27 mg iron-1 mg-300 mg capsule | | 12 | |
| virt-pn plus 28 mg-1 mg-300 mg capsule | | 12 | |
| virt-pn tablet | | 12 | |
| VIRT-VITE PLUS 5 MG TABLET OTC | | | |
| VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE | | 12 | |
| VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET | | 12 | |
| VITAFOL NANO 18 MG IRON-1 MG TABLET | | 12 | |
| VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE | | 12 | |
| VITAFOL-OB 65 MG-1 MG TABLET | | 12 | |
| VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK | | 12 | |
| VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE | | 12 | |
| VITAL-D RX 1,750 UNIT-60 MG-1 MG-12.5 MG TABLET OTC | | | |
| vitamin d2 1.25mg(50,000 unit) | | | |
| vitamin d2 50,000 unit capsule | | | |
| vitamin k 1 mg/0.5 ml injection solution | | | |
| vitamin k1 10 mg/ml injection solution | | | |
| VIVAGUARD LANCET 30 GAUGE | | | |
| VIVAGUARD LANCING DEVICE | | | |
| VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | | 18 | |
| vol-care rx tablet OTC | | | |
| VOL-PLUS TABLET OTC | | 12 | |
| VOLTAREN 1 % TOPICAL GEL | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| VORTEX FROG MASK-CHILD | | | |
| VORTEX HOLDING CHAMBER | | | |
| VORTEX HOLDING CHAMBER WITH CHILD MASK | | | |
| VORTEX HOLDING CHAMBER WITH TODDLER MASK | | | |
| VORTEX LADYBUG MASK-TODDLER | | | |
| VORTEX VHC FROG MASK-CHILD | | | |
| VORTEX VHC LADYBUG MASK-TODDLER | | | |
| VOSEVI 400 MG-100 MG-100 MG TABLET | PA | 18 | |
| VOTRIENT 200 MG TABLET | QL(120 per 30 days) | 18 | |
| vp-ggr-b6 tablet | | 12 | |
| vp-heme ob tablet | | 12 | |
| vp-vite rx 1 mg-60 mg-300 mcg tablet OTC | | | |
| vp-zel tablet OTC | | | |
| vyfemla (28) 0.4 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| vylibra 0.25 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| VYVANSE 10 MG CAPSULE | QL(30 per 30 days) | 6 | |
| VYVANSE 10 MG CHEWABLE TABLET | | 6 | |
| VYVANSE 20 MG CAPSULE | QL(30 per 30 days) | 6 | |
| VYVANSE 20 MG CHEWABLE TABLET | | 6 | |
| VYVANSE 30 MG CAPSULE | QL(30 per 30 days) | 6 | |
| VYVANSE 30 MG CHEWABLE TABLET | | 6 | |
| VYVANSE 40 MG CAPSULE | QL(30 per 30 days) | 6 | |
| VYVANSE 40 MG CHEWABLE TABLET | | 6 | |
| VYVANSE 50 MG CAPSULE | QL(30 per 30 days) | 6 | |
| VYVANSE 50 MG CHEWABLE TABLET | | 6 | |
| VYVANSE 60 MG CAPSULE | QL(30 per 30 days) | 6 | |
| VYVANSE 60 MG CHEWABLE TABLET | | 6 | |
| VYVANSE 70 MG CAPSULE | QL(30 per 30 days) | 6 | |
| warfarin sodium 1 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 10 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 2 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 2.5 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 3 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 4 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 5 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 6 mg tablet | QL(120 per 30 days) | | |
| warfarin sodium 7.5 mg tablet | QL(120 per 30 days) | | |
| water for injection vial | | | |
| WEBCOL TOPICAL PADS OTC | | | |
| wee care 15 mg/1.25 ml oral suspension OTC | | | |
| wera (28) 0.5 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |
| WIDE-SEAL DIAPHRAGM 60 MM VAGINAL | | | |
| WIDE-SEAL DIAPHRAGM 65 MM VAGINAL | | | |
| WIDE-SEAL DIAPHRAGM 70 MM VAGINAL | | | |
| WIDE-SEAL DIAPHRAGM 75 MM VAGINAL | | | |
| WIDE-SEAL DIAPHRAGM 80 MM VAGINAL | | | |
| WIDE-SEAL DIAPHRAGM 85 MM VAGINAL | | | |
| WIDE-SEAL DIAPHRAGM 90 MM VAGINAL | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| WIDE-SEAL DIAPHRAGM 95 MM VAGINAL | | | |
| WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML INJECTION SOLUTION | QL(2 per 365 days) | | |
| wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet | QL(91 per 90 days) | 12 | |
