



# 2023 HDHP Drug List

This is a list of covered medicines.  
This document contains information about the medicines we cover in this plan.

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# Welcome to Humana

## What is the Drug List?

The Humana Drug List (also known as a formulary) is a list of covered medicines selected by Humana. This is a comprehensive list, but is subject to change throughout the year. The medicines in the Drug List are covered by Humana as long as the medicine is medically necessary and other plan rules are followed.

## When is the Drug List effective?

The Drug List is effective on January 1st, except for commercial fully-insured policies issued in Illinois, Louisiana, Puerto Rico, and Texas where Drug List changes are effective on a plan's renewal date. These States will continue to use the 2022 version of this Drug List until the plan's renewal date in 2023. You can find that Drug List at [Humana.com/DrugList](https://www.humana.com/DrugList).

## How do I use the Drug List?

Medicines are listed in the Drug List alphabetically.

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

You can use the drug search tool by signing into MyHumana at **Humana.com** to view alternatives for your medicine. You can access the drug search tool by clicking "Pharmacy". Medical coverage may apply for some medicines.

If your medicine is not on the Drug List, your healthcare provider can request Humana to approve a coverage exception. To submit an exception request, your healthcare provider can:

- Obtain forms at **Humana.com/PA**
- Submit the request electronically by visiting [Covermymeds.com/epa/Humana](https://Covermymeds.com/epa/Humana)
- Submit the request by fax to 877-486-2621
- Call Humana Clinical Pharmacy Review (HCPR) at **800-555-CLIN (800-555-2546) (TTY: 711)** between 8 a.m – 8 p.m Eastern time, Monday - Friday. For a member in Puerto Rico, your healthcare provider can contact HCPR in Puerto Rico at **866-488-5991** between 8 a.m – 8 p.m, Monday - Friday.

The coverage exception request will be reviewed and our decision communicated within 24-72 hours after the request is received from the healthcare provider.

## What if my medicine has additional requirements or limits?

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

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

- **Step therapy (ST):** Sometimes there's more than one medicine that works to treat a health condition. Some medicines may cost less but still work for you. Before a prescription is filled for a medicine that costs more, you may be asked to try at least one other medicine first.

If your medicine has an additional requirement, your healthcare provider can request Humana to approve a medicine that requires prior authorization, quantity limit, or step therapy. To submit a request, your healthcare provider can:

- Obtain forms at **Humana.com/PA**
- Submit the request electronically by visiting [Covermymeds.com/epa/Humana](https://Covermymeds.com/epa/Humana)
- Submit the request by fax to 877-486-2621
- Call Humana Clinical Pharmacy Review (HCPR) at **800-555-CLIN (800-555-2546) (TTY: 711)** between 8 a.m – 8 p.m Eastern time, Monday - Friday. For a member in Puerto Rico, your healthcare provider can contact HCPR in Puerto Rico at **866-488-5991** between 8 a.m – 8 p.m, Monday – Friday.

The coverage request will be reviewed and our decision of the coverage determination communicated within 24-72 hours after the request is received from the healthcare provider.

You can find out if your medicine has any additional requirements or limits by looking in the Drug List that begins on page 5.

### Can the Drug List change?

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

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

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

If you have a High Deductible Health Plan (HDHP), you pay the full price for your prescriptions until your plan deductible is reached. You pay a copayment or a coinsurance amount after you have met your plan deductible. [Click here](#) to find a list of preventive medicines that are covered at no additional cost to you when prescribed for preventive purposes. You must have a prescription from your health care provider and fill the medication at a pharmacy in your plan's pharmacy network. Some contraceptive medicines covered on the Drug List may be available to you at no additional cost if medically necessary. Other contraceptive medicines not on the Drug List may be available to you at no additional cost if medically necessary. To ask for a medical necessity review for a contraceptive medicine, your health care provider can contact Humana Clinical Pharmacy Review (HCPR) at **800-555-2546 (TTY: 711)** between 8 a.m. – 8 p.m. Eastern time, Monday – Friday. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at **866-488-5991** between 8 a.m. - 8 p.m., Monday-Friday.

### How do I find a Network Pharmacy

To locate in-network pharmacies, go to **Humana.com/Findapharmacy**, call the number on the back of your Humana ID card, or visit **Humana.com** and log into MyHumana.

### CenterWell®

You may be able to fill your medicines through CenterWell® - Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 -10 days after CenterWell® has received your prescription and all the necessary information. Refills should arrive within 5-7 days. To learn more, visit **CenterWellPharmacy.com**. You can also call CenterWell® at **844-222-2153 (TTY: 711)** Monday - Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network. To locate other in-network pharmacies, go to **Humana.com/Findapharmacy**.

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

- You may call the number on the back of your Humana ID card, or visit **Humana.com** and log into MyHumana.
- Access the drug search tool by clicking "Pharmacy".
- Search for your medicine by name.
- Please note: MyHumana only shows benefits as of the date of log in. Depending on your plan, you should wait until after your plan's 2023 renewal date to see your new benefit information.

## For More Information

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

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

## 2023 HDHP Drug List

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

### How to read your Drug List

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

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

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

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

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

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

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE <sup>MM</sup>	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE <sup>MM</sup>	
2-IN-1 LANCET DEVICE 30 GAUGE <sup>MM</sup>	
2TEK CONTROL (HIGH-NORMAL) SOLUTION <sup>MM</sup>	
abacavir 20 mg/ml oral solution <sup>MM</sup>	QL(960 per 30 days)
abacavir 300 mg tablet <sup>MM</sup>	QL(60 per 30 days)
abacavir 300 mg-lamivudine 150 mg-zidovudine 300 mg tablet <sup>MM</sup>	QL(60 per 30 days)
abacavir 600 mg-lamivudine 300 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
abiraterone 250 mg tablet <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
ABOUTIME PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
ABOUTIME PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
ABOUTIME PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
ABOUTIME PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
acamprostate 333 mg tablet,delayed release <sup>MM</sup>	QL(180 per 30 days)
acarbose 100 mg tablet <sup>MM</sup>	
acarbose 25 mg tablet <sup>MM</sup>	
acarbose 50 mg tablet <sup>MM</sup>	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION <sup>MM</sup>	
ACCU-CHEK AVIVA PLUS METER <sup>MM</sup>	
ACCU-CHEK AVIVA PLUS TEST STRIPS <sup>MM</sup>	QL(150 per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM <sup>MM</sup>	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT <sup>MM</sup>	
ACCU-CHEK GUIDE GLUCOSE METER <sup>MM</sup>	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION <sup>MM</sup>	
ACCU-CHEK GUIDE ME GLUCOSE METER <sup>MM</sup>	
ACCU-CHEK GUIDE TEST STRIPS <sup>MM</sup>	QL(150 per 30 days)
ACCU-CHEK MULTICLIX LANCET KIT <sup>MM</sup>	
ACCU-CHEK SAFE-T-PRO 23 GAUGE <sup>MM</sup>	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE <sup>MM</sup>	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION <sup>MM</sup>	
ACCU-CHEK SMARTVIEW TEST STRIPS <sup>MM</sup>	QL(150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS <sup>MM</sup>	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT <sup>MM</sup>	
accutane 10 mg capsule	QL(60 per 30 days)
accutane 20 mg capsule	QL(60 per 30 days)
accutane 30 mg capsule	QL(60 per 30 days)
accutane 40 mg capsule	QL(120 per 30 days)

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ACCUTREND GLUCOSE CONTROL SOLUTION <sup>MM</sup>	
ACCUTREND GLUCOSE TEST STRIPS <sup>MM</sup>	QL(150 per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER	
acebutolol 200 mg capsule <sup>MM</sup>	
acebutolol 400 mg capsule <sup>MM</sup>	
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution <sup>DL</sup>	QL(2700 per 30 days)
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution <sup>DL</sup>	QL(2700 per 30 days)
acetaminophen 300 mg-codeine 15 mg tablet <sup>DL</sup>	QL(390 per 30 days)
acetaminophen 300 mg-codeine 30 mg tablet <sup>DL</sup>	QL(360 per 30 days)
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution <sup>DL</sup>	QL(2700 per 30 days)
acetaminophen 300 mg-codeine 60 mg tablet <sup>DL</sup>	QL(180 per 30 days)
acetazolamide 125 mg tablet <sup>MM</sup>	QL(120 per 30 days)
acetazolamide 250 mg tablet <sup>MM</sup>	QL(120 per 30 days)
acetazolamide er 500 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
acetic acid 2 % ear solution	
acetylcysteine 100 mg/ml (10 %) solution	
acetylcysteine 200 mg/ml (20 %) solution	
acitretin 10 mg capsule <sup>DL</sup>	PA
acitretin 17.5 mg capsule <sup>DL</sup>	PA
acitretin 25 mg capsule <sup>DL</sup>	PA
ACTHAR 80 UNIT/ML INJECTION GEL <sup>DL,LD,SP</sup>	PA,QL(30 per 30 days)
ACTI-LANCE LANCETS 17 GAUGE <sup>MM</sup>	
ACTI-LANCE LANCETS 23 GAUGE <sup>MM</sup>	
ACTI-LANCE LANCETS 28 GAUGE <sup>MM</sup>	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	PA,QL(12 per 30 days)
acyclovir 200 mg capsule <sup>MM</sup>	
acyclovir 200 mg/5 ml oral suspension <sup>MM</sup>	
acyclovir 400 mg tablet <sup>MM</sup>	
acyclovir 5 % topical ointment	PA
acyclovir 800 mg tablet <sup>MM</sup>	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE <sup>ACA</sup>	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP <sup>ACA</sup>	
adapalene 0.1 % topical gel	
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump	
adefovir 10 mg tablet <sup>DL,SP</sup>	
ADEMPAS 0.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
ADEMPAS 1 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
ADEMPAS 1.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
ADEMPAS 2 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
ADEMPAS 2.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
ADJUSTABLE LANCING DEVICE	
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(12 per 30 days)
ADVANCED LANCING DEVICE KIT <sup>MM</sup>	
ADVANCED TRAVEL LANCETS 28 GAUGE <sup>MM</sup>	
ADVANCED TRAVEL LANCETS 30 GAUGE <sup>MM</sup>	
ADVOCATE CONTROL SOLUTION HIGH <sup>MM</sup>	
ADVOCATE LANCET 26 GAUGE <sup>MM</sup>	
ADVOCATE LANCET 30 GAUGE <sup>MM</sup>	
ADVOCATE LANCING DEVICE	
ADVOCATE LOW CONTROL SOLUTION <sup>MM</sup>	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	
ADVOCATE RAPID-SAFE LANCING DEVICE	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
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 <sup>ACA,MM</sup>	
AFLURIA QUAD 2022-2023(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP <sup>ACA</sup>	
AFLURIA QUAD 2022-23(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	
AGAMATRIX CONTROL HIGH SOLUTION <sup>MM</sup>	
AGAMATRIX CONTROL NORM-HI SOLUTION <sup>MM</sup>	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	PA,QL(2 per 30 days)
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	
albendazole 200 mg tablet	
albuterol sulfate 0.63 mg/3 ml solution for nebulization <sup>MM</sup>	
albuterol sulfate 1.25 mg/3 ml solution for nebulization <sup>MM</sup>	
albuterol sulfate 2 mg tablet <sup>MM</sup>	
albuterol sulfate 2 mg/5 ml oral syrup <sup>MM</sup>	
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization <sup>MM</sup>	
albuterol sulfate 4 mg tablet <sup>MM</sup>	
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization <sup>MM</sup>	
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization <sup>MM</sup>	
albuterol sulfate er 4 mg tablet,extended release,12 hr <sup>MM</sup>	
albuterol sulfate er 8 mg tablet,extended release,12 hr <sup>MM</sup>	
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler <sup>MM</sup>	QL(36 per 30 days)
ALCAINE 0.5 % EYE DROPS	
alclometasone 0.05 % topical ointment	
ALECENSA 150 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(240 per 30 days)
alendronate 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
alendronate 35 mg tablet <sup>MM</sup>	QL(4 per 28 days)
alendronate 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
alendronate 70 mg tablet <sup>MM</sup>	QL(4 per 28 days)
alendronate 70 mg/75 ml oral solution <sup>MM</sup>	QL(300 per 28 days)
alfuzosin er 10 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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	
allopurinol 100 mg tablet <sup>MM</sup>	
allopurinol 300 mg tablet <sup>MM</sup>	
alosetron 0.5 mg tablet <sup>DL,SP</sup>	PA,QL(60 per 30 days)
alosetron 1 mg tablet <sup>DL,SP</sup>	PA,QL(60 per 30 days)
alprazolam 0.25 mg tablet <sup>DL</sup>	QL(120 per 30 days)
alprazolam 0.5 mg tablet <sup>DL</sup>	QL(120 per 30 days)
alprazolam 1 mg tablet <sup>DL</sup>	QL(120 per 30 days)
alprazolam 2 mg tablet <sup>DL</sup>	QL(150 per 30 days)
alprazolam er 0.5 mg tablet,extended release 24 hr <sup>DL</sup>	QL(60 per 30 days)
alprazolam er 1 mg tablet,extended release 24 hr <sup>DL</sup>	QL(60 per 30 days)
alprazolam er 2 mg tablet,extended release 24 hr <sup>DL</sup>	QL(60 per 30 days)
alprazolam er 3 mg tablet,extended release 24 hr <sup>DL</sup>	QL(60 per 30 days)
altavera (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
ALTERNATE SITE LANCET 26 GAUGE <sup>MM</sup>	
ALTERNATE SITE LANCING DEVICE	
ALUNBRIG 180 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	PA,QL(30 per 30 days)
ALUNBRIG 90 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
alyacen 1/35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>ACA,MM</sup>	
alyq 20 mg tablet <sup>MM</sup>	PA,QL(60 per 30 days)
amabelz 0.5 mg-0.1 mg tablet <sup>MM</sup>	
amabelz 1 mg-0.5 mg tablet <sup>MM</sup>	
amantadine hcl 100 mg capsule <sup>MM</sup>	
amantadine hcl 50 mg/5 ml oral solution <sup>MM</sup>	
ambrisentan 10 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
ambrisentan 5 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
amethia lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
amethyst (28) 90 mcg-20 mcg tablet <sup>ACA,MM</sup>	
amiloride 5 mg tablet <sup>MM</sup>	
amiloride 5 mg-hydrochlorothiazide 50 mg tablet <sup>MM</sup>	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION	
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION	
amiodarone 100 mg tablet <sup>MM</sup>	
amiodarone 200 mg tablet <sup>MM</sup>	
amiodarone 400 mg tablet <sup>MM</sup>	
amitriptyline 10 mg tablet <sup>MM</sup>	
amitriptyline 100 mg tablet <sup>MM</sup>	
amitriptyline 150 mg tablet <sup>MM</sup>	
amitriptyline 25 mg tablet <sup>MM</sup>	
amitriptyline 50 mg tablet <sup>MM</sup>	
amitriptyline 75 mg tablet <sup>MM</sup>	
amlodipine 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
amlodipine 10 mg-benazepril 20 mg capsule <sup>MM</sup>	QL(60 per 30 days)

