2024
Preferred Drug List

Humana Healthy Horizons® in Florida
All Regions

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 03/22/2024.

Humana
Healthy Horizons®
in Florida

FLHKCM9ENC

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 Clinical Pharmacy Review at **1-800-555-2546** to ask for an exception. We will reply within 24 hours after we get your doctor's 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.

EDS – Extended Day Supply - This medicine may be available up to a 100-day supply. Pharmacy accessibility and max day supply may vary by medicine.

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 UNILET COMFORTOUCH LANCET 28 GAUGE OTC			
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE OTC			
2-IN-1 LANCET DEVICE 30 GAUGE OTC			
3 day vaginal 200 mg/5 gram (4 %) cream OTC			
3-day vaginal 2 % cream OTC			20
8 hour pain reliever 650 mg tablet,extended release OTC			20
8hr muscle aches-pain 650 mg tablet,extended release OTC			20
abacavir 20 mg/ml oral solution			
abacavir 300 mg tablet			
abacavir 600 mg-lamivudine 300 mg tablet			
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA	18	
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA	18	
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	
abiraterone 250 mg tablet	QL(120 per 30 days)	18	
abiraterone 500 mg tablet	QL(60 per 30 days)	18	
acamprosate 333 mg tablet,delayed release			
acarbose 100 mg tablet EDS			
acarbose 25 mg tablet EDS			
acarbose 50 mg tablet EDS			
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION OTC			
ACCU-CHEK FASTCLIX LANCET DRUM OTC			
ACCU-CHEK FASTCLIX LANCING DEVICE KIT OTC			
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION OTC			
ACCU-CHEK MULTICLIX LANCET KIT OTC			
ACCU-CHEK SAFE-T-PRO 23 GAUGE OTC			
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE OTC			
ACCU-CHEK SMARTVIEW CONTROL SOLUTION OTC			
ACCU-CHEK SOFTCLIX LANCETS OTC			
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT OTC			
ACCUTREND GLUCOSE CONTROL SOLUTION OTC			
ACE AEROSOL CLOUD ENHANCER SPACER			
acebutolol 200 mg capsule EDS			
acebutolol 400 mg capsule EDS			
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution		12	
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution		12	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
acetaminophen 160 mg/5 ml oral liquid OTC			20
acetaminophen 300 mg-codeine 15 mg tablet	QL(360 per 30 days)	12	
acetaminophen 300 mg-codeine 30 mg tablet	QL(360 per 30 days)	12	
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution		12	
acetaminophen 300 mg-codeine 60 mg tablet	QL(360 per 30 days)	12	
acetaminophen 325 mg/10.15 ml oral solution OTC			20
acetaminophen 650 mg/20.3 ml oral solution OTC			20
acetaminophen er 650 mg tablet,extended release OTC			20
acetazolamide 125 mg tablet EDS			
acetazolamide 250 mg tablet EDS			
acetazolamide er 500 mg capsule,extended release EDS			
acetic acid 0.25 % irrigation solution			
acetic acid 2 % ear solution			
acetylcysteine 100 mg/ml (10 %) solution			
acetylcysteine 200 mg/ml (20 %) intravenous solution			
acetylcysteine 200 mg/ml (20 %) solution			
acitretin 10 mg capsule		18	
acitretin 17.5 mg capsule		18	
acitretin 25 mg capsule		18	
ACTHAR 80 UNIT/ML INJECTION GEL	PA,QL(45 per 30 days)		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	6
ACTI-LANCE LANCETS 17 GAUGE OTC			
ACTI-LANCE LANCETS 23 GAUGE OTC			
ACTI-LANCE LANCETS 28 GAUGE OTC			
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION	QL(6 per 28 days)		
acyclovir 200 mg capsule			
acyclovir 200 mg/5 ml oral suspension			17
acyclovir 400 mg tablet			
acyclovir 5 % topical ointment	QL(30 per 30 days)	12	
acyclovir 800 mg tablet			
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE		10	64
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP		10	64
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump		9	
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE		6	
ADJUSTABLE LANCING DEVICE OTC			
adult aspirin regimen 81 mg tablet,delayed release OTC,EDS			20
adult tussin chest congestion 100 mg/5 ml oral liquid OTC			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid OTC			20
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	
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER	QL(12 per 30 days)	4	
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER	QL(12 per 30 days)	4	
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER	QL(12 per 30 days)	4	
ADVANCED LANCING DEVICE KIT OTC			
ADVANCED TRAVEL LANCETS 28 GAUGE OTC			
ADVANCED TRAVEL LANCETS 30 GAUGE OTC			
ADVIN COVID-19 AG HOME TEST KIT OTC			
ADVOCATE LANCET 21 GAUGE OTC			
ADVOCATE LANCET 23 GAUGE OTC			
ADVOCATE LANCET 26 GAUGE OTC			
ADVOCATE LANCET 28 GAUGE OTC			
ADVOCATE LANCET 30 GAUGE OTC			
ADVOCATE LANCING DEVICE OTC			
ADVOCATE RAPID-SAFE LANCING DEVICE OTC			
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 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	
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP			
AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE		3	
AFTERA 1.5 MG TABLET OTC	QL(2 per 30 days)	12	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR		18	
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR		18	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
AIMSCO LATEX CONDOM OTC			
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR EDS	QL(4.5 per 90 days)	18	
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS EDS	QL(4.5 per 90 days)	18	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment			
albendazole 200 mg tablet	QL(120 per 30 days)		
albuterol sulfate 0.63 mg/3 ml solution for nebulization	QL(375 per 30 days)		
albuterol sulfate 1.25 mg/3 ml solution for nebulization	QL(375 per 30 days)		
albuterol sulfate 2 mg/5 ml oral syrup			
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization	QL(375 per 30 days)		
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	QL(120 per 30 days)		
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization	QL(120 per 30 days)		
ALCOHOL PADS OTC			
ALCOHOL PREP PADS OTC			
ALCOHOL SWABS OTC			
ALCOHOL WIPES OTC			
alendronate 10 mg tablet			
alendronate 35 mg tablet			
alendronate 5 mg tablet			
alendronate 70 mg tablet			
alfuzosin er 10 mg tablet,extended release 24 hr			
ALKERAN 2 MG TABLET		18	
all day allergy (cetirizine) 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
all day allergy (cetirizine) 10 mg tablet OTC	QL(30 per 30 days)		20
all day allergy-d 5 mg-120 mg tablet,extended release OTC			20
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 and congestion relief 10 mg-240 mg tablet,extend release 24 hr OTC			20
allergy and congestion relief 5 mg-120 mg tablet,extend release 12 hr OTC			20
allergy complete-d 5 mg-120 mg tablet,extended release OTC			20
allergy relief (cetirizine) 10 mg tablet OTC	QL(30 per 30 days)		20
allergy relief (cetirizine) 5 mg tablet OTC	QL(30 per 30 days)		20
allergy relief (loratadine) 10 mg disintegrating tablet OTC			20
allergy relief (loratadine) 10 mg tablet OTC	QL(30 per 30 days)		20
allergy relief (loratadine) 5 mg/5 ml oral solution OTC			20
allergy relief and nasal decongestant 10 mg-240 mg tablet,extended rel OTC			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
allergy relief d-24hr 10 mg-240 mg tablet,extended release OTC			20
allergy relief d12 5 mg-120 mg tablet,extended release OTC			20
allergy relief-d (cetirizine) 5 mg-120 mg tablet,extended release OTC			20
allopurinol 100 mg tablet EDS			
allopurinol 300 mg tablet EDS			
alosetron 0.5 mg tablet			
alosetron 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			
altavera (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
ALTERNATE SITE LANCET 26 GAUGE OTC			
ALTERNATE SITE LANCING DEVICE OTC			
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 hcl 100 mg capsule EDS		1	
amantadine hcl 100 mg tablet EDS		1	
amantadine hcl 50 mg/5 ml oral solution EDS		1	
ambrisentan 10 mg tablet	PA		
ambrisentan 5 mg tablet	PA		
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
amethyst (28) 90 mcg-20 mcg tablet	QL(91 per 90 days)	12	
amiloride 5 mg tablet EDS			
amiloride 5 mg-hydrochlorothiazide 50 mg tablet EDS			
aminocaproic acid 1,000 mg tablet			
aminocaproic acid 250 mg/ml (25 %) oral solution			
aminocaproic acid 250 mg/ml intravenous solution			
aminocaproic acid 500 mg tablet			
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 7 % INTRAVENOUS SOLUTION			
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION			
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION			
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION			
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION			
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION			
amiodarone 100 mg tablet EDS			
amiodarone 200 mg tablet EDS			
AMITIZA 24 MCG CAPSULE	PA	18	
AMITIZA 8 MCG CAPSULE	PA	18	
amitriptyline 10 mg tablet	QL(240 per 30 days)	12	
amitriptyline 100 mg tablet	QL(30 per 30 days)	12	
amitriptyline 150 mg tablet	QL(30 per 30 days)	12	
amitriptyline 25 mg tablet	QL(120 per 30 days)	12	
amitriptyline 50 mg tablet	QL(120 per 30 days)	12	
amitriptyline 75 mg tablet	QL(60 per 30 days)	12	
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet	QL(180 per 30 days)	18	
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet	QL(180 per 30 days)	18	
amlodipine 10 mg tablet EDS			
amlodipine 10 mg-benazepril 20 mg capsule			
amlodipine 10 mg-benazepril 40 mg capsule			
amlodipine 10 mg-olmesartan 20 mg tablet			
amlodipine 10 mg-olmesartan 40 mg tablet			
amlodipine 10 mg-valsartan 160 mg tablet			
amlodipine 10 mg-valsartan 320 mg tablet			
amlodipine 2.5 mg tablet EDS	QL(60 per 30 days)		
amlodipine 2.5 mg-benazepril 10 mg capsule			
amlodipine 5 mg tablet EDS	QL(60 per 30 days)		
amlodipine 5 mg-benazepril 10 mg capsule			
amlodipine 5 mg-benazepril 20 mg capsule			
amlodipine 5 mg-benazepril 40 mg capsule			
amlodipine 5 mg-olmesartan 20 mg tablet			
amlodipine 5 mg-olmesartan 40 mg tablet			
amlodipine 5 mg-valsartan 160 mg tablet			
amlodipine 5 mg-valsartan 320 mg tablet			
ammonium lactate 12 % lotion			
ammonium lactate 12 % topical cream			
amnesteem 10 mg capsule		12	
amnesteem 20 mg capsule		12	
amnesteem 40 mg capsule		12	
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 chewable tablet			
amoxicillin 125 mg/5 ml oral suspension			
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension			
amoxicillin 200 mg/5 ml oral suspension			
amoxicillin 250 mg capsule			
amoxicillin 250 mg chewable tablet			
amoxicillin 250 mg-potassium clavulanate 125 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension			
amoxicillin 250 mg/5 ml oral suspension			
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension			
amoxicillin 400 mg/5 ml oral suspension			
amoxicillin 500 mg capsule			
amoxicillin 500 mg tablet			
amoxicillin 500 mg-potassium clavulanate 125 mg tablet			
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension			
amoxicillin 875 mg tablet			
amoxicillin 875 mg-potassium clavulanate 125 mg tablet			
amphotericin b 50 mg solution for injection			
ampicillin 1 gram intravenous solution			
ampicillin 1 gram solution for injection			
ampicillin 10 gram solution for injection			
ampicillin 125 mg solution for injection			
ampicillin 2 gram intravenous solution			
ampicillin 2 gram solution for injection			
ampicillin 250 mg solution for injection			
ampicillin 500 mg capsule			
ampicillin 500 mg solution for injection			
ampicillin-sulbactam 1.5 gram intravenous solution			
ampicillin-sulbactam 1.5 gram solution for injection			
ampicillin-sulbactam 15 gram solution for injection			
ampicillin-sulbactam 3 gram intravenous solution			
ampicillin-sulbactam 3 gram solution for injection			
anagrelide 0.5 mg capsule			
anagrelide 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	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING		12	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION		18	
antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet OTC			
antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet OTC			
antacid calcium 215 mg calcium (500 mg) chewable tablet OTC			
antacid extra strength (calcium carb) 300 mg (750 mg) chewable tablet OTC			
antacid extra-strength 300 mg (750 mg) chewable tablet OTC			
antacid ultra strength 400 mg calcium (1,000 mg) chewable tablet OTC			
anusol-hc 2.5 % topical cream with perineal applicator			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN EDS	QL(90 per 90 days)		
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
aprepitant 125 mg capsule	QL(2 per 28 days)		
aprepitant 40 mg capsule	QL(4 per 28 days)		
aprepitant 80 mg capsule	QL(4 per 28 days)		
APRETUDE 600 MG/3 ML (200 MG/ML) IM SUSPENSION, EXTENDED RELEASE	QL(21 per 365 days)	12	
apri 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE			
APTIOM 200 MG TABLET	PA	4	
APTIOM 400 MG TABLET	PA	4	
APTIOM 600 MG TABLET	PA	4	
APTIOM 800 MG TABLET	PA	4	
APTIVUS 250 MG CAPSULE			
AQUA LANCE LANCING DEVICE OTC			
AQUADEKS PEDIATRIC 400 MCG/ML ORAL DROPS OTC	QL(60 per 30 days)		20
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		
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 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		
arformoterol 15 mcg/2 ml solution for nebulization	QL(120 per 30 days)	18	
aripiprazole 1 mg/ml oral solution	QL(900 per 30 days)	6	
aripiprazole 10 mg tablet	QL(30 per 30 days)	6	
aripiprazole 15 mg tablet	QL(30 per 30 days)	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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	
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			
arthritis pain relief (acetaminophen) er 650 mg tablet,extend release OTC			20
ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION			
ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION			
ascorbic acid (vitamin c) 500 mg/ml injection solution			
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase EDS			
aspirin 300 mg rectal suppository OTC,EDS			20
aspirin 325 mg tablet OTC,EDS			20
aspirin 325 mg tablet,delayed release OTC,EDS			20
aspirin 500 mg tablet,delayed release OTC,EDS			20
aspirin 81 mg chewable tablet OTC,EDS			20
aspirin 81 mg tablet,delayed release OTC,EDS			20
ASSURE HAEMOLANCE PLUS 18 GAUGE OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ASSURE HAEMOLANCE PLUS 21 GAUGE OTC			
ASSURE HAEMOLANCE PLUS 25 GAUGE OTC			
ASSURE HAEMOLANCE PLUS 28 GAUGE OTC			
ASSURE LANCE 25 GAUGE OTC			
ASSURE LANCE 28 GAUGE OTC			
ASSURE LANCE PLUS 21 GAUGE OTC			
ASSURE LANCE PLUS 25 GAUGE OTC			
ASSURE LANCE PLUS 30 GAUGE OTC			
ASTHMAPACK CHILDREN'S KIT			
atazanavir 150 mg capsule			
atazanavir 200 mg capsule			
atazanavir 300 mg capsule			
atenolol 100 mg tablet EDS			
atenolol 100 mg-chlorthalidone 25 mg tablet EDS			
atenolol 25 mg tablet EDS			
atenolol 50 mg tablet EDS			
atenolol 50 mg-chlorthalidone 25 mg tablet EDS			
atomoxetine 10 mg capsule		6	
atomoxetine 100 mg capsule		6	
atomoxetine 18 mg capsule		6	
atomoxetine 25 mg capsule		6	
atomoxetine 40 mg capsule		6	
atomoxetine 60 mg capsule		6	
atomoxetine 80 mg capsule		6	
atorvastatin 10 mg tablet EDS	QL(30 per 30 days)		
atorvastatin 20 mg tablet EDS	QL(30 per 30 days)		
atorvastatin 40 mg tablet EDS	QL(30 per 30 days)		
atorvastatin 80 mg tablet EDS	QL(30 per 30 days)		
atovaquone 750 mg/5 ml oral suspension			
atropine 1 % eye drops			
atropine 1 % eye ointment			
ATROPINE SULFATE (PF) 1 % EYE DROPS IN A DROPPERETTE			
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	QL(25.8 per 30 days)		
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	
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	PA,QL(30 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	PA,QL(30 per 30 days)	18	
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	PA,QL(30 per 30 days)	18	
AUTO-LANCET MINI OTC			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN OTC			
AUTOLET IMPRESSION LANCING DEVICE KIT OTC			
AUTOLET LANCING DEVICE OTC			
AUTOLET PLUS LANCING DEVICE OTC			
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS OTC			
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS OTC			
aviane 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	QL(4 per 28 days)	18	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE	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 solution for injection	QL(17 per 28 days)		
AZACTAM 1 GRAM SOLUTION FOR INJECTION			
AZACTAM 2 GRAM SOLUTION FOR INJECTION			
azathioprine 100 mg tablet			
azathioprine 50 mg tablet			
azathioprine 75 mg tablet			
azelaic acid 15 % topical gel			
azelastine 0.05 % eye drops			
azelastine 137 mcg (0.1 %) nasal spray aerosol			
azithromycin 1 gram oral packet			
azithromycin 100 mg/5 ml oral suspension			
azithromycin 200 mg/5 ml oral suspension			
azithromycin 250 mg tablet			
azithromycin 500 mg intravenous solution			
azithromycin 500 mg tablet			
azithromycin 600 mg tablet			
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment			
baclofen 10 mg tablet	QL(240 per 30 days)		
baclofen 10 mg/5 ml (2 mg/ml) oral solution	PA,QL(1200 per 30 days)	12	
baclofen 20 mg tablet	QL(120 per 30 days)		
baclofen 25 mg/5 ml (5 mg/ml) oral suspension	PA,QL(480 per 30 days)	12	
baclofen 5 mg tablet			
baclofen 5 mg/5 ml oral solution	PA,QL(2400 per 30 days)	12	
BACMIN 27 MG IRON-1 MG TABLET OTC			
bacteriostatic water(parabens) injection solution			
balanced salt intraocular solution			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET		12	
balziva (28) 0.4 mg-35 mcg tablet	QL(91 per 90 days)	12	
BANZEL 200 MG TABLET	PA	1	
BANZEL 40 MG/ML ORAL SUSPENSION	PA	1	
BANZEL 400 MG TABLET	PA	1	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY		4	
bayer aspirin 325 mg tablet OTC,EDS			20
bayer aspirin 325 mg tablet,delayed release OTC,EDS			20
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" OTC			
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE OTC			
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"			
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"			
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" OTC			
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" OTC			
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" OTC			
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" OTC			
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" OTC			
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE OTC			
BD MICROTAINER LANCET 1.5 MM X 2 MM OTC			
BD MICROTAINER LANCET 21 GAUGE OTC			
BD MICROTAINER LANCET 30 GAUGE OTC			
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" OTC			
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE			
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" OTC			
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" OTC			
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" OTC			
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" OTC			
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" OTC			
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" OTC			
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" OTC			
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" OTC			
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" OTC			
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" OTC			
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" OTC			
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" OTC			
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" OTC			
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" OTC			
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" OTC			
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" OTC			
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" OTC			
BD VERITOR AT-HOME COVID-19 TEST KIT OTC			
belladonna alkaloids-opium 16.2 mg-30 mg rectal suppository		18	
belladonna alkaloids-opium 16.2 mg-60 mg rectal suppository		18	
benazepril 10 mg tablet EDS			
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet EDS			
benazepril 20 mg tablet EDS			
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet EDS			
benazepril 20 mg-hydrochlorothiazide 25 mg tablet EDS			
benazepril 40 mg tablet EDS			
benazepril 5 mg tablet EDS			
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet EDS			
bendamustine 100 mg intravenous powder for solution			
bendamustine 25 mg intravenous powder for solution			
bendamustine 25 mg/ml intravenous solution			
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION			
benzonatate 100 mg capsule			20
benzonatate 150 mg capsule			20
benzonatate 200 mg capsule			20
benztropine 0.5 mg tablet EDS		3	
benztropine 1 mg tablet EDS		3	
benztropine 2 mg tablet EDS		3	
BEPREVE 1.5 % EYE DROPS		2	
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT	PA,QL(16 per 28 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION	PA,QL(16 per 28 days)	12	
betaine 1 gram/scoop oral powder			
betamethasone acetate and sodium phos 6 mg/ml suspension for injection			
betamethasone valerate 0.1 % topical cream			
betamethasone valerate 0.1 % topical ointment			
betamethasone, augmented 0.05 % topical cream			
BETASERON 0.3 MG SUBCUTANEOUS KIT	QL(14 per 28 days)	18	
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION	QL(14 per 28 days)	18	
bethanechol chloride 10 mg tablet			
bethanechol chloride 25 mg tablet			
bethanechol chloride 5 mg tablet			
bethanechol chloride 50 mg tablet			
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION	PA,QL(224 per 56 days)		
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE		10	25
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			
BICNU 100 MG INTRAVENOUS SOLUTION			
BIKTARVY 30 MG-120 MG-15 MG TABLET	PA,QL(30 per 30 days)	3	
BIKTARVY 50 MG-200 MG-25 MG TABLET	PA,QL(30 per 30 days)	3	
BILTRICIDE 600 MG TABLET			
BINAXNOW COVID-19 AG CARD HOME TEST KIT OTC			
BINAXNOW COVID-19 AG CARD KIT			
BINAXNOW COVID-19 AG SELF TEST KIT OTC			
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet EDS			
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet EDS			
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet EDS			
bisoprolol fumarate 10 mg tablet EDS			
bisoprolol fumarate 5 mg tablet EDS			
bleomycin 15 unit solution for injection			
bleomycin 30 unit solution for injection			
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	
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"			
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION		10	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE		10	
BORTEZOMIB 1 MG INJECTION POWDER FOR SOLUTION			
BORTEZOMIB 1 MG/ML INTRAVENOUS SOLUTION			
BORTEZOMIB 2.5 MG INJECTION POWDER FOR SOLUTION			
BORTEZOMIB 2.5 MG/ML INTRAVENOUS SOLUTION			
bortezomib 3.5 mg injection powder for solution			
bortezomib 3.5 mg intravenous powder for solution			
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 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 drops			
BRIVIACT 10 MG TABLET	PA		
BRIVIACT 10 MG/ML ORAL SOLUTION	PA		
BRIVIACT 100 MG TABLET	PA		
BRIVIACT 25 MG TABLET	PA		
BRIVIACT 50 MG TABLET	PA		
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION	PA		
BRIVIACT 75 MG TABLET	PA		
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup			20
budesonide 0.25 mg/2 ml suspension for nebulization	QL(120 per 30 days)		
budesonide 0.5 mg/2 ml suspension for nebulization	QL(120 per 30 days)		
budesonide 1 mg/2 ml suspension for nebulization	QL(120 per 30 days)		
budesonide dr - er 3 mg capsule,delayed,extended release			
BULLSEYE MINI SAFETY LANCETS 21 GAUGE OTC			
BULLSEYE MINI SAFETY LANCETS 25 GAUGE OTC			
BULLSEYE MINI SAFETY LANCETS 28 GAUGE OTC			
bumetanide 0.25 mg/ml injection solution			
bumetanide 0.5 mg tablet EDS			
bumetanide 1 mg tablet EDS			
bumetanide 2 mg tablet EDS			
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER			
BUPHENYL 500 MG TABLET			
bupivacaine (pf) 0.25 % (2.5 mg/ml) injection solution			
bupivacaine (pf) 0.5 % (5 mg/ml) injection solution			
bupivacaine (pf) 0.75 % (7.5 mg/ml) injection solution			
bupivacaine hcl 0.25 % (2.5 mg/ml) injection solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
bupivacaine hcl 0.5 % (5 mg/ml) injection solution			
bupivacaine-epinephrine (pf) 0.25 %-1:200,000 injection solution			
bupivacaine-epinephrine (pf) 0.5 %-1:200,000 injection solution			
bupivacaine-epinephrine 0.25 %-1:200,000 injection solution			
bupivacaine-epinephrine 0.5 %-1:200,000 injection solution			
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	QL(90 per 30 days)	16	
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	QL(90 per 30 days)	16	
buprenorphine hcl 2 mg sublingual tablet	QL(90 per 30 days)	16	
buprenorphine hcl 8 mg sublingual tablet	QL(90 per 30 days)	16	
bupropion hcl 100 mg tablet	QL(120 per 30 days)	6	
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	QL(60 per 30 days)	18	
bupropion hcl 75 mg tablet	QL(180 per 30 days)	6	
bupropion hcl sr 100 mg tablet,12 hr sustained-release	QL(60 per 30 days)	6	
bupropion hcl sr 150 mg tablet,12 hr sustained-release	QL(60 per 30 days)	6	
bupropion hcl sr 200 mg tablet,12 hr sustained-release	QL(60 per 30 days)	6	
bupropion hcl xl 150 mg 24 hr tablet, extended release	QL(30 per 30 days)	6	
bupropion hcl xl 300 mg 24 hr tablet, extended release	QL(30 per 30 days)	6	
buspirone 10 mg tablet			
buspirone 15 mg tablet			
buspirone 30 mg tablet			
buspirone 5 mg tablet			
buspirone 7.5 mg tablet			
butalbital 50 mg-acetaminophen 325 mg tablet			
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap		12	
butalbital-acetaminophen-caffeine 50 mg-300 mg-40 mg capsule	QL(120 per 365 days)		
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule			
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet			
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	QL(120 per 365 days)		
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet			
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
BUTTERFLY TOUCH LANCET 30 GAUGE OTC			
CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE	PA,QL(6 per 30 days)	12	
CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE	PA,QL(6 per 30 days)	12	
cabergoline 0.5 mg tablet	QL(16 per 30 days)		