| XARELTO 10 MG TABLET | | 18 | |
| XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK | | 18 | |
| XARELTO 15 MG TABLET | | 18 | |
| XARELTO 2.5 MG TABLET | | 18 | |
| XARELTO 20 MG TABLET | | 18 | |
| XELJANZ 10 MG TABLET | PA | 18 | |
| XELJANZ 5 MG TABLET | PA,QL(60 per 30 days) | 18 | |
| XELJANZ XR 11 MG TABLET,EXTENDED RELEASE | PA,QL(30 per 30 days) | 18 | |
| XELODA 150 MG TABLET | QL(120 per 30 days) | 18 | |
| XELODA 500 MG TABLET | QL(120 per 30 days) | 18 | |
| XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE | | | |
| XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE | | | |
| XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE | | | |
| XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE | | | |
| XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE | | | |
| XTAMPZA ER 13.5 MG CAPSULE SPRINKLE | PA | 18 | |
| XTAMPZA ER 18 MG CAPSULE SPRINKLE | PA | 18 | |
| XTAMPZA ER 27 MG CAPSULE SPRINKLE | PA | 18 | |
| XTAMPZA ER 36 MG CAPSULE SPRINKLE | PA | 18 | |
| XTAMPZA ER 9 MG CAPSULE SPRINKLE | PA | 18 | |
| XTANDI 40 MG CAPSULE | QL(120 per 30 days) | 18 | |
| xulane 150 mcg-35 mcg/24 hr transdermal patch | | 12 | |
| YASMIN (28) 3 MG-0.03 MG TABLET | QL(91 per 90 days) | 12 | |
| YAZ (28) 3 MG-0.02 MG TABLET | QL(91 per 90 days) | 12 | |
| zaleplon 10 mg capsule | QL(60 per 30 days) | 18 | |
| zaleplon 5 mg capsule | QL(60 per 30 days) | 18 | |
| zarah 3 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| ZARONTIN 250 MG CAPSULE | | | |
| ZARONTIN 250 MG/5 ML ORAL SOLUTION | | | |
| zatean-pn dha 27 mg iron-1 mg-300 mg capsule | | 12 | |
| zatean-pn plus 28 mg-1 mg-300 mg capsule | | 12 | |
| ZAVESCA 100 MG CAPSULE | PA,QL(90 per 30 days) | 18 | |
| ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION | PA | 18 | |
| zenatane 10 mg capsule | | 12 | |
| zenatane 20 mg capsule | | 12 | |
| zenatane 30 mg capsule | | 12 | |
| zenatane 40 mg capsule | | 12 | |
| zenchent fe tablet chewable | QL(91 per 90 days) | 12 | |
| ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE | | | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE | | | |
| ZENPEP DR 10,000 UNIT CAPSULE | | | |
| ZENPEP DR 15,000 UNIT CAPSULE | | | |
| ZENPEP DR 20,000 UNIT CAPSULE | | | |
| ZENPEP DR 25,000 UNIT CAPSULE | | | |
| ZENPEP DR 3,000 UNIT CAPSULE | | | |
| ZENPEP DR 40,000 UNIT CAPSULE | | | |
| ZENPEP DR 5,000 UNIT CAPSULE | | | |
| ZIAGEN 20 MG/ML ORAL SOLUTION | | | |
| zidovudine 100 mg capsule | | | |
| zidovudine 300 mg tablet | | | |
| zidovudine 50 mg/5 ml syrup | | | |
| zinc chloride 10 mg/10 ml vial | | | |
| zinc sulfate 10 mg/10 ml vial | | | |
| zinc sulfate 25 mg/5 ml vial | | | |
| ziprasidone hcl 20 mg capsule | QL(120 per 30 days) | 6 | |
| ziprasidone hcl 40 mg capsule | QL(120 per 30 days) | 6 | |
| ziprasidone hcl 60 mg capsule | QL(120 per 30 days) | 6 | |
| ziprasidone hcl 80 mg capsule | QL(60 per 30 days) | 6 | |
| ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT | PA | 18 | |
| ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT | PA | 18 | |
| zoledronic acid 4 mg/100 ml | | | |
| zoledronic acid 4 mg/5 ml vial | | | |
| zoledronic acid 5 mg/100 ml | QL(100 per 365 days) | | |
| zolpidem tartrate 10 mg tablet | PA,QL(30 per 30 days) | 18 | |
| zolpidem tartrate 5 mg tablet | QL(30 per 30 days) | 18 | |
| ZONEGRAN 100 MG CAPSULE | | | |
| ZONEGRAN 25 MG CAPSULE | | | |
| zonisamide 100 mg capsule | | | |
| zonisamide 25 mg capsule | | | |
| zonisamide 50 mg capsule | | | |
| ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION | | 50 | |
| zovia 1-50e tablet | QL(91 per 90 days) | 12 | |
| zovia 1/35e (28) 1 mg-35 mcg tablet | QL(91 per 90 days) | 12 | |