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



DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine 10 mg-benazepril 40 mg capsule <sup>MM</sup>	QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg tablet <sup>MM</sup>	QL(30 per 30 days)
amlodipine 10 mg-valsartan 320 mg tablet <sup>MM</sup>	QL(30 per 30 days)
amlodipine 2.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
amlodipine 2.5 mg-benazepril 10 mg capsule <sup>MM</sup>	QL(60 per 30 days)
amlodipine 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
amlodipine 5 mg-benazepril 10 mg capsule <sup>MM</sup>	QL(60 per 30 days)
amlodipine 5 mg-benazepril 20 mg capsule <sup>MM</sup>	QL(60 per 30 days)
amlodipine 5 mg-benazepril 40 mg capsule <sup>MM</sup>	QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg tablet <sup>MM</sup>	QL(30 per 30 days)
amlodipine 5 mg-valsartan 320 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ammonium lactate 12 % lotion	
ammonium lactate 12 % topical cream	
amnestem 10 mg capsule	QL(60 per 30 days)
amnestem 20 mg capsule	QL(60 per 30 days)
amnestem 40 mg capsule	QL(120 per 30 days)
amoxapine 100 mg tablet <sup>MM</sup>	
amoxapine 150 mg tablet <sup>MM</sup>	
amoxapine 25 mg tablet <sup>MM</sup>	
amoxapine 50 mg tablet <sup>MM</sup>	
amoxicillin 125 mg chewable tablet	
amoxicillin 125 mg/5 ml oral suspension	
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	
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	
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 chewable tablet	
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	
amoxicillin-potassium clavulanate 1,000 mg-62.5 mg tablet,ext.rel 12hr	
ampicillin 250 mg capsule	
ampicillin 500 mg capsule	
anagrelide 0.5 mg capsule <sup>MM</sup>	
anagrelide 1 mg capsule <sup>MM</sup>	
anastrozole 1 mg tablet <sup>ACA,MM</sup>	QL(30 per 30 days)
ANGELIQ 0.25 MG-0.5 MG TABLET <sup>MM</sup>	
ANGELIQ 0.5 MG-1 MG TABLET <sup>MM</sup>	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
anusol-hc 2.5 % topical cream with perineal applicator	
apraclonidine 0.5 % eye drops	
aprepitant 125 mg (1)-80 mg (2) capsules in a dose pack	PA,QL(6 per 28 days)
aprepitant 125 mg capsule	PA,QL(2 per 28 days)
aprepitant 40 mg capsule	PA,QL(2 per 28 days)
aprepitant 80 mg capsule	PA,QL(4 per 28 days)
APRETUDE 600 MG/3 ML (200 MG/ML) IM SUSPENSION, EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(21 per 365 days)
apri 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION <sup>MM,SP</sup>	QL(285 per 28 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
APTIVUS 250 MG CAPSULE <sup>MM,SP</sup>	QL(120 per 30 days)
AQUA LANCE LANCING DEVICE	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MM</sup>	
arformoterol 15 mcg/2 ml solution for nebulization <sup>DL,MM</sup>	QL(120 per 30 days)
aripiprazole 1 mg/ml oral solution <sup>MM</sup>	QL(750 per 30 days)
aripiprazole 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
aripiprazole 15 mg tablet <sup>MM</sup>	QL(30 per 30 days)
aripiprazole 2 mg tablet <sup>MM</sup>	QL(30 per 30 days)
aripiprazole 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)
aripiprazole 30 mg tablet <sup>MM</sup>	QL(30 per 30 days)
aripiprazole 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MM,SP</sup>	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>DL,MM,SP</sup>	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>DL,MM,SP</sup>	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>DL,MM,SP</sup>	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>SP</sup>	QL(2.4 per 42 days)
ARMOUR THYROID 120 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 15 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 180 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 240 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 30 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 300 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 60 MG TABLET <sup>MM</sup>	
ARMOUR THYROID 90 MG TABLET <sup>MM</sup>	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(30 per 30 days)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(30 per 30 days)
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(30 per 30 days)
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase <sup>MM</sup>	ST
ASSURE 4 CONTROL SOLUTION COMBO PACK <sup>MM</sup>	
ASSURE DOSE NORMAL CONTROL SOLUTION <sup>MM</sup>	
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION <sup>MM</sup>	
ASSURE HAEMOLANCE PLUS 18 GAUGE <sup>MM</sup>	
ASSURE HAEMOLANCE PLUS 21 GAUGE <sup>MM</sup>	
ASSURE HAEMOLANCE PLUS 25 GAUGE <sup>MM</sup>	
ASSURE HAEMOLANCE PLUS 28 GAUGE <sup>MM</sup>	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE <sup>MM</sup>	
ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE <sup>MM</sup>	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
ASSURE LANCE 25 GAUGE <sup>MM</sup>	
ASSURE LANCE 28 GAUGE <sup>MM</sup>	
ASSURE LANCE PLUS 21 GAUGE <sup>MM</sup>	
ASSURE LANCE PLUS 25 GAUGE <sup>MM</sup>	
ASSURE LANCE PLUS 30 GAUGE <sup>MM</sup>	
ASSURE PRISM CONTROL 1-2 SOLUTION <sup>MM</sup>	
ASTAGRAF XL 0.5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	
ASTAGRAF XL 1 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ASTAGRAF XL 5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	
ASTHMAPACK CHILDREN'S KIT	
atazanavir 150 mg capsule <sup>MM</sup>	QL(60 per 30 days)
atazanavir 200 mg capsule <sup>MM</sup>	QL(60 per 30 days)
atazanavir 300 mg capsule <sup>MM</sup>	QL(30 per 30 days)
atenolol 100 mg tablet <sup>MM</sup>	
atenolol 100 mg-chlorthalidone 25 mg tablet <sup>MM</sup>	
atenolol 25 mg tablet <sup>MM</sup>	
atenolol 50 mg tablet <sup>MM</sup>	
atenolol 50 mg-chlorthalidone 25 mg tablet <sup>MM</sup>	
atomoxetine 10 mg capsule <sup>MM</sup>	QL(60 per 30 days)
atomoxetine 100 mg capsule <sup>MM</sup>	QL(30 per 30 days)
atomoxetine 18 mg capsule <sup>MM</sup>	QL(60 per 30 days)
atomoxetine 25 mg capsule <sup>MM</sup>	QL(60 per 30 days)
atomoxetine 40 mg capsule <sup>MM</sup>	QL(60 per 30 days)
atomoxetine 60 mg capsule <sup>MM</sup>	QL(30 per 30 days)
atomoxetine 80 mg capsule <sup>MM</sup>	QL(30 per 30 days)
atorvastatin 10 mg tablet <sup>ACA,MM</sup>	
atorvastatin 20 mg tablet <sup>ACA,MM</sup>	
atorvastatin 40 mg tablet <sup>ACA,MM</sup>	
atorvastatin 80 mg tablet <sup>ACA,MM</sup>	
atovaquone 250 mg-proguanil 100 mg tablet	QL(30 per 30 days)
atovaquone 750 mg/5 ml oral suspension <sup>DL,SP</sup>	QL(600 per 30 days)
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	QL(30 per 30 days)
atropine 1 % eye drops <sup>MM</sup>	
auba 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
auba eq 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM</sup>	
aurovela 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
AUSTEDO 12 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
AUSTEDO 9 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
AUTO-LANCET MINI	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	
AUTOLET IMPRESSION LANCING DEVICE KIT <sup>MM</sup>	
AUTOLET LANCING DEVICE	
AUTOLET PLUS LANCING DEVICE	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <sup>MM</sup>	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <sup>MM</sup>	
AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR	QL(4 per 30 days)
AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS)	QL(4 per 30 days)
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	QL(4 per 30 days)
aviane 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
avidoxy 100 mg tablet	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <sup>DL,MM,SP</sup>	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <sup>DL,MM,SP</sup>	PA,QL(1 per 28 days)
ayuna 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
azathioprine 50 mg tablet <sup>MM</sup>	
azelaic acid 15 % topical gel	
azelastine 0.05 % eye drops	
azelastine 137 mcg (0.1 %) nasal spray aerosol <sup>MM</sup>	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) nasal spray <sup>MM</sup>	QL(30 per 25 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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 tablet	
azithromycin 600 mg tablet	QL(16 per 60 days)
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
bacitracin 500 unit/gram eye ointment	
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	
baclofen 10 mg tablet <sup>MM</sup>	QL(240 per 30 days)
baclofen 20 mg tablet <sup>MM</sup>	QL(120 per 30 days)
baclofen 5 mg tablet <sup>MM</sup>	QL(90 per 30 days)
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET <sup>MM</sup>	
balsalazide 750 mg capsule	QL(270 per 30 days)
BALVERSA 3 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
balziva (28) 0.4 mg-35 mcg tablet <sup>ACA,MM</sup>	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	
BARACLUDGE 0.05 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	QL(630 per 30 days)
BAXDELA 450 MG TABLET	QL(28 per 14 days)
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" <sup>MM</sup>	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" <sup>MM</sup>	
BD INSULIN SYRINGE 1 ML 25 X 1" <sup>MM</sup>	
BD INSULIN SYRINGE 1 ML 26 X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE SLIP TIP 1 ML <sup>MM</sup>	
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" <sup>MM</sup>	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
BD MICROTAINER LANCET 21 GAUGE <sup>MM</sup>	
BD MICROTAINER LANCET 30 GAUGE <sup>MM</sup>	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	
BD ULTRA FINE LANCETS 33 GAUGE <sup>MM</sup>	
BD ULTRA-FINE II LANCETS 30 GAUGE <sup>MM</sup>	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" <sup>MM</sup>	
BD VERITOR AT-HOME COVID-19 TEST KIT	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
BELBUCA 150 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
BELBUCA 300 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
BELBUCA 450 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
BELBUCA 600 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
BELBUCA 75 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
BELBUCA 750 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
BELBUCA 900 MCG BUCCAL FILM <sup>DL</sup>	QL(60 per 30 days)
benazepril 10 mg tablet <sup>MM</sup>	
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
benazepril 20 mg tablet <sup>MM</sup>	
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
benazepril 20 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
benazepril 40 mg tablet <sup>MM</sup>	
benazepril 5 mg tablet <sup>MM</sup>	
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>DL,LD,MM,SP</sup>	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(8 per 28 days)
benznidazole 100 mg tablet	QL(240 per 365 days)
benznidazole 12.5 mg tablet	QL(720 per 365 days)
benzonatate 100 mg capsule	
benzonatate 200 mg capsule	
benztropine 0.5 mg tablet <sup>MM</sup>	
benztropine 1 mg tablet <sup>MM</sup>	
benztropine 2 mg tablet <sup>MM</sup>	
BETADINE OPHTHALMIC PREP 5 % SOLUTION	
betaine 1 gram/scoop oral powder <sup>DL,MM,SP</sup>	
betamethasone dipropionate 0.05 % lotion	
betamethasone dipropionate 0.05 % topical cream	
betamethasone dipropionate 0.05 % topical ointment	
betamethasone valerate 0.1 % lotion	
betamethasone valerate 0.1 % topical cream	
betamethasone valerate 0.1 % topical ointment	
betamethasone, augmented 0.05 % lotion	
betamethasone, augmented 0.05 % topical cream	
betamethasone, augmented 0.05 % topical gel	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone, augmented 0.05 % topical ointment	
BETASERON 0.3 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	PA,QL(15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(15 per 30 days)
betaxolol 0.5 % eye drops <sup>MM</sup>	
betaxolol 10 mg tablet <sup>MM</sup>	
betaxolol 20 mg tablet <sup>MM</sup>	
bethanechol chloride 10 mg tablet <sup>MM</sup>	
bethanechol chloride 25 mg tablet <sup>MM</sup>	
bethanechol chloride 5 mg tablet <sup>MM</sup>	
bethanechol chloride 50 mg tablet <sup>MM</sup>	
bexarotene 75 mg capsule <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
bicalutamide 50 mg tablet <sup>MM</sup>	QL(30 per 30 days)
BIKTARVY 30 MG-120 MG-15 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	
BINAXNOW COVID-19 AG SELF TEST KIT	
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	
bisoprolol fumarate 10 mg tablet <sup>MM</sup>	
bisoprolol fumarate 5 mg tablet <sup>MM</sup>	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
BLOOD GLUCOSE CONTROL HIGH, NORMAL, AND LOW SOLUTION <sup>MM</sup>	
BLOOD GLUCOSE CONTROL, HIGH AND NORMAL SOLUTION <sup>MM</sup>	
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION <sup>MM</sup>	
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"	
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE	QL(60 per 30 days)
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
BOSULIF 100 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
BOSULIF 400 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
BOSULIF 500 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
BRAFTOVI 50 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
BRAFTOVI 75 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(180 per 30 days)
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	
BREEZE 2 CONTROL SOLUTION, HIGH <sup>MM</sup>	
BREEZE 2 CONTROL SOLUTION, LOW <sup>MM</sup>	
BREEZE 2 CONTROL SOLUTION, NORMAL <sup>MM</sup>	
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
briellyn 0.4 mg-35 mcg tablet <sup>ACA,MM</sup>	
BRILINTA 60 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
BRILINTA 90 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
brimonidine 0.2 % eye drops <sup>MM</sup>	QL(10 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	PA,QL(600 per 30 days)
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	
BRUKINSA 80 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
budesonide 0.25 mg/2 ml suspension for nebulization <sup>MM</sup>	QL(240 per 30 days)
budesonide 0.5 mg/2 ml suspension for nebulization <sup>MM</sup>	QL(240 per 30 days)
budesonide 1 mg/2 ml suspension for nebulization <sup>MM</sup>	QL(120 per 30 days)
budesonide dr - er 3 mg capsule,delayed,extended release	
budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler <sup>MM</sup>	QL(10.2 per 30 days)
budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler <sup>MM</sup>	QL(10.2 per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE <sup>MM</sup>	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE <sup>MM</sup>	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
bumetanide 0.5 mg tablet <sup>MM</sup>	
bumetanide 1 mg tablet <sup>MM</sup>	
bumetanide 2 mg tablet <sup>MM</sup>	
buprenorphine 10 mcg/hour weekly transdermal patch <sup>DL</sup>	QL(4 per 28 days)
buprenorphine 12 mg-naloxone 3 mg sublingual film <sup>MM</sup>	QL(60 per 30 days)
buprenorphine 15 mcg/hour weekly transdermal patch <sup>DL</sup>	QL(4 per 28 days)
buprenorphine 2 mg-naloxone 0.5 mg sublingual film <sup>MM</sup>	QL(90 per 30 days)
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet <sup>MM</sup>	QL(90 per 30 days)
buprenorphine 20 mcg/hour weekly transdermal patch <sup>DL</sup>	QL(4 per 28 days)
buprenorphine 4 mg-naloxone 1 mg sublingual film <sup>MM</sup>	QL(90 per 30 days)
buprenorphine 5 mcg/hour weekly transdermal patch <sup>DL</sup>	QL(4 per 28 days)
buprenorphine 7.5 mcg/hour weekly transdermal patch <sup>DL</sup>	QL(4 per 28 days)
buprenorphine 8 mg-naloxone 2 mg sublingual film <sup>MM</sup>	QL(90 per 30 days)
buprenorphine 8 mg-naloxone 2 mg sublingual tablet <sup>MM</sup>	QL(90 per 30 days)
buprenorphine hcl 2 mg sublingual tablet	QL(90 per 30 days)
buprenorphine hcl 8 mg sublingual tablet	QL(90 per 30 days)
bupropion hcl 100 mg tablet <sup>MM</sup>	QL(180 per 30 days)
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent) <sup>ACA</sup>	QL(90 per 30 days)
bupropion hcl 75 mg tablet <sup>MM</sup>	QL(180 per 30 days)
bupropion hcl sr 100 mg tablet,12 hr sustained-release <sup>MM</sup>	QL(120 per 30 days)
bupropion hcl sr 150 mg tablet,12 hr sustained-release <sup>MM</sup>	QL(90 per 30 days)
bupropion hcl sr 200 mg tablet,12 hr sustained-release <sup>MM</sup>	QL(60 per 30 days)
bupropion hcl xl 150 mg 24 hr tablet, extended release <sup>MM</sup>	QL(90 per 30 days)
bupropion hcl xl 300 mg 24 hr tablet, extended release <sup>MM</sup>	QL(30 per 30 days)
buspirone 10 mg tablet <sup>MM</sup>	
buspirone 15 mg tablet <sup>MM</sup>	
buspirone 30 mg tablet <sup>MM</sup>	
buspirone 5 mg tablet <sup>MM</sup>	
buspirone 7.5 mg tablet <sup>MM</sup>	
butalbital 50 mg-acetaminophen 325 mg tablet	QL(180 per 30 days)
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap <sup>DL</sup>	QL(360 per 30 days)
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule	QL(180 per 30 days)
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	QL(180 per 30 days)
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	QL(180 per 30 days)
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	QL(180 per 30 days)
BUTTERFLY TOUCH LANCET 30 GAUGE <sup>MM</sup>	
cabergoline 0.5 mg tablet <sup>MM</sup>	QL(16 per 28 days)
CABLIVI 11 MG INJECTION KIT <sup>DL,SP</sup>	PA,QL(30 per 30 days)
CABOMETYX 20 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
CABOMETYX 40 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
CABOMETYX 60 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
calcipotriene 0.005 % scalp solution	PA,QL(60 per 30 days)
calcipotriene 0.005 % topical cream	PA,QL(120 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
calcitonin (salmon) 200 unit/actuation nasal spray <sup>MM</sup>	QL(3.7 per 28 days)
calcitriol 0.25 mcg capsule <sup>MM</sup>	
calcitriol 0.5 mcg capsule <sup>MM</sup>	
calcitriol 1 mcg/ml oral solution <sup>MM</sup>	
calcium acetate(phosphate binders) 667 mg capsule <sup>MM</sup>	
calcium acetate(phosphate binders) 667 mg tablet <sup>MM</sup>	
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
CALQUENCE 100 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
camila 0.35 mg tablet <sup>ACA,MM</sup>	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
CAMZYOS 10 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
CAMZYOS 15 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
CAMZYOS 2.5 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
CAMZYOS 5 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
capecitabine 150 mg tablet	PA,QL(630 per 30 days)
capecitabine 500 mg tablet	PA,QL(189 per 30 days)
carbamazepine 100 mg chewable tablet <sup>MM</sup>	
carbamazepine 100 mg/5 ml oral suspension <sup>MM</sup>	
carbamazepine 200 mg tablet <sup>MM</sup>	
carbamazepine 200 mg/10 ml oral suspension <sup>MM</sup>	
carbamazepine er 100 mg capsule,extended release mphase12hr <sup>MM</sup>	
carbamazepine er 100 mg tablet,extended release,12 hr <sup>MM</sup>	QL(120 per 30 days)
carbamazepine er 200 mg capsule,extended release mphase12hr <sup>MM</sup>	
carbamazepine er 200 mg tablet,extended release,12 hr <sup>MM</sup>	QL(120 per 30 days)
carbamazepine er 300 mg capsule,extended release mphase12hr <sup>MM</sup>	
carbamazepine er 400 mg tablet,extended release,12 hr <sup>MM</sup>	QL(120 per 30 days)
carbidopa 10 mg-levodopa 100 mg tablet <sup>MM</sup>	
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet <sup>MM</sup>	
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet <sup>MM</sup>	
carbidopa 25 mg-levodopa 100 mg tablet <sup>MM</sup>	
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet <sup>MM</sup>	
carbidopa 25 mg-levodopa 250 mg tablet <sup>MM</sup>	
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet <sup>MM</sup>	
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet <sup>MM</sup>	
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet <sup>MM</sup>	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release <sup>MM</sup>	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release <sup>MM</sup>	
carbinoxamine 4 mg tablet	
carbinoxamine 4 mg/5 ml oral liquid	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
CAREFINE PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
CAREFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
CAREFINE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	
CAREFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
CARELANCE ULTIMATE COMFORT LANCING DEVICE	
CAREONE LANCING DEVICE	
CAREONE THIN LANCET <sup>MM</sup>	
CAREONE ULTRA THIN LANCET <sup>MM</sup>	
CARESENS CONTROL A AND B SOLUTION <sup>MM</sup>	
CARESENS CONTROL A NORMAL SOLUTION <sup>MM</sup>	
CARESENS LANCETS 30 GAUGE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
CARESENS PREMIUM COMFORT LANCING DEVICE	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	
CARETOUCH CONTROL SOLUTION L2-L3 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH LANCING DEVICE	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2 <sup>MM</sup>	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4 <sup>MM</sup>	
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16 <sup>MM</sup>	
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16 <sup>MM</sup>	
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16 <sup>MM</sup>	
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32 <sup>MM</sup>	
CARETOUCH SAFETY LANCETS 26 GAUGE <sup>MM</sup>	
CARETOUCH SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
CARETOUCH TWIST LANCET 28 GAUGE <sup>MM</sup>	
CARETOUCH TWIST LANCET 30 GAUGE <sup>MM</sup>	
CARETOUCH TWIST LANCET 33 GAUGE <sup>MM</sup>	
carisoprodol 350 mg tablet	QL(120 per 30 days)
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <sup>MM</sup>	
CARNITOR 100 MG/ML ORAL SOLUTION <sup>MM</sup>	
CARNITOR 330 MG TABLET <sup>MM</sup>	
carteolol 1 % eye drops <sup>MM</sup>	
cartia xt 120 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
cartia xt 180 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
cartia xt 240 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
cartia xt 300 mg capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
carvedilol 12.5 mg tablet <sup>MM</sup>	
carvedilol 25 mg tablet <sup>MM</sup>	
carvedilol 3.125 mg tablet <sup>MM</sup>	
carvedilol 6.25 mg tablet <sup>MM</sup>	
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>ACA,MM</sup>	
cefaclor 125 mg/5 ml oral suspension	
cefaclor 250 mg capsule	
cefaclor 250 mg/5 ml oral suspension	
cefaclor 375 mg/5 ml oral suspension	
cefaclor 500 mg capsule	
cefadroxil 250 mg/5 ml oral suspension	
cefadroxil 500 mg capsule	
cefadroxil 500 mg/5 ml oral suspension	
cefdinir 125 mg/5 ml oral suspension	
cefdinir 250 mg/5 ml oral suspension	
cefdinir 300 mg capsule	
cefditoren pivoxil 200 mg tablet	
cefditoren pivoxil 400 mg tablet	
cefixime 100 mg/5 ml oral suspension	
cefixime 200 mg/5 ml oral suspension	
cefixime 400 mg capsule	
cefpodoxime 100 mg tablet	
cefpodoxime 100 mg/5 ml oral suspension	
cefpodoxime 200 mg tablet	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
cefpodoxime 50 mg/5 ml oral suspension	
cefprozil 125 mg/5 ml oral suspension	
cefprozil 250 mg tablet	
cefprozil 250 mg/5 ml oral suspension	
cefprozil 500 mg tablet	
cefuroxime axetil 250 mg tablet	
cefuroxime axetil 500 mg tablet	
celecoxib 100 mg capsule <sup>MM</sup>	QL(60 per 30 days)
celecoxib 200 mg capsule <sup>MM</sup>	QL(60 per 30 days)
celecoxib 400 mg capsule <sup>MM</sup>	QL(60 per 30 days)
celecoxib 50 mg capsule <sup>MM</sup>	QL(60 per 30 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION <sup>MM</sup>	
CELLCEPT 250 MG CAPSULE <sup>MM</sup>	QL(360 per 30 days)
CELLCEPT 500 MG TABLET <sup>MM</sup>	QL(180 per 30 days)
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	
CELONTIN 300 MG CAPSULE <sup>MM</sup>	
cephalexin 125 mg/5 ml oral suspension	
cephalexin 250 mg capsule	
cephalexin 250 mg/5 ml oral suspension	
cephalexin 500 mg capsule	
CERDELGA 84 MG CAPSULE <sup>DL,MM,SP</sup>	PA
CHANTIX 0.5 MG TABLET <sup>ACA</sup>	QL(56 per 28 days)
CHANTIX 1 MG TABLET <sup>ACA</sup>	QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <sup>ACA</sup>	QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <sup>ACA</sup>	QL(53 per 28 days)
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	
chateal (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
chateal eq (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
CHEMET 100 MG CAPSULE	
CHENODAL 250 MG TABLET <sup>DL,SP</sup>	
chlordiazepoxide 10 mg capsule <sup>DL</sup>	QL(120 per 30 days)
chlordiazepoxide 25 mg capsule <sup>DL</sup>	QL(120 per 30 days)
chlordiazepoxide 5 mg capsule <sup>DL</sup>	QL(120 per 30 days)
chlorhexidine gluconate 0.12 % mouthwash	
chloroquine 250 mg tablet	
chloroquine 500 mg tablet	
chlorthalidone 25 mg tablet <sup>MM</sup>	
chlorthalidone 50 mg tablet <sup>MM</sup>	
CHOICE DM CLARUS NORMAL CONTROL SOLUTION <sup>MM</sup>	
CHOLBAM 250 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
CHOLBAM 50 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
cholestyramine (with sugar) 4 gram oral powder <sup>MM</sup>	
cholestyramine (with sugar) 4 gram powder for susp in a packet <sup>MM</sup>	
cholestyramine light 4 gram oral powder <sup>MM</sup>	
cholestyramine light 4 gram powder for susp in a packet <sup>MM</sup>	
cholestyramine-aspartame 4 gram oral powder for susp in a packet <sup>MM</sup>	
ciclopirox 0.77 % topical gel	
ciclopirox 0.77 % topical suspension	
ciclopirox 1 % shampoo	
cilostazol 100 mg tablet <sup>MM</sup>	
cilostazol 50 mg tablet <sup>MM</sup>	
CIMDUO 300 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
cimetidine 200 mg tablet <sup>MM</sup>	
cimetidine 300 mg tablet <sup>MM</sup>	
cimetidine 300 mg/5 ml oral solution <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
cimetidine 400 mg tablet <sup>MM</sup>	
cimetidine 800 mg tablet <sup>MM</sup>	
cinacalcet 30 mg tablet <sup>MM</sup>	QL(60 per 30 days)
cinacalcet 60 mg tablet <sup>MM</sup>	QL(60 per 30 days)