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
CABOTEGRAVIR ER 400 MG/2 ML (200 MG/ML) IM SUSPENSION,EXTENDED RELEASE		12	
CABOTEGRAVIR ER 600 MG/3 ML (200 MG/ML) IM SUSPENSION,EXTENDED RELEASE	QL(21 per 365 days)	12	
caffeine citrate 60 mg/3 ml (20 mg/ml) intravenous solution	QL(90 per 30 days)		
caffeine citrate 60 mg/3 ml (20 mg/ml) oral solution	QL(90 per 30 days)		
cal-gest antacid 200 mg calcium (500 mg) chewable tablet OTC			
calcipotriene 0.005 % scalp solution	PA,QL(60 per 30 days)	18	
calcipotriene 0.005 % topical cream	PA,QL(120 per 30 days)	18	
calcipotriene 0.005 % topical ointment	PA,QL(120 per 30 days)	18	
calcitonin (salmon) 200 unit/actuation nasal spray	QL(3.7 per 28 days)	18	
calcitriol 0.25 mcg capsule			
calcitriol 0.5 mcg capsule			
calcitriol 1 mcg/ml intravenous solution			
calcitriol 1 mcg/ml oral solution			
calcium 600 mg calcium (1,500 mg) tablet OTC			
calcium acetate 667 mg tablet OTC			
calcium acetate 668 mg (169 mg calcium) tablet OTC			20
calcium antacid 200 mg calcium (500 mg) chewable tablet OTC			
calcium antacid 300 mg (750 mg) chewable tablet OTC			
calcium antacid 320 mg calcium (750 mg) chewable tablet OTC			
calcium antacid 400 mg calcium (1,000 mg) chewable tablet OTC			
calcium carbonate 260 mg calcium (648 mg) tablet OTC			
calcium carbonate 500 mg calcium (1,250 mg) tablet OTC			
calcium carbonate 500 mg/5 ml calcium (1,250 mg/5 ml) oral suspension OTC			
calcium carbonate 600 mg calcium (1,500 mg) tablet OTC			
calcium chloride 100 mg/ml (10 %) intravenous solution			
calcium gluconate 100 mg/ml (10 %) intravenous solution			
CALDOLOR 800 MG/200 ML (4 MG/ML) INTRAVENOUS PIGGYBACK			
CALDOLOR 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION			
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 84 days)	12	
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	QL(91 per 84 days)	12	
CAPLYTA 10.5 MG CAPSULE	PA,QL(30 per 30 days)	18	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
CAPLYTA 21 MG CAPSULE	PA,QL(30 per 30 days)	18	
CAPLYTA 42 MG CAPSULE	PA,QL(30 per 30 days)	18	
CARAFATE 1 GRAM TABLET			
CARAFATE 100 MG/ML ORAL SUSPENSION			
CARBAGLU 200 MG DISPERSIBLE TABLET	PA		
carbamazepine 100 mg chewable tablet			
carbamazepine 100 mg/5 ml oral suspension			
carbamazepine 200 mg tablet			
carbamazepine 200 mg/10 ml oral suspension			
carbamazepine er 100 mg capsule,extended release mphase12hr			
carbamazepine er 100 mg tablet,extended release,12 hr			
carbamazepine er 200 mg capsule,extended release mphase12hr			
carbamazepine er 200 mg tablet,extended release,12 hr			
carbamazepine er 300 mg capsule,extended release mphase12hr			
carbamazepine er 400 mg tablet,extended release,12 hr			
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	PA		
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	PA		
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	PA		
carbidopa 10 mg-levodopa 100 mg tablet EDS		18	
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet		18	
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet		18	
carbidopa 25 mg-levodopa 100 mg tablet EDS		18	
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet		18	
carbidopa 25 mg-levodopa 250 mg tablet EDS		18	
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet		18	
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet		18	
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet		18	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release EDS		18	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release EDS		18	
carbinoxamine 4 mg tablet			
carboplatin 10 mg/ml intravenous solution			
CARELANCE ULTIMATE COMFORT LANCING DEVICE OTC			
CAREONE LANCING DEVICE OTC			
CAREONE THIN LANCET OTC			
CAREONE ULTRA THIN LANCET OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
CARESENS LANCETS 30 GAUGE OTC			
CARESENS PREMIUM COMFORT LANCING DEVICE OTC			
CARESOFT LANCING DEVICE OTC			
CARESTART COVID-19 ANTIGEN HOME TEST KIT OTC			
CARETOUCH LANCING DEVICE OTC			
CARETOUCH SAFETY LANCETS 26 GAUGE OTC			
CARETOUCH SAFETY LANCETS 28 GAUGE OTC			
CARETOUCH TWIST LANCET 28 GAUGE OTC			
CARETOUCH TWIST LANCET 30 GAUGE OTC			
CARETOUCH TWIST LANCET 33 GAUGE OTC			
carteolol 1 % eye drops			
carvedilol 12.5 mg tablet EDS			
carvedilol 25 mg tablet EDS			
carvedilol 3.125 mg tablet EDS			
carvedilol 6.25 mg tablet EDS			
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 gram intravenous solution			
cefazolin 1 gram solution for injection			
cefazolin 10 gram solution for injection			
cefazolin 2 gram intravenous solution			
cefazolin 2 gram solution for injection			
cefazolin 20 gram solution for injection			
cefazolin 3 gram intravenous solution			
cefazolin 500 mg solution for injection			
cefdinir 125 mg/5 ml oral suspension			
cefdinir 250 mg/5 ml oral suspension			
cefdinir 300 mg capsule			
cefepime 1 gram solution for injection	QL(180 per 30 days)		
cefepime 2 gram solution for injection	QL(90 per 30 days)		
cefotaxime 1 gram solution for injection			
cefotetan 1 gram solution for injection			
cefotetan 10 gram intravenous solution			
cefotetan 2 gram solution for injection			
cefoxitin 1 gram intravenous solution			
cefoxitin 1 gram/50 ml in dextrose, iso-osmotic intravenous piggyback			
cefoxitin 10 gram intravenous solution			
cefoxitin 2 gram intravenous solution			
cefoxitin 2 gram/50 ml in dextrose(iso-osmotic) intravenous piggyback			
cefprozil 125 mg/5 ml oral suspension			
cefprozil 250 mg tablet	QL(120 per 30 days)		
cefprozil 250 mg/5 ml oral suspension	QL(600 per 30 days)		

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
cefprozil 500 mg tablet	QL(120 per 30 days)		
ceftriaxone 1 gram intravenous solution	QL(60 per 30 days)		
ceftriaxone 1 gram solution for injection	QL(60 per 30 days)		
ceftriaxone 1 gram/50 ml in dextrose (iso-osmot) intravenous piggyback			
ceftriaxone 10 gram solution for injection	QL(60 per 30 days)		
ceftriaxone 2 gram intravenous solution	QL(60 per 30 days)		
ceftriaxone 2 gram solution for injection	QL(60 per 30 days)		
ceftriaxone 2 gram/50 ml in dextrose (iso-osm) intravenous piggyback			
ceftriaxone 250 mg solution for injection	QL(60 per 30 days)		
ceftriaxone 500 mg solution for injection	QL(60 per 30 days)		
cefuroxime axetil 250 mg tablet			
cefuroxime axetil 500 mg tablet			
cefuroxime sodium 1.5 gram intravenous solution			
cefuroxime sodium 7.5 gram intravenous solution			
cefuroxime sodium 750 mg solution for injection			
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
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT OTC			
centratex 106 mg iron-1 mg capsule OTC			
cephalexin 125 mg/5 ml oral suspension			
cephalexin 250 mg capsule			
cephalexin 250 mg/5 ml oral suspension	QL(2400 per 30 days)		
cephalexin 500 mg capsule			
cephalexin 750 mg capsule			
cetirizine 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
cetirizine 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
cetirizine 10 mg tablet OTC	QL(30 per 30 days)		20
cetirizine 5 mg tablet OTC	QL(30 per 30 days)		20
cetirizine 5 mg-pseudoephedrine er 120 mg tablet,extended release,12hr OTC			20
CHANTIX 1 MG TABLET	QL(56 per 28 days)	17	
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	QL(56 per 28 days)	17	
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	QL(53 per 28 days)	17	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
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	
CHEST CONGESTION RELIEF 100 MG/5 ML ORAL LIQUID OTC			20
chest congestion relief 400 mg tablet OTC			20
chest congestion relief dm 10 mg-100 mg/5 ml oral syrup OTC			20
chest congestion relief dm 20 mg-400 mg tablet OTC			20
child mucus relief cough 5 mg-100 mg/5 ml oral liquid OTC			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
children's acetaminophen 160 mg chewable tablet OTC			20
children's acetaminophen 160 mg/5 ml oral liquid OTC			20
children's acetaminophen 160 mg/5 ml oral suspension OTC			20
children's all day allergy (cetirizine) 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
children's allergy (cetirizine) 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
children's allergy relief (cetirizine) 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
children's allergy relief (loratadine) 5 mg/5 ml oral solution OTC			20
children's aspirin 81 mg chewable tablet OTC,EDS			20
children's cetirizine 1 mg/ml oral solution OTC	QL(300 per 30 days)		11
children's mapap 160 mg chewable tablet OTC			20
children's pain and fever relief 160 mg/5 ml oral suspension OTC			20
children's pain relief 160 mg chewable tablet OTC			20
children's pain relief 160 mg/5 ml oral suspension OTC			20
children's pain reliever 160 mg/5 ml oral suspension OTC			20
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 gluconate 0.12 % mouthwash			
chloroquine 250 mg tablet	PA,QL(30 per 30 days)		
chloroquine 500 mg tablet	PA,QL(60 per 30 days)		
chlorpromazine 10 mg tablet	QL(120 per 30 days)	18	
chlorpromazine 100 mg tablet	QL(120 per 30 days)	18	
chlorpromazine 100 mg/ml oral concentrate			
chlorpromazine 200 mg tablet	QL(150 per 30 days)	18	
chlorpromazine 25 mg tablet	QL(120 per 30 days)	18	
chlorpromazine 25 mg/ml injection solution	QL(1200 per 30 days)	18	
chlorpromazine 30 mg/ml oral concentrate			
chlorpromazine 50 mg tablet	QL(120 per 30 days)	18	
chlorthalidone 25 mg tablet EDS			
chlorthalidone 50 mg tablet EDS			
chlorzoxazone 500 mg tablet			
cholestyramine (with sugar) 4 gram oral powder EDS			
cholestyramine (with sugar) 4 gram powder for susp in a packet EDS			
cholestyramine light 4 gram oral powder			
cholestyramine light 4 gram powder for susp in a packet			
cholestyramine-aspartame 4 gram oral powder for susp in a packet			
chromium chloride 4 mcg/ml intravenous solution			
ciclopirox 0.77 % topical cream			
ciclopirox 0.77 % topical suspension			
ciclopirox 8 % topical solution			
cilostazol 100 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
cilostazol 50 mg tablet EDS			
CIMDUO 300 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
CIMERLI 0.3 MG/0.05 ML INTRAVITREAL SOLUTION		18	
CIMERLI 0.5 MG/0.05 ML INTRAVITREAL SOLUTION		18	
cinacalcet 30 mg tablet		18	
cinacalcet 60 mg tablet		18	
cinacalcet 90 mg tablet		18	
CIPRO 250 MG/5 ML ORAL SUSPENSION			11
CIPRO 500 MG/5 ML ORAL SUSPENSION			11
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION			
ciprofloxacin 0.3 % eye drops			
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension			
ciprofloxacin 100 mg tablet	QL(120 per 30 days)	12	
ciprofloxacin 200 mg/100 ml in 5 % dextrose intravenous piggyback			
ciprofloxacin 250 mg tablet	QL(120 per 30 days)	12	
ciprofloxacin 400 mg/200 ml in 5 % dextrose intravenous piggyback			
ciprofloxacin 500 mg tablet	QL(120 per 30 days)	12	
ciprofloxacin 750 mg tablet	QL(120 per 30 days)	12	
cisplatin 1 mg/ml intravenous solution			
cisplatin 50 mg intravenous powder for solution			
citalopram 10 mg tablet	QL(30 per 30 days)	6	
citalopram 10 mg/5 ml oral solution	QL(900 per 30 days)	6	11
citalopram 20 mg tablet	QL(45 per 30 days)	6	
citalopram 40 mg tablet	QL(30 per 30 days)	6	
cladribine 10 mg/10 ml intravenous solution			
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 oral suspension			11
clarithromycin 250 mg tablet			
clarithromycin 250 mg/5 ml oral suspension			11
clarithromycin 500 mg tablet			
clarithromycin er 500 mg tablet,extended release 24 hr			
clearlax 17 gram/dose oral powder OTC			20
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION		9	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/175 ML ORAL SOLUTION		9	
CLEOCIN 100 MG VAGINAL SUPPOSITORY			
CLEOCIN 150 MG/ML INJECTION SOLUTION			
CLEOCIN 2 % VAGINAL CREAM			
CLEVER CHEK LANCETS 30 GAUGE OTC			
clindamycin 1 % topical gel	QL(120 per 30 days)	12	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel		12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
clindamycin 150 mg/ml injection solution			
clindamycin 75 mg/5 ml oral solution			11
clindamycin hcl 150 mg capsule			
clindamycin hcl 300 mg capsule			
clindamycin hcl 75 mg capsule			
clindamycin pediatric 75 mg/5 ml oral solution			11
clindamycin phosphate 1 % topical solution	QL(120 per 30 days)	12	
clindamycin phosphate 1 % topical swab		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 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX 8 % IN 14 % 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 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 E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINISOL SF 15 % INTRAVENOUS SOLUTION			
CLINITEST COVID-19 HOME TEST KIT OTC			
clobazam 10 mg tablet		2	
clobazam 2.5 mg/ml oral suspension		2	
clobazam 20 mg tablet		2	
clobetasol 0.05 % scalp solution			
clobetasol 0.05 % topical cream			
clobetasol 0.05 % topical ointment			
clomipramine 25 mg capsule	PA	10	
clomipramine 50 mg capsule	PA	10	
clomipramine 75 mg capsule	PA	10	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
clonazepam 0.125 mg disintegrating tablet			
clonazepam 0.25 mg disintegrating tablet			
clonazepam 0.5 mg disintegrating tablet			
clonazepam 0.5 mg tablet	QL(90 per 30 days)		
clonazepam 1 mg disintegrating tablet			
clonazepam 1 mg tablet	QL(90 per 30 days)		
clonazepam 2 mg disintegrating tablet			
clonazepam 2 mg tablet	QL(90 per 30 days)		
clonidine 0.1 mg/24 hr weekly transdermal patch	QL(8 per 30 days)		
clonidine 0.2 mg/24 hr weekly transdermal patch	QL(8 per 30 days)		
clonidine 0.3 mg/24 hr weekly transdermal patch	QL(8 per 30 days)		
clonidine hcl 0.1 mg tablet EDS			
clonidine hcl 0.2 mg tablet EDS			
clonidine hcl 0.3 mg tablet EDS			
clopidogrel 75 mg tablet EDS			
clotrimazole 1 % topical cream			
clotrimazole 1 % topical solution	QL(90 per 30 days)		
clotrimazole 1 % vaginal cream OTC			20
clotrimazole 10 mg troche			
clotrimazole-3 2 % vaginal cream OTC			20
clotrimazole-betamethasone 1 %-0.05 % topical cream			
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	
COAGUCHEK LANCETS OTC			
codeine sulfate 15 mg tablet		12	
codeine sulfate 30 mg tablet		12	
codeine sulfate 60 mg tablet		12	
colchicine 0.6 mg tablet	QL(6 per 30 days)	4	
colesevelam 625 mg tablet			
colestipol 1 gram tablet EDS			
colistin (colistimethate sodium) 150 mg solution for injection			
COLOR LANCETS 21 GAUGE OTC			
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	QL(8 per 25 days)		
COMFORT EZ LANCETS 21 GAUGE OTC			
COMFORT EZ LANCETS 23 GAUGE OTC			
COMFORT EZ LANCETS 28 GAUGE OTC			
COMFORT LANCETS OTC			
COMFORT TOUCH PLUS PRESSURE ACTIVATED SAFETY LANCETS 30 GAUGE OTC			
COMFORT TOUCH ULTRA THIN LANCETS 31 GAUGE OTC			
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE			
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION			
COMPLERA 200 MG-25 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
complete natal dha 29 mg iron-1 mg-200 mg oral pack		12	
CONCERTA 18 MG TABLET,EXTENDED RELEASE		6	
CONCERTA 27 MG TABLET,EXTENDED RELEASE		6	
CONCERTA 36 MG TABLET,EXTENDED RELEASE		6	
CONCERTA 54 MG TABLET,EXTENDED RELEASE		6	
CONDOMS-PREM LUBRICATED OTC			
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	QL(30 per 30 days)	18	
copper chloride 0.4 mg/ml intravenous solution			
CORDX COVID-19 AG HOME TEST KIT OTC			
COREG CR 10 MG CAPSULE, EXTENDED RELEASE			
COREG CR 20 MG CAPSULE, EXTENDED RELEASE			
COREG CR 40 MG CAPSULE, EXTENDED RELEASE			
COREG CR 80 MG CAPSULE, EXTENDED RELEASE			
CORTROPHIN GEL 80 UNIT/ML INJECTION	PA,QL(45 per 30 days)		
cough syrup 100 mg/5 ml oral liquid OTC			20
cough syrup dm 10 mg-100 mg/5 ml OTC			20
COVID-19 AT-HOME TEST KIT OTC			
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE	PA		
cromolyn 100 mg/5 ml oral concentrate			
cromolyn 20 mg/2 ml solution for nebulization			
cromolyn 4 % eye drops			
cryselle (28) 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
CUE COVID-19 HOME TEST KIT OTC			
cupric chloride 0.4 mg/ml intravenous solution			
curae 1.5 mg tablet OTC	QL(2 per 30 days)	12	
CURITY ALCOHOL SWABS OTC			
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	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			
cyclopentolate 0.5 % eye drops			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
cyclopentolate 1 % eye drops			
cyclopentolate 2 % eye drops			
cyclophosphamide 1 gram intravenous powder for solution			
cyclophosphamide 2 gram intravenous powder for solution			
CYCLOPHOSPHAMIDE 200 MG/ML INTRAVENOUS SOLUTION			
cyclophosphamide 25 mg capsule			
cyclophosphamide 25 mg tablet			
cyclophosphamide 50 mg capsule			
cyclophosphamide 50 mg tablet			
cyclophosphamide 500 mg intravenous powder for solution			
cyclophosphamide 500 mg/ml intravenous solution			
cyclosporine 250 mg/5 ml intravenous solution			
cyclosporine modified 100 mg capsule			
cyclosporine modified 100 mg/ml oral solution			11
cyclosporine modified 25 mg capsule			
cyclosporine modified 50 mg capsule			
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION			
cyproheptadine 2 mg/5 ml oral syrup			
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	
CYSTAGON 150 MG CAPSULE			
CYSTAGON 50 MG CAPSULE			
CYSTARAN 0.44 % EYE DROPS	QL(60 per 28 days)		
cytarabine (pf) 100 mg/5 ml (20 mg/ml) injection solution			
cytarabine (pf) 2 gram/20 ml (100 mg/ml) injection solution			
cytarabine (pf) 20 mg/ml injection solution			
cytarabine 20 mg/ml injection solution			
dacarbazine 100 mg intravenous solution			
dacarbazine 200 mg intravenous solution			
dalfampridine er 10 mg tablet,extended release,12 hr	QL(60 per 30 days)	18	
danazol 100 mg capsule			
danazol 200 mg capsule			
danazol 50 mg capsule			
dapsone 100 mg tablet			
dapsone 25 mg tablet			
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP		3	6
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 5 mg/ml intravenous solution			
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
DAYTRANA 10 MG/9 HR DAILY PATCH		6	
DAYTRANA 15 MG/9 HR DAILY PATCH		6	
DAYTRANA 20 MG/9 HR DAILY PATCH		6	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
DAYTRANA 30 MG/9 HR DAILY PATCH		6	
deblitane 0.35 mg tablet	QL(91 per 90 days)	12	
decitabine 50 mg intravenous solution			
deferasirox 180 mg tablet		2	
deferasirox 360 mg tablet		2	
deferasirox 90 mg tablet		2	
deferoxamine 2 gram solution for injection			
deferoxamine 500 mg solution for injection			
DELESTROGEN 10 MG/ML INTRAMUSCULAR OIL			
DELESTROGEN 20 MG/ML INTRAMUSCULAR OIL			
DELESTROGEN 40 MG/ML INTRAMUSCULAR OIL			
DELSTRIGO 100 MG-300 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
DENAVIR 1 % TOPICAL CREAM	QL(5 per 30 days)		
DEPAKOTE 125 MG TABLET,DELAYED RELEASE	PA		
DEPAKOTE 250 MG TABLET,DELAYED RELEASE	PA		
DEPAKOTE 500 MG TABLET,DELAYED RELEASE	PA		
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE	PA		
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE	PA		
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE	PA		
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 %			
DERMOTIC OIL 0.01 % EAR DROPS			
DESCOVY 120 MG-15 MG TABLET	QL(30 per 30 days)		
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	
desloratadine 5 mg tablet			
desmopressin 0.1 mg tablet			
desmopressin 0.2 mg tablet			
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated)			
desmopressin 4 mcg/ml injection solution			
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	QL(91 per 90 days)	12	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet	QL(91 per 90 days)	12	
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	QL(30 per 30 days)	18	
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	QL(30 per 30 days)	18	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	QL(30 per 30 days)	18	
dexamethasone 0.5 mg tablet EDS			
dexamethasone 0.5 mg/5 ml oral elixir			
dexamethasone 0.5 mg/5 ml oral solution			
dexamethasone 0.75 mg tablet EDS			
dexamethasone 1 mg tablet EDS			
dexamethasone 1.5 mg tablet EDS			
dexamethasone 2 mg tablet EDS			
dexamethasone 4 mg tablet EDS			
dexamethasone 6 mg tablet EDS			
dexamethasone sodium phosphate (pf) 10 mg/ml injection solution			
dexamethasone sodium phosphate (pf) 10 mg/ml injection syringe			
dexamethasone sodium phosphate 0.1 % eye drops			
dexamethasone sodium phosphate 10 mg/ml injection solution			
dexamethasone sodium phosphate 4 mg/ml injection solution			
dexamethasone sodium phosphate 4 mg/ml injection syringe EDS			
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	QL(30 per 30 days)	12	
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	QL(30 per 30 days)	12	
dexmethylphenidate 10 mg tablet			
dexmethylphenidate 2.5 mg tablet			
dexmethylphenidate 5 mg tablet			
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50		6	
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50		6	
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50		6	
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50		6	
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
dexrazoxane hcl 250 mg intravenous solution		18	
dexrazoxane hcl 500 mg intravenous solution		18	
dextroamphetamine sulfate 10 mg tablet		3	
dextroamphetamine sulfate 5 mg tablet		3	
dextroamphetamine-amphetamine 10 mg tablet		3	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
dextroamphetamine-amphetamine 12.5 mg tablet		3	
dextroamphetamine-amphetamine 15 mg tablet		3	
dextroamphetamine-amphetamine 20 mg tablet		3	
dextroamphetamine-amphetamine 30 mg tablet		3	
dextroamphetamine-amphetamine 5 mg tablet		3	
dextroamphetamine-amphetamine 7.5 mg tablet		3	
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid OTC			20
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup OTC			20
dextromethorphan-guaifenesin 20 mg-400 mg tablet OTC			20
dextromethorphan-guaifenesin 5 mg-100 mg/5 ml oral liquid OTC			20
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr OTC			20
dextrose 10 % and 0.2 % sodium chloride intravenous solution			
dextrose 10 % and 0.45 % sodium chloride intravenous solution			
dextrose 10 % in water (d10w) intravenous solution			
dextrose 2.5 % and 0.45 % sodium chloride intravenous solution			
dextrose 20 % in water (d20w) intravenous solution			
dextrose 25 % in water (d25w) intravenous syringe			
dextrose 30 % in water (d30w) intravenous solution			
dextrose 40 % in water (d40w) intravenous solution			
dextrose 5 % and 0.2 % sodium chloride intravenous solution			
dextrose 5 % and 0.45 % sodium chloride intravenous solution			
dextrose 5 % and 0.9 % sodium chloride intravenous solution			
dextrose 5 % and lactated ringers intravenous solution			
dextrose 5 % in water (d5w) intravenous piggyback			
dextrose 5 % in water (d5w) intravenous solution			
dextrose 5% and 0.3 % sodium chloride intravenous solution			
dextrose 50 % in water (d50w) intravenous solution			
dextrose 50 % in water (d50w) intravenous syringe			
dextrose 70 % in water (d70w) intravenous solution			
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	PA,QL(2 per 30 days)		18
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT	PA,QL(2 per 30 days)		18
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	PA,QL(2 per 30 days)		18
diazepam 10 mg tablet	QL(120 per 30 days)		
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	QL(2 per 30 days)		18