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| Drug Name | Utilization Management Requirements | Age Minimum | Age Maximum |
|---|---|---|---|
| ZOVIRAX 5 % TOPICAL CREAM | QL(15 per 30 days) | 12 | |
| ZOVIRAX 5 % TOPICAL OINTMENT | QL(30 per 30 days) | 12 | |
| ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET | QL(90 per 30 days) | 16 | |
| ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET | QL(90 per 30 days) | 16 | |
| ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET | QL(90 per 30 days) | 16 | |
| ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET | QL(90 per 30 days) | 16 | |
| ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET | QL(90 per 30 days) | 16 | |
| ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET | QL(90 per 30 days) | 16 | |
| zumandimine (28) 3 mg-0.03 mg tablet | QL(91 per 90 days) | 12 | |
| ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION | | | |
| ZYTIGA 250 MG TABLET | QL(120 per 30 days) | 18 | |
| ZYTIGA 500 MG TABLET | QL(120 per 30 days) | 18 | |

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**Notes**

**Notes**

This information is available for free in other languages and formats. Please contact our Customer Service number at 1-800-477-6931. If you use TTY, call 711, Monday – Friday, 8 a.m. to 8 p.m.

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Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan 1-800-477-6931. Si ou itilize TTY, rele 711, Lendi - Vandredi, 8 a.m. a 8 p.m.

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Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero 1-800-477-6931. Se utilizza una telescrivente (TTY), chiami il numero 711 dal lunedì al venerdì tra le 8 e le 20:00.

Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру 1-800-477-6931. Если Вы пользователь TTY, звоните по номеру 711 с понедельника по пятницу, с 8.00 до 20.00.

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  - Information written in other languages

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Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 – 4618
1-800-477-6931 or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

# Multi-Language Interpreter Services

**English**: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-477-6931（TTY：711）.

**Español (Spanish)**: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-477-6931（TTY：711).

**Kreyòl Ayisyen (French Creole)**: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-477-6931（TTY：711).

**Tiếng Việt (Vietnamese)**: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-477-6931（TTY：711).

**Português (Portuguese)**: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-477-6931（TTY：711).

**繁體中文 (Chinese)**: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-477-6931（TTY：711）。

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-477-6931(ATS : 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-477-6931(TTY：711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-477-6931(телетайп: 711).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-477-6931 (رقم هاتف الصم والبكم: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-477-6931(TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-477-6931(TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-477-6931(TTY: 711) 번으로 전화해 주십시오.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-477-6931(TTY: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-477-6931 (TTY: 711).

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรีโทร 1-800-477-6931 (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-477-6931(TTY: 711).

Humana Medical Plan is a Managed Care Plan with a Florida Medicaid contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the Managed Care Plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change.

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