cinacalcet 90 mg tablet <sup>MM</sup>	QL(120 per 30 days)
ciprofloxacin 0.2 % ear drops in a dropperette	
ciprofloxacin 0.3 % eye drops	
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	QL(7.5 per 30 days)
ciprofloxacin 100 mg tablet	
ciprofloxacin 250 mg tablet	
ciprofloxacin 250 mg/5 ml oral suspension	
ciprofloxacin 500 mg tablet	
ciprofloxacin 500 mg/5 ml oral suspension	
ciprofloxacin 750 mg tablet	
citalopram 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
citalopram 10 mg/5 ml oral solution <sup>MM</sup>	
citalopram 20 mg tablet <sup>MM</sup>	QL(60 per 30 days)
citalopram 40 mg tablet <sup>MM</sup>	QL(30 per 30 days)
claravis 10 mg capsule	QL(60 per 30 days)
claravis 20 mg capsule	QL(60 per 30 days)
claravis 30 mg capsule	QL(60 per 30 days)
claravis 40 mg capsule	QL(120 per 30 days)
clarithromycin 125 mg/5 ml oral suspension	
clarithromycin 250 mg tablet	
clarithromycin 250 mg/5 ml oral suspension	
clarithromycin 500 mg tablet	
clemastine 2.68 mg tablet	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION <sup>ACA</sup>	
CLEOCIN 100 MG VAGINAL SUPPOSITORY	
CLEVER CHEK LANCETS 30 GAUGE <sup>MM</sup>	
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION <sup>MM</sup>	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
CLICKFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
clindacin etz 1 % topical swab	
clindacin p 1 % topical swab	
clindamycin 1 % lotion	
clindamycin 1 % topical gel	PA
clindamycin 1 %-benzoyl peroxide 5 % topical gel	
clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	
clindamycin 2 % vaginal cream	
clindamycin hcl 150 mg capsule	
clindamycin hcl 300 mg capsule	
clindamycin hcl 75 mg capsule	
clindamycin pediatric 75 mg/5 ml oral solution	
clindamycin phosphate 1 % topical solution	
clindamycin phosphate 1 % topical swab	
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	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 4.25 % IN 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	
CLINITEST COVID-19 HOME TEST KIT	
clobazam 10 mg tablet <sup>DL,MM</sup>	PA,QL(60 per 30 days)
clobazam 2.5 mg/ml oral suspension <sup>DL,MM</sup>	PA,QL(480 per 30 days)
clobazam 20 mg tablet <sup>DL,MM</sup>	PA,QL(60 per 30 days)
clobetasol 0.05 % scalp solution	
clobetasol 0.05 % shampoo	
clobetasol 0.05 % topical cream	
clobetasol 0.05 % topical gel	
clobetasol 0.05 % topical ointment	
clobetasol-emollient 0.05 % topical cream	
clodan 0.05 % shampoo	
clomipramine 25 mg capsule <sup>MM</sup>	
clomipramine 50 mg capsule <sup>MM</sup>	
clomipramine 75 mg capsule <sup>MM</sup>	
clonazepam 0.125 mg disintegrating tablet <sup>DL,MM</sup>	
clonazepam 0.25 mg disintegrating tablet <sup>DL,MM</sup>	
clonazepam 0.5 mg disintegrating tablet <sup>DL,MM</sup>	
clonazepam 0.5 mg tablet <sup>DL,MM</sup>	
clonazepam 1 mg disintegrating tablet <sup>DL,MM</sup>	
clonazepam 1 mg tablet <sup>DL,MM</sup>	
clonazepam 2 mg disintegrating tablet <sup>DL,MM</sup>	
clonazepam 2 mg tablet <sup>DL,MM</sup>	
clonidine hcl 0.1 mg tablet <sup>MM</sup>	
clonidine hcl 0.2 mg tablet <sup>MM</sup>	
clonidine hcl 0.3 mg tablet <sup>MM</sup>	
clopidogrel 300 mg tablet	QL(1 per 30 days)
clopidogrel 75 mg tablet <sup>MM</sup>	QL(30 per 30 days)
clorazepate dipotassium 15 mg tablet <sup>DL</sup>	
clorazepate dipotassium 3.75 mg tablet <sup>DL</sup>	
clorazepate dipotassium 7.5 mg tablet <sup>DL</sup>	
clotrimazole 1 % topical cream	
clotrimazole 1 % topical solution	
clotrimazole 10 mg troche	
clotrimazole-betamethasone 1 %-0.05 % lotion	
clotrimazole-betamethasone 1 %-0.05 % topical cream	
clovique 250 mg capsule <sup>DL,SP</sup>	PA
clozapine 100 mg tablet <sup>MM</sup>	
clozapine 200 mg tablet <sup>MM</sup>	
clozapine 25 mg tablet <sup>MM</sup>	
clozapine 50 mg tablet <sup>MM</sup>	
COAGUCHEK LANCETS <sup>MM</sup>	
COARTEM 20 MG-120 MG TABLET	QL(24 per 30 days)
codeine sulfate 15 mg tablet <sup>DL</sup>	QL(360 per 30 days)
codeine sulfate 30 mg tablet <sup>DL</sup>	QL(360 per 30 days)
codeine sulfate 60 mg tablet <sup>DL</sup>	QL(180 per 30 days)
colchicine 0.6 mg capsule <sup>MM</sup>	QL(60 per 30 days)
colchicine 0.6 mg tablet <sup>MM</sup>	QL(120 per 30 days)
colesevelam 625 mg tablet <sup>MM</sup>	
colestipol 1 gram tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
colestipol 5 gram oral granules <sup>MM</sup>	
colestipol 5 gram oral packet <sup>MM</sup>	
COLOR LANCETS 21 GAUGE <sup>MM</sup>	
COMBIGAN 0.2 %-0.5 % EYE DROPS <sup>MM</sup>	QL(5 per 25 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <sup>DL,MM,SP</sup>	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <sup>DL,MM,SP</sup>	PA,QL(84 per 28 days)
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ LANCETS 21 GAUGE <sup>MM</sup>	
COMFORT EZ LANCETS 23 GAUGE <sup>MM</sup>	
COMFORT EZ LANCETS 28 GAUGE <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" <sup>MM</sup>	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" <sup>MM</sup>	
COMFORT LANCETS <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16" <sup>MM</sup>	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	
COMFORT TOUCH PLUS PRESSURE ACTIVATED SAFETY LANCETS 30 GAUGE <sup>MM</sup>	
COMFORT TOUCH ULTRA THIN LANCETS 31 GAUGE <sup>MM</sup>	
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
COMPACT SPACE CHAMBER	
COMPACT SPACE CHAMBER PLUS	
COMPACT SPACE CHAMBER-LRG MASK	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
COMPACT SPACE CHAMBER-MED MASK	
COMPACT SPACE CHAMBER-SM MASK	
COMPLERA 200 MG-25 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
compro 25 mg rectal suppository	
CONSENSI 10 MG-200 MG TABLET <sup>DL,MM,SP</sup>	ST,QL(30 per 30 days)
CONSENSI 2.5 MG-200 MG TABLET <sup>DL,MM,SP</sup>	ST,QL(30 per 30 days)
CONSENSI 5 MG-200 MG TABLET <sup>DL,MM,SP</sup>	ST,QL(30 per 30 days)
constulose 10 gram/15 ml oral solution <sup>ACA,MM</sup>	
CONTOUR CONTROL SOLUTION, HIGH <sup>MM</sup>	
CONTOUR CONTROL SOLUTION, LOW <sup>MM</sup>	
CONTOUR CONTROL SOLUTION, NORMAL <sup>MM</sup>	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	
COOL CONTROL A SOLUTION <sup>MM</sup>	
COOL CONTROL B SOLUTION <sup>MM</sup>	
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(12 per 28 days)
COPIKTRA 15 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
COPIKTRA 25 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
CORLANOR 5 MG TABLET <sup>MM</sup>	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLUTION <sup>MM</sup>	PA,QL(560 per 28 days)
CORLANOR 7.5 MG TABLET <sup>MM</sup>	PA,QL(60 per 30 days)
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(32 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS <sup>DL,LD,MM,SP</sup>	PA,QL(32 per 365 days)
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(8.5 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <sup>DL,LD,MM,SP</sup>	PA,QL(32 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS <sup>DL,LD,MM,SP</sup>	PA,QL(32 per 365 days)
covaryx 1.25 mg-2.5 mg tablet <sup>MM</sup>	
covaryx h.s. 0.625 mg-1.25 mg tablet <sup>MM</sup>	
COVID-19 AT-HOME TEST KIT	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	
CRESEMBA 186 MG CAPSULE <sup>DL,SP</sup>	PA
CRINONE 4 % VAGINAL GEL	QL(8.7 per 30 days)
CRIXIVAN 200 MG CAPSULE <sup>MM</sup>	QL(450 per 30 days)
cromolyn 100 mg/5 ml oral concentrate <sup>DL,SP</sup>	
cromolyn 4 % eye drops	
cryselle (28) 0.3 mg-30 mcg tablet <sup>ACA,MM</sup>	
CUE COVID-19 HOME TEST KIT	
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution <sup>MM</sup>	QL(30 per 30 days)
cyclafem 1/35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>ACA,MM</sup>	
cyclobenzaprine 10 mg tablet	
cyclobenzaprine 5 mg tablet	
cyclopentolate 0.5 % eye drops	
cyclopentolate 1 % eye drops	
cyclopentolate 2 % eye drops	
cyclophosphamide 25 mg capsule <sup>DL,SP</sup>	QL(960 per 30 days)
cyclophosphamide 25 mg tablet <sup>DL,SP</sup>	QL(960 per 30 days)
cyclophosphamide 50 mg capsule <sup>DL,SP</sup>	QL(480 per 30 days)
cyclophosphamide 50 mg tablet <sup>DL,SP</sup>	QL(480 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
cyclosporine 100 mg capsule <sup>MM</sup>	QL(720 per 30 days)
cyclosporine 25 mg capsule <sup>MM</sup>	
cyclosporine modified 100 mg capsule <sup>MM</sup>	QL(720 per 30 days)
cyclosporine modified 100 mg/ml oral solution <sup>MM</sup>	
cyclosporine modified 25 mg capsule <sup>MM</sup>	
cyclosporine modified 50 mg capsule <sup>MM</sup>	
cyproheptadine 2 mg/5 ml oral syrup	
cyproheptadine 4 mg tablet	
cyred 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
cyred eq 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
CYSTADANE 1 GRAM/SCOOP ORAL POWDER <sup>DL,MM,SP</sup>	
CYSTAGON 150 MG CAPSULE <sup>MM</sup>	
CYSTAGON 50 MG CAPSULE <sup>MM</sup>	
CYSTARAN 0.44 % EYE DROPS <sup>DL,MM,SP</sup>	PA,QL(60 per 28 days)
dalfampridine er 10 mg tablet,extended release,12 hr <sup>MM</sup>	PA,QL(60 per 30 days)
danazol 100 mg capsule	
danazol 200 mg capsule	
danazol 50 mg capsule	
dantrolene 100 mg capsule <sup>MM</sup>	
dantrolene 25 mg capsule <sup>MM</sup>	
dantrolene 50 mg capsule <sup>MM</sup>	
dapsone 100 mg tablet <sup>MM</sup>	
dapsone 25 mg tablet <sup>MM</sup>	
dasetta 1/35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
DAURISMO 100 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
deblitane 0.35 mg tablet <sup>ACA,MM</sup>	
deferasirox 125 mg dispersible tablet <sup>DL,MM,SP</sup>	PA,QL(150 per 30 days)
deferasirox 250 mg dispersible tablet <sup>DL,MM,SP</sup>	PA,QL(150 per 30 days)
deferasirox 500 mg dispersible tablet <sup>DL,MM,SP</sup>	PA,QL(150 per 30 days)
deferiprone 500 mg tablet <sup>DL,MM,SP</sup>	PA,QL(720 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
demeclocycline 150 mg tablet	
demeclocycline 300 mg tablet	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	QL(0.65 per 90 days)
DESCOVY 120 MG-15 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
DESCOVY 200 MG-25 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
desipramine 10 mg tablet <sup>MM</sup>	
desipramine 100 mg tablet <sup>MM</sup>	
desipramine 150 mg tablet <sup>MM</sup>	
desipramine 25 mg tablet <sup>MM</sup>	
desipramine 50 mg tablet <sup>MM</sup>	
desipramine 75 mg tablet <sup>MM</sup>	
desmopressin 0.1 mg tablet <sup>MM</sup>	QL(180 per 30 days)
desmopressin 0.2 mg tablet <sup>MM</sup>	QL(180 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) nasal spray <sup>MM</sup>	QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated) <sup>MM</sup>	QL(25 per 30 days)
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet <sup>ACA,MM</sup>	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estradiol 0.01 mg(5) tablet <sup>MM</sup>	
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.5 mg tablet	
dexamethasone 0.5 mg/5 ml oral elixir	
dexamethasone 0.5 mg/5 ml oral solution	
dexamethasone 0.75 mg tablet	
dexamethasone 1 mg tablet	
dexamethasone 1.5 mg tablet	
dexamethasone 2 mg tablet	
dexamethasone 4 mg tablet	
dexamethasone 6 mg tablet	
dexamethasone intensol 1 mg/ml drops (concentrate)	
dexamethasone sodium phosphate 0.1 % eye drops	
dexmethylphenidate 10 mg tablet <sup>MM</sup>	QL(60 per 30 days)
dexmethylphenidate 2.5 mg tablet <sup>MM</sup>	QL(60 per 30 days)
dexmethylphenidate 5 mg tablet <sup>MM</sup>	QL(60 per 30 days)
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50 <sup>MM</sup>	QL(30 per 30 days)
dextroamphetamine sulfate 10 mg tablet <sup>MM</sup>	QL(180 per 30 days)
dextroamphetamine sulfate 5 mg tablet <sup>MM</sup>	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg tablet <sup>MM</sup>	QL(90 per 30 days)
dextroamphetamine-amphetamine 12.5 mg tablet <sup>MM</sup>	QL(90 per 30 days)
dextroamphetamine-amphetamine 15 mg tablet <sup>MM</sup>	QL(90 per 30 days)
dextroamphetamine-amphetamine 20 mg tablet <sup>MM</sup>	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg tablet <sup>MM</sup>	QL(60 per 30 days)
dextroamphetamine-amphetamine 5 mg tablet <sup>MM</sup>	QL(90 per 30 days)
dextroamphetamine-amphetamine 7.5 mg tablet <sup>MM</sup>	QL(90 per 30 days)
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release <sup>MM</sup>	QL(30 per 30 days)
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release <sup>MM</sup>	QL(30 per 30 days)
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release <sup>MM</sup>	QL(60 per 30 days)
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release <sup>MM</sup>	QL(60 per 30 days)
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release <sup>MM</sup>	QL(60 per 30 days)
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release <sup>MM</sup>	QL(30 per 30 days)
dextrose 40 % oral gel	
DIACOMIT 250 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
DIACOMIT 250 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
DIACOMIT 500 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
DIACOMIT 500 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
DIATRUE CONTROL SOLUTION HIGH <sup>MM</sup>	
DIATRUE CONTROL SOLUTION LOW <sup>MM</sup>	
DIATRUE CONTROL SOLUTION NORMAL <sup>MM</sup>	
diazepam 10 mg tablet <sup>DL</sup>	QL(120 per 30 days)
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit <sup>DL</sup>	
diazepam 2 mg tablet <sup>DL</sup>	QL(90 per 30 days)
diazepam 2.5 mg rectal kit <sup>DL</sup>	
diazepam 5 mg tablet <sup>DL</sup>	QL(90 per 30 days)
diazepam 5 mg-7.5 mg-10 mg rectal kit <sup>DL</sup>	
diazepam 5 mg/5 ml (1 mg/ml) oral solution <sup>DL</sup>	QL(1200 per 30 days)
diazepam 5 mg/ml oral concentrate <sup>DL</sup>	QL(240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <sup>DL</sup>	QL(240 per 30 days)
diazoxide 50 mg/ml oral suspension <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
diclofenac 0.1 % eye drops	QL(5 per 30 days)
diclofenac 1 % topical gel <sup>MM</sup>	QL(500 per 30 days)
diclofenac er 100 mg tablet,extended release 24 hr	
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 <sup>MM</sup>	
dicyclomine 10 mg/5 ml oral solution <sup>MM</sup>	
dicyclomine 20 mg tablet <sup>MM</sup>	
didanosine 250 mg capsule,delayed release <sup>MM</sup>	QL(30 per 30 days)
didanosine 400 mg capsule,delayed release <sup>MM</sup>	QL(30 per 30 days)
digitek 125 mcg (0.125 mg) tablet <sup>MM</sup>	QL(30 per 30 days)
digitek 250 mcg (0.25 mg) tablet <sup>MM</sup>	QL(30 per 30 days)
digox 125 mcg (0.125 mg) tablet <sup>MM</sup>	QL(30 per 30 days)
digox 250 mcg (0.25 mg) tablet <sup>MM</sup>	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) tablet <sup>MM</sup>	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) tablet <sup>MM</sup>	QL(30 per 30 days)
digoxin 50 mcg/ml (0.05 mg/ml) oral solution <sup>MM</sup>	
DILANTIN 30 MG CAPSULE <sup>MM</sup>	
dilt-xr 120 mg capsule, extended release <sup>MM</sup>	QL(60 per 30 days)
dilt-xr 180 mg capsule, extended release <sup>MM</sup>	QL(60 per 30 days)
dilt-xr 240 mg capsule, extended release <sup>MM</sup>	QL(60 per 30 days)
diltiazem 120 mg tablet <sup>MM</sup>	
diltiazem 30 mg tablet <sup>MM</sup>	
diltiazem 60 mg tablet <sup>MM</sup>	
diltiazem 90 mg tablet <sup>MM</sup>	
diltiazem cd 120 mg capsule,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
diltiazem cd 180 mg capsule,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
diltiazem cd 240 mg capsule,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
diltiazem cd 300 mg capsule,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
diltiazem cd 360 mg capsule,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled <sup>MM</sup>	QL(60 per 30 days)
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled <sup>MM</sup>	QL(60 per 30 days)
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled <sup>MM</sup>	QL(60 per 30 days)
diltiazem er 120 mg capsule,24 hr,extended release <sup>MM</sup>	QL(60 per 30 days)
diltiazem er 120 mg capsule,extended release 12 hr <sup>MM</sup>	QL(90 per 30 days)
diltiazem er 180 mg capsule,24 hr,extended release <sup>MM</sup>	QL(60 per 30 days)
diltiazem er 240 mg capsule,24 hr,extended release <sup>MM</sup>	QL(60 per 30 days)
diltiazem er 300 mg capsule,24 hr,extended release <sup>MM</sup>	QL(30 per 30 days)
diltiazem er 360 mg capsule,24 hr,extended release <sup>MM</sup>	QL(30 per 30 days)
diltiazem er 420 mg capsule,24 hr,extended release <sup>MM</sup>	QL(30 per 30 days)
diltiazem er 60 mg capsule,extended release 12 hr <sup>MM</sup>	QL(60 per 30 days)
diltiazem er 90 mg capsule,extended release 12 hr <sup>MM</sup>	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release <sup>DL,SP</sup>	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg capsule,delayed release <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
dimethyl fumarate 240 mg capsule,delayed release <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
diphenhydramine 12.5 mg/5 ml oral elixir	
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	
dipyridamole 25 mg tablet <sup>MM</sup>	
dipyridamole 50 mg tablet <sup>MM</sup>	
dipyridamole 75 mg tablet <sup>MM</sup>	
disopyramide phosphate 100 mg capsule <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
disopyramide phosphate 150 mg capsule <sup>MM</sup>	
disulfiram 250 mg tablet <sup>MM</sup>	
disulfiram 500 mg tablet <sup>MM</sup>	
divalproex 125 mg capsule,delayed release sprinkle <sup>MM</sup>	
divalproex 125 mg tablet,delayed release <sup>MM</sup>	
divalproex 250 mg tablet,delayed release <sup>MM</sup>	
divalproex 500 mg tablet,delayed release <sup>MM</sup>	
divalproex er 250 mg tablet,extended release 24 hr <sup>MM</sup>	
divalproex er 500 mg tablet,extended release 24 hr <sup>MM</sup>	
dodex 1,000 mcg/ml injection solution <sup>MM</sup>	QL(30 per 30 days)
dofetilide 125 mcg capsule <sup>MM</sup>	QL(240 per 30 days)
dofetilide 250 mcg capsule <sup>MM</sup>	QL(120 per 30 days)
dofetilide 500 mcg capsule <sup>MM</sup>	QL(60 per 30 days)
DOJOLVI 8.3 KCAL/ML ORAL LIQUID <sup>MM</sup>	PA
dolishale 90 mcg-20 mcg (28) tablet <sup>ACA,MM</sup>	
donepezil 10 mg disintegrating tablet <sup>MM</sup>	QL(30 per 30 days)
donepezil 10 mg tablet <sup>MM</sup>	QL(60 per 30 days)
donepezil 5 mg disintegrating tablet <sup>MM</sup>	QL(30 per 30 days)
donepezil 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
dorzolamide 2 % eye drops <sup>MM</sup>	QL(10 per 30 days)
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops <sup>MM</sup>	QL(10 per 30 days)
dotti 0.025 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
dotti 0.0375 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
dotti 0.05 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
dotti 0.075 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
dotti 0.1 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
DOVATO 50 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
doxazosin 1 mg tablet <sup>MM</sup>	
doxazosin 2 mg tablet <sup>MM</sup>	
doxazosin 4 mg tablet <sup>MM</sup>	
doxazosin 8 mg tablet <sup>MM</sup>	
doxepin 10 mg capsule <sup>MM</sup>	
doxepin 10 mg/ml oral concentrate <sup>MM</sup>	
doxepin 100 mg capsule <sup>MM</sup>	
doxepin 150 mg capsule <sup>MM</sup>	
doxepin 25 mg capsule <sup>MM</sup>	
doxepin 50 mg capsule <sup>MM</sup>	
doxepin 75 mg capsule <sup>MM</sup>	
doxycycline hyclate 100 mg capsule	QL(90 per 30 days)
doxycycline hyclate 100 mg tablet	
doxycycline hyclate 20 mg tablet	
doxycycline hyclate 50 mg capsule	
doxycycline monohydrate 100 mg capsule	QL(90 per 30 days)
doxycycline monohydrate 100 mg tablet	
doxycycline monohydrate 25 mg/5 ml oral suspension	
doxycycline monohydrate 50 mg capsule	QL(60 per 30 days)
doxycycline monohydrate 50 mg tablet	
doxylamine 10 mg-pyridoxine (vit b6) 10 mg tablet,delayed release	QL(120 per 30 days)
dronabinol 10 mg capsule	PA,QL(120 per 30 days)
dronabinol 2.5 mg capsule	PA,QL(120 per 30 days)
dronabinol 5 mg capsule	PA,QL(120 per 30 days)
DROPLET GENTEEL LANCING DEVICE	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"MM	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"MM	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"MM	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"MM	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64"MM	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"MM	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"MM	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"MM	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
DROPLET LANCETS 30 GAUGE <sup>MM</sup>	
DROPLET LANCING DEVICE	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"MM	
DROPLET PEN NEEDLE 29 GAUGE X 1/2"MM	
DROPLET PEN NEEDLE 29 GAUGE X 3/8"MM	
DROPLET PEN NEEDLE 30 GAUGE X 5/16"MM	
DROPLET PEN NEEDLE 31 GAUGE X 1/4"MM	
DROPLET PEN NEEDLE 31 GAUGE X 3/16"MM	
DROPLET PEN NEEDLE 31 GAUGE X 5/16"MM	
DROPLET PEN NEEDLE 32 GAUGE X 1/4"MM	
DROPLET PEN NEEDLE 32 GAUGE X 3/16"MM	
DROPLET PEN NEEDLE 32 GAUGE X 5/16"MM	
DROPLET PEN NEEDLE 32 GAUGE X 5/32"MM	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"MM	
DROPSAFE PEN NEEDLE 31 GAUGE X 3/16"MM	
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"MM	
drosipren-e.estradi-l.mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet <sup>MM</sup>	
drosipren-e.estradi-l.mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet <sup>MM</sup>	
drosiprenone 3 mg-ethinyl estradiol 0.02 mg tablet <sup>MM</sup>	
drosiprenone 3 mg-ethinyl estradiol 0.03 mg tablet <sup>MM</sup>	
duloxetine 20 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
duloxetine 30 mg capsule,delayed release <sup>MM</sup>	QL(90 per 30 days)
duloxetine 60 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(17.42 per 365 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(31.92 per 365 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,LD,MM,SP</sup>	PA,QL(104 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(104 per 365 days)
dutasteride 0.5 mg capsule <sup>MM</sup>	QL(30 per 30 days)
DYANAVEL XR 10 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
DYANAVEL XR 15 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION <sup>MM</sup>	QL(240 per 30 days)
DYANAVEL XR 20 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
DYANAVEL XR 5 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
E-Z JECT LANCETS <sup>MM</sup>	
E-Z JECT LANCETS 26 GAUGE <sup>MM</sup>	
E-Z JECT LANCETS 30 GAUGE <sup>MM</sup>	
E-Z JECT LANCETS 32 GAUGE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
E-Z JECT LANCETS 33 GAUGE <sup>MM</sup>	
E-Z JECT THIN LANCETS 28 GAUGE <sup>MM</sup>	
EASIVENT HOLDING CHAMBER	
EASIVENT MASK LARGE	
EASIVENT MASK MEDIUM	
EASIVENT MASK SMALL	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT LANCETS 30 GAUGE <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4" <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16" <sup>MM</sup>	
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32" <sup>MM</sup>	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	
EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" <sup>MM</sup>	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	
EASY MINI EJECT LANCING DEVICE	
EASY PLUS II HIGH CONTROL SOLUTION <sup>MM</sup>	
EASY PLUS II LOW CONTROL SOLUTION <sup>MM</sup>	
EASY STEP HIGH CONTROL SOLUTION <sup>MM</sup>	
EASY STEP LOW CONTROL SOLUTION <sup>MM</sup>	
EASY STEP NORMAL CONTROL SOLN SOLUTION <sup>MM</sup>	
EASY TALK HIGH CONTROL SOLUTION <sup>MM</sup>	
EASY TALK LOW CONTROL SOLUTION <sup>MM</sup>	
EASY TALK PLUS II HIGH CONTROL SOLUTION <sup>MM</sup>	
EASY TALK PLUS II LOW CONTROL SOLUTION <sup>MM</sup>	
EASY TOUCH 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	
EASY TOUCH 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
EASY TOUCH 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
EASY TOUCH 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
EASY TOUCH 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
EASY TOUCH 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION <sup>MM</sup>	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
EASY TOUCH HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 5/8"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"MM	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	
EASY TOUCH LANCETS 26 GAUGE <sup>MM</sup>	
EASY TOUCH LANCETS 28 GAUGE <sup>MM</sup>	
EASY TOUCH LANCETS 30 GAUGE <sup>MM</sup>	
EASY TOUCH LANCETS 32 GAUGE <sup>MM</sup>	
EASY TOUCH LANCING DEVICE	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <sup>MM</sup>	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16"MM	
EASY TOUCH SAFETY LANCETS 21 GAUGE <sup>MM</sup>	
EASY TOUCH SAFETY LANCETS 23 GAUGE <sup>MM</sup>	
EASY TOUCH SAFETY LANCETS 26 GAUGE <sup>MM</sup>	
EASY TOUCH SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
EASY TOUCH SAFETY LANCETS 30 GAUGE <sup>MM</sup>	
EASY TOUCH SAFETY LANCETS 32 GAUGE <sup>MM</sup>	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"MM	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16"MM	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4"MM	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"MM	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16"MM	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	
EASY TOUCH TWIST LANCETS 26 GAUGE <sup>MM</sup>	
EASY TOUCH TWIST LANCETS 28 GAUGE <sup>MM</sup>	
EASY TOUCH TWIST LANCETS 30 GAUGE <sup>MM</sup>	
EASY TOUCH TWIST LANCETS 32 GAUGE <sup>MM</sup>	
EASY TOUCH TWIST LANCETS 33 GAUGE <sup>MM</sup>	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <sup>MM</sup>	
EASY TRAK HIGH CONTROL SOLUTION <sup>MM</sup>	
EASY TRAK II CONTROL SOLUTION-NORMAL <sup>MM</sup>	
EASY TRAK LOW CONTROL SOLUTION <sup>MM</sup>	
EASY TWIST AND CAP LANCETS 28 GAUGE <sup>MM</sup>	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION <sup>MM</sup>	
EASYMAX NORMAL CONTROL SOLUTION <sup>MM</sup>	
ec-naproxen 375 mg tablet, delayed release <sup>MM</sup>	
ec-naproxen 500 mg tablet, delayed release <sup>MM</sup>	
ECLIPSE NEEDLE 23 GAUGE X 1"	
ECLIPSE NEEDLE 25 GAUGE X 5/8"	