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
diazepam 2 mg tablet	QL(120 per 30 days)		
diazepam 2.5 mg rectal kit	QL(2 per 30 days)		18
diazepam 5 mg tablet	QL(120 per 30 days)		
diazepam 5 mg-7.5 mg-10 mg rectal kit	QL(2 per 30 days)		18
diazepam 5 mg/5 ml (1 mg/ml) oral solution	QL(1200 per 30 days)		
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution			
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	QL(120 per 30 days)	18	
diclofenac 0.1 % eye drops			
diclofenac 1 % topical gel			
diclofenac 3 % topical gel	PA,QL(200 per 30 days)	18	
diclofenac sodium 25 mg tablet,delayed release			
diclofenac sodium 50 mg tablet,delayed release			
diclofenac sodium 75 mg tablet,delayed release			
dicloxacillin 250 mg capsule			
dicloxacillin 500 mg capsule			
dicyclomine 10 mg capsule			
dicyclomine 10 mg/5 ml oral solution			
dicyclomine 20 mg tablet			
didanosine 250 mg capsule,delayed release			
didanosine 400 mg capsule,delayed release			
DIFFERIN 0.1 % LOTION		12	
DIFFERIN 0.1 % TOPICAL CREAM		12	
difluprednate 0.05 % eye drops			
digoxin 125 mcg (0.125 mg) tablet EDS			
digoxin 250 mcg (0.25 mg) tablet EDS			
digoxin 50 mcg/ml (0.05 mg/ml) oral solution			
DILANTIN 30 MG CAPSULE	PA		
DILANTIN EXTENDED 100 MG CAPSULE	PA		
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	PA		
diltiazem 120 mg tablet EDS			
diltiazem 30 mg tablet EDS			
diltiazem 60 mg tablet EDS			
diltiazem 90 mg tablet EDS			
diltiazem cd 120 mg capsule,extended release 24 hr EDS			
diltiazem cd 180 mg capsule,extended release 24 hr EDS			
diltiazem cd 240 mg capsule,extended release 24 hr EDS			
diltiazem cd 300 mg capsule,extended release 24 hr EDS			
diltiazem cd 360 mg capsule,extended release 24 hr EDS			
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled EDS			
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled EDS			
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled EDS			
diltiazem er 120 mg capsule,24 hr,extended release EDS			
diltiazem er 120 mg capsule,extended release 12 hr EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
diltiazem er 180 mg capsule,24 hr,extended release EDS			
diltiazem er 240 mg capsule,24 hr,extended release EDS			
diltiazem er 300 mg capsule,24 hr,extended release EDS			
diltiazem er 360 mg capsule,24 hr,extended release EDS			
diltiazem er 420 mg capsule,24 hr,extended release EDS			
diltiazem er 60 mg capsule,extended release 12 hr EDS			
diltiazem er 90 mg capsule,extended release 12 hr EDS			
diluent for decitabine (potassium ph monobasic,sodium hydrox) iv soln			
diluent for melphalan (sodium citrate) 10 ml intravenous solution			
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	QL(60 per 30 days)	18	
dimethyl fumarate 120 mg capsule,delayed release	QL(60 per 30 days)	18	
dimethyl fumarate 240 mg capsule,delayed release	QL(60 per 30 days)	18	
diphenhydramine 12.5 mg/5 ml oral elixir OTC			
diphenhydramine 12.5 mg/5 ml oral elixir OTC			
diphenhydramine 50 mg/ml injection solution			
diphenhydramine 50 mg/ml injection syringe			
diphenoxylate-atropine 2.5 mg-0.025 mg tablet			
dipyridamole 25 mg tablet EDS			
dipyridamole 50 mg tablet EDS			
dipyridamole 75 mg tablet EDS			
disulfiram 250 mg tablet			
disulfiram 500 mg tablet			
DIURIL 250 MG/5 ML ORAL SUSPENSION			11
divalproex 125 mg capsule,delayed release sprinkle			
divalproex 125 mg tablet,delayed release			
divalproex 250 mg tablet,delayed release			
divalproex 500 mg tablet,delayed release			
divalproex er 250 mg tablet,extended release 24 hr			
divalproex er 500 mg tablet,extended release 24 hr			
dobutamine 1,000 mg/250 ml(4,000 mcg/ml) in 5 % dextrose iv			
dobutamine 250 mg/20 ml (12.5 mg/ml) intravenous solution			
dobutamine 250 mg/250 ml (1 mg/ml) in 5 % dextrose intravenous			
dobutamine 500 mg/250 ml (2,000 mcg/ml) in 5 % dextrose iv			
docetaxel 160 mg/16 ml (10 mg/ml) intravenous solution			
docetaxel 160 mg/8 ml (20 mg/ml) intravenous solution			
docetaxel 20 mg/2 ml (10 mg/ml) intravenous solution			
docetaxel 20 mg/ml (1 ml) intravenous solution		18	
docetaxel 80 mg/4 ml (20 mg/ml) intravenous solution		18	
docetaxel 80 mg/8 ml (10 mg/ml) intravenous solution			
dodex 1,000 mcg/ml injection solution	QL(2 per 28 days)		
dofetilide 125 mcg capsule			
dofetilide 250 mcg capsule			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
dofetilide 500 mcg capsule			
dolishale 90 mcg-20 mcg (28) tablet	QL(91 per 90 days)	12	
donepezil 10 mg disintegrating tablet		18	
donepezil 10 mg tablet		18	
donepezil 5 mg disintegrating tablet		18	
donepezil 5 mg tablet	QL(60 per 30 days)	18	
dorzolamide 2 % eye drops			
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	QL(10 per 30 days)		
DOVATO 50 MG-300 MG TABLET	PA,QL(30 per 30 days)	18	
doxazosin 1 mg tablet EDS			
doxazosin 2 mg tablet EDS			
doxazosin 4 mg tablet EDS			
doxazosin 8 mg tablet EDS			
doxepin 10 mg capsule	QL(240 per 30 days)	12	
doxepin 10 mg/ml oral concentrate	QL(900 per 30 days)	12	
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 % topical 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 capsule			
doxercalciferol 1 mcg capsule			
doxercalciferol 2.5 mcg capsule			
doxercalciferol 4 mcg/2 ml intravenous solution			
doxorubicin 10 mg intravenous solution			
doxorubicin 10 mg/5 ml intravenous solution			
doxorubicin 2 mg/ml intravenous solution			
doxorubicin 20 mg/10 ml intravenous solution			
doxorubicin 50 mg intravenous solution			
doxorubicin 50 mg/25 ml intravenous solution			
doxorubicin, pegylated liposomal 2 mg/ml intravenous suspension	QL(60 per 28 days)	18	
doxycycline hyclate 100 mg capsule			
doxycycline hyclate 100 mg tablet			
doxycycline hyclate 150 mg tablet			
doxycycline hyclate 20 mg tablet			
doxycycline hyclate 50 mg capsule			
doxycycline hyclate 50 mg tablet			
doxycycline hyclate 75 mg tablet			
droperidol 2.5 mg/ml injection solution		18	
DROPLET GENTEEL LANCING DEVICE OTC			
DROPLET LANCETS 30 GAUGE OTC			
DROPLET LANCING DEVICE OTC			
drospiren-e.estrad-l.mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	QL(91 per 90 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
drospiren-e.estrad-l.mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet	QL(91 per 90 days)	12	
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet	QL(91 per 90 days)	12	
drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet	QL(91 per 90 days)	12	
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	QL(13 per 30 days)	5	
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	QL(13 per 30 days)	5	
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	QL(13 per 30 days)	5	
duloxetine 20 mg capsule,delayed release	QL(60 per 30 days)	6	
duloxetine 30 mg capsule,delayed release	QL(60 per 30 days)	6	
duloxetine 60 mg capsule,delayed release	QL(60 per 30 days)	6	
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	PA		
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	PA		
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	PA,QL(2.28 per 28 days)		
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(8 per 28 days)		
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	PA,QL(8 per 28 days)		
DUREX AVANTI BARE REAL FEEL CONDOM OTC			
dutasteride 0.5 mg capsule			
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY			
DYSPORT 300 UNIT INTRAMUSCULAR SOLUTION	PA		
DYSPORT 500 UNIT INTRAMUSCULAR SOLUTION	PA		
E-Z JECT LANCETS OTC			
E-Z JECT LANCETS 26 GAUGE OTC			
E-Z JECT LANCETS 30 GAUGE OTC			
E-Z JECT LANCETS 32 GAUGE OTC			
E-Z JECT LANCETS 33 GAUGE OTC			
E-Z JECT THIN LANCETS 28 GAUGE OTC			
EASIVENT HOLDING CHAMBER			
EASIVENT MASK LARGE			
EASIVENT MASK MEDIUM			
EASIVENT MASK SMALL			
EASY COMFORT LANCETS 30 GAUGE OTC			
EASY MINI EJECT LANCING DEVICE OTC			
EASY TOUCH ALCOHOL PREP PADS OTC			
EASY TOUCH LANCETS 26 GAUGE OTC			
EASY TOUCH LANCETS 28 GAUGE OTC			
EASY TOUCH LANCETS 30 GAUGE OTC			
EASY TOUCH LANCETS 32 GAUGE OTC			
EASY TOUCH LANCING DEVICE OTC			
EASY TOUCH SAFETY LANCETS 21 GAUGE OTC			
EASY TOUCH SAFETY LANCETS 23 GAUGE OTC			
EASY TOUCH SAFETY LANCETS 26 GAUGE OTC			
EASY TOUCH SAFETY LANCETS 28 GAUGE OTC			
EASY TOUCH SAFETY LANCETS 30 GAUGE OTC			
EASY TOUCH SAFETY LANCETS 32 GAUGE OTC			
EASY TOUCH TWIST LANCETS 26 GAUGE OTC			
EASY TOUCH TWIST LANCETS 28 GAUGE OTC			
EASY TOUCH TWIST LANCETS 30 GAUGE OTC			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
EASY TOUCH TWIST LANCETS 32 GAUGE OTC			
EASY TOUCH TWIST LANCETS 33 GAUGE OTC			
EASY TWIST AND CAP LANCETS 28 GAUGE OTC			
ECLIPSE NEEDLE 23 GAUGE X 1"			
ECLIPSE NEEDLE 25 GAUGE 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 1 % topical cream	QL(90 per 30 days)		
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			20
EDURANT 25 MG TABLET	PA,QL(30 per 30 days)	12	
efavirenz 200 mg capsule			
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	PA,QL(30 per 30 days)	12	
efavirenz 50 mg capsule			
efavirenz 600 mg tablet			
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet	PA,QL(30 per 30 days)	12	
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	PA,QL(30 per 30 days)	12	
EFFER-K 10 MEQ EFFERVESCENT TABLET			
EFFER-K 20 MEQ EFFERVESCENT TABLET			
effer-k 25 meq effervescent tablet			
EFUDEX 5 % TOPICAL CREAM			
electrolyte-48 in d5w intravenous solution			
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 TABLET	QL(120 per 30 days)	18	
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	QL(74 per 30 days)	18	
elite-ob 50 mg iron-1.25 mg tablet		12	
ELLA 30 MG TABLET	QL(2 per 30 days)	12	
ELLENCE 200 MG/100 ML INTRAVENOUS SOLUTION	PA	18	
ELLENCE 50 MG/25 ML INTRAVENOUS SOLUTION	PA	18	
ELLUME COVID-19 HOME TEST KIT OTC			
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
EMBRACE LANCETS 30 GAUGE OTC			
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE		18	
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR		18	
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	QL(30 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	QL(30 per 30 days)		
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	QL(30 per 30 days)		
emtricitabine 200 mg capsule			
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	QL(30 per 30 days)		
EMTRIVA 10 MG/ML ORAL SOLUTION			
enalapril 10 mg-hydrochlorothiazide 25 mg tablet EDS			
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet EDS			
enalapril maleate 10 mg tablet EDS			
enalapril maleate 2.5 mg tablet EDS			
enalapril maleate 20 mg tablet EDS			
enalapril maleate 5 mg tablet EDS			
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION	PA,QL(8 per 28 days)	2	
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	PA,QL(4 per 28 days)	2	
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	PA	2	
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	PA,QL(8 per 28 days)	2	
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	PA,QL(8 per 28 days)	2	
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(8 per 28 days)	2	
ENDARI 5 GRAM ORAL POWDER PACKET	PA,QL(180 per 30 days)	5	
ENEMEEZ 283 MG/5 ML ENEMA OTC		12	20
ENEMEEZ PLUS 283 MG-20 MG/5 ML ENEMA OTC		12	20
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION		3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE		3	
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE		3	
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
enoxaparin 100 mg/ml subcutaneous syringe	QL(60 per 30 days)		
enoxaparin 120 mg/0.8 ml subcutaneous syringe	QL(48 per 30 days)		
enoxaparin 150 mg/ml subcutaneous syringe	QL(60 per 30 days)		
enoxaparin 30 mg/0.3 ml subcutaneous syringe	QL(18 per 30 days)		
enoxaparin 300 mg/3 ml subcutaneous solution	QL(90 per 30 days)		
enoxaparin 40 mg/0.4 ml subcutaneous syringe	QL(24 per 30 days)		
enoxaparin 60 mg/0.6 ml subcutaneous syringe	QL(36 per 30 days)		
enoxaparin 80 mg/0.8 ml subcutaneous syringe	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	
entacapone 200 mg tablet	QL(240 per 30 days)	18	
entecavir 0.5 mg tablet			
entecavir 1 mg tablet			
ENTRESTO 24 MG-26 MG TABLET	QL(60 per 30 days)	1	
ENTRESTO 49 MG-51 MG TABLET	QL(60 per 30 days)	1	
ENTRESTO 97 MG-103 MG TABLET	QL(60 per 30 days)	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION	PA	1	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	QL(2 per 30 days)		
epinephrine 0.3 mg/0.3 ml injection, auto-injector	QL(2 per 30 days)		
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	QL(2 per 30 days)		
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	QL(2 per 30 days)		
epitol 200 mg tablet	PA		
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION			11
eplerenone 25 mg tablet EDS			
eplerenone 50 mg tablet EDS			
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 (glycine) 0.5 mg intravenous solution			
epoprostenol (glycine) 1.5 mg intravenous solution			
epoprostenol 0.5 mg intravenous solution			
epoprostenol 1.5 mg intravenous solution			
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE	PA	6	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE	PA	6	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE	PA	6	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule			
erlotinib 100 mg tablet	QL(30 per 30 days)	18	
erlotinib 150 mg tablet	QL(30 per 30 days)	18	
erlotinib 25 mg tablet	QL(30 per 30 days)	18	
errin 0.35 mg tablet	QL(91 per 90 days)	12	
ertapenem 1 gram solution for injection			
erythromycin 5 mg/gram (0.5 %) eye ointment			
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension			
erythromycin-benzoyl peroxide 3 %-5 % topical gel		12	
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	
esomeprazole magnesium 20 mg capsule,delayed release OTC	QL(30 per 30 days)		
esomeprazole magnesium 20 mg capsule,delayed release OTC	QL(30 per 30 days)		
esomeprazole magnesium 40 mg capsule,delayed release	QL(30 per 30 days)		
estarylla 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
estazolam 1 mg tablet	QL(30 per 30 days)		
estazolam 2 mg tablet	QL(30 per 30 days)		
esterified estrogens-methyltestosterone 0.625 mg-1.25 mg tablet			
esterified estrogens-methyltestosterone 1.25 mg-2.5 mg tablet			
estradiol 0.025 mg/24 hr weekly transdermal patch	QL(4 per 28 days)		
estradiol 0.0375 mg/24 hr weekly transdermal patch	QL(4 per 28 days)		
estradiol 0.05 mg/24 hr weekly transdermal patch	QL(4 per 28 days)		
estradiol 0.06 mg/24 hr weekly transdermal patch	QL(4 per 28 days)		
estradiol 0.075 mg/24 hr weekly transdermal patch	QL(4 per 28 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
estradiol 0.1 mg/24 hr weekly transdermal patch	QL(4 per 28 days)		
estradiol 0.5 mg tablet EDS			
estradiol 1 mg tablet EDS			
estradiol 2 mg tablet EDS			
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet		18	
estradiol-norethindrone acet 1 mg-0.5 mg tablet		18	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING	QL(1 per 84 days)		
eszopiclone 1 mg tablet	QL(90 per 365 days)	18	
eszopiclone 2 mg tablet	QL(90 per 365 days)	18	
eszopiclone 3 mg tablet	QL(90 per 365 days)	18	
ethambutol 100 mg tablet			
ethambutol 400 mg tablet			
ethosuximide 250 mg capsule			
ethosuximide 250 mg/5 ml oral solution			
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	QL(91 per 90 days)	12	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
etoposide 20 mg/ml intravenous solution			
EUCRISA 2 % TOPICAL OINTMENT	PA,QL(60 per 30 days)		
everolimus (antineoplastic) 10 mg tablet	QL(30 per 30 days)	1	
everolimus (antineoplastic) 2.5 mg tablet	QL(30 per 30 days)	1	
everolimus (antineoplastic) 5 mg tablet	QL(30 per 30 days)	1	
everolimus (antineoplastic) 7.5 mg tablet	QL(30 per 30 days)	1	
everolimus (immunosuppressive) 0.25 mg tablet		18	
everolimus (immunosuppressive) 0.5 mg tablet		18	
everolimus (immunosuppressive) 0.75 mg tablet		18	
everolimus (immunosuppressive) 1 mg tablet		18	
EVOTAZ 300 MG-150 MG TABLET	PA,QL(30 per 30 days)	12	
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL		18	
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL		18	
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL		18	
exemestane 25 mg tablet	QL(30 per 30 days)	18	
EZ SMART LANCETS 28 GAUGE OTC			
EZ-LETS 26 GAUGE OTC			
ezetimibe 10 mg tablet EDS	QL(30 per 30 days)	10	
FABRAZYME 35 MG INTRAVENOUS SOLUTION	PA	2	
FABRAZYME 5 MG INTRAVENOUS SOLUTION	PA	2	
falmina (28) 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
famotidine (pf) 20 mg/2 ml intravenous solution			
famotidine (pf) 20 mg/50 ml in 0.9 % nacl (iso) intravenous piggyback			
famotidine 10 mg/ml intravenous solution			
famotidine 20 mg tablet	QL(60 per 30 days)		
famotidine 40 mg tablet	QL(60 per 30 days)		
famotidine 40 mg/5 ml (8 mg/ml) oral suspension			11

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
FANAPT 1 MG TABLET	QL(60 per 30 days)	18	
FANAPT 10 MG TABLET	QL(60 per 30 days)	18	
FANAPT 12 MG TABLET	QL(60 per 30 days)	18	
FANAPT 2 MG TABLET	QL(60 per 30 days)	18	
FANAPT 4 MG TABLET	QL(60 per 30 days)	18	
FANAPT 6 MG TABLET	QL(60 per 30 days)	18	
FANAPT 8 MG TABLET	QL(60 per 30 days)	18	
FANTASY CONDOM OTC			
FARXIGA 10 MG TABLET	QL(30 per 30 days)	18	
FARXIGA 5 MG TABLET	QL(30 per 30 days)	18	
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE	PA	12	
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR	PA	12	
FASTEP COVID-19 AG HOME TEST KIT OTC			
FC2 FEMALE CONDOM OTC			
felbamate 400 mg tablet			
felbamate 600 mg tablet			
felbamate 600 mg/5 ml oral suspension			
FELBATOL 400 MG TABLET	PA		
FELBATOL 600 MG TABLET	PA		
FELBATOL 600 MG/5 ML ORAL SUSPENSION	PA		
felodipine er 10 mg tablet,extended release 24 hr EDS			
felodipine er 2.5 mg tablet,extended release 24 hr EDS			
felodipine er 5 mg tablet,extended release 24 hr EDS			
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 160 mg tablet EDS			
fenofibrate 54 mg tablet EDS			
fenofibrate micronized 134 mg capsule EDS			
fenofibrate micronized 200 mg capsule EDS			
fenofibrate micronized 67 mg capsule EDS			
fenofibrate nanocrystallized 145 mg tablet EDS			
fenofibrate nanocrystallized 48 mg tablet EDS			
FENSOLVI 45 MG SUBCUTANEOUS SYRINGE	PA,QL(1 per 180 days)	2	
fentanyl 100 mcg/hr transdermal patch	QL(10 per 30 days)	18	
fentanyl 12 mcg/hr transdermal patch	QL(10 per 30 days)	18	
fentanyl 25 mcg/hr transdermal patch	QL(10 per 30 days)	18	
fentanyl 50 mcg/hr transdermal patch	QL(10 per 30 days)	18	
fentanyl 75 mcg/hr transdermal patch	QL(10 per 30 days)	18	
feosol 325 mg (65 mg iron) tablet OTC			20
FEOSOL 45 MG TABLET OTC			20
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS OTC			20
ferate 240 mg (27 mg iron) tablet OTC			20
ferosul 325 mg (65 mg iron) tablet OTC			20
FERRIMIN 150 456 MG (150 MG IRON) TABLET OTC			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
FERRLECIT 62.5 MG/5 ML INTRAVENOUS SOLUTION		6	
ferro-time 325 mg (65 mg iron) tablet OTC			20
ferrous fumarate 324 mg (106 mg iron) tablet OTC			20
ferrous gluconate 324 mg (37.5 mg iron) tablet OTC			
ferrous gluconate 324 mg (38 mg iron) tablet OTC			20
ferrous sulfate 15 mg iron (75 mg)/ml oral drops OTC			20
ferrous sulfate 220 mg (44 mg iron)/5 ml oral elixir OTC			20
ferrous sulfate 220 mg (44 mg iron)/5 ml oral solution OTC			20
ferrous sulfate 300 mg (60 mg iron)/5 ml oral liquid OTC			20
ferrous sulfate 324 mg (65 mg iron) tablet,delayed release OTC			20
ferrous sulfate 325 mg (65 mg iron) tablet OTC			20
ferrous sulfate 325 mg (65 mg iron) tablet,delayed release OTC			20
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE OTC			
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE OTC			
FILTER NEEDLES 19 X 1 1/2"			
FILTER NEEDLES 19 X 1"			
FINACEA 15 % TOPICAL GEL			
finasteride 5 mg tablet			
FINGERSTIX LANCETS OTC			
fingolimod 0.5 mg capsule	QL(30 per 30 days)	10	
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE	PA,QL(9 per 28 days)	18	
FLAREX 0.1 % EYE DROPS,SUSPENSION			
flecainide 100 mg tablet EDS			
flecainide 150 mg tablet EDS			
flecainide 50 mg tablet EDS			
FLEXICHAMBER SPACER			
FLEXICHAMBER-LARGE CHILD MASK			
FLEXICHAMBER-SMALL ADULT MASK			
FLEXICHAMBER-SMALL CHILD MASK			
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION	QL(120 per 30 days)	4	
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION	QL(120 per 30 days)	4	
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION	QL(120 per 30 days)	4	
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)		
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT OTC			
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE		65	
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE		18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION			
fluconazole 10 mg/ml oral suspension			
fluconazole 100 mg tablet			
fluconazole 100 mg/50 ml in sodium chloride(iso) intravenous piggyback			
fluconazole 150 mg tablet			
fluconazole 200 mg tablet			
fluconazole 200 mg/100 ml in sod. chloride (iso) intravenous piggyback			
fluconazole 40 mg/ml oral suspension			
fluconazole 400 mg/200 ml in sod. chloride(iso) intravenous piggyback			
fluconazole 50 mg tablet			
fludarabine 50 mg intravenous solution			
fludarabine 50 mg/2 ml intravenous solution			
fludrocortisone 0.1 mg tablet			
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE		2	49
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet OTC			
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet OTC			
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops OTC			
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet OTC			
fluorometholone 0.1 % eye drops,suspension			
fluorouracil 1 gram/20 ml intravenous solution			
fluorouracil 2 % topical solution			
fluorouracil 2.5 gram/50 ml intravenous solution			
fluorouracil 5 % topical solution			
fluorouracil 5 gram/100 ml intravenous solution			
fluorouracil 500 mg/10 ml intravenous solution			
fluoxetine 10 mg capsule	QL(60 per 30 days)	6	
fluoxetine 20 mg capsule	QL(90 per 30 days)	6	
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution	QL(600 per 30 days)	6	11
fluoxetine 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 oral elixir	QL(1200 per 30 days)	6	
fluphenazine 5 mg tablet	QL(120 per 30 days)	6	
fluphenazine 5 mg/ml oral concentrate	QL(120 per 30 days)	6	
fluphenazine decanoate 25 mg/ml injection solution		18	
fluticasone propionate 0.005 % topical ointment			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
fluticasone propionate 0.05 % topical cream			
fluticasone propionate 100 mcg/actuation blister powder for inhalation	QL(120 per 30 days)	4	
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	QL(24 per 30 days)		
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	QL(24 per 30 days)		
fluticasone propionate 250 mcg/actuation blister powder for inhalation	QL(120 per 30 days)	4	
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	QL(21.2 per 30 days)		
fluticasone propionate 50 mcg/actuation blister powder for inhalation	QL(120 per 30 days)	4	
fluticasone propionate 50 mcg/actuation nasal spray,suspension	QL(16 per 30 days)		
fluvoxamine 100 mg tablet	QL(90 per 30 days)	6	
fluvoxamine 25 mg tablet	QL(360 per 30 days)	6	
fluvoxamine 50 mg tablet	QL(180 per 30 days)	6	
FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE		65	
FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.			
FML FORTE 0.25 % EYE DROPS,SUSPENSION			
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		6	
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE		6	
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE		6	
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE		6	
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE	QL(30 per 30 days)	6	
folic acid 1 mg tablet EDS			
folic acid 5 mg/ml injection solution			
folivane-ob 85 mg-1 mg capsule		12	
FOLTRATE 0.5 MG-1 MG TABLET OTC			
FORA LANCING DEVICE OTC			
FORACARE LANCETS 30 GAUGE OTC			
fosamprenavir 700 mg tablet			
fosinopril 10 mg tablet EDS	QL(60 per 30 days)		
fosinopril 20 mg tablet EDS	QL(60 per 30 days)		
fosinopril 40 mg tablet EDS			
FREESTYLE LANCETS 28 GAUGE OTC			
FREESTYLE UNISTIK 2 OTC			
fulvestrant 250 mg/5 ml intramuscular syringe			
furosemide 10 mg/ml injection solution EDS			
furosemide 10 mg/ml injection syringe			
furosemide 10 mg/ml oral solution			
furosemide 20 mg tablet EDS			
furosemide 40 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
furosemide 40 mg/5 ml (8 mg/ml) oral solution			
furosemide 80 mg tablet EDS			
FUZEON 90 MG SUBCUTANEOUS SOLUTION	PA	6	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	PA	4	
FYCOMPA 10 MG TABLET	PA	4	
FYCOMPA 12 MG TABLET	PA	4	
FYCOMPA 2 MG TABLET	PA	4	
FYCOMPA 4 MG TABLET	PA	4	
FYCOMPA 6 MG TABLET	PA	4	
FYCOMPA 8 MG TABLET	PA	4	
gabapentin 100 mg capsule			
gabapentin 250 mg/5 ml (5 ml) oral solution			
gabapentin 250 mg/5 ml oral solution			
gabapentin 300 mg capsule			
gabapentin 300 mg/6 ml (6 ml) oral solution			
gabapentin 400 mg capsule			
gabapentin 600 mg tablet			
gabapentin 800 mg tablet			
GABITRIL 12 MG TABLET	PA		
GABITRIL 16 MG TABLET	PA		
GABITRIL 2 MG TABLET	PA		
GABITRIL 4 MG TABLET	PA		
galantamine 12 mg tablet		18	
galantamine 4 mg tablet		18	
galantamine 8 mg tablet		18	
ganciclovir sodium 50 mg/ml intravenous solution			
ganciclovir sodium 500 mg intravenous solution			
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION		9	45
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE		9	45
gemcitabine 1 gram intravenous solution			
gemcitabine 1 gram/26.3 ml (38 mg/ml) intravenous solution			
gemcitabine 100 mg/ml intravenous solution			
gemcitabine 2 gram intravenous solution			
gemcitabine 2 gram/52.6 ml (38 mg/ml) intravenous solution			
gemcitabine 200 mg intravenous solution			
gemcitabine 200 mg/5.26 ml (38 mg/ml) intravenous solution			
gemfibrozil 600 mg tablet EDS			
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule	QL(91 per 90 days)	12	
GENABIO COVID-19 RAPID AT-HOME KIT OTC			
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