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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	
ed-spaz 0.125 mg disintegrating tablet <sup>MM</sup>	
EDURANT 25 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
eemt 1.25 mg-2.5 mg tablet <sup>MM</sup>	
eemt hs 0.625 mg-1.25 mg tablet <sup>MM</sup>	
efavirenz 200 mg capsule <sup>MM</sup>	QL(120 per 30 days)
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet <sup>MM,SP</sup>	QL(30 per 30 days)
efavirenz 50 mg capsule <sup>MM</sup>	QL(480 per 30 days)
efavirenz 600 mg tablet <sup>MM</sup>	QL(30 per 30 days)
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet <sup>MM</sup>	QL(30 per 30 days)
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet <sup>MM,SP</sup>	QL(30 per 30 days)
EFFER-K 10 MEQ EFFERVESCENT TABLET <sup>MM</sup>	
EFFER-K 20 MEQ EFFERVESCENT TABLET <sup>MM</sup>	
effe-k 25 meq effervescent tablet <sup>MM</sup>	
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
ELEMENT COMPACT HIGH CONTROL SOLUTION <sup>MM</sup>	
ELEMENT COMPACT NORMAL CONTROL SOLUTION <sup>MM</sup>	
ELEMENT HIGH CONTROL SOLUTION <sup>MM</sup>	
ELEMENT LOW CONTROL SOLUTION <sup>MM</sup>	
ELEMENT NORMAL CONTROL SOLUTION <sup>MM</sup>	
elinet 0.3 mg-30 mcg tablet <sup>ACA,MM</sup>	
ELIQUIS 2.5 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
ELIQUIS 5 MG TABLET <sup>MM</sup>	QL(74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	QL(74 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <sup>MM</sup>	
ELLA 30 MG TABLET <sup>ACA</sup>	QL(1 per 30 days)
ELLUME COVID-19 HOME TEST KIT	
ELMIRON 100 MG CAPSULE <sup>DL,SP</sup>	QL(90 per 30 days)
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring <sup>MM</sup>	QL(1 per 28 days)
EMBRACE EVO LEVEL 1 SOLUTION <sup>MM</sup>	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION <sup>MM</sup>	
EMBRACE GLUCOSE CONTROL LOW SOLUTION <sup>MM</sup>	
EMBRACE LANCETS 30 GAUGE <sup>MM</sup>	
EMBRACE LANCING DEVICE WITH EJECTOR	
EMBRACE PRO SOLUTION <sup>MM</sup>	
EMBRACE SAFETY LANCET 21 GAUGE <sup>MM</sup>	
EMBRACE SAFETY LANCET 28 GAUGE <sup>MM</sup>	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION <sup>MM</sup>	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION <sup>MM</sup>	
EMCYT 140 MG CAPSULE	QL(540 per 30 days)
emoquette 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet <sup>MM,SP</sup>	QL(30 per 30 days)
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet <sup>MM,SP</sup>	QL(30 per 30 days)
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet <sup>MM,SP</sup>	QL(30 per 30 days)
emtricitabine 200 mg capsule <sup>MM</sup>	QL(30 per 30 days)
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet <sup>ACA,MM</sup>	QL(30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <sup>MM</sup>	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
enalapril 10 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
enalapril maleate 10 mg tablet <sup>MM</sup>	

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enalapril maleate 2.5 mg tablet <sup>MM</sup>	
enalapril maleate 20 mg tablet <sup>MM</sup>	
enalapril maleate 5 mg tablet <sup>MM</sup>	
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(8.16 per 28 days)
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(78 per 365 days)
endocet 10 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
endocet 2.5 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
endocet 5 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
endocet 7.5 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
enoxaparin 100 mg/ml subcutaneous syringe	QL(28 per 28 days)
enoxaparin 120 mg/0.8 ml subcutaneous syringe	QL(22.4 per 28 days)
enoxaparin 150 mg/ml subcutaneous syringe	QL(28 per 28 days)
enoxaparin 30 mg/0.3 ml subcutaneous syringe	QL(16.8 per 28 days)
enoxaparin 300 mg/3 ml subcutaneous solution	QL(84 per 28 days)
enoxaparin 40 mg/0.4 ml subcutaneous syringe	QL(11.2 per 28 days)
enoxaparin 60 mg/0.6 ml subcutaneous syringe	QL(16.8 per 28 days)
enoxaparin 80 mg/0.8 ml subcutaneous syringe	QL(22.4 per 28 days)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <sup>ACA,MM</sup>	
enskyce 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
entacapone 200 mg tablet <sup>MM</sup>	QL(300 per 30 days)
entecavir 0.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
entecavir 1 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ENTRESTO 24 MG-26 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
ENTRESTO 49 MG-51 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
ENTRESTO 97 MG-103 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
enulose 10 gram/15 ml oral solution <sup>MM</sup>	
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	PA,QL(28 per 28 days)
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	PA,QL(56 per 28 days)
EPCLUSA 200 MG-50 MG TABLET <sup>DL,SP</sup>	PA,QL(28 per 28 days)
EPCLUSA 400 MG-100 MG TABLET <sup>DL,SP</sup>	PA,QL(28 per 28 days)
EPIDIOLEX 100 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	PA
epinastine 0.05 % eye drops	QL(5 per 25 days)
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	QL(4 per 30 days)
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	QL(4 per 30 days)
epinephrine 0.3 mg/0.3 ml injection, auto-injector	QL(4 per 30 days)
epitol 200 mg tablet <sup>MM</sup>	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule <sup>MM</sup>	
ergoloid 1 mg tablet <sup>MM</sup>	
ERIVEDGE 150 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
ERLEADA 60 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
erlotinib 100 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
erlotinib 150 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
erlotinib 25 mg tablet <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
errin 0.35 mg tablet <sup>ACA,MM</sup>	
erythromycin 5 mg/gram (0.5 %) eye ointment	QL(3.5 per 28 days)
erythromycin with ethanol 2 % topical solution	
escitalopram 10 mg tablet <sup>MM</sup>	QL(45 per 30 days)
escitalopram 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)
escitalopram 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)

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escitalopram 5 mg/5 ml oral solution <sup>MM</sup>	QL(600 per 30 days)
esomeprazole magnesium 20 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
esomeprazole magnesium 40 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
esomeprazole magnesium dr 10 mg granules delayed release for susp <sup>MM</sup>	QL(30 per 30 days)
esomeprazole magnesium dr 20 mg granules delayed release for susp <sup>MM</sup>	QL(30 per 30 days)
esomeprazole magnesium dr 40 mg granules delayed release for susp <sup>MM</sup>	QL(30 per 30 days)
estarylla 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
estazolam 1 mg tablet <sup>DL</sup>	QL(30 per 30 days)
estazolam 2 mg tablet <sup>DL</sup>	QL(30 per 30 days)
esterified estrogens-methyltestosterone 0.625 mg-1.25 mg tablet <sup>MM</sup>	
esterified estrogens-methyltestosterone 1.25 mg-2.5 mg tablet <sup>MM</sup>	
estradiol 0.01% (0.1 mg/gram) vaginal cream <sup>MM</sup>	
estradiol 0.025 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	QL(8 per 28 days)
estradiol 0.025 mg/24 hr weekly transdermal patch <sup>MM</sup>	QL(4 per 28 days)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	QL(8 per 28 days)
estradiol 0.0375 mg/24 hr weekly transdermal patch <sup>MM</sup>	QL(4 per 28 days)
estradiol 0.05 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	QL(8 per 28 days)
estradiol 0.05 mg/24 hr weekly transdermal patch <sup>MM</sup>	QL(4 per 28 days)
estradiol 0.06 mg/24 hr weekly transdermal patch <sup>MM</sup>	QL(4 per 28 days)
estradiol 0.075 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	QL(8 per 28 days)
estradiol 0.075 mg/24 hr weekly transdermal patch <sup>MM</sup>	QL(4 per 28 days)
estradiol 0.1 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	QL(8 per 28 days)
estradiol 0.1 mg/24 hr weekly transdermal patch <sup>MM</sup>	QL(4 per 28 days)
estradiol 0.5 mg tablet <sup>MM</sup>	
estradiol 1 mg tablet <sup>MM</sup>	
estradiol 2 mg tablet <sup>MM</sup>	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet <sup>MM</sup>	
estradiol-norethindrone acet 1 mg-0.5 mg tablet <sup>MM</sup>	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <sup>MM</sup>	QL(1 per 90 days)
eszopiclone 1 mg tablet	QL(30 per 30 days)
eszopiclone 2 mg tablet	QL(30 per 30 days)
eszopiclone 3 mg tablet	QL(30 per 30 days)
ethambutol 100 mg tablet	
ethambutol 400 mg tablet	
ethosuximide 250 mg capsule <sup>MM</sup>	
ethosuximide 250 mg/5 ml oral solution <sup>MM</sup>	
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet <sup>ACA,MM</sup>	
etodolac 200 mg capsule <sup>MM</sup>	
etodolac 300 mg capsule <sup>MM</sup>	
etodolac 400 mg tablet <sup>MM</sup>	
etodolac 500 mg tablet <sup>MM</sup>	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring <sup>MM</sup>	QL(1 per 28 days)
etoposide 50 mg capsule <sup>DL,SP</sup>	QL(100 per 30 days)
etravirine 100 mg tablet <sup>MM,SP</sup>	QL(120 per 30 days)
etravirine 200 mg tablet <sup>MM,SP</sup>	QL(60 per 30 days)
EULEXIN 125 MG CAPSULE <sup>MM</sup>	PA,QL(180 per 30 days)
EUTHYROX 100 MCG TABLET <sup>MM</sup>	
EUTHYROX 112 MCG TABLET <sup>MM</sup>	
EUTHYROX 125 MCG TABLET <sup>MM</sup>	
EUTHYROX 137 MCG TABLET <sup>MM</sup>	
EUTHYROX 150 MCG TABLET <sup>MM</sup>	
EUTHYROX 175 MCG TABLET <sup>MM</sup>	
EUTHYROX 200 MCG TABLET <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
EUTHYROX 25 MCG TABLET <sup>MM</sup>	
EUTHYROX 50 MCG TABLET <sup>MM</sup>	
EUTHYROX 75 MCG TABLET <sup>MM</sup>	
EUTHYROX 88 MCG TABLET <sup>MM</sup>	
EVENCARE G3 CONTROL SOLUTION <sup>MM</sup>	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION <sup>MM</sup>	
everolimus (antineoplastic) 10 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg tablet for oral suspension <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2.5 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (antineoplastic) 3 mg tablet for oral suspension <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (antineoplastic) 5 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (antineoplastic) 5 mg tablet for oral suspension <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (antineoplastic) 7.5 mg tablet <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
everolimus (immunosuppressive) 0.25 mg tablet <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg tablet <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg tablet <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
everolimus (immunosuppressive) 1 mg tablet <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
EVOLUTION NORMAL CONTROL SOLUTION <sup>MM</sup>	
EVOTAZ 300 MG-150 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
EVRYSDI 0.75 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	PA,QL(240 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
exemestane 25 mg tablet <sup>MM</sup>	QL(60 per 30 days)
EZ SMART CONTROL SOLUTION <sup>MM</sup>	
EZ SMART LANCETS 28 GAUGE <sup>MM</sup>	
EZ-LETS 26 GAUGE <sup>MM</sup>	
ezetimibe 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 40 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 80 mg tablet <sup>MM</sup>	QL(30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
famciclovir 125 mg tablet <sup>MM</sup>	QL(90 per 30 days)
famciclovir 250 mg tablet <sup>MM</sup>	QL(90 per 30 days)
famciclovir 500 mg tablet <sup>MM</sup>	QL(90 per 30 days)
famotidine 20 mg tablet <sup>MM</sup>	
famotidine 40 mg tablet <sup>MM</sup>	
famotidine 40 mg/5 ml (8 mg/ml) oral suspension <sup>MM</sup>	
FARXIGA 10 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
FARXIGA 5 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
FARYDAK 10 MG CAPSULE <sup>DL,LD,SP</sup>	PA,QL(6 per 21 days)
FARYDAK 15 MG CAPSULE <sup>DL,LD,SP</sup>	PA,QL(6 per 21 days)
FARYDAK 20 MG CAPSULE <sup>DL,LD,SP</sup>	PA,QL(6 per 21 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>LD,MM,SP</sup>	PA,QL(2 per 56 days)
FASTEP COVID-19 AG HOME TEST KIT	
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet	
felbamate 400 mg tablet <sup>MM</sup>	
felbamate 600 mg tablet <sup>MM</sup>	
felbamate 600 mg/5 ml oral suspension <sup>MM</sup>	
felodipine er 10 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
felodipine er 2.5 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
felodipine er 5 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
FEMCAP 22 MM VAGINAL DEVICE <sup>ACA</sup>	
FEMCAP 26 MM VAGINAL DEVICE <sup>ACA</sup>	
FEMCAP 30 MM VAGINAL DEVICE <sup>ACA</sup>	
FEMRING 0.05 MG/24 HR VAGINAL <sup>MM</sup>	QL(1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL <sup>MM</sup>	QL(1 per 90 days)
femynor 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
fenofibrate 160 mg tablet <sup>MM</sup>	QL(30 per 30 days)
fenofibrate 54 mg tablet <sup>MM</sup>	QL(60 per 30 days)
fenofibrate micronized 134 mg capsule <sup>MM</sup>	QL(30 per 30 days)
fenofibrate micronized 200 mg capsule <sup>MM</sup>	QL(30 per 30 days)
fenofibrate micronized 67 mg capsule <sup>MM</sup>	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg tablet <sup>MM</sup>	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg tablet <sup>MM</sup>	QL(60 per 30 days)
fantanyl 1,200 mcg lozenge on a handle <sup>DL</sup>	PA,QL(120 per 30 days)
fantanyl 1,600 mcg lozenge on a handle <sup>DL</sup>	PA,QL(120 per 30 days)
fantanyl 100 mcg/hr transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 12 mcg/hr transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 200 mcg lozenge on a handle <sup>DL</sup>	PA,QL(120 per 30 days)
fantanyl 25 mcg/hr transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 37.5 mcg/hour transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 400 mcg lozenge on a handle <sup>DL</sup>	PA,QL(120 per 30 days)
fantanyl 50 mcg/hr transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 600 mcg lozenge on a handle <sup>DL</sup>	PA,QL(120 per 30 days)
fantanyl 62.5 mcg/hour transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 75 mcg/hr transdermal patch <sup>DL</sup>	QL(20 per 30 days)
fantanyl 800 mcg lozenge on a handle <sup>DL</sup>	PA,QL(120 per 30 days)
fantanyl 87.5 mcg/hour transdermal patch <sup>DL</sup>	QL(20 per 30 days)
ferocon 110 mg-0.5 mg capsule	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE <sup>MM</sup>	
FILTER NEEDLES 19 X 1 1/2"	
FILTER NEEDLES 19 X 1"	
finasteride 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
FINE 30 UNIVERSAL LANCETS 30 GAUGE <sup>MM</sup>	
FINGERSTIX LANCETS <sup>MM</sup>	
fingolimod 0.5 mg capsule <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>ACA,MM</sup>	
FIRDAPSE 10 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(240 per 30 days)
FIRVANQ 25 MG/ML ORAL SOLUTION	PA
FIRVANQ 50 MG/ML ORAL SOLUTION	PA
flavoxate 100 mg tablet <sup>MM</sup>	
flecainide 100 mg tablet <sup>MM</sup>	
flecainide 150 mg tablet <sup>MM</sup>	
flecainide 50 mg tablet <sup>MM</sup>	
FLEXICHAMBER SPACER	
FLEXICHAMBER-LARGE CHILD MASK	
FLEXICHAMBER-SMALL ADULT MASK	
FLEXICHAMBER-SMALL CHILD MASK	
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(10.6 per 30 days)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	
FLUAD QUAD 2022-2023(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE <sup>ACA</sup>	
FLUARIX QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	
FLUBLOK QUAD 2022-2023 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	
FLUCELVAX QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	
FLUCELVAX QUAD 2022-2023 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION <sup>ACA</sup>	
fluconazole 10 mg/ml oral suspension	
fluconazole 100 mg tablet	
fluconazole 150 mg tablet	
fluconazole 200 mg tablet	
fluconazole 40 mg/ml oral suspension	
fluconazole 50 mg tablet	
fludrocortisone 0.1 mg tablet <sup>MM</sup>	
FLULAVAL QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	
FLUMIST QUAD 2022-2023 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE <sup>ACA</sup>	
flunisolide 25 mcg (0.025 %) nasal spray <sup>MM</sup>	QL(50 per 30 days)
fluocinolone 0.01 % topical cream	
fluocinolone 0.025 % topical cream	
fluocinolone 0.025 % topical ointment	
fluocinonide 0.05 % topical cream	
fluocinonide 0.05 % topical gel	
fluocinonide 0.05 % topical ointment	
fluocinonide 0.05 % topical solution	
fluocinonide 0.1 % topical cream	
fluocinonide-e 0.05 % topical cream	
fluocinonide-emollient 0.05 % topical cream	
fluorometholone 0.1 % eye drops,suspension	
fluorouracil 2 % topical solution	QL(30 per 30 days)
fluorouracil 5 % topical cream	
fluorouracil 5 % topical solution	QL(60 per 30 days)
fluoxetine 10 mg capsule <sup>MM</sup>	QL(60 per 30 days)
fluoxetine 20 mg capsule <sup>MM</sup>	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution <sup>MM</sup>	
fluoxetine 40 mg capsule <sup>MM</sup>	QL(60 per 30 days)
fluphenazine 2.5 mg/5 ml oral elixir <sup>MM</sup>	
fluphenazine 5 mg/ml oral concentrate <sup>MM</sup>	
fluphenazine decanoate 25 mg/ml injection solution <sup>MM</sup>	
flurazepam 15 mg capsule <sup>DL</sup>	QL(60 per 30 days)
flurazepam 30 mg capsule <sup>DL</sup>	QL(30 per 30 days)
flurbiprofen 0.03 % eye drops	
flurbiprofen 100 mg tablet	
flutamide 125 mg capsule <sup>MM</sup>	QL(180 per 30 days)
fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation <sup>MM</sup>	QL(60 per 30 days)
fluticasone 113 mcg-salmeterol 14 mcg/actuation breath activated powdr <sup>MM</sup>	QL(1 per 30 days)
fluticasone 232 mcg-salmeterol 14 mcg/actuation breath activated powdr <sup>MM</sup>	QL(1 per 30 days)
fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation <sup>MM</sup>	QL(60 per 30 days)
fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation <sup>MM</sup>	QL(60 per 30 days)
fluticasone 55 mcg-salmeterol 14 mcg/actuation breath activated powder <sup>MM</sup>	QL(1 per 30 days)
fluticasone propionate 0.005 % topical ointment	
fluticasone propionate 0.05 % topical cream	
fluticasone propionate 50 mcg/actuation nasal spray,suspension <sup>MM</sup>	QL(16 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
fluvoxamine 100 mg tablet <sup>MM</sup>	QL(90 per 30 days)
fluvoxamine 25 mg tablet <sup>MM</sup>	QL(90 per 30 days)
fluvoxamine 50 mg tablet <sup>MM</sup>	QL(90 per 30 days)
FLUZONE HIGH-DOSE QUAD 2022-2023 (PF) 240 MCG/0.7 ML IM SYRINGE <sup>ACA</sup>	
FLUZONE QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION <sup>ACA</sup>	
FLUZONE QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE <sup>ACA</sup>	
FLUZONE QUAD 2022-2023 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP. <sup>ACA</sup>	
folic acid 1 mg tablet <sup>MM</sup>	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	
folivane-plus 125 mg iron-1 mg capsule	
FORA HIGH CONTROL SOLUTION <sup>MM</sup>	
FORA KETONE CONTROL SOLUTION-L1 <sup>MM</sup>	
FORA LANCING DEVICE	
FORA LOW CONTROL SOLUTION <sup>MM</sup>	
FORA NORMAL CONTROL SOLUTION <sup>MM</sup>	
FORACARE GDH HIGH CONTROL SOLUTION <sup>MM</sup>	
FORACARE GDH LOW CONTROL SOLUTION <sup>MM</sup>	
FORACARE GDH NORMAL CONTROL SOLUTION <sup>MM</sup>	
FORACARE LANCETS 30 GAUGE <sup>MM</sup>	
formoterol fumarate 20 mcg/2 ml solution for nebulization <sup>DL,MM,SP</sup>	QL(120 per 30 days)
fosamprenavir 700 mg tablet <sup>MM,SP</sup>	QL(120 per 30 days)
fosinopril 10 mg tablet <sup>MM</sup>	
fosinopril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
fosinopril 20 mg tablet <sup>MM</sup>	
fosinopril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
fosinopril 40 mg tablet <sup>MM</sup>	
FOTIVDA 0.89 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(21 per 28 days)
FOTIVDA 1.34 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(21 per 28 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	QL(22.8 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	QL(9 per 30 days)
FREESTYLE CONTROL SOLUTION <sup>MM</sup>	
FREESTYLE LANCETS 28 GAUGE <sup>MM</sup>	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
FREESTYLE UNISTIK 2 <sup>MM</sup>	
furosemide 10 mg/ml oral solution <sup>MM</sup>	
furosemide 20 mg tablet <sup>MM</sup>	
furosemide 40 mg tablet <sup>MM</sup>	
furosemide 40 mg/5 ml (8 mg/ml) oral solution <sup>MM</sup>	
furosemide 80 mg tablet <sup>MM</sup>	
FUZEON 90 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	QL(60 per 30 days)
gabapentin 100 mg capsule <sup>MM</sup>	QL(270 per 30 days)
gabapentin 250 mg/5 ml (5 ml) oral solution <sup>MM</sup>	QL(2250 per 30 days)
gabapentin 250 mg/5 ml oral solution <sup>MM</sup>	QL(2250 per 30 days)
gabapentin 300 mg capsule <sup>MM</sup>	QL(270 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 300 mg/6 ml (6 ml) oral solution <sup>MM</sup>	QL(2250 per 30 days)
gabapentin 400 mg capsule <sup>MM</sup>	QL(270 per 30 days)
gabapentin 600 mg tablet <sup>MM</sup>	QL(180 per 30 days)
gabapentin 800 mg tablet <sup>MM</sup>	QL(180 per 30 days)
galantamine 12 mg tablet <sup>MM</sup>	QL(60 per 30 days)
galantamine 4 mg tablet <sup>MM</sup>	QL(60 per 30 days)
galantamine 4 mg/ml oral solution <sup>MM</sup>	QL(200 per 30 days)
galantamine 8 mg tablet <sup>MM</sup>	QL(60 per 30 days)
galantamine er 16 mg 24 hr capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
galantamine er 24 mg 24 hr capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
galantamine er 8 mg 24 hr capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
gatifloxacin 0.5 % eye drops	QL(2.5 per 25 days)
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	PA,QL(1 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	PA,QL(1 per 30 days)
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <sup>ACA</sup>	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <sup>ACA</sup>	
gavilyte-n 420 gram oral solution <sup>ACA</sup>	
GE100 CONTROL SOLUTION NORMAL <sup>MM</sup>	
GE333 CONTROL SOLUTION NORMAL <sup>MM</sup>	
gemfibrozil 600 mg tablet <sup>MM</sup>	QL(60 per 30 days)
GEMTESA 75 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT	
generlac 10 gram/15 ml oral solution <sup>MM</sup>	
qengraf 100 mg capsule <sup>MM</sup>	QL(720 per 30 days)
qengraf 100 mg/ml oral solution <sup>MM</sup>	
qengraf 25 mg capsule <sup>MM</sup>	
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
gentak 0.3 % (3 mg/gram) eye ointment	
gentamicin 0.1 % topical ointment	
gentamicin 0.3 % eye drops	
GENTEEL VACUUM LANCING DEVICE COMBO PACK <sup>MM</sup>	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	
gianvi (28) 3 mg-0.02 mg tablet <sup>MM</sup>	
GILENYA 0.25 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
glatiramer 20 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
glatiramer 40 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	PA,QL(12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	PA,QL(12 per 28 days)
GLEOSTINE 10 MG CAPSULE <sup>DL,SP</sup>	PA,QL(35 per 30 days)
GLEOSTINE 100 MG CAPSULE <sup>DL,SP</sup>	PA,QL(3 per 30 days)
GLEOSTINE 40 MG CAPSULE <sup>DL,SP</sup>	PA,QL(9 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
glimepiride 1 mg tablet <sup>MM</sup>	
glimepiride 2 mg tablet <sup>MM</sup>	
glimepiride 4 mg tablet <sup>MM</sup>	
glipizide 10 mg tablet <sup>MM</sup>	
glipizide 2.5 mg-metformin 250 mg tablet <sup>MM</sup>	
glipizide 2.5 mg-metformin 500 mg tablet <sup>MM</sup>	
glipizide 5 mg tablet <sup>MM</sup>	
glipizide 5 mg-metformin 500 mg tablet <sup>MM</sup>	
glipizide er 10 mg tablet, extended release 24 hr <sup>MM</sup>	
glipizide er 2.5 mg tablet, extended release 24 hr <sup>MM</sup>	
glipizide er 5 mg tablet, extended release 24 hr <sup>MM</sup>	
GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION	
GLUCAGEN HYPOKIT 1 MG INJECTION	
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION <sup>MM</sup>	
GLUCOCARD 01 NORMAL CONTROL SOLUTION <sup>MM</sup>	
GLUCOCARD SHINE SOLUTION <sup>MM</sup>	
GLUCOCOM CONTROL HIGH SOLUTION <sup>MM</sup>	
GLUCOCOM CONTROL NORMAL SOLUTION <sup>MM</sup>	
GLUCOCOM LANCETS 28 GAUGE <sup>MM</sup>	
GLUCOCOM LANCETS 30 GAUGE <sup>MM</sup>	
GLUCOCOM LANCETS 33 GAUGE <sup>MM</sup>	
GLUCOSE CONTROL SOLUTION <sup>MM</sup>	
GLUCOSE KETONE CONTROL SOLN SOLUTION <sup>MM</sup>	
glyburide 1.25 mg tablet <sup>MM</sup>	
glyburide 1.25 mg-metformin 250 mg tablet <sup>MM</sup>	
glyburide 2.5 mg tablet <sup>MM</sup>	
glyburide 2.5 mg-metformin 500 mg tablet <sup>MM</sup>	
glyburide 5 mg tablet <sup>MM</sup>	
glyburide 5 mg-metformin 500 mg tablet <sup>MM</sup>	
glyburide micronized 1.5 mg tablet <sup>MM</sup>	
glyburide micronized 3 mg tablet <sup>MM</sup>	
glyburide micronized 6 mg tablet <sup>MM</sup>	
glycopyrrolate 1 mg tablet <sup>MM</sup>	
glycopyrrolate 2 mg tablet <sup>MM</sup>	