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
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 % topical cream	QL(60 per 30 days)		
gentamicin 0.3 % eye drops			
gentamicin 100 mg/100 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 100 mg/50 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 120 mg/100 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 20 mg/2 ml injection solution			
gentamicin 40 mg/ml injection solution			
gentamicin 60 mg/50 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 70 mg/50 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 80 mg/100 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 80 mg/50 ml in sodium chloride(iso) intravenous piggyback			
GENTEEL VACUUM LANCING DEVICE COMBO PACK OTC			
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	PA,QL(30 per 30 days)	6	
glimepiride 1 mg tablet EDS			
glimepiride 2 mg tablet EDS			
glimepiride 4 mg tablet EDS	QL(60 per 30 days)		
glipizide 10 mg tablet EDS			
glipizide 2.5 mg tablet EDS			
glipizide 2.5 mg-metformin 250 mg tablet EDS			
glipizide 2.5 mg-metformin 500 mg tablet EDS			
glipizide 5 mg tablet EDS			
glipizide 5 mg-metformin 500 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
glipizide er 10 mg tablet, extended release 24 hr EDS			
glipizide er 2.5 mg tablet, extended release 24 hr EDS			
glipizide er 5 mg tablet, extended release 24 hr EDS			
GLUCAGEN HYPOKIT 1 MG INJECTION			
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION			
glucagon hcl 1 mg/ml solution for injection			
GLUCOCOM LANCETS 28 GAUGE OTC			
GLUCOCOM LANCETS 30 GAUGE OTC			
GLUCOCOM LANCETS 33 GAUGE OTC			
glyburide 1.25 mg tablet EDS			
glyburide 1.25 mg-metformin 250 mg tablet EDS			
glyburide 2.5 mg tablet EDS			
glyburide 2.5 mg-metformin 500 mg tablet EDS			
glyburide 5 mg tablet EDS			
glyburide 5 mg-metformin 500 mg tablet EDS			
glyburide micronized 1.5 mg tablet EDS			
glyburide micronized 3 mg tablet EDS			
glyburide micronized 6 mg tablet EDS			
glycopyrrolate 1 mg tablet			
glycopyrrolate 1 mg/5 ml (0.2 mg/ml) oral solution		3	16
glycopyrrolate 2 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	
GOJJI LANCETS 30 GAUGE OTC			
GOJJI LANCING DEVICE OTC			
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION			
GOTOKNOW COVID-19 AG HOME TEST KIT OTC			
granisetron (pf) 1 mg/ml (1 ml) intravenous solution	QL(8 per 28 days)		
granisetron (pf) 100 mcg/ml (0.1 mg/ml) intravenous solution			
granisetron hcl 1 mg tablet	QL(8 per 28 days)		
griseofulvin microsize 125 mg/5 ml oral suspension			
griseofulvin microsize 500 mg tablet			
guaifenesin 100 mg/5 ml oral liquid OTC			20
guaifenesin 400 mg tablet OTC			20
guaifenesin er 1,200 mg tablet, extended release 12 hr OTC			20
guaifenesin er 600 mg tablet, extended release 12 hr OTC			20
guanfacine 1 mg tablet EDS			
guanfacine 2 mg tablet EDS			
guanfacine er 1 mg tablet,extended release 24 hr			
guanfacine er 2 mg tablet,extended release 24 hr			
guanfacine er 3 mg tablet,extended release 24 hr			
guanfacine er 4 mg tablet,extended release 24 hr			
hailey 1.5 mg-30 mcg tablet	QL(91 per 90 days)	12	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
halobetasol propionate 0.05 % topical cream			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
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(90 per 30 days)	6	
haloperidol decanoate 100 mg/ml intramuscular solution	QL(5 per 28 days)	18	
haloperidol decanoate 50 mg/ml intramuscular solution		18	
haloperidol decanoate 50 mg/ml intramuscular solution	QL(3 per 28 days)	18	
haloperidol lactate 2 mg/ml oral concentrate	QL(1500 per 30 days)	6	
haloperidol lactate 5 mg/ml injection solution		18	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE		3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE		3	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE OTC			
HEALTHY ACCENTS UNILET LANCET 30 GAUGE OTC			
heather 0.35 mg tablet	QL(91 per 90 days)	12	
heparin (porcine) 1,000 unit/ml injection solution			
heparin (porcine) 10,000 unit/ml injection solution			
heparin (porcine) 20,000 unit/ml injection solution			
heparin (porcine) 5,000 unit/ml (1 ml) injection cartridge			
heparin (porcine) 5,000 unit/ml injection solution			
heparin (porcine) 5,000 unit/ml injection syringe			
heparin, porcine (pf) 1,000 unit/ml injection solution			
heparin, porcine (pf) 5,000 unit/0.5 ml injection solution			
heparin, porcine (pf) 5,000 unit/0.5 ml injection syringe			
heparin, porcine (pf) 5,000 unit/0.5 ml subcutaneous syringe			
heparin, porcine (pf) 5,000 unit/ml injection syringe			
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE		18	
her style 1.5 mg tablet OTC	QL(2 per 30 days)	12	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	6
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN EDS	QL(90 per 90 days)		
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS EDS	QL(90 per 90 days)		
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 EDS	QL(90 per 90 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 EDS	QL(90 per 90 days)		
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	QL(70 per 30 days)		

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(4 per 28 days)	2	
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	PA,QL(6 per 28 days)	2	
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	PA,QL(6 per 28 days)	2	
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT	PA,QL(6 per 28 days)	2	
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(2 per 28 days)		
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(2 per 28 days)		
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(4 per 28 days)		
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,QL(4 per 28 days)		
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	PA,QL(4 per 28 days)		
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT	PA,QL(4 per 28 days)		
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	PA,QL(4 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 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS OTC,EDS	QL(90 per 90 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)		
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS	QL(12 per 30 days)		
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN	QL(20 per 30 days)		
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG TABLET		18	20
hydralazine 10 mg tablet EDS			
hydralazine 100 mg tablet EDS			
hydralazine 25 mg tablet EDS			
hydralazine 50 mg tablet EDS			
hydrochlorothiazide 12.5 mg capsule EDS			
hydrochlorothiazide 12.5 mg tablet EDS			
hydrochlorothiazide 25 mg tablet EDS			
hydrochlorothiazide 50 mg tablet EDS			
hydrocodone 10 mg-acetaminophen 300 mg tablet	QL(180 per 30 days)		
hydrocodone 10 mg-acetaminophen 325 mg tablet			
hydrocodone 5 mg-acetaminophen 300 mg tablet	QL(240 per 30 days)		
hydrocodone 5 mg-acetaminophen 325 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	QL(180 per 30 days)		
hydrocodone 7.5 mg-acetaminophen 325 mg tablet			
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution			
hydrocodone-homatropine 5 mg-1.5 mg tablet		18	20
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	QL(300 per 30 days)	18	20
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	QL(300 per 30 days)	18	20
hydrocortisone 1 % topical cream			
hydrocortisone 1 % topical cream with perineal applicator			
hydrocortisone 1 % topical ointment			
hydrocortisone 1 %-iodoquinol 1 % topical cream			
hydrocortisone 10 mg tablet EDS			
hydrocortisone 100 mg/60 ml enema			
hydrocortisone 2.5 % topical cream			
hydrocortisone 2.5 % topical cream with perineal applicator			
hydrocortisone 2.5 % topical ointment			
hydrocortisone 20 mg tablet EDS			
hydrocortisone 5 mg tablet EDS			
hydrocortisone-pramoxine 2.5 %-1 % rectal cream			
hydromorphone 2 mg tablet			
hydromorphone 4 mg tablet			
hydromorphone 8 mg tablet			
hydroxychloroquine 100 mg tablet	PA,QL(30 per 30 days)		
hydroxychloroquine 200 mg tablet	PA,QL(90 per 30 days)		
hydroxychloroquine 300 mg tablet	PA,QL(60 per 30 days)		
hydroxychloroquine 400 mg tablet	PA,QL(30 per 30 days)		
hydroxyurea 500 mg capsule	QL(90 per 28 days)		
hydroxyzine hcl 10 mg tablet			
hydroxyzine hcl 10 mg/5 ml oral solution			
hydroxyzine hcl 25 mg tablet			
hydroxyzine hcl 25 mg/ml intramuscular solution			
hydroxyzine hcl 50 mg tablet			
hydroxyzine hcl 50 mg/ml intramuscular solution			
hydroxyzine pamoate 100 mg capsule			
hydroxyzine pamoate 25 mg capsule			
hydroxyzine pamoate 50 mg capsule			
hyoscyamine 0.125 mg disintegrating tablet			
hyoscyamine 0.125 mg sublingual tablet			
hyoscyamine 0.125 mg/5 ml oral elixir			
hyoscyamine er 0.375 mg tablet,extended release,12 hr			
hyoscyamine sulfate 0.125 mg tablet			
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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 OTC			
ibandronate 150 mg tablet			
ibu 400 mg tablet			
ibu 600 mg tablet			
ibu 800 mg tablet			
ibuprofen 100 mg/5 ml oral suspension OTC			
ibuprofen 100 mg/5 ml oral suspension OTC			
ibuprofen 400 mg tablet			
ibuprofen 600 mg tablet			
ibuprofen 800 mg tablet			
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	QL(91 per 84 days)	12	
idarubicin 1 mg/ml intravenous solution			
ifosfamide 1 gram intravenous solution			
ifosfamide 1 gram/20 ml intravenous solution			
ifosfamide 3 gram intravenous solution			
ifosfamide 3 gram/60 ml intravenous solution			
IHEALTH COVID-19 ANTIGEN RAPID HOME TEST KIT OTC			
imatinib 100 mg tablet	QL(90 per 30 days)	1	
imatinib 400 mg tablet	QL(60 per 30 days)	1	
imipramine 10 mg tablet	QL(240 per 30 days)	6	
imipramine 25 mg tablet	QL(90 per 30 days)	6	
imipramine 50 mg tablet	QL(120 per 30 days)	6	
imiquimod 5 % topical cream packet	QL(24 per 112 days)	12	
IMITREX 20 MG/ACTUATION NASAL SPRAY	QL(6 per 30 days)	18	
IMITREX 5 MG/ACTUATION NASAL SPRAY	QL(6 per 30 days)	18	
incassia 0.35 mg tablet	QL(91 per 90 days)	12	
INCONTROL LANCING DEVICE OTC			
INCONTROL SUPER THIN LANCETS 30 GAUGE OTC			
INCONTROL ULTRA THIN LANCETS 28 GAUGE OTC			
indapamide 1.25 mg tablet EDS			
indapamide 2.5 mg tablet EDS			
INDICAID COVID-19 AG HOME TEST KIT OTC			
indomethacin 25 mg capsule			
indomethacin 50 mg capsule			
indomethacin 50 mg rectal suppository			
indomethacin er 75 mg capsule,extended release			
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE		3	6
infant pain reliever 160 mg/5 ml oral suspension OTC			20
infant's acetaminophen 160 mg/5 ml oral suspension OTC			20
infants' pain and fever 160 mg/5 ml oral suspension OTC			20
infants' pain relief 160 mg/5 ml oral suspension OTC			20
INFLIXIMAB 100 MG INTRAVENOUS SOLUTION	QL(14 per 28 days)	6	
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION			12
INGREZZA 40 MG CAPSULE	PA,QL(30 per 30 days)	18	
INGREZZA 60 MG CAPSULE	PA,QL(30 per 30 days)	18	
INGREZZA 80 MG CAPSULE	PA,QL(30 per 30 days)	18	
INJECT EASE LANCETS 28 GAUGE OTC			
INJECT EASE LANCETS 30 GAUGE OTC			
INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN EDS	QL(90 per 90 days)		
INSULIN GLARGINE (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN EDS	QL(90 per 90 days)		
INSULIN GLARGINE (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN	QL(9 per 30 days)		
INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (3 ML) SUBCUTANEOUS PEN			
INSULIN SYRINGE NEEDLELESS 1 ML OTC			
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"			
INTELENCE 100 MG TABLET		2	
INTELENCE 200 MG TABLET		2	
INTELENCE 25 MG TABLET		2	
INTELISWAB COVID-19 RAPID HOME TEST KIT OTC			
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 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION			
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION			
INVACARE LANCETS 30 GAUGE OTC			
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	PA,QL(3.5 per 180 days)	18	
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	PA,QL(5 per 180 days)	18	
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	PA,QL(1.5 per 28 days)	18	
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	PA,QL(2 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(0.5 per 28 days)	18	
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	PA,QL(1 per 28 days)	18	
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	PA,QL(0.88 per 84 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	PA,QL(1.32 per 84 days)	18	
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	PA,QL(1.75 per 84 days)	18	
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	PA,QL(2.63 per 84 days)	18	
INVOKAMET 150 MG-1,000 MG TABLET	QL(60 per 30 days)	18	
INVOKAMET 150 MG-500 MG TABLET	QL(60 per 30 days)	18	
INVOKAMET 50 MG-1,000 MG TABLET	QL(60 per 30 days)	18	
INVOKAMET 50 MG-500 MG TABLET	QL(60 per 30 days)	18	
INVOKANA 100 MG TABLET	QL(30 per 30 days)	18	
INVOKANA 300 MG TABLET	QL(30 per 30 days)	18	
IODOPEN 100 MCG/ML INTRAVENOUS SOLUTION			
IONOSOL-B IN D5W INTRAVENOUS SOLUTION			
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION			
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION		3	
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln			
ipratropium bromide 0.02 % solution for inhalation			
irbesartan 150 mg tablet EDS			
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet EDS			
irbesartan 300 mg tablet EDS			
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet EDS			
irbesartan 75 mg tablet EDS			
irinotecan 100 mg/5 ml intravenous solution			
irinotecan 300 mg/15 ml intravenous solution			
irinotecan 40 mg/2 ml intravenous solution			
irinotecan 500 mg/25 ml intravenous solution			
iron 325 mg (65 mg iron) tablet OTC			20
iron er 159 mg (45 mg iron) tablet,extended release OTC			20
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	
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 oral solution			
isosorbide dinitrate 10 mg tablet EDS			
isosorbide dinitrate 20 mg tablet EDS			
isosorbide dinitrate 30 mg tablet EDS			
isosorbide dinitrate 40 mg tablet EDS			
isosorbide dinitrate 5 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
isosorbide mononitrate 10 mg tablet EDS			
isosorbide mononitrate 20 mg tablet EDS			
isosorbide mononitrate er 120 mg tablet,extended release 24 hr EDS			
isosorbide mononitrate er 30 mg tablet,extended release 24 hr EDS			
isosorbide mononitrate er 60 mg tablet,extended release 24 hr EDS			
isotretinoin 10 mg capsule		12	
isotretinoin 20 mg capsule		12	
isotretinoin 25 mg capsule		12	
isotretinoin 30 mg capsule		12	
isotretinoin 35 mg capsule		12	
isotretinoin 40 mg capsule		12	
itraconazole 100 mg capsule	QL(180 per 30 days)		
ivermectin 3 mg tablet	QL(10 per 90 days)		
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)			
jantoven 1 mg tablet EDS	QL(120 per 30 days)		
jantoven 10 mg tablet EDS	QL(120 per 30 days)		
jantoven 2 mg tablet EDS	QL(120 per 30 days)		
jantoven 2.5 mg tablet EDS	QL(120 per 30 days)		
jantoven 3 mg tablet EDS	QL(120 per 30 days)		
jantoven 4 mg tablet EDS	QL(120 per 30 days)		
jantoven 5 mg tablet EDS	QL(120 per 30 days)		
jantoven 6 mg tablet EDS	QL(120 per 30 days)		
jantoven 7.5 mg tablet EDS	QL(120 per 30 days)		
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	QL(30 per 30 days)	10	
JARDIANCE 25 MG TABLET	QL(30 per 30 days)	10	
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	
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(60 per 30 days)	18	
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(30 per 30 days)	18	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	QL(91 per 84 days)	12	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet		12	
jr. str non-aspirin pain 160 mg disintegrating tablet OTC			20
juleber 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
JULUCA 50 MG-25 MG TABLET	PA,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	
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			
kalliga 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
KAZANO 12.5 MG-1,000 MG TABLET	QL(60 per 30 days)	18	
KAZANO 12.5 MG-500 MG TABLET	QL(60 per 30 days)	18	
kelnor 1-50 (28) 1 mg-50 mcg tablet	QL(91 per 90 days)	12	
kelnor 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
kemoplat 1 mg/ml intravenous solution			
KEPPRA 1,000 MG TABLET	PA		
KEPPRA 100 MG/ML ORAL SOLUTION	PA		
KEPPRA 250 MG TABLET	PA		
KEPPRA 500 MG TABLET	PA		
KEPPRA 750 MG TABLET	PA		
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE	PA		
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE	PA		
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR		18	
ketoconazole 2 % shampoo			
ketoconazole 2 % topical cream	QL(120 per 30 days)		
ketorolac 0.5 % eye drops			
ketorolac 10 mg tablet	QL(120 per 180 days)	17	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ketorolac 15 mg/ml injection solution	QL(120 per 180 days)	17	
ketorolac 15 mg/ml injection syringe	QL(120 per 180 days)	17	
ketorolac 30 mg/ml (1 ml) injection solution	QL(120 per 180 days)	17	
ketorolac 30 mg/ml injection syringe	QL(120 per 180 days)	17	
ketorolac 60 mg/2 ml intramuscular solution	QL(120 per 180 days)	17	
ketorolac 60 mg/2 ml intramuscular syringe	QL(120 per 180 days)	17	
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION			
KIMONO CONDOMS(NON-LUBRICATED) OTC			
KIMONO MICROTHIN AQUA LUBE CONDOM OTC			
KIMONO MICROTHIN CONDOMS OTC			
KIMONO MICROTHIN LARGE CONDOMS OTC			
KIMONO TEXTURED CONDOMS OTC			
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE		4	6
KISQALI 200 MG/DAY (200 MG X 1) TABLET	QL(21 per 28 days)	18	
KISQALI 400 MG/DAY (200 MG X 2) TABLET	QL(42 per 28 days)	18	
KISQALI 600 MG/DAY (200 MG X 3) TABLET	QL(63 per 28 days)	18	
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION	PA,QL(280 per 56 days)		
KLONOPIN 0.5 MG TABLET	PA,QL(90 per 30 days)		
KLONOPIN 1 MG TABLET	PA,QL(90 per 30 days)		
KLONOPIN 2 MG TABLET	PA,QL(90 per 30 days)		
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE			
klor-con 20 meq oral packet			
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/ef 25 meq effervescent tablet			
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	QL(4 per 365 days)		
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 norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	QL(91 per 84 days)	12	
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos	QL(91 per 84 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	QL(91 per 84 days)	12	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
labetalol 100 mg tablet EDS	QL(240 per 30 days)		
labetalol 200 mg tablet EDS	QL(240 per 30 days)		
labetalol 300 mg tablet EDS	QL(240 per 30 days)		
lacosamide 10 mg/ml oral solution	QL(1200 per 30 days)		
lacosamide 100 mg tablet	QL(60 per 30 days)		
lacosamide 150 mg tablet	QL(60 per 30 days)		
lacosamide 200 mg tablet	QL(60 per 30 days)		
lacosamide 50 mg tablet	QL(60 per 30 days)		
lactated ringers intravenous solution			
lactated ringers irrigation solution			
lactulose 10 gram/15 ml (15 ml) oral solution	QL(5400 per 30 days)		
lactulose 10 gram/15 ml oral solution	QL(5400 per 30 days)		
lactulose 20 gram/30 ml oral solution	QL(5400 per 30 days)		
LAGEVRIO 200 MG CAPSULE (EUA)	QL(40 per 5 days)	18	
LAMICTAL 100 MG TABLET	PA	2	
LAMICTAL 150 MG TABLET	PA	2	
LAMICTAL 200 MG TABLET	PA	2	
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET	PA	2	
LAMICTAL 25 MG TABLET	PA	2	
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET	PA	2	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET		2	
LAMICTAL ODT 200 MG DISINTEGRATING TABLET		2	
LAMICTAL ODT 25 MG DISINTEGRATING TABLET		2	
LAMICTAL ODT 50 MG DISINTEGRATING TABLET		2	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK	QL(35 per 30 days)	2	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK	QL(98 per 30 days)	2	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK	QL(49 per 30 days)	2	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE	PA	13	
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	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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 solution			
lamivudine 100 mg tablet			
lamivudine 150 mg tablet			
lamivudine 150 mg-zidovudine 300 mg tablet			
lamivudine 300 mg tablet			
lamotrigine 100 mg disintegrating tablet	PA	2	
lamotrigine 100 mg tablet		2	
lamotrigine 150 mg tablet		2	
lamotrigine 200 mg disintegrating tablet	PA	2	
lamotrigine 200 mg tablet		2	
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack	QL(28 per 30 days)	2	
lamotrigine 25 mg (35) tablets in a dose pack	PA,QL(35 per 30 days)	2	
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	PA,QL(49 per 30 days)	2	
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	PA,QL(98 per 30 days)	2	
lamotrigine 25 mg chewable dispersible tablet		2	
lamotrigine 25 mg disintegrating tablet	PA	2	
lamotrigine 25 mg tablet		2	
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	QL(35 per 30 days)	2	
lamotrigine 5 mg chewable dispersible tablet		2	
lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating, pack	QL(56 per 30 days)	2	
lamotrigine 50 mg disintegrating tablet	PA	2	
lamotrigine er 100 mg tablet,extended release 24 hr		13	
lamotrigine er 200 mg tablet,extended release 24 hr		13	
lamotrigine er 25 mg tablet,extended release 24 hr		13	
lamotrigine er 250 mg tablet,extended release 24 hr		13	
lamotrigine er 300 mg tablet,extended release 24 hr		13	
lamotrigine er 50 mg tablet,extended release 24 hr		13	
LANCETS OTC			
LANCETS 21 GAUGE OTC			
LANCETS 26 GAUGE OTC			
LANCETS 28 GAUGE OTC			
LANCETS 30 GAUGE OTC			
LANCETS 33 GAUGE OTC			
LANCETS, SUPER THIN OTC			
LANCETS,THIN OTC			
LANCETS,THIN 28 GAUGE OTC			
LANCETS,ULTRA THIN OTC			
LANCING DEVICE OTC			
LANCING DEVICE WITH LANCETS OTC			
LANCING DEVICE WITH LANCETS KIT OTC			
LANCING SYSTEM OTC			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
lansoprazole 15 mg capsule,delayed release OTC	QL(90 per 30 days)	1	
lansoprazole 15 mg capsule,delayed release OTC	QL(90 per 30 days)	1	
lansoprazole 30 mg capsule,delayed release	QL(90 per 30 days)	1	
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN EDS	QL(90 per 90 days)		
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
LANZO LANCING DEVICE KIT OTC			
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)		
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	
letrozole 2.5 mg tablet	QL(30 per 30 days)	18	
leucovorin calcium 10 mg tablet			
leucovorin calcium 10 mg/ml injection solution			
leucovorin calcium 100 mg solution for injection			
leucovorin calcium 15 mg tablet			
leucovorin calcium 200 mg solution for injection			
leucovorin calcium 25 mg tablet			
leucovorin calcium 350 mg solution for injection			
leucovorin calcium 5 mg tablet			
leucovorin calcium 50 mg solution for injection			
leucovorin calcium 500 mg solution for injection			
LEUKERAN 2 MG TABLET			
LEUKINE 250 MCG SOLUTION FOR INJECTION			
leuprolide 1 mg/0.2 ml subcutaneous kit	PA,QL(2 per 27 days)		
leuprolide 1 mg/0.2 ml subcutaneous solution	PA		
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN EDS	QL(90 per 90 days)		
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN EDS	QL(90 per 90 days)		
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
levetiracetam 1,000 mg tablet			
levetiracetam 100 mg/ml oral solution			
levetiracetam 250 mg tablet			
levetiracetam 500 mg tablet			
levetiracetam 500 mg/5 ml (5 ml) oral solution			
levetiracetam 500 mg/5 ml intravenous solution			
levetiracetam 750 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
levetiracetam er 500 mg tablet,extended release 24 hr			
levetiracetam er 750 mg tablet,extended release 24 hr			
levobunolol 0.5 % eye drops			
levocarnitine (with sugar) 100 mg/ml oral solution			
levocarnitine 200 mg/ml intravenous solution			
levocarnitine 330 mg tablet			
levocetirizine 5 mg tablet			
levofloxacin 250 mg tablet		12	
levofloxacin 250 mg/50 ml in 5 % dextrose intravenous piggyback			
levofloxacin 500 mg tablet		12	
levofloxacin 500 mg/100 ml in 5 % dextrose intravenous piggyback			
levofloxacin 750 mg tablet		12	
levofloxacin 750 mg/150 ml in 5 % dextrose intravenous piggyback			
levomefolate calcium 15 mg tablet OTC			
levomefolate calcium 7.5 mg tablet OTC			
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet		12	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	QL(91 per 90 days)	12	
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	QL(91 per 84 days)	12	
levonorgestrel 1.5 mg tablet OTC	QL(2 per 30 days)	12	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet	QL(91 per 90 days)	12	
levora-28 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
levothyroxine 100 mcg tablet EDS			
levothyroxine 112 mcg tablet EDS			
levothyroxine 125 mcg tablet EDS			
levothyroxine 137 mcg tablet EDS			
levothyroxine 150 mcg tablet EDS			
levothyroxine 175 mcg tablet EDS			
levothyroxine 200 mcg tablet EDS			
levothyroxine 25 mcg tablet EDS			
levothyroxine 300 mcg tablet EDS			
levothyroxine 50 mcg tablet EDS			
levothyroxine 75 mcg tablet EDS			
levothyroxine 88 mcg tablet EDS			
LEVOXYL 100 MCG TABLET EDS			
LEVOXYL 112 MCG TABLET EDS			
LEVOXYL 125 MCG TABLET EDS			
LEVOXYL 137 MCG TABLET EDS			
LEVOXYL 150 MCG TABLET EDS			
LEVOXYL 175 MCG TABLET EDS			
LEVOXYL 200 MCG TABLET EDS			
LEVOXYL 25 MCG TABLET EDS			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
LEVOXYL 50 MCG TABLET EDS			
LEVOXYL 75 MCG TABLET EDS			
LEVOXYL 88 MCG TABLET EDS			
LEXIVA 50 MG/ML ORAL SUSPENSION			
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE			
lice killing 0.33 %-4 % shampoo OTC			
lice solution 4 %-0.33 %-0.5 % topical kit OTC			
lice treatment (permethrin) 1 % topical liquid OTC			
lice treatment 0.33 %-4 % shampoo OTC			
lice treatment 1 % topical liquid OTC			
lidocaine (pf) 10 mg/ml (1 %) injection solution			
lidocaine (pf) 15 mg/ml (1.5 %) injection solution			
lidocaine (pf) 20 mg/ml (2 %) injection solution			
lidocaine (pf) 40 mg/ml (4 %) injection solution			
lidocaine (pf) 5 mg/ml (0.5 %) injection solution			
lidocaine (pf) 50 mg/ml (5 %) in 7.5 % dextrose intrathecal solution			
lidocaine 1 %-epinephrine 1:100,000 injection solution			
lidocaine 2 % mucosal jelly in applicator			
lidocaine 2 %-epinephrine bitartrate 1:100,000 injection cartridge			
lidocaine 2 %-epinephrine bitartrate 1:50,000 injection cartridge			
lidocaine 20 mg/ml (2 %)-epinephrine 1:100,000 injection solution			
lidocaine 3 %-hydrocortisone 0.5 % rectal cream			
lidocaine 5 % topical ointment	QL(60 per 30 days)		
lidocaine 5 % topical patch	PA,QL(90 per 30 days)		
lidocaine hcl 10 mg/ml (1 %) injection solution			
lidocaine hcl 2 % mucosal jelly			
lidocaine hcl 2 % mucosal solution			
lidocaine hcl 20 mg/ml (2 %) injection solution			
lidocaine hcl 3 % topical cream	QL(85 per 30 days)		
lidocaine hcl 4 % (40 mg/ml) mucosal solution			
lidocaine hcl 5 mg/ml (0.5 %) injection solution			
lidocaine viscous 2 % mucosal solution			
lidocaine-epinephrine (pf) 1.5 %-1:200,000 injection solution			
lidocaine-epinephrine (pf) 2 %-1:200,000 injection solution			
lidocaine-epinephrine 0.5 %-1:200,000 injection solution			
lidocaine-hydrocortisone-aloe vera 2.8 %-0.55 % rectal gel			
lidocaine-hydrocortisone-aloe vera 3 %-2.5 % (7 gram) rectal kit			
lidocaine-prilocaine 2.5 %-2.5 % topical cream	QL(30 per 30 days)		
lillow (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
LINCOCIN 300 MG/ML INJECTION SOLUTION			
lincomycin 300 mg/ml injection solution			
linezolid 600 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
LINZESS 145 MCG CAPSULE	PA,QL(30 per 30 days)	6	
LINZESS 290 MCG CAPSULE	PA,QL(30 per 30 days)	6	
LINZESS 72 MCG CAPSULE	PA,QL(30 per 30 days)	6	
liothyronine 25 mcg tablet EDS			
liothyronine 5 mcg tablet EDS			
liothyronine 50 mcg tablet EDS			
liquituss gg 200 mg/5 ml oral liquid OTC			20
lisinopril 10 mg tablet EDS			
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet EDS			
lisinopril 2.5 mg tablet EDS			
lisinopril 20 mg tablet EDS			
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet EDS			
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet EDS			
lisinopril 30 mg tablet EDS			
lisinopril 40 mg tablet EDS			
lisinopril 5 mg tablet EDS			
LITE TOUCH LANCETS 28 GAUGE OTC			
LITE TOUCH LANCETS 30 GAUGE OTC			
LITE TOUCH LANCETS 33 GAUGE OTC			
LITE TOUCH LANCING DEVICE OTC			
LITE TOUCH-MEDIUM MASK			
LITEAIRE MDI CHAMBER			
LITETOUCH-LARGE MASK			
LITETOUCH-SMALL MASK			
lithium carbonate 150 mg capsule		6	
lithium carbonate 300 mg capsule		6	
lithium carbonate 300 mg tablet		6	
lithium carbonate 600 mg capsule		6	
lithium carbonate er 300 mg tablet,extended release		6	
lithium carbonate er 450 mg tablet,extended release		6	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	QL(28 per 28 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	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	QL(91 per 84 days)	12	
LOKELMA 10 GRAM ORAL POWDER PACKET		18	
LOKELMA 5 GRAM ORAL POWDER PACKET		18	
loperamide 2 mg capsule	QL(240 per 30 days)	2	
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution			
lorata-dine d 10 mg-240 mg tablet,extended release OTC			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
loratadine 10 mg disintegrating tablet OTC			20
loratadine 10 mg tablet OTC	QL(30 per 30 days)		20
loratadine 5 mg/5 ml oral solution OTC			20
loratadine-d 10 mg-240 mg tablet,extended release 24 hr OTC			20
loratadine-d 5 mg-120 mg tablet,extended release 12 hr OTC			20
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 injection solution			
lorazepam 2 mg/ml injection syringe			
lorazepam 2 mg/ml oral concentrate	QL(150 per 30 days)		
lorazepam 4 mg/ml injection solution			
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 100 mg tablet EDS			
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet EDS			
losartan 100 mg-hydrochlorothiazide 25 mg tablet EDS			
losartan 25 mg tablet EDS			
losartan 50 mg tablet EDS			
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet EDS			
LOSEASONIQUE 0.1 MG-20 MCG (84)/10 MCG (7) TABLETS,3 MONTH DOSE PACK	QL(91 per 84 days)	12	
lovastatin 10 mg tablet EDS	QL(60 per 30 days)		
lovastatin 20 mg tablet EDS	QL(60 per 30 days)		
lovastatin 40 mg tablet EDS	QL(60 per 30 days)		
low-ogestrel (28) 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
loxapine succinate 10 mg capsule	QL(120 per 30 days)	18	
loxapine succinate 25 mg capsule	QL(120 per 30 days)	18	
loxapine succinate 5 mg capsule	QL(120 per 30 days)	18	
loxapine succinate 50 mg capsule	QL(90 per 30 days)	18	
lubiprostone 24 mcg capsule	PA	18	
lubiprostone 8 mcg capsule	PA	18	
LUCIRA CHECK-IT COVID-19 HOME TEST KIT OTC			
LUCIRA COVID-19 AND FLU TEST KIT			
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 45 MG (6 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 168 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)	1	12
LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT	PA,QL(1 per 28 days)	1	12
LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT	PA,QL(1 per 28 days)	1	12

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
LUPRON DEPOT-PED 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 84 days)	1	12
LUPRON DEPOT-PED 45 MG INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 180 days)	1	
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT	PA,QL(1 per 28 days)	1	12
lurasidone 120 mg tablet	QL(30 per 30 days)	10	
lurasidone 20 mg tablet	QL(30 per 30 days)	10	
lurasidone 40 mg tablet	QL(30 per 30 days)	10	
lurasidone 60 mg tablet	QL(30 per 30 days)	10	
lurasidone 80 mg tablet	QL(60 per 30 days)	10	
lutera (28) 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
lyleq 0.35 mg tablet	QL(91 per 90 days)	12	
lyza 0.35 mg tablet	QL(91 per 90 days)	12	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION		3	
m-natal plus 27 mg iron-1 mg tablet		12	
m-pap 160 mg/5 ml oral liquid OTC			20
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"			
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"			
magnesium chloride 200 mg/ml (20 %) injection solution			
magnesium sulfate 20 gram/500 ml (4 %) in water intravenous solution			
magnesium sulfate 4 gram/100 ml (4 %) in water intravenous piggyback			
magnesium sulfate 4 gram/50 ml (8 %) in water intravenous piggyback			
magnesium sulfate 40 gram/1,000 ml (4 %) in water intravenous solution			
magnesium sulfate 500 mg/ml (50 %) injection solution			
manganese chloride 0.1 mg/ml intravenous solution			
mapap arthritis pain 650 mg tablet,extended release OTC			20
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,QL(90 per 30 days)	3	
MAVYRET 50 MG-20 MG ORAL PELLETS IN PACKET	PA,QL(140 per 28 days)	3	
MAXIDEX 0.1 % EYE DROPS,SUSPENSION			
meclizine 12.5 mg tablet			
meclizine 25 mg tablet			
MEDISENSE THIN LANCETS 28 GAUGE OTC			
MEDLANCE PLUS LANCETS 21 GAUGE OTC			
MEDLANCE PLUS LANCETS 25 GAUGE OTC			
MEDLANCE PLUS LANCETS 30 GAUGE OTC			
medroxyprogesterone 10 mg tablet EDS			
medroxyprogesterone 150 mg/ml intramuscular suspension	QL(1 per 84 days)	12	
medroxyprogesterone 150 mg/ml intramuscular syringe	QL(1 per 84 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
medroxyprogesterone 2.5 mg tablet EDS			
medroxyprogesterone 5 mg tablet EDS			
mefloquine 250 mg tablet			
megestrol 20 mg tablet			
megestrol 40 mg tablet			
megestrol 400 mg/10 ml (10 ml) oral suspension			
megestrol 400 mg/10 ml (40 mg/ml) oral suspension			
MEKINIST 0.5 MG TABLET	QL(90 per 30 days)	1	
MEKINIST 2 MG TABLET	QL(30 per 30 days)	1	
meloxicam 15 mg tablet			
meloxicam 7.5 mg tablet			
melphalan 2 mg tablet		18	
melphalan hcl 50 mg intravenous powder for solution			
memantine 10 mg tablet		18	
memantine 5 mg tablet		18	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	55
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)		3	55
MEPHYTON 5 MG TABLET	QL(5 per 30 days)		
mercaptopurine 50 mg tablet	QL(90 per 30 days)		
meropenem 1 gram intravenous solution			
meropenem 1 gram/50 ml in 0.9% sodium chloride intravenous piggyback			
MEROPENEM 2 GRAM INTRAVENOUS SOLUTION			
meropenem 500 mg intravenous solution			
meropenem 500 mg/50 ml in 0.9% sodium chloride intravenous piggyback			
merzee 1 mg-20 mcg (24)/75 mg (4) capsule	QL(91 per 90 days)	12	
mesalamine 1,000 mg rectal suppository			
mesna 100 mg/ml intravenous solution			
MESTINON 60 MG/5 ML ORAL SYRUP			
metformin 1,000 mg tablet EDS	QL(75 per 30 days)		
metformin 500 mg tablet EDS	QL(150 per 30 days)		
metformin 625 mg tablet EDS			
metformin 850 mg tablet EDS	QL(90 per 30 days)		
metformin er 500 mg tablet,extended release 24 hr EDS	QL(150 per 30 days)		
metformin er 750 mg tablet,extended release 24 hr EDS	QL(105 per 30 days)		
methazolamide 25 mg tablet EDS			
methazolamide 50 mg tablet EDS			
methenamine hippurate 1 gram tablet			
methenamine mandelate 0.5 g tablet			
methenamine mandelate 1 gram tablet			
methimazole 10 mg tablet EDS			
methimazole 5 mg tablet EDS			
methocarbamol 500 mg tablet			
methocarbamol 750 mg tablet			
methotrexate sodium (pf) 1 gram solution for injection			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
methotrexate sodium (pf) 25 mg/ml injection solution			
methotrexate sodium 2.5 mg tablet	QL(300 per 30 days)		
methotrexate sodium 25 mg/ml injection solution			
methyldopa 250 mg tablet EDS			
methyldopa 500 mg tablet EDS			
methylergonovine 0.2 mg tablet			
methylphenidate 10 mg tablet			
methylphenidate 10 mg/5 ml oral solution			
methylphenidate 20 mg tablet			
methylphenidate 5 mg tablet			
methylphenidate 5 mg/5 ml oral solution			
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release		6	
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release		6	
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release		6	
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release		6	
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release		6	
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release		6	
methylphenidate er 10 mg tablet,extended release		6	
methylphenidate er 20 mg tablet,extended release		6	
methylprednisolone 16 mg tablet EDS			
methylprednisolone 32 mg tablet EDS			
methylprednisolone 4 mg tablet EDS			
methylprednisolone 4 mg tablets in a dose pack EDS			
methylprednisolone acetate 40 mg/ml suspension for injection			
methylprednisolone acetate 80 mg/ml suspension for injection			
methylprednisolone sodium succinate 1,000 mg intravenous solution			
methylprednisolone sodium succinate 125 mg solution for injection			
methylprednisolone sodium succinate 40 mg solution for injection			
methylprednisolone sodium succinate 500 mg intravenous solution			
metoclopramide 10 mg tablet	QL(180 per 30 days)		
metoclopramide 5 mg tablet	QL(360 per 30 days)		
metoclopramide 5 mg/5 ml oral solution			
metolazone 10 mg tablet EDS			
metolazone 2.5 mg tablet EDS			
metolazone 5 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
metoprolol succinate er 100 mg tablet,extended release 24 hr EDS			
metoprolol succinate er 200 mg tablet,extended release 24 hr EDS			
metoprolol succinate er 25 mg tablet,extended release 24 hr EDS			
metoprolol succinate er 50 mg tablet,extended release 24 hr EDS			
metoprolol tartrate 100 mg tablet EDS			
metoprolol tartrate 25 mg tablet EDS			
metoprolol tartrate 50 mg tablet EDS			
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel			
metronidazole 0.75 % topical cream	QL(90 per 30 days)		
metronidazole 0.75 % topical gel	QL(90 per 30 days)		
metronidazole 1 % topical gel			
metronidazole 1 % topical gel with pump			
metronidazole 250 mg tablet			
metronidazole 500 mg tablet			
metronidazole 500 mg/100 ml in sodium chlor(iso) intravenous piggyback			
mexiletine 150 mg capsule EDS			
mexiletine 200 mg capsule EDS			
mexiletine 250 mg capsule EDS			
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
miconazole nitrate 1,200 mg-2 % vaginal kit OTC			
miconazole nitrate 100 mg vaginal suppository OTC			20
miconazole nitrate 2 % topical cream OTC			20
miconazole nitrate 2 % vaginal cream OTC			20
miconazole-3 200 mg-2 % (9 gram) vaginal kit OTC			20
miconazole-3 200 mg/5 gram (4 %) vaginal cream OTC			
miconazole-7 100 mg vaginal suppository OTC			20
miconazole-7 2 % vaginal cream OTC			20
MICRO THIN LANCETS 33 GAUGE OTC			
MICROCHAMBER SPACER			
MICRODOT LANCET 28 GAUGE OTC			
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 24 fe 1 mg-20 mcg (24)/75 mg (4) 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 OTC			
MICROLET LANCET OTC			
MICROLET NEXT LANCING DEVICE KIT OTC			
MICROSPACER			
midodrine 10 mg tablet			
midodrine 2.5 mg tablet			
midodrine 5 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
miglitol 100 mg tablet EDS			
miglitol 25 mg tablet EDS			
miglitol 50 mg tablet EDS			
mili 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
milrinone 1 mg/ml intravenous solution			
milrinone 20 mg/100 ml(200 mcg/ml) in 5 % dextrose intravenous piggybk			
milrinone 40 mg/200 ml(200 mcg/ml) in 5 % dextrose intravenous piggybk			
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET	QL(91 per 90 days)	12	
MINI LANCING DEVICE OTC			
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 EDS			
minoxidil 2.5 mg tablet EDS			
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	QL(91 per 90 days)	12	
mirtazapine 15 mg disintegrating tablet	QL(30 per 30 days)	6	
mirtazapine 15 mg tablet	QL(30 per 30 days)	6	
mirtazapine 30 mg disintegrating tablet	QL(30 per 30 days)	6	
mirtazapine 30 mg tablet	QL(30 per 30 days)	6	
mirtazapine 45 mg disintegrating tablet	QL(30 per 30 days)	6	
mirtazapine 45 mg tablet	QL(30 per 30 days)	6	
mirtazapine 7.5 mg tablet	QL(60 per 30 days)	6	
misoprostol 100 mcg tablet			
misoprostol 200 mcg tablet			
mitomycin 20 mg intravenous solution			
mitomycin 40 mg intravenous solution			
mitomycin 5 mg intravenous solution			
mitoxantrone 2 mg/ml concentrate,intravenous		18	
MOBILE LANCETS 30 GAUGE OTC			
modafinil 100 mg tablet	PA,QL(90 per 30 days)	18	
modafinil 200 mg tablet	PA,QL(60 per 30 days)	18	
MODERNA COVID 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)			
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)			
MODERNA COVID-19 BIVALENT(6MO UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)(BLUE)			
MODERNA COVID-19 BIVALENT(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA)(PINK)			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)			
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)			
mometasone 0.1 % topical cream			
mometasone 0.1 % topical ointment			
mometasone 0.1 % topical solution			
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 OTC			
MONOJECT ENFIT SYRINGE 12 ML OTC			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" OTC			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" OTC			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" OTC			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" OTC			
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" OTC			
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" OTC			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" OTC			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" OTC			
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"			
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" OTC			
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" OTC			
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"			
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 OTC			
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE OTC			
MONOJECT SAFETY SYRINGES OTC			
MONOJECT SAFETY SYRINGES OTC			
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 3 ML			
MONOJECT SYRINGE 6 ML			
MONOJECT SYRINGE 6 ML 20 X 1 1/2" OTC			
MONOJECT SYRINGE 6 ML 20 X 1 1/2" OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
MONOJECT SYRINGE 6 ML 21 X 1 1/2" OTC			
MONOJECT SYRINGE 6 ML 21 X 1 1/2" OTC			
MONOJECT SYRINGE 6 ML 21 X 1" OTC			
MONOJECT SYRINGE 6 ML 21 X 1" OTC			
MONOJECT SYRINGE 6 ML 22 X 1 1/2"			
MONOJECT TB LUER LOK 1 ML SYRINGE			
MONOJECT TUBERCULIN SYRINGE 1 ML OTC			
MONOLET LANCETS 21 GAUGE OTC			
MONOLET THIN LANCETS 28 GAUGE OTC			
montelukast 10 mg tablet	QL(30 per 30 days)		
montelukast 4 mg chewable tablet	QL(30 per 30 days)		
montelukast 5 mg chewable tablet	QL(30 per 30 days)		
morphine 10 mg/5 ml oral solution			
morphine 15 mg immediate release tablet			
morphine 20 mg/5 ml (4 mg/ml) oral solution			
morphine 30 mg immediate release tablet			
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution			
morphine er 100 mg tablet,extended release	QL(90 per 30 days)	18	
morphine er 15 mg tablet,extended release	QL(90 per 30 days)	18	
morphine er 200 mg tablet,extended release	QL(90 per 30 days)	18	
morphine er 30 mg tablet,extended release	QL(90 per 30 days)	18	
morphine er 60 mg tablet,extended release	QL(90 per 30 days)	18	
MOUTHPIECE DEVICE OTC			
MOVANTIK 12.5 MG TABLET	PA,QL(30 per 30 days)	18	
MOVANTIK 25 MG TABLET	PA,QL(30 per 30 days)	18	
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET		18	
moxifloxacin 0.5 % eye drops	QL(6 per 30 days)		
MUCINEX 1,200 MG TABLET, EXTENDED RELEASE OTC			20
MUCINEX 600 MG TABLET, EXTENDED RELEASE OTC			20
mucosa 400 mg tablet OTC			20
mucus dm 30 mg-600 mg tablet,extended release OTC			20
mucus dm max er 60 mg-1,200 mg tablet,extended release OTC			20
mucus relief 400 mg tablet OTC			20
mucus relief dm cough 20 mg-400 mg tablet OTC			20
mucus relief dm max 5 mg-100 mg/5 ml oral liquid OTC			20
mucus relief er 1,200 mg tablet, extended release OTC			20
mucus relief er 600 mg tablet, extended release OTC			20
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID OTC			20
mucus-er max 1,200 mg tablet, extended release OTC			20
MULTI-LANCET DEVICE 2 KIT OTC			
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops OTC,EDS			12
multi-vitamin with fluoride 0.25 mg chewable tablet OTC			12
multi-vitamin with fluoride 0.25 mg/ml oral drops OTC			12