glydo 2 % mucosal jelly in applicator	
GLYXAMBI 10 MG-5 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL <sup>MM</sup>	
GOJJI KETONE CONTROL SOLUTION-L1 <sup>MM</sup>	
GOJJI LANCETS 30 GAUGE <sup>MM</sup>	
GOJJI LANCING DEVICE	
granisetron hcl 1 mg tablet	QL(28 per 28 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
griseofulvin microsize 125 mg/5 ml oral suspension	
quanfacine 1 mg tablet <sup>MM</sup>	
quanfacine 2 mg tablet <sup>MM</sup>	
quanfacine er 1 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
quanfacine er 2 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
quanfacine er 3 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
quanfacine er 4 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
quanidine 125 mg tablet	
GVOKE 1 MG/0.2 ML SUBCUTANEOUS SOLUTION	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	
GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	
GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	
GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	
gynazole-1 2 % vaginal cream	
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(20 per 28 days)
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(20 per 28 days)
hailey 1.5 mg-30 mcg tablet <sup>MM</sup>	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION <sup>MM</sup>	QL(5 per 30 days)
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION <sup>MM</sup>	QL(9 per 30 days)
haloette 0.12 mg-0.015 mg/24 hr vaginal ring <sup>MM</sup>	QL(1 per 28 days)
haloperidol 0.5 mg tablet <sup>MM</sup>	
haloperidol 1 mg tablet <sup>MM</sup>	
haloperidol 10 mg tablet <sup>MM</sup>	
haloperidol 2 mg tablet <sup>MM</sup>	
haloperidol 20 mg tablet <sup>MM</sup>	
haloperidol 5 mg tablet <sup>MM</sup>	
haloperidol decanoate 100 mg/ml intramuscular solution <sup>MM</sup>	QL(5 per 30 days)
haloperidol decanoate 50 mg/ml intramuscular solution <sup>MM</sup>	QL(9 per 30 days)
haloperidol lactate 2 mg/ml oral concentrate <sup>MM</sup>	
HARMONY CONTROL L1,L3 SOLUTION <sup>MM</sup>	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
HEALTHPRO HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE <sup>MM</sup>	
heather 0.35 mg tablet <sup>ACA,MM</sup>	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule	
hemetab 22 mg-6 mg-1 mg-25 mcg tablet	
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	PA,QL(2 per 28 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <sup>DL,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT <sup>DL,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT <sup>DL,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT <sup>DL,SP</sup>	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT <sup>DL,SP</sup>	PA,QL(6 per 28 days)
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <sup>MM</sup>	
HYCANTIN 0.25 MG CAPSULE <sup>DL,SP</sup>	QL(100 per 25 days)
HYCANTIN 1 MG CAPSULE <sup>DL,SP</sup>	QL(25 per 25 days)
hydralazine 10 mg tablet <sup>MM</sup>	
hydralazine 100 mg tablet <sup>MM</sup>	
hydralazine 25 mg tablet <sup>MM</sup>	
hydralazine 50 mg tablet <sup>MM</sup>	
hydrochlorothiazide 12.5 mg capsule <sup>MM</sup>	
hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
hydrochlorothiazide 50 mg tablet <sup>MM</sup>	
hydrocodone 10 mg-acetaminophen 325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
hydrocodone 10 mg-acetaminophen 325 mg/15 ml (15 ml) oral solution <sup>DL</sup>	QL(2700 per 30 days)
hydrocodone 10 mg-chlorpheniramine 8 mg/5 ml oral susp extend.rel 12hr	
hydrocodone 2.5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
hydrocodone 5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution <sup>DL</sup>	QL(5520 per 30 days)
hydrocodone-homatropine 5 mg-1.5 mg tablet	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	
hydrocortisone 1 % topical cream with perineal applicator	
hydrocortisone 1 % topical ointment	
hydrocortisone 10 mg tablet <sup>MM</sup>	
hydrocortisone 100 mg/60 ml enema	
hydrocortisone 2.5 % lotion	
hydrocortisone 2.5 % topical cream	
hydrocortisone 2.5 % topical cream with perineal applicator	
hydrocortisone 2.5 % topical ointment	
hydrocortisone 20 mg tablet <sup>MM</sup>	
hydrocortisone 5 mg tablet <sup>MM</sup>	
hydromet 5 mg-1.5 mg/5 ml oral syrup	
hydromorphone 1 mg/ml oral liquid <sup>DL</sup>	QL(2400 per 30 days)
hydromorphone 2 mg tablet <sup>DL</sup>	QL(360 per 30 days)
hydromorphone 4 mg tablet <sup>DL</sup>	QL(360 per 30 days)
hydromorphone 8 mg tablet <sup>DL</sup>	QL(240 per 30 days)
hydroxocobalamin 1,000 mcg/ml intramuscular solution	
hydroxychloroquine 100 mg tablet <sup>MM</sup>	
hydroxychloroquine 200 mg tablet <sup>MM</sup>	
hydroxychloroquine 300 mg tablet <sup>MM</sup>	
hydroxychloroquine 400 mg tablet <sup>MM</sup>	
hydroxyurea 500 mg capsule <sup>MM</sup>	
hydroxyzine hcl 10 mg tablet	
hydroxyzine hcl 10 mg/5 ml oral solution	
hydroxyzine hcl 25 mg tablet	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxyzine hcl 50 mg tablet	
hydroxyzine pamoate 100 mg capsule	
hydroxyzine pamoate 25 mg capsule	
hydroxyzine pamoate 50 mg capsule	
HYFTOR 0.2 % TOPICAL GEL <sup>DL,MM,SP</sup>	PA
hyoscyamine 0.125 mg disintegrating tablet <sup>MM</sup>	
hyoscyamine 0.125 mg sublingual tablet <sup>MM</sup>	
hyoscyamine 0.125 mg/5 ml oral elixir <sup>MM</sup>	
hyoscyamine 0.125 mg/ml oral drops <sup>MM</sup>	
hyoscyamine er 0.375 mg tablet,extended release,12 hr <sup>MM</sup>	
hyoscyamine sulfate 0.125 mg tablet <sup>MM</sup>	
hyosyne 0.125 mg/5 ml oral elixir <sup>MM</sup>	
hyosyne 0.125 mg/ml oral drops <sup>MM</sup>	
HYPOLANCE AST LANCING KIT <sup>MM</sup>	
ibandronate 150 mg tablet <sup>MM</sup>	QL(1 per 28 days)
ibu 400 mg tablet <sup>MM</sup>	
ibu 600 mg tablet <sup>MM</sup>	
ibu 800 mg tablet <sup>MM</sup>	
ibuprofen 100 mg/5 ml oral suspension <sup>MM</sup>	
ibuprofen 400 mg tablet <sup>MM</sup>	
ibuprofen 600 mg tablet <sup>MM</sup>	
ibuprofen 800 mg tablet <sup>MM</sup>	
icatibant 30 mg/3 ml subcutaneous syringe <sup>DL,SP</sup>	PA,QL(9 per 30 days)
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>ACA,MM</sup>	QL(91 per 90 days)
ICLUSIG 10 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
ICLUSIG 30 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
ICLUSIG 45 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
IDHIFA 100 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
IDHIFA 50 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
IHEALTH COVID-19 ANTIGEN RAPID HOME TEST KIT	
ILEVRO 0.3 % EYE DROPS,SUSPENSION	
imatinib 100 mg tablet <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
imatinib 400 mg tablet <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
IMBRUVICA 420 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	PA
imipramine 10 mg tablet <sup>MM</sup>	
imipramine 25 mg tablet <sup>MM</sup>	
imipramine 50 mg tablet <sup>MM</sup>	
imiquimod 5 % topical cream packet	QL(12 per 30 days)
IMPAVIDO 50 MG CAPSULE <sup>DL,SP</sup>	QL(84 per 28 days)
incassia 0.35 mg tablet <sup>ACA,MM</sup>	
INCONTROL LANCING DEVICE	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
INCONTROL PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
INCONTROL PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
INCONTROL PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
INCONTROL PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
INCONTROL SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	
INCONTROL ULTRA THIN LANCETS 28 GAUGE <sup>MM</sup>	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	PA,QL(52 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	QL(30 per 30 days)
indapamide 1.25 mg tablet <sup>MM</sup>	
indapamide 2.5 mg tablet <sup>MM</sup>	
INDICAID COVID-19 AG HOME TEST KIT	
indomethacin 25 mg capsule	
indomethacin 50 mg capsule	
INFINITY CONTROL SOLUTION HIGH <sup>MM</sup>	
INFINITY CONTROL SOLUTION LOW <sup>MM</sup>	
INFINITY CONTROL SOLUTION NORMAL <sup>MM</sup>	
INFINITY VOICE CONTROL SOLUTION-LEVEL 2 <sup>MM</sup>	
INJECT EASE LANCETS 28 GAUGE <sup>MM</sup>	
INJECT EASE LANCETS 30 GAUGE <sup>MM</sup>	
INSPIRACHAMBER SPACER	
INSPIRACHAMBER WITH MASK-LARGE	
INSPIRACHAMBER WITH MASK-MED	
INSPIRACHAMBER WITH MASK-SMALL	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE NEEDLELESS 1 ML <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29 <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64" <sup>MM</sup>	
INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	
INSUPEN 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
INSUPEN 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
INSUPEN 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
INSUPEN 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
INSUPEN 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
INSUPEN 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
INSUPEN 32 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
INSUPEN 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
INSUPEN 33 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	
INTELENCE 100 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
INTELENCE 200 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
INTELENCE 25 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
INTELISWAB COVID-19 RAPID HOME TEST KIT	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>DL,LD,SP</sup>	PA,QL(12 per 30 days)
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION <sup>DL,LD,SP</sup>	PA,QL(12 per 30 days)
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>DL,LD,SP</sup>	PA,QL(12 per 30 days)
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>DL,LD,SP</sup>	PA,QL(12 per 30 days)
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION <sup>DL,LD,SP</sup>	PA,QL(136.8 per 30 days)
INVACARE LANCETS 30 GAUGE <sup>MM</sup>	
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1.5 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1.5 per 28 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	QL(2.63 per 90 days)
INVIRASE 500 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln <sup>MM</sup>	
ipratropium bromide 0.02 % solution for inhalation <sup>MM</sup>	
ipratropium bromide 21 mcg (0.03 %) nasal spray <sup>MM</sup>	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) nasal spray	QL(45 per 30 days)
irbesartan 150 mg tablet <sup>MM</sup>	QL(30 per 30 days)
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(60 per 30 days)
irbesartan 300 mg tablet <sup>MM</sup>	QL(30 per 30 days)
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
irbesartan 75 mg tablet <sup>MM</sup>	QL(30 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <sup>MM,SP</sup>	QL(180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <sup>MM,SP</sup>	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <sup>MM,SP</sup>	QL(180 per 30 days)
ISENTRESS 400 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
isibloom 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
isoniazid 100 mg tablet	
isoniazid 300 mg tablet	
isoniazid 50 mg/5 ml oral solution	
isosorbide dinitrate 10 mg tablet <sup>MM</sup>	
isosorbide dinitrate 20 mg tablet <sup>MM</sup>	
isosorbide dinitrate 30 mg tablet <sup>MM</sup>	
isosorbide dinitrate 40 mg tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide dinitrate 5 mg tablet <sup>MM</sup>	
isosorbide mononitrate 10 mg tablet <sup>MM</sup>	
isosorbide mononitrate 20 mg tablet <sup>MM</sup>	
isosorbide mononitrate er 120 mg tablet,extended release 24 hr <sup>MM</sup>	
isosorbide mononitrate er 30 mg tablet,extended release 24 hr <sup>MM</sup>	
isosorbide mononitrate er 60 mg tablet,extended release 24 hr <sup>MM</sup>	
isotretinoin 10 mg capsule	QL(60 per 30 days)
isotretinoin 20 mg capsule	QL(60 per 30 days)
isotretinoin 30 mg capsule	QL(60 per 30 days)
isotretinoin 40 mg capsule	QL(120 per 30 days)
isradipine 2.5 mg capsule <sup>MM</sup>	
isradipine 5 mg capsule <sup>MM</sup>	
itraconazole 10 mg/ml oral solution	QL(150 per 30 days)
itraconazole 100 mg capsule	QL(120 per 30 days)
ivermectin 3 mg tablet	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
JAKAFI 10 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
JAKAFI 15 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
JAKAFI 20 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
JAKAFI 25 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
JAKAFI 5 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA) <sup>ACA</sup>	
jantoven 1 mg tablet <sup>MM</sup>	
jantoven 10 mg tablet <sup>MM</sup>	
jantoven 2 mg tablet <sup>MM</sup>	
jantoven 2.5 mg tablet <sup>MM</sup>	
jantoven 3 mg tablet <sup>MM</sup>	
jantoven 4 mg tablet <sup>MM</sup>	
jantoven 5 mg tablet <sup>MM</sup>	
jantoven 6 mg tablet <sup>MM</sup>	
jantoven 7.5 mg tablet <sup>MM</sup>	
JANUMET 50 MG-1,000 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
JANUMET 50 MG-500 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
JANUVIA 100 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
JANUVIA 25 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
JANUVIA 50 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
JARDIANCE 10 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
JARDIANCE 25 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
jasmiel (28) 3 mg-0.02 mg tablet <sup>MM</sup>	
jencycla 0.35 mg tablet <sup>ACA,MM</sup>	
jinteli 1 mg-5 mcg tablet <sup>MM</sup>	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>ACA,MM</sup>	QL(91 per 90 days)
juleber 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
JULUCA 50 MG-25 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>ACA,MM</sup>	
junel 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
JYNARQUE 15 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
JYNARQUE 30 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
K-PHOS NO 2 305 MG-700 MG TABLET	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	
kalliga 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
KALYDECO 150 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
KALYDECO 25 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
KALYDECO 50 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
KALYDECO 75 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
kelnor 1-50 (28) 1 mg-50 mcg tablet <sup>ACA,MM</sup>	
kelnor 1/35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(6 per 365 days)
ketoconazole 2 % shampoo	
ketoconazole 2 % topical cream	
ketoprofen 25 mg capsule	
ketoprofen 50 mg capsule	
ketoprofen 75 mg capsule	
ketorolac 0.4 % eye drops	QL(10 per 30 days)
ketorolac 0.5 % eye drops	QL(10 per 30 days)
ketorolac 10 mg tablet	QL(20 per 30 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,LD,MM,SP</sup>	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,LD,MM,SP</sup>	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(2.28 per 28 days)
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension	
KISQALI 200 MG/DAY (200 MG X 1) TABLET <sup>DL,MM,SP</sup>	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <sup>DL,MM,SP</sup>	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <sup>DL,MM,SP</sup>	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(91 per 28 days)
klor-con m10 meq tablet,extended release <sup>MM</sup>	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	
klor-con m20 meq tablet,extended release <sup>MM</sup>	
klor-con/ef 25 meq effervescent tablet <sup>MM</sup>	
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	QL(2 per 30 days)
KORLYM 300 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
KOSELUGO 10 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
KRINTAFEL 150 MG TABLET	QL(4 per 180 days)
kurvelo (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRAUTERINE DEVICE <sup>ACA,DL,LD,MM,SP</sup>	
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos <sup>MM</sup>	QL(91 per 90 days)
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos <sup>MM</sup>	QL(91 per 90 days)
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo <sup>MM</sup>	QL(91 per 90 days)
l-methylfolate 15 mg tablet	
l-methylfolate 7.5 mg tablet	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet <sup>ACA,MM</sup>	
labetalol 100 mg tablet <sup>MM</sup>	
labetalol 200 mg tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
labetalol 300 mg tablet <sup>MM</sup>	
lactulose 10 gram/15 ml (15 ml) oral solution <sup>ACA,MM</sup>	
lactulose 10 gram/15 ml oral solution <sup>ACA,MM</sup>	
lactulose 20 gram/30 ml oral solution <sup>ACA,MM</sup>	
LAGEVRIO 200 MG CAPSULE (EUA)	QL(40 per 5 days)
lamivudine 10 mg/ml oral solution <sup>MM</sup>	QL(960 per 30 days)
lamivudine 100 mg tablet <sup>MM</sup>	QL(90 per 30 days)
lamivudine 150 mg tablet <sup>MM</sup>	QL(60 per 30 days)
lamivudine 150 mg-zidovudine 300 mg tablet <sup>MM</sup>	QL(60 per 30 days)
lamivudine 300 mg tablet <sup>MM</sup>	QL(30 per 30 days)
lamotrigine 100 mg tablet <sup>MM</sup>	
lamotrigine 150 mg tablet <sup>MM</sup>	
lamotrigine 200 mg tablet <sup>MM</sup>	
lamotrigine 25 mg (35) tablets in a dose pack	
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	
lamotrigine 25 mg chewable dispersible tablet <sup>MM</sup>	QL(120 per 30 days)
lamotrigine 25 mg tablet <sup>MM</sup>	
lamotrigine 5 mg chewable dispersible tablet <sup>MM</sup>	QL(150 per 30 days)
LAMPIT 120 MG TABLET	
LAMPIT 30 MG TABLET	
LANCETS <sup>MM</sup>	
LANCETS 21 GAUGE <sup>MM</sup>	
LANCETS 26 GAUGE <sup>MM</sup>	
LANCETS 28 GAUGE <sup>MM</sup>	
LANCETS 30 GAUGE <sup>MM</sup>	
LANCETS 33 GAUGE <sup>MM</sup>	
LANCETS, SUPER THIN <sup>MM</sup>	
LANCETS, THIN <sup>MM</sup>	
LANCETS, THIN 23 GAUGE <sup>MM</sup>	
LANCETS, THIN 28 GAUGE <sup>MM</sup>	
LANCETS, ULTRA THIN <sup>MM</sup>	
LANCETS, ULTRA THIN 26 GAUGE <sup>MM</sup>	
LANCING DEVICE	
LANCING DEVICE WITH LANCETS	
LANCING DEVICE WITH LANCETS KIT <sup>MM</sup>	
LANCING SYSTEM	
lanreotide 120 mg/0.5 ml subcutaneous syringe <sup>DL,MM,SP</sup>	PA,QL(0.5 per 28 days)
lansoprazole 15 mg capsule, delayed release <sup>MM</sup>	QL(60 per 30 days)
lansoprazole 30 mg capsule, delayed release <sup>MM</sup>	QL(60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	
LANZO LANCING DEVICE KIT <sup>MM</sup>	
lapatinib 250 mg tablet <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM</sup>	
larin 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
larissia 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
latanoprost 0.005 % eye drops <sup>MM</sup>	QL(5 per 25 days)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MM</sup>	
leflunomide 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
leflunomide 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
lenalidomide 10 mg capsule <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