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
multi-vitamin with fluoride 0.5 mg chewable tablet OTC			12
multi-vitamin with fluoride 0.5 mg/ml oral drops OTC			12
multi-vitamin with fluoride 1 mg chewable tablet OTC			12
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			
multivitamins with fluoride 0.25 mg chewable tablet OTC			12
mupirocin 2 % topical ointment	QL(44 per 30 days)		
MUTAMYCIN 20 MG INTRAVENOUS SOLUTION			
MUTAMYCIN 40 MG INTRAVENOUS SOLUTION			
MUTAMYCIN 5 MG INTRAVENOUS SOLUTION			
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	
MYCOBUTIN 150 MG CAPSULE			
mycophenolate 500 mg intravenous solution			
mycophenolate mofetil 250 mg capsule			
mycophenolate mofetil 500 mg tablet			
mycophenolate sodium 180 mg tablet,delayed release			
mycophenolate sodium 360 mg tablet,delayed release			
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET	PA	18	
MYGLUCOHEALTH LANCETS 30 GAUGE OTC			
MYLERAN 2 MG TABLET	QL(120 per 30 days)		
myorisan 10 mg capsule		12	
myorisan 20 mg capsule		12	
myorisan 30 mg capsule		12	
myorisan 40 mg capsule		12	
MYSOLINE 250 MG TABLET	PA		
MYSOLINE 50 MG TABLET	PA		
nabumetone 500 mg tablet			
nabumetone 750 mg tablet			
nadolol 20 mg tablet EDS			
nadolol 40 mg tablet EDS			
nadolol 80 mg tablet EDS			
naloxone 0.4 mg/ml injection solution			
naloxone 0.4 mg/ml injection syringe			
naloxone 1 mg/ml injection syringe			
naltrexone 50 mg tablet			
NAPROSYN 125 MG/5 ML ORAL SUSPENSION			11
naproxen 125 mg/5 ml oral suspension			11
naproxen 250 mg tablet			
naproxen 375 mg tablet			
naproxen 500 mg tablet			
naproxen sodium 275 mg tablet			
naproxen sodium 550 mg tablet			
NARCAN 4 MG/ACTUATION NASAL SPRAY OTC	QL(4 per 365 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
NARCAN 4 MG/ACTUATION NASAL SPRAY OTC	QL(4 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			
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	PA,QL(10 per 30 days)	12	
nebivolol 10 mg tablet EDS			
nebivolol 2.5 mg tablet EDS			
nebivolol 20 mg tablet EDS			
nebivolol 5 mg tablet EDS			
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint			
neomycin 40 mg-polymyxin b 200,000 unit/ml gu irrigation solution			
neomycin 500 mg tablet			
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment			
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint			
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops			
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp			
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution			
NEONATAL FE 90 MG-120 MG-12 MCG-1,000 MCG TABLET		12	
NEPHPLEX RX 1 MG-60 MG-300 MCG-12.5 MG TABLET OTC			
NESINA 12.5 MG TABLET	QL(30 per 30 days)	18	
NESINA 25 MG TABLET	QL(30 per 30 days)	18	
NESINA 6.25 MG TABLET	QL(30 per 30 days)	18	
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE			
NEUPOGEN 300 MCG/ML INJECTION SOLUTION			
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE			
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION			
nevirapine 200 mg tablet			
nevirapine 50 mg/5 ml oral suspension			
nevirapine er 100 mg tablet,extended release 24 hr			
nevirapine er 400 mg tablet,extended release 24 hr			
new day 1.5 mg tablet OTC	QL(2 per 30 days)	12	
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

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP	QL(30 per 30 days)		11
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET		12	
NGENLA 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	3	
NGENLA 60 MG/1.2 ML (50 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	3	
niacin er 1,000 mg tablet,extended release 24 hr EDS			
niacin er 500 mg tablet,extended release 24 hr EDS			
niacin er 750 mg tablet,extended release 24 hr EDS			
nicotine (polacrilex) 2 mg buccal lozenge OTC		18	
nicotine (polacrilex) 2 mg buccal mini lozenge OTC		18	
nicotine (polacrilex) 2 mg gum OTC		18	
nicotine (polacrilex) 4 mg buccal lozenge OTC		18	
nicotine (polacrilex) 4 mg buccal mini lozenge OTC		18	
nicotine (polacrilex) 4 mg gum OTC		18	
nicotine 14 mg/24 hr daily transdermal patch OTC		18	
nicotine 21 mg/24 hr daily transdermal patch OTC		18	
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl OTC		18	
nicotine 7 mg/24 hr daily transdermal patch OTC		18	
nifedipine 10 mg capsule EDS			
nifedipine 20 mg capsule EDS			
nifedipine er 30 mg tablet,extended release EDS			
nifedipine er 30 mg tablet,extended release 24 hr EDS			
nifedipine er 60 mg tablet,extended release EDS			
nifedipine er 60 mg tablet,extended release 24 hr EDS			
nifedipine er 90 mg tablet,extended release EDS			
nifedipine er 90 mg tablet,extended release 24 hr EDS			
nikki (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
nimodipine 30 mg capsule EDS		18	
nitrofurantoin 25 mg/5 ml oral suspension			
nitrofurantoin 50 mg/5 ml oral suspension			
nitrofurantoin macrocrystal 100 mg capsule			
nitrofurantoin macrocrystal 25 mg capsule			
nitrofurantoin macrocrystal 50 mg capsule			
nitrofurantoin monohydrate/macrocrystals 100 mg capsule		12	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
nitroglycerin 0.3 mg sublingual tablet EDS	QL(400 per 25 days)		
nitroglycerin 0.4 mg sublingual tablet EDS	QL(400 per 25 days)		
nitroglycerin 0.4 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
nitroglycerin 0.6 mg sublingual tablet EDS	QL(400 per 25 days)		
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
niva thyroid 120 mg tablet			
niva thyroid 15 mg tablet			
niva thyroid 30 mg tablet			
niva thyroid 60 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
niva thyroid 90 mg tablet			
niva-plus 27 mg iron-1 mg tablet OTC		12	
NORA-BE 0.35 MG TABLET	QL(91 per 90 days)	12	
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
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch		12	
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	QL(91 per 90 days)	12	
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	QL(91 per 90 days)	12	
norethindrone (contraceptive) 0.35 mg tablet	QL(91 per 90 days)	12	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	QL(91 per 90 days)	12	
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule	QL(91 per 90 days)	12	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	QL(91 per 90 days)	12	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet	QL(91 per 90 days)	12	
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet			
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	QL(91 per 90 days)	12	
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet			
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet	QL(91 per 90 days)	12	
norethindrone acetate 5 mg tablet			
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	QL(91 per 90 days)	12	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet	QL(91 per 90 days)	12	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet	QL(91 per 90 days)	12	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet	QL(91 per 90 days)	12	
norlyda 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	

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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 capsule	QL(240 per 30 days)	13	
nortriptyline 25 mg capsule	QL(120 per 30 days)	13	
nortriptyline 50 mg capsule	QL(90 per 30 days)	13	
nortriptyline 75 mg capsule	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 OTC			
NOVA SAFETY LANCETS 28 GAUGE OTC			
NOVA SUREFLEX LANCETS OTC			
NOVAVAX COVID 2023-2024(PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION(EUA)			
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)			
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 EDS	QL(90 per 90 days)		
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN EDS	QL(90 per 90 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 EDS	QL(90 per 90 days)		
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
NOXAFIL 100 MG TABLET,DELAYED RELEASE			
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			
NUEDEXTA 20 MG-10 MG CAPSULE		18	
NURTEC ODT 75 MG DISINTEGRATING TABLET	PA,QL(16 per 30 days)	18	
NUTRILIPID 20 % INTRAVENOUS EMULSION			
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL	QL(1 per 21 days)	12	
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL			
nylia 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	QL(91 per 90 days)	12	
nymyo 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
nystatin 100,000 unit/gram topical cream	QL(90 per 30 days)		
nystatin 100,000 unit/gram topical ointment	QL(90 per 30 days)		
nystatin 100,000 unit/gram topical powder			
nystatin 100,000 unit/ml oral suspension			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
nystatin 500,000 unit tablet			
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream			
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment			
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE			
ocella 3 mg-0.03 mg tablet	QL(91 per 90 days)	12	
octreotide acetate 1,000 mcg/ml injection solution			
octreotide acetate 100 mcg/ml (1 ml) injection syringe			
octreotide acetate 100 mcg/ml injection solution			
octreotide acetate 200 mcg/ml injection solution			
octreotide acetate 50 mcg/ml (1 ml) injection syringe			
octreotide acetate 50 mcg/ml injection solution			
octreotide acetate 500 mcg/ml (1 ml) injection syringe			
octreotide acetate 500 mcg/ml injection solution			
ODEFSEY 200 MG-25 MG-25 MG TABLET	PA,QL(30 per 30 days)	12	
OFEV 100 MG CAPSULE	PA		
OFEV 150 MG CAPSULE	PA		
ofloxacin 0.3 % ear drops			
ofloxacin 0.3 % eye drops			
OHC COVID-19 ANTIGEN HOME TEST KIT OTC			
olanzapine 10 mg disintegrating tablet	QL(30 per 30 days)	6	
olanzapine 10 mg tablet	QL(30 per 30 days)	6	
olanzapine 15 mg disintegrating tablet	QL(60 per 30 days)	6	
olanzapine 15 mg tablet	QL(60 per 30 days)	6	
olanzapine 2.5 mg tablet	QL(30 per 30 days)	6	
olanzapine 20 mg disintegrating tablet	QL(30 per 30 days)	6	
olanzapine 20 mg tablet	QL(30 per 30 days)	6	
olanzapine 5 mg disintegrating tablet	QL(30 per 30 days)	6	
olanzapine 5 mg tablet	QL(30 per 30 days)	6	
olanzapine 7.5 mg tablet	QL(30 per 30 days)	6	
olmesartan 20 mg tablet EDS			
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet EDS			
olmesartan 40 mg tablet EDS			
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet EDS			
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet EDS			
olmesartan 5 mg tablet EDS			
olopatadine 0.1 % eye drops OTC			
olopatadine 0.1 % eye drops OTC			
omega-3 acid ethyl esters 1 gram capsule	QL(120 per 30 days)	18	
omeprazole 10 mg capsule,delayed release	QL(30 per 30 days)	1	
omeprazole 20 mg capsule,delayed release	QL(30 per 30 days)	1	
omeprazole 40 mg capsule,delayed release	QL(30 per 30 days)	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER			
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE			
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE			
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE			
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER			
OMNIPOD DASH PDM KIT (GEN 4)			
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE			
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE			
ON CALL LANCET 30 GAUGE OTC			
ON CALL LANCING DEVICE OTC			
ON CALL PLUS LANCET 30 GAUGE OTC			
ON CALL PLUS LANCING DEVICE OTC			
ON-GO COVID-19 AG AT HOME TEST KIT OTC			
ON-THE-GO LANCETS 30 GAUGE OTC			
ONCASPAR 750 UNIT/ML INJECTION SOLUTION			
ondansetron 4 mg disintegrating tablet	QL(60 per 30 days)		
ondansetron 8 mg disintegrating tablet	QL(60 per 30 days)		
ondansetron hcl (pf) 4 mg/2 ml injection solution	QL(32 per 28 days)		
ondansetron hcl (pf) 4 mg/2 ml injection syringe	QL(32 per 28 days)		
ondansetron hcl 2 mg/ml intravenous solution	QL(32 per 28 days)		
ondansetron hcl 4 mg tablet	QL(60 per 30 days)		
ondansetron hcl 4 mg/5 ml oral solution	QL(600 per 28 days)		
ondansetron hcl 8 mg tablet	QL(60 per 30 days)		
ONE WAY VALVED MOUTHPIECE DEVICE OTC			
ONETOUCH DELICA PLUS LANCET 30 GAUGE OTC			
ONETOUCH DELICA PLUS LANCET 33 GAUGE OTC			
ONETOUCH DELICA PLUS LANCING DEVICE KIT OTC			
ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE OTC			
ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE OTC			
ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE OTC			
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE OTC			
ONETOUCH ULTRASOFT LANCETS OTC			
ONFI 10 MG TABLET	PA	2	
ONFI 2.5 MG/ML ORAL SUSPENSION	PA	2	
ONFI 20 MG TABLET	PA	2	
ONGLYZA 2.5 MG TABLET	QL(30 per 30 days)	18	
ONGLYZA 5 MG TABLET	QL(30 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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			
option-2 1.5 mg tablet OTC	QL(2 per 30 days)	12	
ORA-BLEND ORAL SUSPENSION OTC	QL(2000 per 30 days)		
ORA-BLEND SF ORAL SUSPENSION OTC	QL(2000 per 30 days)		
ORA-SWEET ORAL SYRUP OTC	QL(2000 per 30 days)		
ORA-SWEET SF ORAL LIQUID OTC	QL(2000 per 30 days)		
ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION			
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	PA		
ORILISSA 150 MG TABLET	PA		
ORILISSA 200 MG TABLET	PA		
orphenadrine citrate er 100 mg tablet,extended release			
orsythia 0.1 mg-20 mcg 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-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET	QL(91 per 90 days)	12	
oseltamivir 30 mg capsule	QL(40 per 365 days)		
oseltamivir 45 mg capsule	QL(20 per 365 days)		
oseltamivir 6 mg/ml oral suspension	QL(360 per 365 days)		12
oseltamivir 75 mg capsule	QL(20 per 365 days)		
OTEZLA 30 MG TABLET	QL(60 per 30 days)	18	
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK	QL(55 per 365 days)	18	
oxaliplatin 100 mg intravenous solution			
oxaliplatin 100 mg/20 ml intravenous solution			
oxaliplatin 200 mg/40 ml intravenous solution			
oxaliplatin 50 mg intravenous solution			
oxaliplatin 50 mg/10 ml (5 mg/ml) intravenous solution			
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 (60 mg/ml) oral suspension			
oxcarbazepine 600 mg tablet			
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE	PA	6	
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE	PA	6	
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE	PA	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
oxybutynin chloride 2.5 mg tablet EDS			
oxybutynin chloride 5 mg tablet EDS			
oxybutynin chloride 5 mg/5 ml oral syrup			
oxybutynin chloride er 10 mg tablet,extended release 24 hr EDS		6	
oxybutynin chloride er 15 mg tablet,extended release 24 hr		6	
oxybutynin chloride er 5 mg tablet,extended release 24 hr EDS		6	
oxycodone 10 mg tablet	QL(180 per 30 days)		
oxycodone 15 mg tablet	QL(180 per 30 days)		
oxycodone 20 mg tablet	QL(270 per 30 days)		
oxycodone 30 mg tablet	QL(180 per 30 days)		
oxycodone 5 mg tablet	QL(360 per 30 days)		
oxycodone 5 mg/5 ml oral solution	QL(1800 per 30 days)		
oxycodone-acetaminophen 10 mg-325 mg tablet	QL(180 per 30 days)		
oxycodone-acetaminophen 2.5 mg-325 mg tablet	QL(360 per 30 days)		
oxycodone-acetaminophen 5 mg-325 mg tablet	QL(360 per 30 days)		
oxycodone-acetaminophen 7.5 mg-325 mg tablet	QL(240 per 30 days)		
oyster shell calcium 500 500 mg calcium (1,250 mg) tablet OTC			
oyster shell calcium 500 mg calcium (1,250 mg) tablet OTC			
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
paclitaxel 6 mg/ml concentrate,intravenous			
pain relief (acetaminophen) 650 mg tablet,extended release OTC			20
palonosetron 0.25 mg/2 ml intravenous solution			
palonosetron 0.25 mg/5 ml intravenous solution	QL(40 per 28 days)		
palonosetron 0.25 mg/5 ml intravenous syringe			
pamidronate 30 mg intravenous solution			
pamidronate 30 mg/10 ml (3 mg/ml) intravenous solution			
pamidronate 60 mg/10 ml (6 mg/ml) intravenous solution			
pamidronate 90 mg intravenous solution			
pamidronate 90 mg/10 ml (9 mg/ml) intravenous solution			
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE	PA		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE	PA		
PANDA MASK OTC			
PANRETIN 0.1 % TOPICAL GEL	PA		
pantoprazole 20 mg tablet,delayed release	QL(30 per 30 days)	5	
pantoprazole 40 mg tablet,delayed release	QL(60 per 30 days)	5	
paraplatin 10 mg/ml intravenous solution			
paricalcitol 1 mcg capsule			
paricalcitol 2 mcg capsule			
paricalcitol 2 mcg/ml intravenous solution			
paricalcitol 2 mcg/ml solution for hemodialysis port injection			
paricalcitol 4 mcg capsule			
paricalcitol 5 mcg/ml intravenous solution			
paricalcitol 5 mcg/ml solution for hemodialysis port injection			
paromomycin 250 mg capsule			
paroxetine 10 mg tablet	QL(30 per 30 days)	6	
paroxetine 20 mg tablet	QL(30 per 30 days)	6	
paroxetine 30 mg tablet	QL(60 per 30 days)	6	
paroxetine 40 mg tablet	QL(30 per 30 days)	6	
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	QL(30 per 5 days)	12	
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	QL(30 per 5 days)	12	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE		3	6
PEDIATRIC MEDIUM MASK OTC			
PEDIATRIC PANDA MASK OTC			
PEDIATRIC SMALL MASK OTC			
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	5
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution			
peg-electrolyte solution 420 gram oral solution			
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	
pemetrexed disodium 1,000 mg intravenous powder for solution			
pemetrexed disodium 100 mg intravenous powder for solution			
pemetrexed disodium 25 mg/ml intravenous solution			
pemetrexed disodium 500 mg intravenous powder for solution			
pemetrexed disodium 750 mg intravenous powder for solution			
penicillin g procaine 1.2 million unit/2 ml intramuscular syringe			
penicillin g procaine 600,000 unit/ml intramuscular syringe			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
penicillin g sodium 5 million unit solution for injection			
penicillin v potassium 125 mg/5 ml oral solution			
penicillin v potassium 250 mg tablet			
penicillin v potassium 250 mg/5 ml oral solution			
penicillin v potassium 500 mg tablet			
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT		3	4
PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT		3	4
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML IM SUSP		3	4
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-62 DU/0.5 ML IM SUSP		3	4
pentamidine 300 mg solution for inhalation			
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE		18	
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE		18	
pentoxifylline er 400 mg tablet,extended release EDS			
PERIKABIVEN 2.36 %-7.5 %-3.5 % INTRAVENOUS EMULSION			
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION			
permethrin 5 % topical cream			
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	
perphenazine-amitriptyline 2 mg-10 mg tablet	QL(240 per 30 days)	18	
perphenazine-amitriptyline 2 mg-25 mg tablet	QL(120 per 30 days)	18	
perphenazine-amitriptyline 4 mg-10 mg tablet	QL(120 per 30 days)	18	
perphenazine-amitriptyline 4 mg-25 mg tablet	QL(120 per 30 days)	18	
perphenazine-amitriptyline 4 mg-50 mg tablet	QL(120 per 30 days)	18	
PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE	PA,QL(1 per 30 days)	18	
PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE	PA,QL(1 per 30 days)	18	
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE	PA		
PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE	PA		
PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE	PA		
PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE	PA		
PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)			
PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)			
PFIZER COVID-19 BIVALENT (12Y UP)(PF) 30 MCG/0.3 ML IM SUSPENSION(EUA)			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
PFIZER COVID-19 BIVALENT (5-11YR)(PF) 10 MCG/0.2 ML IM SUSPENSION(EUA)			
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA)			
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)			
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)			
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)			
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)			
phenazopyridine 100 mg tablet			
phenazopyridine 200 mg tablet			
phenobarbital 100 mg tablet			
phenobarbital 15 mg tablet			
phenobarbital 16.2 mg tablet			
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir			
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 drops			
phenytoin 100 mg/4 ml oral suspension			
phenytoin 125 mg/5 ml oral suspension			
phenytoin 50 mg chewable tablet			
phenytoin sodium extended 100 mg capsule			
phenytoin sodium extended 200 mg capsule			
phenytoin sodium extended 300 mg capsule			
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL		12	
philith 0.4 mg-35 mcg tablet	QL(91 per 90 days)	12	
phospha neutral 250 mg tablet OTC			
phospho-trin k500 500 mg soluble tablet OTC			
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution			
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe			
phytonadione (vitamin k1) 10 mg/ml injection solution			
PIFELTRO 100 MG TABLET	PA,QL(30 per 30 days)	12	
pilocarpine 5 mg tablet			
pilocarpine 7.5 mg tablet			
PILOT COVID-19 AT-HOME TEST KIT OTC			
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 15 mg tablet EDS			
pioglitazone 30 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
pioglitazone 45 mg tablet EDS			
PIP LANCET 28 GAUGE OTC			
PIP LANCET 30 GAUGE OTC			
piperacillin-tazobactam 13.5 gram intravenous solution			
piperacillin-tazobactam 2.25 gram intravenous solution			
piperacillin-tazobactam 3.375 gram intravenous solution			
piperacillin-tazobactam 4.5 gram intravenous solution			
piperacillin-tazobactam 40.5 gram intravenous solution			
pirfenidone 267 mg capsule		18	
pirfenidone 267 mg tablet		18	
pirfenidone 534 mg tablet		18	
pirfenidone 801 mg tablet		18	
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	
piroxicam 10 mg capsule			
piroxicam 20 mg capsule			
PLAN B ONE-STEP 1.5 MG TABLET OTC	QL(2 per 30 days)	12	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION			
PLASMA-LYTE A INTRAVENOUS SOLUTION			
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION		2	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE		2	
POCKET CHAMBER SPACER			
podofilox 0.5 % topical solution			
polycin 500 unit-10,000 unit/gram eye ointment			
polyethylene glycol 3350 17 gram oral powder packet OTC			20
polyethylene glycol 3350 17 gram/dose oral powder OTC			20
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops			
polymyxin b sulfate 500,000 unit solution for injection			
portia 28 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
potas and sod citrate-citric acid 550 mg-500 mg-334 mg/5 ml oral soln OTC			
potassium acetate 2 meq/ml intravenous solution			
potassium chloride 10 meq/100ml in sterile water intravenous piggyback			
potassium chloride 10 meq/50 ml in sterile water intravenous piggyback			
potassium chloride 10 meq/l in 5 % dextrose intravenous solution			
potassium chloride 10 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
potassium chloride 10 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
potassium chloride 2 meq/ml intravenous solution			
potassium chloride 20 meq oral packet			
potassium chloride 20 meq/100ml in sterile water intravenous piggyback			
potassium chloride 20 meq/15 ml oral liquid			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
potassium chloride 20 meq/50 ml in sterile water intravenous piggyback			
potassium chloride 20 meq/l in 0.45 % sodium chloride intravenous soln			
potassium chloride 20 meq/l in 0.9 % sodium chloride intravenous			
potassium chloride 20 meq/l in 5 % dextrose intravenous solution			
potassium chloride 20 meq/l in d5-0.9 % sodium chloride intravenous			
potassium chloride 20 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
potassium chloride 20 meq/l in dextrose 5 %-0.3 % sodium chloride iv			
potassium chloride 20 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
potassium chloride 20 meq/l-lactated ringers-5 % dextrose intravenous			
potassium chloride 30 meq/100ml in sterile water intravenous piggyback			
potassium chloride 30 meq/l in 5 % dextrose intravenous solution			
potassium chloride 30 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
potassium chloride 30 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
potassium chloride 40 meq/100ml in sterile water intravenous piggyback			
potassium chloride 40 meq/15 ml oral liquid			
potassium chloride 40 meq/l in 0.9 % sodium chloride intravenous			
potassium chloride 40 meq/l in d5-0.9 % sodium chloride intravenous			
potassium chloride 40 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
potassium chloride 40 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
potassium chloride 40 meq/l-lactated ringers-5 % dextrose intravenous			
potassium chloride er 10 meq capsule,extended release			
potassium chloride er 10 meq tablet,extended release			
potassium chloride er 10 meq tablet,extended release(part/cryst)			
potassium chloride er 15 meq tablet,extended release(part/cryst)			
potassium chloride er 20 meq tablet,extended release			
potassium chloride er 20 meq tablet,extended release(part/cryst)			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
potassium chloride er 8 meq capsule,extended release			
potassium chloride er 8 meq tablet,extended release			
potassium citrate er 10 meq (1,080 mg) tablet,extended release			
potassium citrate er 15 meq (1,620 mg) tablet,extended release			
potassium citrate er 5 meq (540 mg) tablet,extended release			
potassium citrate-citric acid 1,100 mg-334 mg/5 ml oral solution OTC			
potassium phos-mono-dibasic 3 mmol/ml (4.7 meq potassium/ml) iv soln			
potassium phosphates-mbasic and dibasic 3 mmol/ml intravenous solution			
PRADAXA 110 MG CAPSULE		8	
PRADAXA 150 MG CAPSULE		8	
PRADAXA 75 MG CAPSULE		8	
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	PA,QL(2 per 28 days)	18	
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR	PA,QL(2 per 28 days)	18	
pramipexole 0.125 mg tablet EDS		18	
pramipexole 0.25 mg tablet EDS		18	
pramipexole 0.5 mg tablet EDS		18	
pramipexole 0.75 mg tablet EDS		18	
pramipexole 1 mg tablet EDS		18	
pramipexole 1.5 mg tablet EDS		18	
prasugrel 10 mg tablet EDS	QL(30 per 30 days)		
prasugrel 5 mg tablet EDS	QL(30 per 30 days)		
pravastatin 10 mg tablet EDS	QL(60 per 30 days)		
pravastatin 20 mg tablet EDS	QL(60 per 30 days)		
pravastatin 40 mg tablet EDS	QL(60 per 30 days)		
pravastatin 80 mg tablet EDS	QL(60 per 30 days)		
prazosin 1 mg capsule EDS			
prazosin 2 mg capsule EDS			
prazosin 5 mg capsule EDS			
prednisolone 15 mg/5 ml oral solution			
prednisolone 5 mg tablet			
prednisolone acetate 1 % eye drops,suspension			
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution			
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution			
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln			
prednisone 1 mg tablet EDS			
prednisone 10 mg tablet EDS			
prednisone 10 mg tablets in a dose pack EDS			
prednisone 2.5 mg tablet EDS			
prednisone 20 mg tablet EDS			
prednisone 5 mg tablet EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
prednisone 5 mg tablets in a dose pack EDS			
prednisone 5 mg/5 ml oral solution			
prednisone 50 mg tablet EDS			
pregabalin 100 mg capsule	PA,QL(180 per 30 days)		
pregabalin 150 mg capsule	PA,QL(120 per 30 days)		
pregabalin 200 mg capsule	PA,QL(90 per 30 days)		
pregabalin 225 mg capsule	PA,QL(60 per 30 days)		
pregabalin 25 mg capsule	PA,QL(720 per 30 days)		
pregabalin 300 mg capsule	PA,QL(60 per 30 days)		
pregabalin 50 mg capsule	PA,QL(360 per 30 days)		
pregabalin 75 mg capsule	PA,QL(240 per 30 days)		
PREMARIN 0.3 MG TABLET			
PREMARIN 0.45 MG TABLET			
PREMARIN 0.625 MG TABLET			
PREMARIN 0.625 MG/GRAM VAGINAL CREAM			
PREMARIN 0.9 MG TABLET			
PREMARIN 1.25 MG TABLET			
PREMASOL 10 % 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)		
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 OTC			
PRESSURE ACTIVATED LANCETS 28 GAUGE OTC			
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
previfem 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE			
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE			
PREZCOBIX 800 MG-150 MG TABLET	PA,QL(30 per 30 days)	12	
PREZISTA 100 MG/ML ORAL SUSPENSION			
PREZISTA 150 MG TABLET			
PREZISTA 600 MG TABLET			
PREZISTA 75 MG TABLET			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
PREZISTA 800 MG TABLET			
primaquine 26.3 mg tablet			
PRIMAXIN 500 MG INTRAVENOUS SOLUTION	QL(240 per 30 days)		
PRIMEAIRE SPACER			
primidone 125 mg tablet			
primidone 250 mg tablet			
primidone 50 mg tablet			
PRO COMFORT LANCET 30 GAUGE OTC			
PRO COMFORT LANCET 31 GAUGE OTC			
PRO COMFORT SAFETY LANCET 30 GAUGE OTC			
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER	QL(36 per 28 days)		
probenecid 500 mg tablet			
probenecid 500 mg-colchicine 0.5 mg tablet			
PROCALAMINE 3% INTRAVENOUS SOLUTION			
PROCHAMBER			
prochlorperazine maleate 10 mg tablet			
prochlorperazine maleate 5 mg tablet			
procto-med hc 2.5 % topical cream perineal applicator			
PROCTOFOAM HC 1 %-1 %			
proctosol hc 2.5 % topical cream perineal applicator			
proctozone-hc 2.5 % topical cream perineal applicator			
PRODIGY LANCETS 26 GAUGE OTC			
PRODIGY LANCETS 28 GAUGE OTC			
PRODIGY LANCING DEVICE OTC			
PRODIGY TWIST TOP LANCET 28 GAUGE OTC			
progesterone 50 mg/ml intramuscular oil			
progesterone micronized 100 mg capsule EDS			
progesterone micronized 200 mg capsule EDS			
PROGLYCEM 50 MG/ML ORAL SUSPENSION			
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION	PA		
promethazine 12.5 mg rectal suppository			
promethazine 12.5 mg tablet			
promethazine 25 mg rectal suppository			
promethazine 25 mg tablet			
promethazine 25 mg/ml injection solution			
promethazine 50 mg tablet			
promethazine 50 mg/ml injection solution			
promethazine 6.25 mg/5 ml oral syrup			
promethazine vc 6.25 mg-5 mg/5 ml oral syrup			20
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	QL(300 per 30 days)		20
promethegan 12.5 mg rectal suppository			
promethegan 25 mg rectal suppository			
propafenone 150 mg tablet EDS			
propafenone 225 mg tablet EDS			
propafenone 300 mg tablet EDS			
propranolol 10 mg tablet EDS			
propranolol 20 mg tablet EDS			
propranolol 20 mg/5 ml (4 mg/ml) oral solution EDS			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
propranolol 40 mg tablet EDS			
propranolol 40 mg/5 ml (8 mg/ml) oral solution EDS			
propranolol 60 mg tablet EDS			
propranolol 80 mg tablet EDS			
propranolol er 120 mg capsule,24 hr,extended release EDS			
propranolol er 160 mg capsule,24 hr,extended release EDS			
propranolol er 60 mg capsule,24 hr,extended release EDS			
propranolol er 80 mg capsule,24 hr,extended release EDS			
propylthiouracil 50 mg tablet			
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION		3	12
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 28 days)		
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED	QL(1 per 30 days)	5	
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED	QL(1 per 30 days)	5	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	PA,QL(150 per 30 days)		65
PURE COMFORT LANCETS 30 GAUGE OTC			
PURE COMFORT SAFETY LANCETS 30 GAUGE OTC			
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule OTC			
PUSH BUTTON SAFETY LANCETS 21 GAUGE OTC			
PUSH BUTTON SAFETY LANCETS 28 GAUGE OTC			
PYLERA 140 MG-125 MG-125 MG CAPSULE		18	
pyrazinamide 500 mg tablet			
pyridostigmine bromide 30 mg tablet			
pyridostigmine bromide 60 mg tablet			
pyridostigmine bromide 60 mg/5 ml oral syrup			
pyridostigmine bromide er 180 mg tablet,extended release			
pyridoxine (vitamin b6) 100 mg/ml injection solution			
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION			
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK	QL(91 per 84 days)	12	
QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
quetiapine 100 mg tablet	QL(150 per 30 days)	6	
quetiapine 150 mg tablet		6	
quetiapine 200 mg tablet	QL(150 per 30 days)	6	
quetiapine 25 mg tablet	QL(240 per 30 days)	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
quetiapine 300 mg tablet	QL(90 per 30 days)	6	
quetiapine 400 mg tablet	QL(60 per 30 days)	6	
quetiapine 50 mg tablet	QL(180 per 30 days)	6	
quetiapine er 150 mg tablet,extended release 24 hr	QL(30 per 30 days)	6	
quetiapine er 200 mg tablet,extended release 24 hr	QL(30 per 30 days)	6	
quetiapine er 300 mg tablet,extended release 24 hr	QL(60 per 30 days)	6	
quetiapine er 400 mg tablet,extended release 24 hr	QL(60 per 30 days)	6	
quetiapine er 50 mg tablet,extended release 24 hr	QL(60 per 30 days)	6	
QUICKVUE AT-HOME COVID-19 TEST KIT OTC			
quinapril 10 mg tablet EDS			
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet EDS			
quinapril 20 mg tablet EDS			
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet EDS			
quinapril 20 mg-hydrochlorothiazide 25 mg tablet EDS			
quinapril 40 mg tablet EDS			
quinapril 5 mg tablet EDS			
QULIPTA 10 MG TABLET	PA,QL(30 per 30 days)	18	
QULIPTA 30 MG TABLET	PA,QL(30 per 30 days)	18	
QULIPTA 60 MG TABLET	PA,QL(30 per 30 days)	18	
raloxifene 60 mg tablet		18	
ramelteon 8 mg tablet	QL(30 per 30 days)	65	
ramipril 1.25 mg capsule EDS			
ramipril 10 mg capsule EDS			
ramipril 2.5 mg capsule EDS			
ramipril 5 mg capsule EDS			
ranolazine er 1,000 mg tablet,extended release,12 hr			
ranolazine er 500 mg tablet,extended release,12 hr			
RAPAMUNE 0.5 MG TABLET			
RAPAMUNE 1 MG TABLET			
RAPAMUNE 1 MG/ML ORAL SOLUTION			
RAPAMUNE 2 MG TABLET			
RAPID SARS-COV-2 AG HOME TEST KIT OTC			
READYLANCE SAFETY LANCETS 21 GAUGE OTC			
READYLANCE SAFETY LANCETS 23 GAUGE OTC			
READYLANCE SAFETY LANCETS 26 GAUGE OTC			
READYLANCE SAFETY LANCETS 28 GAUGE OTC			
READYLANCE SAFETY LANCETS 30 GAUGE OTC			
reclipsen (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION		3	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE		3	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION		3	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION		3	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE		3	
RELIAMED LANCET 23 GAUGE OTC			
RELIAMED LANCET 28 GAUGE OTC			
RELIAMED LANCET 30 GAUGE OTC			
RELIAMED MINI LANCING DEVICE OTC			
RELIAMED SAFETY SEAL LANCETS 28 GAUGE OTC			
RELIAMED SAFETY SEAL LANCETS 30 GAUGE OTC			
RELIAMED TWIST AND CAP LANCET 28 GAUGE OTC			
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION	PA		
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE	PA		
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE	PA		
RELPAX 20 MG TABLET	QL(6 per 30 days)	18	
RELPAX 40 MG TABLET	QL(6 per 30 days)	18	
RENVELA 0.8 GRAM ORAL POWDER PACKET			11
RENVELA 2.4 GRAM ORAL POWDER PACKET			11
RENVELA 800 MG TABLET			
repaglinide 0.5 mg tablet EDS			
repaglinide 1 mg tablet EDS			
repaglinide 2 mg tablet EDS			
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	PA,QL(6 per 28 days)	10	
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	PA,QL(6 per 28 days)	10	
RESET DIGITAL APP (SUD)	PA	18	
RESET DIGITAL APP (SUD) (NON-MONETARY CM)	PA	18	
RESET-O DIGITAL APP (OUD)	PA	18	
RESET-O DIGITAL APP (OUD) (NON-MONETARY CM)	PA	18	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE			
RESTASIS MULTIDOSE 0.05 % EYE DROPS			
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	PA		
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	PA		
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			
REVLIMID 10 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 15 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 2.5 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 20 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 25 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 5 MG CAPSULE	QL(30 per 28 days)	18	
REYATAZ 50 MG ORAL POWDER PACKET			
RHOPRESSA 0.02 % EYE DROPS	QL(2.5 per 25 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ribavirin 200 mg capsule	PA	5	
ribavirin 200 mg tablet	PA	5	
ribavirin 6 gram solution for inhalation	PA	5	
rifampin 150 mg capsule			
rifampin 300 mg capsule			
rifampin 600 mg intravenous solution			
RIGHTEST GD500 LANCING DEVICE OTC			
RIGHTEST GL300 LANCETS 30 GAUGE OTC			
riluzole 50 mg tablet			
ringer's intravenous solution			
ringer's irrigation solution			
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
risperidone 0.25 mg disintegrating tablet	QL(240 per 30 days)	6	
risperidone 0.25 mg tablet	QL(240 per 30 days)	6	
risperidone 0.5 mg disintegrating tablet	QL(240 per 30 days)	6	
risperidone 0.5 mg tablet	QL(240 per 30 days)	6	
risperidone 1 mg disintegrating tablet	QL(180 per 30 days)	6	
risperidone 1 mg tablet	QL(180 per 30 days)	6	
risperidone 1 mg/ml oral solution	QL(480 per 30 days)	6	
risperidone 2 mg disintegrating tablet	QL(90 per 30 days)	6	
risperidone 2 mg tablet	QL(90 per 30 days)	6	
risperidone 3 mg disintegrating tablet	QL(120 per 30 days)	6	
risperidone 3 mg tablet	QL(120 per 30 days)	6	
risperidone 4 mg disintegrating tablet	QL(120 per 30 days)	6	
risperidone 4 mg tablet	QL(120 per 30 days)	6	
RITEFLO AEROCHAMBER			
rivastigmine 1.5 mg capsule		18	
rivastigmine 3 mg capsule		18	
rivastigmine 4.5 mg capsule		18	
rivastigmine 6 mg capsule		18	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	QL(91 per 84 days)	12	
rizatriptan 10 mg disintegrating tablet	QL(12 per 30 days)	6	
rizatriptan 10 mg tablet	QL(12 per 30 days)	6	
rizatriptan 5 mg disintegrating tablet	QL(12 per 30 days)	6	
rizatriptan 5 mg tablet	QL(12 per 30 days)	6	
robafen 100 mg/5 ml oral liquid OTC			20
robafen dm cough 10 mg-100 mg/5 ml oral liquid OTC			20
ROCKLATAN 0.02 %-0.005 % EYE DROPS		18	
ropinirole 0.25 mg tablet EDS		18	
ropinirole 0.5 mg tablet EDS		18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ropinirole 1 mg tablet EDS		18	
ropinirole 2 mg tablet EDS		18	
ropinirole 3 mg tablet EDS		18	
ropinirole 4 mg tablet EDS		18	
ropinirole 5 mg tablet EDS		18	
rosuvastatin 10 mg tablet EDS	QL(60 per 30 days)		
rosuvastatin 20 mg tablet EDS	QL(60 per 30 days)		
rosuvastatin 40 mg tablet EDS	QL(60 per 30 days)		
rosuvastatin 5 mg tablet EDS	QL(60 per 30 days)		
roweepra 1,000 mg tablet	PA		
roweepra 500 mg tablet	PA		
roweepra 750 mg tablet	PA		
rufinamide 200 mg tablet		1	
rufinamide 40 mg/ml oral suspension		1	
rufinamide 400 mg tablet		1	
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
RUXIENCE 10 MG/ML INTRAVENOUS SOLUTION	PA,QL(736 per 30 days)	18	
SABRIL 500 MG ORAL POWDER PACKET	PA		
SABRIL 500 MG TABLET	PA		
SAFETY LANCETS 21 GAUGE OTC			
SAFETY LANCETS 26 GAUGE OTC			
SAFETY LANCETS 28 GAUGE OTC			
SAFETY NEEDLES 18 GAUGE X 1 1/2"			
SAFETY SEAL LANCETS 28 GAUGE OTC			
SAFETY SEAL LANCETS 30 GAUGE OTC			
SAFETY-LET LANCETS 30 GAUGE OTC			
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	QL(91 per 90 days)	12	
salicylic acid 27.5 % topical film-forming liquid			
salicylic acid 6 % topical cream		2	
salicylic acid 6 % topical gel			
salsalate 500 mg tablet EDS			
salsalate 750 mg tablet EDS			
SANDIMMUNE 250 MG/5 ML INTRAVENOUS SOLUTION			
se-natal 19 chewable 29 mg iron-1 mg tablet		12	
SE-NATAL-19 29 MG IRON-1 MG 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 84 days)	12	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK		12	
selegiline 5 mg capsule EDS		18	
selegiline 5 mg tablet EDS		18	
selenium 40 mcg/ml intravenous solution			
selenium sulfide 2.25 % shampoo			
selenium sulfide 2.5 % lotion			
SELZENTRY 150 MG TABLET	PA		
SELZENTRY 20 MG/ML ORAL SOLUTION	PA		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
SELZENTRY 25 MG TABLET	PA		
SELZENTRY 300 MG TABLET	PA		
SELZENTRY 75 MG TABLET	PA		
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	QL(60 per 30 days)	4	
sertraline 100 mg tablet	QL(60 per 30 days)	6	
sertraline 20 mg/ml oral concentrate	QL(300 per 30 days)	6	11
sertraline 25 mg tablet	QL(90 per 30 days)	6	
sertraline 50 mg tablet	QL(90 per 30 days)	6	
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	QL(91 per 84 days)	12	
SFROWASA 4 GRAM/60 ML ENEMA			
sharobel 0.35 mg tablet	QL(91 per 90 days)	12	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT		18	
SIDESTREAM PEDIATRIC FACE MASK OTC			
SIKLOS 1,000 MG TABLET	PA,QL(120 per 30 days)	2	
SIKLOS 100 MG TABLET	PA,QL(1050 per 30 days)	2	
sildenafil (pulmonary hypertension) 10 mg/ml oral powdr for suspension	PA		
sildenafil (pulmonary hypertension) 20 mg tablet	PA		
SILICONE MASK - INFANT			
SILICONE MASK - PEDIATRIC OTC			
silver nitrate 0.5 % topical solution			
silver sulfadiazine 1 % topical cream			
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 84 days)	12	
simvastatin 10 mg tablet EDS	QL(60 per 30 days)		
simvastatin 20 mg tablet EDS	QL(60 per 30 days)		
simvastatin 40 mg tablet EDS	QL(60 per 30 days)		
simvastatin 5 mg tablet EDS	QL(60 per 30 days)		
simvastatin 80 mg tablet EDS	QL(60 per 30 days)		
SINGLE-LET MISC OTC			
sirolimus 0.5 mg tablet			
sirolimus 1 mg tablet			
sirolimus 1 mg/ml oral solution			
sirolimus 2 mg tablet			
slow release iron 143 mg (45 mg iron) tablet,extended release OTC			20
SLYND 4 MG (28) TABLET		12	
SMART SENSE LANCETS 21 GAUGE OTC			
SMART SENSE LANCETS 26 GAUGE OTC			
SMART SENSE LANCETS 33 GAUGE OTC			
SMARTDIABETES VANTAGE OTC			
SMARTEST LANCET OTC			
smooth antacid 300 mg (750 mg) chewable tablet OTC			
sodium acetate 2 meq/ml intravenous solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
sodium acetate 4 meq/ml intravenous solution			
sodium bicarbonate 1 meq/ml (8.4 %) intravenous solution			
sodium bicarbonate 4.2 % intravenous solution			
sodium chloride 0.45 % intravenous solution			
sodium chloride 0.9 % for nebulization			
sodium chloride 0.9 % injection solution			
sodium chloride 0.9 % intravenous piggyback			
sodium chloride 0.9 % intravenous solution			
sodium chloride 0.9 % irrigation solution			
sodium chloride 0.9 %, bacteriostatic injection solution			
sodium chloride 10 % for nebulization	PA		
sodium chloride 2.5 meq/ml intravenous solution			
sodium chloride 3 % hypertonic intravenous injection solution			
sodium chloride 4 meq/ml intravenous solution			
sodium chloride 5 % hypertonic intravenous solution			
sodium citrate-citric acid 490 mg-640 mg/5 ml oral solution			
sodium citrate-citric acid 500 mg-334 mg/5 ml oral solution OTC			
sodium ferric gluconate complex in sucrose 62.5 mg/5 ml intravenous		6	
sodium fluoride 0.2 % dental solution			
sodium fluoride 1.1 % dental cream			
sodium fluoride 1.1 % dental gel			
sodium fluoride 1.1 % dental paste			
sodium fluoride 1.1 %-potassium nitrate 5 % dental paste			
sodium phosphate 3 mmol/ml intravenous solution			
sodium polystyrene sulfonate oral powder			
sofosbuvir 400 mg-velpatasvir 100 mg tablet	PA,QL(30 per 30 days)	3	
SOFT TOUCH LANCETS OTC			
solifenacin 10 mg tablet		18	
solifenacin 5 mg tablet		18	
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET		12	
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 OTC			
SOLUS V2 LANCETS 30 GAUGE OTC			
SOLUS V2 LANCING DEVICE KIT OTC			
sorbitol 2.7 gram-mannitol 0.54 gram/100 ml transurethral solution			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
sorbitol 3 % irrigation solution			
sotalol 120 mg tablet EDS			
sotalol 160 mg tablet EDS			
sotalol 240 mg tablet EDS			
sotalol 80 mg tablet EDS			
sotalol af 120 mg tablet EDS			
sotalol af 160 mg tablet EDS			
sotalol af 80 mg tablet EDS			
SPEEDYSWAB COVID-19 HOME TEST KIT OTC			
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION			
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION			
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE			
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION		6	
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION		6	
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	QL(30 per 30 days)	18	
spironolactone 100 mg tablet EDS			
spironolactone 25 mg tablet EDS			
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet EDS			
spironolactone 50 mg tablet EDS			
sprintec (28) 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION			
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA			
sronyx 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
stavudine 15 mg capsule			
stavudine 20 mg capsule			
stavudine 30 mg capsule			
stavudine 40 mg capsule			
STERILANCE TL 30 GAUGE OTC			
STERILANCE TL 32 GAUGE OTC			
sterile water for ic-green injection solution			
sterile water for injection			
sterile water for kcentra injection solution			
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION	QL(4 per 25 days)		
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
STRIVE PEAK FLOW METER			
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	PA,QL(1.5 per 30 days)	18	
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	PA,QL(1.5 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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	PA	2	
subvenite 150 mg tablet	PA	2	
subvenite 200 mg tablet	PA	2	
subvenite 25 mg tablet	PA	2	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	PA,QL(35 per 30 days)	2	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	PA,QL(98 per 30 days)	2	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	PA,QL(49 per 30 days)	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops			
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension			
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet			
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet			
sulfasalazine 500 mg tablet			
sulfasalazine 500 mg tablet,delayed release			
sulindac 150 mg tablet			
sulindac 200 mg tablet			
sumatriptan 100 mg tablet	QL(9 per 30 days)	18	
sumatriptan 20 mg/actuation nasal spray	QL(6 per 30 days)	18	
sumatriptan 25 mg tablet	QL(9 per 30 days)	18	
sumatriptan 5 mg/actuation nasal spray	QL(6 per 30 days)	18	
sumatriptan 50 mg tablet	QL(9 per 30 days)	18	
sumatriptan 6 mg/0.5 ml subcutaneous solution	QL(3 per 30 days)	18	
SUNLENCA 300 MG TABLET	PA	18	
SUNLENCA 309 MG/ML SUBCUTANEOUS SOLUTION	PA	18	
SUPER THIN LANCETS OTC			
SUPER THIN LANCETS 28 GAUGE OTC			
SUPER THIN LANCETS 30 GAUGE OTC			
SURE COMFORT ALCOHOL PREP PADS OTC			
SURE COMFORT LANCETS 18 GAUGE OTC			
SURE COMFORT LANCETS 21 GAUGE OTC			
SURE COMFORT LANCETS 23 GAUGE OTC			
SURE COMFORT LANCETS 28 GAUGE OTC			
SURE COMFORT LANCETS 30 GAUGE OTC			
SURE COMFORT LANCING PEN OTC			
SURE-LANCE OTC			
SURE-LANCE 26 GAUGE OTC			
SURE-LANCE 28 GAUGE OTC			
SURE-LANCE ULTRA THIN 30 GAUGE OTC			
SURE-PEN LANCING DEVICE OTC			
SURE-PREP ALCOHOL PREP PADS OTC			
SURE-TOUCH LANCET OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
SUREFLEX LANCING DEVICE OTC			
SUREFLEX LANCING DEVICE WITH LANCETS KIT OTC			
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 OTC			
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE OTC			
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 25 GAUGE 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"			
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)	6	
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	QL(10.2 per 30 days)	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
SYMPAZAN 10 MG ORAL FILM	PA	2	
SYMPAZAN 20 MG ORAL FILM	PA	2	
SYMPAZAN 5 MG ORAL FILM	PA	2	
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	PA,QL(30 per 30 days)	12	
SYNAREL 2 MG/ML NASAL SPRAY	PA,QL(40 per 27 days)		
SYNJARDY 12.5 MG-1,000 MG TABLET	QL(60 per 30 days)	10	
SYNJARDY 12.5 MG-500 MG TABLET	QL(60 per 30 days)	10	
SYNJARDY 5 MG-1,000 MG TABLET	QL(60 per 30 days)	10	
SYNJARDY 5 MG-500 MG TABLET	QL(120 per 30 days)	10	
tacrolimus 0.03 % topical ointment	QL(100 per 30 days)		
tacrolimus 0.1 % topical ointment	QL(100 per 30 days)	16	
tacrolimus 0.5 mg capsule, immediate-release			
tacrolimus 1 mg capsule, immediate-release			
tacrolimus 5 mg capsule, immediate-release			
tadalafil 20 mg tablet (pulmonary hypertension)	PA		
TAFINLAR 50 MG CAPSULE	QL(120 per 30 days)	1	
TAFINLAR 75 MG CAPSULE	QL(120 per 30 days)	1	
TAKE ACTION 1.5 MG TABLET OTC	QL(2 per 30 days)	12	
TAMIFLU 6 MG/ML ORAL SUSPENSION	QL(360 per 365 days)		12
tamoxifen 10 mg tablet	QL(90 per 30 days)	18	
tamoxifen 20 mg tablet	QL(60 per 30 days)	18	
tamsulosin 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-c dha 35 mg-1 mg-200 mg capsule		12	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule	QL(91 per 90 days)	12	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	QL(91 per 90 days)	12	
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		7	
TECHLITE LANCETS 25 GAUGE OTC			
TECHLITE LANCETS 26 GAUGE OTC			
TECHLITE LANCETS 28 GAUGE OTC			
TECHLITE LANCETS 30 GAUGE OTC			
TEGRETOL 100 MG/5 ML ORAL SUSPENSION	PA		
TEGRETOL 200 MG TABLET	PA		
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	PA		
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	PA		
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	PA		
TELCARE LANCETS 30 GAUGE OTC			
telmisartan 20 mg tablet EDS	QL(60 per 30 days)		
telmisartan 40 mg tablet EDS	QL(60 per 30 days)		
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet			
telmisartan 80 mg tablet EDS			
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet			
temazepam 15 mg capsule	QL(30 per 30 days)	18	
temazepam 30 mg capsule	QL(30 per 30 days)	18	
TEMIXYS 300 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
TEMODAR 100 MG INTRAVENOUS SOLUTION			
temozolomide 100 mg capsule	QL(60 per 28 days)		
temozolomide 140 mg capsule	QL(60 per 28 days)		
temozolomide 180 mg capsule	QL(60 per 28 days)		
temozolomide 20 mg capsule	QL(60 per 28 days)		
temozolomide 250 mg capsule	QL(60 per 28 days)		
temozolomide 5 mg capsule	QL(60 per 28 days)		
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		7	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE		7	
tenofovir disoproxil fumarate 300 mg tablet			
terazosin 1 mg capsule EDS			
terazosin 10 mg capsule EDS			
terazosin 2 mg capsule EDS			
terazosin 5 mg capsule EDS			
terbinafine hcl 250 mg tablet	QL(84 per 365 days)		
terbutaline 1 mg/ml subcutaneous solution			
terconazole 0.4 % vaginal cream			
terconazole 0.8 % vaginal cream			
teriflunomide 14 mg tablet	QL(30 per 30 days)	18	
teriflunomide 7 mg tablet	QL(30 per 30 days)	18	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL	PA	18	
testosterone 1 % (50 mg/5 gram) transdermal gel packet	PA	18	
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel	PA	18	
testosterone cypionate 100 mg/ml intramuscular oil			
testosterone cypionate 200 mg/ml intramuscular oil			
testosterone enanthate 200 mg/ml intramuscular oil			
TETANUS,DIPHTHERIA TOXOID PED (PF) 5 LF UNIT-25 LF UNIT/0.5 ML IM SUSP		3	6
tetrabenazine 12.5 mg tablet	PA,QL(90 per 30 days)	18	
tetrabenazine 25 mg tablet	PA,QL(120 per 30 days)	18	
tetracaine hcl (pf) 1 % (10 mg/ml) injection solution			
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 oral elixir			
theophylline 80 mg/15 ml oral solution			
theophylline er 100 mg tablet,extended release,12 hr			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
theophylline er 200 mg tablet,extended release,12 hr			
theophylline er 300 mg tablet,extended release,12 hr			
theophylline er 400 mg tablet,extended release 24 hr			
theophylline er 450 mg tablet,extended release,12 hr			
theophylline er 600 mg tablet,extended release 24 hr			
thiamine hcl (vitamin b1) 100 mg/ml injection solution			
THIN LANCETS 26 GAUGE OTC			
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	
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	
thyroid (pork) 120 mg tablet			
thyroid (pork) 15 mg tablet			
thyroid (pork) 30 mg tablet			
thyroid (pork) 60 mg tablet			
thyroid (pork) 90 mg tablet			
tiagabine 12 mg tablet			
tiagabine 16 mg tablet			
tiagabine 2 mg tablet			
tiagabine 4 mg tablet			
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	QL(91 per 90 days)	12	
timolol maleate 0.25 % eye drops	QL(15 per 30 days)		
timolol maleate 0.25 % eye gel forming solution	QL(15 per 30 days)		
timolol maleate 0.5 % eye drops	QL(15 per 30 days)		
timolol maleate 0.5 % eye gel forming solution	QL(15 per 30 days)		
tinidazole 250 mg tablet			
tinidazole 500 mg tablet			
tioconazole 6.5 % vaginal ointment OTC			20
tiopronin 100 mg tablet			
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			
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION			
tizanidine 2 mg tablet			
tizanidine 4 mg tablet	QL(270 per 30 days)		
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION			
TOBRADEX 0.3 %-0.1 % EYE OINTMENT			
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION			
tobramycin 0.3 % eye drops	QL(10 per 30 days)		