lenalidomide 15 mg capsule <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
lenalidomide 2.5 mg capsule <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
lenalidomide 20 mg capsule <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
lenalidomide 25 mg capsule <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
lenalidomide 5 mg capsule <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
lessina 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
letrozole 2.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
leucovorin calcium 10 mg tablet	
leucovorin calcium 15 mg tablet	
leucovorin calcium 25 mg tablet	
leucovorin calcium 5 mg tablet	
LEUKERAN 2 MG TABLET	QL(480 per 30 days)
leuprolide 1 mg/0.2 ml subcutaneous kit <sup>DL,MM,SP</sup>	PA,QL(2.8 per 14 days)
leuprolide 1 mg/0.2 ml subcutaneous solution <sup>MM</sup>	PA,QL(2.8 per 14 days)
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	
levetiracetam 1,000 mg tablet <sup>MM</sup>	
levetiracetam 100 mg/ml oral solution <sup>MM</sup>	QL(900 per 30 days)
levetiracetam 250 mg tablet <sup>MM</sup>	
levetiracetam 500 mg tablet <sup>MM</sup>	
levetiracetam 500 mg/5 ml (5 ml) oral solution <sup>MM</sup>	QL(900 per 30 days)
levetiracetam 750 mg tablet <sup>MM</sup>	
levetiracetam er 500 mg tablet,extended release 24 hr <sup>MM</sup>	
levetiracetam er 750 mg tablet,extended release 24 hr <sup>MM</sup>	
LEVO-T 100 MCG TABLET <sup>MM</sup>	
LEVO-T 112 MCG TABLET <sup>MM</sup>	
LEVO-T 125 MCG TABLET <sup>MM</sup>	
LEVO-T 137 MCG TABLET <sup>MM</sup>	
LEVO-T 150 MCG TABLET <sup>MM</sup>	
LEVO-T 175 MCG TABLET <sup>MM</sup>	
LEVO-T 200 MCG TABLET <sup>MM</sup>	
LEVO-T 25 MCG TABLET <sup>MM</sup>	
LEVO-T 300 MCG TABLET <sup>MM</sup>	
LEVO-T 50 MCG TABLET <sup>MM</sup>	
LEVO-T 75 MCG TABLET <sup>MM</sup>	
LEVO-T 88 MCG TABLET <sup>MM</sup>	
levobunolol 0.5 % eye drops <sup>MM</sup>	QL(5 per 25 days)
levocarnitine (with sugar) 100 mg/ml oral solution <sup>MM</sup>	
levocarnitine 100 mg/ml oral solution <sup>MM</sup>	
levocarnitine 330 mg tablet <sup>MM</sup>	
levocetirizine 2.5 mg/5 ml oral solution <sup>MM</sup>	QL(300 per 30 days)
levocetirizine 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
levofloxacin 0.5 % eye drops	
levofloxacin 1.5 % eye drops	
levofloxacin 250 mg tablet	
levofloxacin 250 mg/10 ml oral solution	
levofloxacin 500 mg tablet	
levofloxacin 750 mg tablet	
levomefolate 15 mg-algal oil 90.314 mg capsule	
levomefolate calcium 15 mg tablet	
levomefolate calcium 7.5 mg tablet	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>ACA,MM</sup>	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet <sup>ACA,MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91) <sup>ACA,MM</sup>	QL(91 per 90 days)
levonorgestrel 1.5 mg tablet <sup>ACA</sup>	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet <sup>ACA,MM</sup>	
levora-28 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
levothyroxine 100 mcg tablet <sup>MM</sup>	
levothyroxine 112 mcg tablet <sup>MM</sup>	
levothyroxine 125 mcg tablet <sup>MM</sup>	
levothyroxine 137 mcg tablet <sup>MM</sup>	
levothyroxine 150 mcg tablet <sup>MM</sup>	
levothyroxine 175 mcg tablet <sup>MM</sup>	
levothyroxine 200 mcg tablet <sup>MM</sup>	
levothyroxine 25 mcg tablet <sup>MM</sup>	
levothyroxine 300 mcg tablet <sup>MM</sup>	
levothyroxine 50 mcg tablet <sup>MM</sup>	
levothyroxine 75 mcg tablet <sup>MM</sup>	
levothyroxine 88 mcg tablet <sup>MM</sup>	
LEVOXYL 100 MCG TABLET <sup>MM</sup>	
LEVOXYL 112 MCG TABLET <sup>MM</sup>	
LEVOXYL 125 MCG TABLET <sup>MM</sup>	
LEVOXYL 137 MCG TABLET <sup>MM</sup>	
LEVOXYL 150 MCG TABLET <sup>MM</sup>	
LEVOXYL 175 MCG TABLET <sup>MM</sup>	
LEVOXYL 200 MCG TABLET <sup>MM</sup>	
LEVOXYL 25 MCG TABLET <sup>MM</sup>	
LEVOXYL 50 MCG TABLET <sup>MM</sup>	
LEVOXYL 75 MCG TABLET <sup>MM</sup>	
LEVOXYL 88 MCG TABLET <sup>MM</sup>	
LEXIVA 50 MG/ML ORAL SUSPENSION <sup>MM,SP</sup>	QL(1575 per 28 days)
lidocaine 2 % mucosal jelly in applicator	
lidocaine 5 % topical patch	PA,QL(90 per 30 days)
lidocaine hcl 2 % mucosal jelly	
lidocaine hcl 2 % mucosal solution	
lidocaine viscous 2 % mucosal solution	
lidocaine-prilocaine 2.5 %-2.5 % topical cream	
LILETTA 20.4 MCG/24 HRS (8 YRS) 52 MG INTRAUTERINE DEVICE <sup>ACA,DL,MM,SP</sup>	
lillow (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
lindane 1 % shampoo	
linezolid 100 mg/5 ml oral suspension	QL(1800 per 30 days)
linezolid 600 mg tablet	QL(30 per 30 days)
LINZESS 145 MCG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
LINZESS 290 MCG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
LINZESS 72 MCG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
liothyronine 25 mcg tablet <sup>MM</sup>	
liothyronine 5 mcg tablet <sup>MM</sup>	
liothyronine 50 mcg tablet <sup>MM</sup>	
lisinopril 10 mg tablet <sup>MM</sup>	
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
lisinopril 2.5 mg tablet <sup>MM</sup>	
lisinopril 20 mg tablet <sup>MM</sup>	
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
lisinopril 30 mg tablet <sup>MM</sup>	
lisinopril 40 mg tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 5 mg tablet <sup>MM</sup>	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE <sup>MM</sup>	
LITE TOUCH LANCETS 28 GAUGE <sup>MM</sup>	
LITE TOUCH LANCETS 30 GAUGE <sup>MM</sup>	
LITE TOUCH LANCETS 33 GAUGE <sup>MM</sup>	
LITE TOUCH LANCING DEVICE	
LITE TOUCH-MEDIUM MASK	
LITEAIRE MDI CHAMBER	
LITETOUCH-LARGE MASK	
LITETOUCH-SMALL MASK	
lithium carbonate 150 mg capsule <sup>MM</sup>	
lithium carbonate 300 mg capsule <sup>MM</sup>	
lithium carbonate 300 mg tablet <sup>MM</sup>	
lithium carbonate 600 mg capsule <sup>MM</sup>	
lithium carbonate er 300 mg tablet,extended release <sup>MM</sup>	
lithium carbonate er 450 mg tablet,extended release <sup>MM</sup>	
LITHOSTAT 250 MG TABLET	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <sup>MM</sup>	
lo-zumandimine (28) 3 mg-0.02 mg tablet <sup>MM</sup>	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
LONSURF 15 MG-6.14 MG TABLET <sup>DL,SP</sup>	PA,QL(100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <sup>DL,SP</sup>	PA,QL(80 per 30 days)
loperamide 2 mg capsule <sup>MM</sup>	
lopinavir-ritonavir 100 mg-25 mg tablet <sup>MM,SP</sup>	QL(300 per 30 days)
lopinavir-ritonavir 200 mg-50 mg tablet <sup>MM,SP</sup>	QL(150 per 30 days)
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution <sup>MM</sup>	
lorazepam 0.5 mg tablet <sup>DL</sup>	QL(90 per 30 days)
lorazepam 1 mg tablet <sup>DL</sup>	QL(90 per 30 days)
lorazepam 2 mg tablet <sup>DL</sup>	QL(150 per 30 days)
lorazepam 2 mg/ml oral concentrate <sup>DL</sup>	QL(150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <sup>DL</sup>	QL(150 per 30 days)
loryna (28) 3 mg-0.02 mg tablet <sup>MM</sup>	
losartan 100 mg tablet <sup>MM</sup>	QL(60 per 30 days)
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
losartan 100 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	QL(60 per 30 days)
losartan 25 mg tablet <sup>MM</sup>	QL(60 per 30 days)
losartan 50 mg tablet <sup>MM</sup>	QL(60 per 30 days)
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(60 per 30 days)
lovastatin 10 mg tablet <sup>ACA,MM</sup>	
lovastatin 20 mg tablet <sup>ACA,MM</sup>	
lovastatin 40 mg tablet <sup>ACA,MM</sup>	
low-ogestrel (28) 0.3 mg-30 mcg tablet <sup>ACA,MM</sup>	
loxapine succinate 10 mg capsule <sup>MM</sup>	
loxapine succinate 25 mg capsule <sup>MM</sup>	
loxapine succinate 5 mg capsule <sup>MM</sup>	
loxapine succinate 50 mg capsule <sup>MM</sup>	
LUCIRA CHECK-IT COVID-19 HOME TEST KIT	
lugols 5 % oral solution	
LUMIGAN 0.01 % EYE DROPS <sup>MM</sup>	QL(2.5 per 25 days)
lutera (28) 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
lyleq 0.35 mg tablet <sup>ACA,MM</sup>	
lyllana 0.025 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
lyllana 0.0375 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
lyllana 0.05 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
lyllana 0.075 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
lyllana 0.1 mg/24 hr transdermal patch <sup>MM</sup>	QL(8 per 28 days)
LYNPARZA 100 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
LYNPARZA 150 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET <sup>DL,MM,SP</sup>	
lyza 0.35 mg tablet <sup>ACA,MM</sup>	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <sup>ACA</sup>	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" <sup>MM</sup>	
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR <sup>DL,LD,SP</sup>	PA
MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL <sup>DL,LD,SP</sup>	PA
MAKENA 250 MG/ML INTRAMUSCULAR OIL <sup>DL,LD,SP</sup>	PA
malathion 0.5 % lotion	
maraviroc 150 mg tablet <sup>MM,SP</sup>	QL(240 per 30 days)
maraviroc 300 mg tablet <sup>MM,SP</sup>	QL(120 per 30 days)
marlissa (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
MARPLAN 10 MG TABLET <sup>MM</sup>	
MATULANE 50 MG CAPSULE <sup>DL,SP</sup>	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	
MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" <sup>MM</sup>	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16" <sup>MM</sup>	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16" <sup>MM</sup>	
MAYZENT 0.25 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
MAYZENT 1 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
MAYZENT 2 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
MAYZENT STARTER PACK (FOR 1 MG MAINT DOSE) 0.25 MG (7 TABS) TABLETS <sup>DL,SP</sup>	PA,QL(7 per 30 days)
MAYZENT STARTER PACK (FOR 2 MG MAINT DOSE) 0.25 MG (12 TABS) TABLETS <sup>DL,LD,SP</sup>	PA,QL(12 per 30 days)
meclizine 12.5 mg tablet	
meclizine 25 mg tablet	
mecobalamin (vitamin b12) 10,000 mcg solution for injection	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK <sup>MM</sup>	
MEDISENSE MID CONTROL SOLUTION <sup>MM</sup>	
MEDISENSE THIN LANCETS 28 GAUGE <sup>MM</sup>	
MEDLANCE PLUS LANCETS 21 GAUGE <sup>MM</sup>	
MEDLANCE PLUS LANCETS 25 GAUGE <sup>MM</sup>	
MEDLANCE PLUS LANCETS 30 GAUGE <sup>MM</sup>	
MEDPOINT NORMAL CONTROL SOLUTION <sup>MM</sup>	
medroxyprogesterone 10 mg tablet <sup>MM</sup>	
medroxyprogesterone 150 mg/ml intramuscular suspension <sup>ACA,MM</sup>	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml intramuscular syringe <sup>ACA,MM</sup>	QL(1 per 90 days)
medroxyprogesterone 2.5 mg tablet <sup>MM</sup>	
medroxyprogesterone 5 mg tablet <sup>MM</sup>	
mefloquine 250 mg tablet	
megestrol 20 mg tablet	
megestrol 40 mg tablet	
megestrol 400 mg/10 ml (10 ml) oral suspension <sup>MM</sup>	
megestrol 400 mg/10 ml (40 mg/ml) oral suspension <sup>MM</sup>	
MEKTOVI 15 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(180 per 30 days)
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	
meloxicam 15 mg tablet <sup>MM</sup>	QL(30 per 30 days)
meloxicam 7.5 mg tablet <sup>MM</sup>	QL(60 per 30 days)
melphalan 2 mg tablet <sup>DL,SP</sup>	QL(80 per 30 days)
memantine 10 mg tablet <sup>MM</sup>	QL(60 per 30 days)
memantine 2 mg/ml oral solution <sup>MM</sup>	QL(360 per 30 days)
memantine 5 mg tablet <sup>MM</sup>	QL(60 per 30 days)
memantine 5 mg-10 mg tablets in a dose pack	QL(98 per 30 days)
MENEST 0.3 MG TABLET <sup>MM</sup>	
MENEST 0.625 MG TABLET <sup>MM</sup>	
MENEST 1.25 MG TABLET <sup>MM</sup>	
MENEST 2.5 MG TABLET <sup>MM</sup>	
meperidine 50 mg tablet <sup>DL</sup>	QL(480 per 30 days)
meperidine 50 mg/5 ml oral solution <sup>DL</sup>	QL(720 per 30 days)
MEPHYTON 5 MG TABLET	
mercaptopurine 50 mg tablet <sup>MM</sup>	QL(480 per 30 days)
mesalamine 4 gram/60 ml enema <sup>MM</sup>	QL(1800 per 30 days)
mesalamine er 0.375 gram capsule,extended release 24 hr <sup>MM</sup>	QL(120 per 30 days)
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit <sup>MM</sup>	QL(30 per 30 days)
MESNEX 400 MG TABLET	
metadate er 20 mg tablet,extended release <sup>MM</sup>	QL(90 per 30 days)
METER-CHECK SOLUTION <sup>MM</sup>	
metformin 1,000 mg tablet <sup>MM</sup>	
metformin 500 mg tablet <sup>MM</sup>	
metformin 850 mg tablet <sup>MM</sup>	
metformin er 500 mg tablet,extended release 24 hr <sup>MM</sup>	QL(120 per 30 days)
metformin er 750 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
methadone 10 mg tablet <sup>DL</sup>	QL(240 per 30 days)
methadone 10 mg/5 ml oral solution <sup>DL</sup>	QL(1800 per 30 days)
methadone 10 mg/ml oral concentrate <sup>DL</sup>	QL(360 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
methadone 40 mg soluble tablet <sup>DL</sup>	QL(90 per 30 days)
methadone 5 mg tablet <sup>DL</sup>	QL(480 per 30 days)
methadone 5 mg/5 ml oral solution <sup>DL</sup>	QL(3600 per 30 days)
methadone intensol 10 mg/ml oral concentrate <sup>DL</sup>	QL(360 per 30 days)
methadose 40 mg soluble tablet <sup>DL</sup>	QL(90 per 30 days)
methazolamide 25 mg tablet <sup>MM</sup>	
methazolamide 50 mg tablet <sup>MM</sup>	
methergine 0.2 mg tablet	
methimazole 10 mg tablet <sup>MM</sup>	
methimazole 5 mg tablet <sup>MM</sup>	
METHITEST 10 MG TABLET <sup>DL,MM,SP</sup>	
methocarbamol 500 mg tablet	
methocarbamol 750 mg tablet	
methotrexate sodium (pf) 25 mg/ml injection solution	
methotrexate sodium 2.5 mg tablet <sup>MM</sup>	
methotrexate sodium 25 mg/ml injection solution	
methscopolamine 2.5 mg tablet	
methscopolamine 5 mg tablet	
methyl dopa 250 mg tablet <sup>MM</sup>	
methyl dopa 250 mg-hydrochlorothiazide 15 mg tablet <sup>MM</sup>	
methyl dopa 250 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
methyl dopa 500 mg tablet <sup>MM</sup>	
methylergonovine 0.2 mg tablet	
methylphenidate 10 mg tablet <sup>MM</sup>	QL(90 per 30 days)
methylphenidate 10 mg/5 ml oral solution <sup>MM</sup>	QL(900 per 30 days)
methylphenidate 20 mg tablet <sup>MM</sup>	QL(90 per 30 days)
methylphenidate 5 mg tablet <sup>MM</sup>	QL(90 per 30 days)
methylphenidate 5 mg/5 ml oral solution <sup>MM</sup>	QL(1800 per 30 days)
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate er 10 mg tablet,extended release <sup>MM</sup>	QL(180 per 30 days)
methylphenidate er 20 mg tablet,extended release <sup>MM</sup>	QL(90 per 30 days)
methylphenidate la 10 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate la 20 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate la 30 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
methylphenidate la 40 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylphenidate la 60 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
methylprednisolone 16 mg tablet	
methylprednisolone 32 mg tablet	
methylprednisolone 4 mg tablet	
methylprednisolone 4 mg tablets in a dose pack	
methylprednisolone 8 mg tablet	
methyltestosterone 10 mg capsule <sup>DL,MM,SP</sup>	
metipranolol 0.3 % eye drops <sup>MM</sup>	
metoclopramide 10 mg tablet	
metoclopramide 5 mg tablet	
metoclopramide 5 mg/5 ml oral solution	
metoprolol succinate er 100 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
metoprolol succinate er 200 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
metoprolol succinate er 25 mg tablet,extended release 24 hr <sup>MM</sup>	QL(90 per 30 days)
metoprolol succinate er 50 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol tartrate 100 mg tablet <sup>MM</sup>	
metoprolol tartrate 100 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet <sup>MM</sup>	
metoprolol tartrate 25 mg tablet <sup>MM</sup>	
metoprolol tartrate 37.5 mg tablet <sup>MM</sup>	
metoprolol tartrate 50 mg tablet <sup>MM</sup>	
metoprolol tartrate 50 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
metoprolol tartrate 75 mg tablet <sup>MM</sup>	
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	
metronidazole 0.75 % topical cream	
metronidazole 0.75 % topical gel	
metronidazole 250 mg tablet	
metronidazole 500 mg tablet	
mexiletine 150 mg capsule <sup>MM</sup>	
mexiletine 200 mg capsule <sup>MM</sup>	
mexiletine 250 mg capsule <sup>MM</sup>	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	
miconazole-3 200 mg vaginal suppository	
MICRO THIN LANCETS 33 GAUGE <sup>MM</sup>	
MICROCHAMBER SPACER	
MICRODOT HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	
MICRODOT NORMAL CONTROL SOLUTION <sup>MM</sup>	
microgestin 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
MICROLET 2 LANCING DEVICE KIT <sup>MM</sup>	
MICROLET LANCET <sup>MM</sup>	
MICROLET NEXT LANCING DEVICE KIT <sup>MM</sup>	
MICROSPACER	
midazolam 10 mg/5 ml (2 mg/ml) oral syrup <sup>DL</sup>	
midazolam 2 mg/ml oral syrup <sup>DL</sup>	
midodrine 10 mg tablet	
midodrine 2.5 mg tablet	
midodrine 5 mg tablet	
mili 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
mimvey 1 mg-0.5 mg tablet <sup>MM</sup>	
MINI LANCING DEVICE	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
MINI WRIGHT PEAK FLOW METER	
MINIMED SYRINGE RESERVOIR 1.8 ML <sup>MM</sup>	
MINIMED SYRINGE RESERVOIR 3 ML <sup>MM</sup>	
minitran 0.1 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(30 per 30 days)
minitran 0.2 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(60 per 30 days)
minitran 0.6 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(30 per 30 days)
minocycline 100 mg capsule	
minocycline 50 mg capsule	
minocycline 75 mg capsule	
minoxidil 10 mg tablet <sup>MM</sup>	
minoxidil 2.5 mg tablet <sup>MM</sup>	
MIRENA 20 MCG/24 HOURS (8 YRS) 52 MG INTRAUTERINE DEVICE <sup>ACA,DL,LD,MM,SP</sup>	
mirtazapine 15 mg tablet <sup>MM</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
mirtazapine 30 mg tablet <sup>MM</sup>	QL(30 per 30 days)
mirtazapine 45 mg tablet <sup>MM</sup>	QL(30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
misoprostol 100 mcg tablet <sup>MM</sup>	
misoprostol 200 mcg tablet <sup>MM</sup>	
MITIGARE 0.6 MG CAPSULE <sup>MM</sup>	QL(60 per 30 days)
modafinil 100 mg tablet <sup>MM</sup>	PA,QL(60 per 30 days)
modafinil 200 mg tablet <sup>MM</sup>	PA,QL(60 per 30 days)
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA) <sup>ACA</sup>	
MODERNA COVID-19 BIVALENT BOOST(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA) <sup>ACA</sup>	
MODERNA COVID-19 BIVALENT BOOST(6YR UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA) <sup>ACA</sup>	
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA) <sup>ACA</sup>	
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA) <sup>ACA</sup>	
moexipril 15 mg tablet <sup>MM</sup>	
moexipril 7.5 mg tablet <sup>MM</sup>	
mometasone 0.1 % topical cream	
mometasone 0.1 % topical ointment	
mometasone 0.1 % topical solution	
mondoxyne nl 100 mg capsule	QL(90 per 30 days)
mono-linyah 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	