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension			
tobramycin 10 mg/ml injection solution			
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization	PA,QL(280 per 56 days)		
tobramycin 40 mg/ml injection solution			
TOPAMAX 100 MG TABLET	PA		
TOPAMAX 15 MG SPRINKLE CAPSULE	PA		
TOPAMAX 200 MG TABLET	PA		
TOPAMAX 25 MG SPRINKLE CAPSULE	PA		
TOPAMAX 25 MG TABLET	PA		
TOPAMAX 50 MG TABLET	PA		
TOPCARE UNIVERSAL1 LANCET OTC			
TOPCARE UNIVERSAL1 LANCET 33 GAUGE OTC			
topiramate 100 mg tablet			
topiramate 15 mg sprinkle capsule			
topiramate 200 mg tablet			
topiramate 25 mg sprinkle capsule			
topiramate 25 mg tablet			
topiramate 50 mg tablet			
topiramate xr 100 mg capsule sprinkle,extended release 24 hr			
topiramate xr 150 mg capsule sprinkle,extended release 24 hr			
topiramate xr 200 mg capsule sprinkle,extended release 24 hr			
topiramate xr 25 mg capsule sprinkle,extended release 24 hr			
topiramate xr 50 mg capsule sprinkle,extended release 24 hr			
topotecan 4 mg intravenous solution		18	
topotecan 4 mg/4 ml (1 mg/ml) intravenous solution			
torsemide 10 mg tablet EDS			
torsemide 100 mg tablet EDS			
torsemide 20 mg tablet EDS			
torsemide 5 mg tablet EDS			
TOVIAZ 4 MG TABLET,EXTENDED RELEASE		6	
TOVIAZ 8 MG TABLET,EXTENDED RELEASE		6	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION			
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION			
TRACLEER 125 MG TABLET	PA		
TRACLEER 62.5 MG TABLET	PA		
TRADJENTA 5 MG TABLET	QL(30 per 30 days)	18	
tramadol 50 mg tablet	QL(240 per 30 days)	12	
tranexamic acid 1,000 mg/10 ml (100 mg/ml) intravenous solution			
tranexamic acid 1,000 mg/100 ml(10 mg/ml)in sod chlor,iso iv piggyback			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
tranexamic acid 650 mg tablet	QL(30 per 28 days)		
TRANSDERM-SCOP 1 MG OVER 3 DAYS TRANSDERMAL PATCH	PA,QL(10 per 30 days)	18	
TRAVASOL 10 % INTRAVENOUS SOLUTION			
TRAVATAN Z 0.004 % EYE DROPS	QL(5 per 30 days)		
TRAZIMERA 150 MG INTRAVENOUS SOLUTION			
TRAZIMERA 420 MG INTRAVENOUS SOLUTION			
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	
tretinoin (antineoplastic) 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-nymyo 0.18/0.215/0.25 mg-35 mcg(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	
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-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 acetonide 0.025 % topical cream			
triamcinolone acetonide 0.025 % topical ointment			
triamcinolone acetonide 0.05 % topical ointment			
triamcinolone acetonide 0.1 % dental paste			
triamcinolone acetonide 0.1 % topical cream			
triamcinolone acetonide 0.1 % topical ointment			
triamcinolone acetonide 0.5 % topical cream			
triamcinolone acetonide 0.5 % topical ointment			
triamcinolone acetonide 40 mg/ml suspension for injection			
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule EDS			
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet EDS			
triamterene 75 mg-hydrochlorothiazide 50 mg tablet EDS			
tricitrates 550 mg-500 mg-334 mg/5 ml oral solution OTC			
trifluoperazine 1 mg tablet	QL(90 per 30 days)	18	
trifluoperazine 10 mg tablet	QL(120 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
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 0.4 mg/ml oral elixir EDS		18	
trihexyphenidyl 2 mg tablet EDS		18	
trihexyphenidyl 5 mg tablet EDS		18	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
TRILEPTAL 150 MG TABLET	PA		
TRILEPTAL 300 MG TABLET	PA		
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	PA		
TRILEPTAL 600 MG TABLET	PA		
trimethoprim 100 mg tablet			
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 IM SUSPENSION	PA,QL(1 per 180 days)	2	12
TRIUMEQ 600 MG-50 MG-300 MG TABLET	PA,QL(30 per 30 days)	6	
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	PA,QL(180 per 30 days)		
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION	PA	18	
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE	PA	6	
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE	PA	6	
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE	PA	6	
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE	PA	6	
TROPHAMINE 10 % INTRAVENOUS SOLUTION			
TRUE COMFORT ALCOHOL PADS OTC			
TRUE COMFORT LANCET 30 GAUGE OTC			
TRUE METRIX AIR GLUCOSE METER OTC			
TRUE METRIX GLUCOSE METER OTC			
TRUE METRIX GLUCOSE TEST STRIP OTC	QL(150 per 30 days)		
TRUE METRIX LEVEL 1 SOLUTION OTC			
TRUE METRIX LEVEL 2 SOLUTION OTC			
TRUE METRIX LEVEL 3 SOLUTION OTC			
TRUECONTROL LEVEL 0 SOLUTION OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
TRUECONTROL LEVEL 1 SOLUTION OTC			
TRUEDRAW LANCING DEVICE OTC			
TRUEPLUS LANCETS 28 GAUGE OTC			
TRUEPLUS LANCETS 30 GAUGE OTC			
TRUEPLUS LANCETS 33 GAUGE OTC			
TRULANCE 3 MG TABLET	PA,QL(30 per 30 days)	18	
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE		10	25
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			
TRUZONE PEAK FLOW METER			
tulana 0.35 mg tablet	QL(91 per 90 days)	12	
turqoz (28) 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid OTC			20
tusnel-ex 100 mg/5 ml oral liquid OTC			20
tussin 100 mg/5 ml oral liquid OTC			20
tussin 400 mg tablet OTC			20
tussin dm 10 mg-100 mg/5 ml oral liquid OTC			20
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid OTC			20
tussin dm max 5 mg-100 mg/5 ml oral liquid OTC			20
tussin mucus-chest congestion 100 mg/5 ml oral liquid OTC			20
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE		18	
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH		12	
TWIST LANCETS 30 GAUGE OTC			
TWIST LANCETS 32 GAUGE OTC			
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET		12	
TYBOST 150 MG TABLET	PA,QL(30 per 30 days)	12	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	QL(91 per 90 days)	12	
UBRELVY 100 MG TABLET	PA,QL(16 per 30 days)	18	
UBRELVY 50 MG TABLET	PA,QL(16 per 30 days)	18	
ULTI-LANCE KIT OTC			
ULTI-LANCE MISC OTC			
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE			
ULTILET ALCOHOL SWAB OTC			
ULTILET BASIC LANCETS 30 GAUGE OTC			
ULTILET CLASSIC LANCETS OTC			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ULTILET CLASSIC LANCETS 28 GAUGE OTC			
ULTILET CLASSIC LANCETS 30 GAUGE OTC			
ULTILET CLASSIC LANCETS 33 GAUGE OTC			
ULTILET LANCETS 28 GAUGE OTC			
ULTILET LANCETS 30 GAUGE OTC			
ULTILET LANCETS 33 GAUGE OTC			
ULTILET SAFETY LANCETS 23 GAUGE OTC			
ULTRA FINE LANCETS 30 GAUGE OTC			
ultra strength antacid 400 mg calcium (1,000 mg) chewable tablet OTC			
ULTRA THIN II LANCETS 30 GAUGE OTC			
ULTRA THIN LANCETS OTC			
ULTRA THIN LANCETS 28 GAUGE OTC			
ULTRA THIN LANCETS 30 GAUGE OTC			
ULTRA THIN LANCETS 31 GAUGE OTC			
ULTRA THIN LANCETS 33 GAUGE OTC			
ULTRA THIN PLUS LANCETS 33 GAUGE OTC			
ULTRA TLC LANCETS OTC			
ULTRA-CARE LANCETS 30 GAUGE OTC			
ULTRA-THIN II LANCETS 28 GAUGE OTC			
ULTRALANCE LANCETS 26 GAUGE OTC			
ULTRALANCE LANCETS 28 GAUGE OTC			
UNILET COMFORTOUCH LANCET OTC			
UNILET COMFORTOUCH LANCET 26 GAUGE OTC			
UNILET EXCELITE II LANCET OTC			
UNILET EXCELITE LANCET OTC			
UNILET GP LANCET OTC			
UNILET LANCET 28 GAUGE OTC			
UNILET LANCET 33 GAUGE OTC			
UNILET LANCETS 30 GAUGE OTC			
UNILET SUPER THIN LANCETS 30 GAUGE OTC			
UNISTIK 2 COMFORT LANCET 28 GAUGE OTC			
UNISTIK 2 EXTRA LANCET 21 GAUGE OTC			
UNISTIK 2 NORMAL LANCET 21 GAUGE OTC			
UNISTIK 3 COMFORT LANCET 28 GAUGE OTC			
UNISTIK 3 DUAL LANCET 18 GAUGE OTC			
UNISTIK 3 EXTRA LANCET 21 GAUGE OTC			
UNISTIK 3 GENTLE 30 GAUGE OTC			
UNISTIK 3 LANCETS 21 GAUGE OTC			
UNISTIK 3 NORMAL LANCET 23 GAUGE OTC			
UNISTIK COMFORT LANCETS 28 GAUGE OTC			
UNISTIK CZT LANCET 23 GAUGE OTC			
UNISTIK CZT LANCET 28 GAUGE OTC			
UNISTIK EXTRA LANCETS 21 GAUGE OTC			
UNISTIK PRO LANCET 21 GAUGE OTC			
UNISTIK PRO LANCET 25 GAUGE OTC			
UNISTIK PRO LANCET 28 GAUGE OTC			
UNISTIK SAFETY 28 GAUGE OTC			

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
UNISTIK SAFETY 30 GAUGE OTC			
UNISTIK TOUCH LANCETS 21 GAUGE OTC			
UNISTIK TOUCH LANCETS 23 GAUGE OTC			
UNISTIK TOUCH LANCETS 28 GAUGE OTC			
UNISTIK TOUCH LANCETS 30 GAUGE OTC			
UNITHROID 100 MCG TABLET EDS			
UNITHROID 112 MCG TABLET EDS			
UNITHROID 125 MCG TABLET EDS			
UNITHROID 137 MCG TABLET EDS			
UNITHROID 150 MCG TABLET EDS			
UNITHROID 175 MCG TABLET EDS			
UNITHROID 200 MCG TABLET EDS			
UNITHROID 25 MCG TABLET EDS			
UNITHROID 300 MCG TABLET EDS			
UNITHROID 50 MCG TABLET EDS			
UNITHROID 75 MCG TABLET EDS			
UNITHROID 88 MCG TABLET EDS			
UNIVERSAL 1 LANCETS 21 GAUGE OTC			
UNIVERSAL 1 LANCETS 26 GAUGE OTC			
UNIVERSAL 1 LANCETS 30 GAUGE OTC			
UNIVERSAL 1 LANCETS 33 GAUGE OTC			
urea 40 % topical cream			
ursodiol 250 mg tablet			
ursodiol 300 mg capsule			
ursodiol 500 mg tablet			
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA	18	
V-GO 20 DEVICE			
V-GO 30 DEVICE			
V-GO 40 DEVICE			
VAGIFEM 10 MCG VAGINAL TABLET	QL(18 per 28 days)		
valacyclovir 1 gram tablet			
valacyclovir 500 mg tablet			
VALCYTE 50 MG/ML ORAL SOLUTION			
valganciclovir 450 mg tablet			
valganciclovir 50 mg/ml oral solution			
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution			
valproic acid (as sodium salt) 250 mg/5 ml oral solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution			
valproic acid 250 mg capsule			
valsartan 160 mg tablet EDS	QL(60 per 30 days)	1	
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet			
valsartan 160 mg-hydrochlorothiazide 25 mg tablet			
valsartan 320 mg tablet EDS		1	
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet			
valsartan 320 mg-hydrochlorothiazide 25 mg tablet			
valsartan 40 mg tablet EDS	QL(60 per 30 days)	1	
valsartan 80 mg tablet EDS	QL(60 per 30 days)	1	
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet			
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	PA,QL(20 per 30 days)	6	
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	PA,QL(20 per 30 days)	6	
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	PA,QL(20 per 30 days)	6	
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	PA,QL(20 per 30 days)	6	
vancomycin 1 gram/200 ml in 0.9 % sod. chloride intravenous piggyback			
vancomycin 1,000 mg intravenous injection	QL(120 per 30 days)		
vancomycin 1.25 gram intravenous solution			
vancomycin 1.5 gram intravenous solution			
vancomycin 125 mg capsule			
vancomycin 250 mg capsule			
vancomycin 500 mg intravenous solution	QL(240 per 30 days)		
vancomycin 500 mg intravenous solution			
vancomycin 500 mg/100 ml in 0.9% sodium chloride intravenous piggyback			
vancomycin 500 mg/100 ml in dextrose 5 % intravenous piggyback			
vancomycin 750 mg intravenous solution			
vancomycin 750 mg intravenous solution	QL(150 per 30 days)		
vancomycin 750 mg/150 ml in 0.9% sodium chloride intravenous piggyback			
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		3	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE		3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION		3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE		3	
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack	QL(53 per 28 days)	17	
varenicline 0.5 mg tablet	QL(60 per 30 days)	17	
varenicline 1 mg tablet	QL(56 per 28 days)	17	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION		3	
VASCEPA 0.5 GRAM CAPSULE		18	
VASCEPA 1 GRAM CAPSULE		18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	QL(91 per 90 days)	12	
VELTASSA 16.8 GRAM ORAL POWDER PACKET		12	
VELTASSA 25.2 GRAM ORAL POWDER PACKET		12	
VELTASSA 8.4 GRAM ORAL POWDER PACKET		12	
VENCLEXTA 10 MG TABLET	QL(14 per 30 days)	18	
VENCLEXTA 100 MG TABLET	QL(180 per 30 days)	18	
VENCLEXTA 50 MG TABLET	QL(7 per 30 days)	18	
venlafaxine 100 mg tablet	QL(90 per 30 days)	6	
venlafaxine 25 mg tablet	QL(120 per 30 days)	6	
venlafaxine 37.5 mg tablet	QL(120 per 30 days)	6	
venlafaxine 50 mg tablet	QL(120 per 30 days)	6	
venlafaxine 75 mg tablet	QL(150 per 30 days)	6	
venlafaxine er 150 mg capsule,extended release 24 hr	QL(30 per 30 days)	6	
venlafaxine er 37.5 mg capsule,extended release 24 hr	QL(30 per 30 days)	6	
venlafaxine er 75 mg capsule,extended release 24 hr	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)		
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	QL(36 per 28 days)		
verapamil 120 mg tablet EDS			
verapamil 40 mg tablet EDS			
verapamil 80 mg tablet EDS			
verapamil er (sr) 120 mg tablet,extended release EDS			
verapamil er (sr) 180 mg tablet,extended release EDS			
verapamil er (sr) 240 mg tablet,extended release EDS			
verapamil er 120 mg 24 hr capsule,extended release EDS			
verapamil er 180 mg 24 hr capsule,extended release EDS			
verapamil er 240 mg 24 hr capsule,extended release EDS			
verapamil er 360 mg 24 hr capsule,extended release EDS			
VERIFINE SAFETY LANCET MINI 21 GAUGE OTC			
VERIFINE SAFETY LANCET MINI 23 GAUGE OTC			
VERIFINE SAFETY LANCET MINI 28 GAUGE OTC			
VERIFINE SAFETY LANCET MINI 30 GAUGE OTC			
VERIFINE UNIVERSAL LANCET 28 GAUGE OTC			
VERIFINE UNIVERSAL LANCET 30 GAUGE OTC			
VERIFINE UNIVERSAL LANCET 33 GAUGE OTC			
vestura (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(9 per 30 days)	10	
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(9 per 30 days)	10	
vienva 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
vigabatrin 500 mg oral powder packet			
vigadrone 500 mg oral powder packet			
vigpoder 500 mg oral powder packet			
VIIBRYD 10 MG TABLET	QL(30 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
VIIBRYD 20 MG TABLET	QL(60 per 30 days)	18	
VIIBRYD 40 MG TABLET	QL(30 per 30 days)	18	
vinblastine 1 mg/ml intravenous solution			
vincristine 1 mg/ml intravenous solution			
vincristine 2 mg/2 ml intravenous solution			
vinorelbine 10 mg/ml intravenous solution			
vinorelbine 50 mg/5 ml intravenous solution			
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET	PA	18	
VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET	PA	18	
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			
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-phos neutral 250 mg tablet OTC			
VITAFOL FE PLUS 90 MG IRON-1 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 1,250 mcg (50,000 unit) capsule			
vitamin k 1 mg/0.5 ml injection solution			
vitamin k1 10 mg/ml injection solution			
vitamins a,c,d and fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops OTC			12
VIVAGUARD LANCET 30 GAUGE OTC			
VIVAGUARD LANCING DEVICE OTC			
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	PA,QL(1 per 28 days)	18	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
VORTEX HOLDING CHAMBER			
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-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE		12	
vp-vite rx 1 mg-60 mg-300 mcg tablet OTC			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	PA,QL(7 per 365 days)	18	
VRAYLAR 1.5 MG CAPSULE	PA,QL(30 per 30 days)	18	
VRAYLAR 3 MG CAPSULE	PA,QL(30 per 30 days)	18	
VRAYLAR 4.5 MG CAPSULE	PA,QL(30 per 30 days)	18	
VRAYLAR 6 MG CAPSULE	PA,QL(30 per 30 days)	18	
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 20 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 30 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 40 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 50 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 60 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 70 MG CAPSULE	QL(30 per 30 days)	6	
warfarin 1 mg tablet EDS	QL(120 per 30 days)		
warfarin 10 mg tablet EDS	QL(120 per 30 days)		
warfarin 2 mg tablet EDS	QL(120 per 30 days)		
warfarin 2.5 mg tablet EDS	QL(120 per 30 days)		
warfarin 3 mg tablet EDS	QL(120 per 30 days)		
warfarin 4 mg tablet EDS	QL(120 per 30 days)		
warfarin 5 mg tablet EDS	QL(120 per 30 days)		
warfarin 6 mg tablet EDS	QL(120 per 30 days)		
warfarin 7.5 mg tablet EDS	QL(120 per 30 days)		
water for injection, bacteriostatic injection solution			
water for injection, sterile injection solution			
water for injection, sterile intravenous solution			
water for irrigation, sterile solution			
WEBCOL TOPICAL PADS OTC			
wera (28) 0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
westab plus 27 mg iron-1 mg tablet		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			
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL			
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	QL(91 per 90 days)	12	
XARELTO 10 MG TABLET			
XARELTO 15 MG TABLET			
XARELTO 2.5 MG TABLET			
XARELTO 20 MG TABLET			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK			
XCOPRI 100 MG TABLET	PA		
XCOPRI 150 MG TABLET	PA		
XCOPRI 200 MG TABLET	PA		
XCOPRI 50 MG TABLET	PA		
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS	PA		
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	PA		
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	PA		
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	PA		
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	PA		
XELJANZ 1 MG/ML ORAL SOLUTION	PA,QL(300 per 30 days)	2	12
XELJANZ 10 MG TABLET	PA,QL(60 per 30 days)	2	
XELJANZ 5 MG TABLET	PA,QL(60 per 30 days)	2	
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	QL(30 per 30 days)	18	
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	QL(30 per 30 days)	18	
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(60 per 30 days)	18	
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(60 per 30 days)	18	
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	QL(30 per 30 days)	18	
XIIDRA 5 % EYE DROPS IN A DROPPERETTE			
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	PA	6	
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	PA	6	
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	
zafemy 150 mcg-35 mcg/24 hr transdermal patch		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	PA		
ZAVESCA 100 MG CAPSULE	PA,QL(90 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR		6	
ZEGERID 20 MG-1,680 MG ORAL PACKET	QL(30 per 30 days)	18	
ZEGERID 20 MG-1.1 GRAM CAPSULE	QL(30 per 30 days)	18	
ZEGERID 40 MG-1,680 MG ORAL PACKET	QL(30 per 30 days)	18	
ZEGERID 40 MG-1.1 GRAM CAPSULE	QL(30 per 30 days)	18	
zenatane 10 mg capsule		12	
zenatane 20 mg capsule		12	
zenatane 30 mg capsule		12	
zenatane 40 mg capsule		12	
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	PA		
zidovudine 10 mg/ml oral syrup			
zidovudine 100 mg capsule			
zidovudine 300 mg tablet			
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	QL(2 per 365 days)		
zinc chloride 1 mg/ml intravenous solution			
zinc sulfate 1 mg/ml intravenous solution			
zinc sulfate 3 mg/ml intravenous solution			
zinc sulfate 5 mg/ml intravenous solution			
ziprasidone 20 mg capsule	QL(120 per 30 days)	6	
ziprasidone 40 mg capsule	QL(120 per 30 days)	6	
ziprasidone 60 mg capsule	QL(120 per 30 days)	6	
ziprasidone 80 mg capsule	QL(60 per 30 days)	6	
ZIRABEV 25 MG/ML INTRAVENOUS SOLUTION	PA,QL(110 per 30 days)	18	
ZIRGAN 0.15 % EYE GEL			
zoledronic acid 4 mg intravenous solution			
zoledronic acid 4 mg/100 ml in mannitol 5 %-water intravenous piggybck			
zoledronic acid 4 mg/5 ml intravenous solution			
zoledronic acid 5 mg/100 ml in mannitol 5 %-water intravenous piggybck	QL(100 per 355 days)		
zoledronic acid 5 mg/100 ml in mannitol 5 %-water intravenous piggybck	QL(100 per 365 days)		

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
zolpidem 10 mg tablet	PA,QL(30 per 30 days)	18	
zolpidem 5 mg tablet	QL(30 per 30 days)	18	
ZONALON 5 % TOPICAL CREAM	PA,QL(90 per 30 days)	18	
zonisamide 100 mg capsule			
zonisamide 25 mg capsule			
zonisamide 50 mg capsule			
zovia 1-35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
zovia 1/35e (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
ZOVIRAX 5 % TOPICAL CREAM	QL(15 per 30 days)	12	
ZTLIDO 1.8 % TOPICAL PATCH	PA,QL(90 per 30 days)		
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	

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Notes

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If you have questions or need help reading or understanding this document, call us at **800-477-6931 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

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