MONOJECT ENFIT STERILE SYRINGE 1 ML	
MONOJECT ENFIT STERILE SYRINGE 3 ML	
MONOJECT ENFIT STERILE SYRINGE 35 ML	
MONOJECT ENFIT STERILE SYRINGE 6 ML	
MONOJECT ENFIT STERILE SYRINGE 60 ML	
MONOJECT ENFIT SYRINGE 12 ML	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1 ML <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	
MONOJECT SAFETY SYRINGES	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	
MONOJECT SAFETY SYRINGES 6 ML	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	
MONOJECT SYRINGE 3 ML	
MONOJECT SYRINGE 6 ML	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	
MONOJECT SYRINGE 6 ML 21 X 1"	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	
MONOJECT TB LUER LOK 1 ML SYRINGE	
MONOJECT TUBERCULIN SYRINGE 1 ML	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <sup>MM</sup>	
MONOLET LANCETS 21 GAUGE <sup>MM</sup>	
MONOLET THIN LANCETS 28 GAUGE <sup>MM</sup>	
montelukast 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
montelukast 4 mg chewable tablet <sup>MM</sup>	QL(30 per 30 days)
montelukast 4 mg oral granules in packet <sup>MM</sup>	QL(30 per 30 days)
montelukast 5 mg chewable tablet <sup>MM</sup>	QL(30 per 30 days)
morgidox 100 mg capsule	QL(90 per 30 days)
morgidox 50 mg capsule	
morphine 10 mg/5 ml oral solution <sup>DL</sup>	QL(2700 per 30 days)
morphine 15 mg immediate release tablet <sup>DL</sup>	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) oral solution <sup>DL</sup>	QL(1350 per 30 days)
morphine 30 mg immediate release tablet <sup>DL</sup>	QL(180 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution <sup>DL</sup>	QL(540 per 30 days)
morphine er 100 mg tablet,extended release <sup>DL</sup>	QL(180 per 30 days)
morphine er 15 mg tablet,extended release <sup>DL</sup>	QL(120 per 30 days)
morphine er 200 mg tablet,extended release <sup>DL</sup>	QL(90 per 30 days)
morphine er 30 mg tablet,extended release <sup>DL</sup>	QL(120 per 30 days)
morphine er 60 mg tablet,extended release <sup>DL</sup>	QL(120 per 30 days)
MOUNJARO 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
MOUNJARO 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
MOUNJARO 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
MOUNJARO 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	QL(2 per 28 days)
MOUNJARO 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
MOUNJARO 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
MOVANTIK 12.5 MG TABLET	QL(30 per 30 days)
MOVANTIK 25 MG TABLET	QL(30 per 30 days)
moxifloxacin 0.5 % eye drops	
moxifloxacin 400 mg tablet	
MULTI-LANCET DEVICE 2 KIT <sup>MM</sup>	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	
mupirocin 2 % topical ointment	
my choice 1.5 mg tablet <sup>ACA</sup>	
my way 1.5 mg tablet <sup>ACA</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
mycophenolate mofetil 200 mg/ml oral suspension <sup>MM</sup>	
mycophenolate mofetil 250 mg capsule <sup>MM</sup>	QL(360 per 30 days)
mycophenolate mofetil 500 mg tablet <sup>MM</sup>	QL(180 per 30 days)
mycophenolate sodium 180 mg tablet,delayed release <sup>MM</sup>	
mycophenolate sodium 360 mg tablet,delayed release <sup>MM</sup>	
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	QL(30 per 30 days)
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	QL(30 per 30 days)
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	QL(30 per 30 days)
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	QL(30 per 30 days)
MYFORTIC 180 MG TABLET,DELAYED RELEASE <sup>MM</sup>	
MYFORTIC 360 MG TABLET,DELAYED RELEASE <sup>MM</sup>	
MYGLUCOHEALTH CONTROL SOLUTION <sup>MM</sup>	
MYGLUCOHEALTH LANCETS 30 GAUGE <sup>MM</sup>	
MYLERAN 2 MG TABLET <sup>DL,SP</sup>	QL(150 per 30 days)
myorisan 10 mg capsule	QL(60 per 30 days)
myorisan 20 mg capsule	QL(60 per 30 days)
myorisan 30 mg capsule	QL(60 per 30 days)
myorisan 40 mg capsule	QL(120 per 30 days)
nabumetone 500 mg tablet	
nabumetone 750 mg tablet	
nadolol 20 mg tablet <sup>MM</sup>	
nadolol 40 mg tablet <sup>MM</sup>	
nadolol 80 mg tablet <sup>MM</sup>	
nalmefene 1 mg/ml injection solution	
naloxone 0.4 mg/ml injection solution	
naloxone 0.4 mg/ml injection syringe	
naloxone 1 mg/ml injection syringe	
naloxone 4 mg/actuation nasal spray	QL(2 per 30 days)
naltrexone 50 mg tablet <sup>MM</sup>	
naproxen 250 mg tablet <sup>MM</sup>	
naproxen 375 mg tablet <sup>MM</sup>	
naproxen 375 mg tablet,delayed release <sup>MM</sup>	
naproxen 500 mg tablet <sup>MM</sup>	
naproxen 500 mg tablet,delayed release <sup>MM</sup>	
naratriptan 1 mg tablet	QL(9 per 30 days)
naratriptan 2.5 mg tablet	QL(9 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <sup>MM</sup>	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>DL</sup>	QL(10 per 30 days)
NEBUPENT 300 MG SOLUTION FOR INHALATION <sup>MM</sup>	
nebusal 3 % solution for nebulization	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>ACA,MM</sup>	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops	
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp	
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	
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	
NEORAL 100 MG CAPSULE <sup>MM</sup>	QL(720 per 30 days)
NEORAL 100 MG/ML ORAL SOLUTION <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
NEORAL 25 MG CAPSULE <sup>MM</sup>	
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <sup>DL,SP</sup>	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <sup>DL,SP</sup>	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <sup>DL,SP</sup>	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <sup>DL,SP</sup>	PA,QL(22.4 per 30 days)
nevirapine 200 mg tablet <sup>MM</sup>	QL(60 per 30 days)
nevirapine 50 mg/5 ml oral suspension <sup>MM</sup>	QL(1200 per 30 days)
nevirapine er 100 mg tablet,extended release 24 hr <sup>MM</sup>	QL(120 per 30 days)
nevirapine er 400 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
new day 1.5 mg tablet <sup>ACA</sup>	
NEXAVAR 200 MG TABLET <sup>DL,LD,SP</sup>	PA,QL(120 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	QL(30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	QL(30 per 30 days)
NEXPLANON 68 MG SUBDERMAL IMPLANT <sup>ACA,DL,LD,SP</sup>	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET <sup>MM</sup>	
NICOTROL 10 MG INHALATION CARTRIDGE <sup>ACA</sup>	
NICOTROL NS 10 MG/ML NASAL SPRAY <sup>ACA</sup>	
nifedipine 10 mg capsule <sup>MM</sup>	
nifedipine 20 mg capsule <sup>MM</sup>	
nifedipine er 30 mg tablet,extended release <sup>MM</sup>	QL(60 per 30 days)
nifedipine er 30 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
nifedipine er 60 mg tablet,extended release <sup>MM</sup>	QL(60 per 30 days)
nifedipine er 60 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
nifedipine er 90 mg tablet,extended release <sup>MM</sup>	QL(60 per 30 days)
nifedipine er 90 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
nikki (28) 3 mg-0.02 mg tablet <sup>MM</sup>	
nilutamide 150 mg tablet <sup>DL,MM,SP</sup>	QL(60 per 30 days)
nitazoxanide 500 mg tablet <sup>DL,SP</sup>	QL(40 per 30 days)
nitisinone 10 mg capsule <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
nitisinone 2 mg capsule <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
nitisinone 5 mg capsule <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT <sup>MM</sup>	
nitrofurantoin 25 mg/5 ml oral suspension	QL(2400 per 30 days)
nitrofurantoin macrocrystal 100 mg capsule	
nitrofurantoin macrocrystal 25 mg capsule	
nitrofurantoin macrocrystal 50 mg capsule	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(30 per 30 days)
nitroglycerin 0.2 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(30 per 30 days)
nitroglycerin 0.3 mg sublingual tablet <sup>MM</sup>	
nitroglycerin 0.4 mg sublingual tablet <sup>MM</sup>	
nitroglycerin 0.4 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(60 per 30 days)
nitroglycerin 0.6 mg sublingual tablet <sup>MM</sup>	
nitroglycerin 0.6 mg/hr transdermal 24 hour patch <sup>MM</sup>	QL(30 per 30 days)
NITROSTAT 0.3 MG SUBLINGUAL TABLET <sup>MM</sup>	
NITROSTAT 0.4 MG SUBLINGUAL TABLET <sup>MM</sup>	
NITROSTAT 0.6 MG SUBLINGUAL TABLET <sup>MM</sup>	
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION <sup>DL,SP</sup>	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION <sup>DL,SP</sup>	PA,QL(22.4 per 30 days)
nizatidine 150 mg capsule <sup>MM</sup>	
nizatidine 150 mg/10 ml oral solution <sup>MM</sup>	
nizatidine 300 mg capsule <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
nora-be 0.35 mg tablet <sup>ACA,MM</sup>	
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(10 per 30 days)
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet <sup>ACA,MM</sup>	
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet <sup>MM</sup>	
norethindrone (contraceptive) 0.35 mg tablet <sup>ACA,MM</sup>	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet <sup>MM</sup>	
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule <sup>MM</sup>	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet <sup>MM</sup>	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet <sup>MM</sup>	
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet <sup>MM</sup>	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet <sup>MM</sup>	
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet <sup>MM</sup>	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet <sup>MM</sup>	
norethindrone acetate 5 mg tablet <sup>MM</sup>	
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>ACA,MM</sup>	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet <sup>ACA,MM</sup>	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet <sup>ACA,MM</sup>	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet <sup>ACA,MM</sup>	
norlyda 0.35 mg tablet <sup>ACA,MM</sup>	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>ACA,MM</sup>	
nortrel 1/35 (21) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
nortrel 1/35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>ACA,MM</sup>	
nortriptyline 10 mg capsule <sup>MM</sup>	
nortriptyline 10 mg/5 ml oral solution <sup>MM</sup>	
nortriptyline 25 mg capsule <sup>MM</sup>	
nortriptyline 50 mg capsule <sup>MM</sup>	
nortriptyline 75 mg capsule <sup>MM</sup>	
NORVIR 100 MG ORAL POWDER PACKET <sup>MM,SP</sup>	QL(360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <sup>MM</sup>	QL(480 per 30 days)
NOVA MAX GLUCOSE CONTROL SOLUTION <sup>MM</sup>	
NOVA SAFETY LANCETS 23 GAUGE <sup>MM</sup>	
NOVA SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
NOVA SUREFLEX LANCETS <sup>MM</sup>	
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA) <sup>ACA</sup>	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <sup>MM</sup>	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <sup>MM</sup>	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS <sup>MM</sup>	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MM</sup>	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <sup>MM</sup>	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <sup>MM</sup>	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG <sup>MM</sup>	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	
NOVOPEN ECHO SUBCUTANEOUS <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <sup>MM</sup>	
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <sup>DL,SP</sup>	PA,QL(840 per 28 days)
NOXAFIL 300 MG ORAL SUSPENSION,DELAYED RELEASE IN A PACKET <sup>DL,SP</sup>	PA,QL(32 per 30 days)
np thyroid 120 mg tablet <sup>MM</sup>	
np thyroid 15 mg tablet <sup>MM</sup>	
np thyroid 30 mg tablet <sup>MM</sup>	
np thyroid 60 mg tablet <sup>MM</sup>	
np thyroid 90 mg tablet <sup>MM</sup>	
NUBEQA 300 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>DL,LD,MM,SP</sup>	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(0.4 per 28 days)
NUPLAZID 10 MG TABLET <sup>LD,MM,SP</sup>	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE <sup>LD,MM,SP</sup>	PA,QL(30 per 30 days)
NURTEC ODT 75 MG DISINTEGRATING TABLET	PA,QL(18 per 30 days)
NUZYRA 150 MG TABLET	QL(30 per 14 days)
nylia 1/35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <sup>ACA,MM</sup>	
nymyo 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
nystatin 100,000 unit/gram topical cream	
nystatin 100,000 unit/gram topical ointment	
nystatin 100,000 unit/ml oral suspension	
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	
ocella 3 mg-0.03 mg tablet <sup>MM</sup>	
octreotide acetate 1,000 mcg/ml injection solution <sup>MM</sup>	PA
octreotide acetate 100 mcg/ml (1 ml) injection syringe <sup>MM</sup>	PA
octreotide acetate 100 mcg/ml injection solution <sup>MM</sup>	PA
octreotide acetate 200 mcg/ml injection solution <sup>MM</sup>	PA
octreotide acetate 50 mcg/ml (1 ml) injection syringe <sup>MM</sup>	PA
octreotide acetate 50 mcg/ml injection solution <sup>MM</sup>	PA
octreotide acetate 500 mcg/ml (1 ml) injection syringe <sup>MM</sup>	PA
octreotide acetate 500 mcg/ml injection solution <sup>MM</sup>	PA
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
ODOMZO 200 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
OFEV 100 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
OFEV 150 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
ofloxacin 0.3 % ear drops	
ofloxacin 0.3 % eye drops	
ofloxacin 300 mg tablet	
ofloxacin 400 mg tablet	
OHC COVID-19 ANTIGEN HOME TEST KIT	
olanzapine 10 mg intramuscular solution	QL(60 per 30 days)
olanzapine 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olanzapine 15 mg tablet <sup>MM</sup>	QL(60 per 30 days)
olanzapine 2.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olanzapine 20 mg tablet <sup>MM</sup>	QL(60 per 30 days)
olanzapine 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olanzapine 7.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olmesartan 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olmesartan 40 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olmesartan 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
olopatadine 0.1 % eye drops	
olopatadine 0.2 % eye drops	
omega-3 acid ethyl esters 1 gram capsule <sup>MM</sup>	QL(120 per 30 days)
omeprazole 10 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
omeprazole 20 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
omeprazole 40 mg capsule,delayed release <sup>MM</sup>	QL(60 per 30 days)
OMNIFLEX DIAPHRAGM 65 MM VAGINAL <sup>ACA</sup>	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	
OMNIPOD CLASSIC PDM KIT(GEN 3) <sup>MM</sup>	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	
OMNIPOD DASH PDM KIT (GEN 4) <sup>MM</sup>	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	
ON CALL EXPRESS CONTROL SOLUTION <sup>MM</sup>	
ON CALL LANCET 30 GAUGE <sup>MM</sup>	
ON CALL LANCING DEVICE	
ON CALL PLUS CONTROL SOLUTION <sup>MM</sup>	
ON CALL PLUS LANCET 30 GAUGE <sup>MM</sup>	
ON CALL PLUS LANCING DEVICE	
ON CALL VIVID CONTROL SOLUTION <sup>MM</sup>	
ON-GO COVID-19 AG AT HOME TEST KIT	
ON-THE-GO LANCETS 30 GAUGE <sup>MM</sup>	
ondansetron 4 mg disintegrating tablet	QL(90 per 30 days)
ondansetron 8 mg disintegrating tablet	QL(90 per 30 days)
ondansetron hcl 4 mg tablet	QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml oral solution	QL(450 per 30 days)
ondansetron hcl 8 mg tablet	QL(90 per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE <sup>MM</sup>	
ONETOUCH DELICA LANCETS 33 GAUGE <sup>MM</sup>	
ONETOUCH DELICA LANCING DEVICE KIT <sup>MM</sup>	
ONETOUCH DELICA PLUS LANCET 30 GAUGE <sup>MM</sup>	
ONETOUCH DELICA PLUS LANCET 33 GAUGE <sup>MM</sup>	
ONETOUCH DELICA PLUS LANCING DEVICE KIT <sup>MM</sup>	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE <sup>MM</sup>	
ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE <sup>MM</sup>	
ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE <sup>MM</sup>	
ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE <sup>MM</sup>	
ONETOUCH ULTRA CONTROL SOLUTION <sup>MM</sup>	
ONETOUCH ULTRASOFT LANCETS <sup>MM</sup>	
ONETOUCH VERIO HIGH CONTROL SOLUTION <sup>MM</sup>	
ONETOUCH VERIO MID CONTROL SOLUTION <sup>MM</sup>	
OPSUMIT 10 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
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 <sup>ACA</sup>	
oralone 0.1 % dental paste	
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(720 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(150 per 30 days)
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES <sup>MM</sup>	ST,QL(56 per 28 days)
ORLISSA 150 MG TABLET <sup>MM</sup>	ST,QL(28 per 28 days)
ORLISSA 200 MG TABLET	ST,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(112 per 28 days)
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
ORKAMBI 200 MG-125 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(112 per 28 days)
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
orphenadrine citrate er 100 mg tablet,extended release	
orsythia 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
oscimin 0.125 mg tablet <sup>MM</sup>	
oscimin sl 0.125 mg sublingual tablet <sup>MM</sup>	
oscimin sr 0.375 mg tablet,extended release <sup>MM</sup>	
oseltamivir 30 mg capsule	QL(224 per 365 days)
oseltamivir 45 mg capsule	QL(112 per 365 days)
oseltamivir 6 mg/ml oral suspension	QL(1440 per 365 days)
oseltamivir 75 mg capsule	QL(112 per 365 days)
OTEZLA 30 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	PA,QL(27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	PA,QL(55 per 28 days)
oxcarbazepine 150 mg tablet <sup>MM</sup>	
oxcarbazepine 300 mg tablet <sup>MM</sup>	
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension <sup>MM</sup>	
oxcarbazepine 600 mg tablet <sup>MM</sup>	
oxybutynin chloride 5 mg tablet <sup>MM</sup>	
oxybutynin chloride 5 mg/5 ml oral syrup <sup>MM</sup>	
oxybutynin chloride er 10 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
oxybutynin chloride er 15 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
oxybutynin chloride er 5 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
oxycodone 10 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone 15 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone 20 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone 20 mg/ml oral concentrate <sup>DL</sup>	QL(270 per 30 days)
oxycodone 30 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone 5 mg capsule <sup>DL</sup>	QL(360 per 30 days)
oxycodone 5 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone 5 mg/5 ml oral solution <sup>DL</sup>	QL(5400 per 30 days)
oxycodone-acetaminophen 10 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone-acetaminophen 2.5 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg/5 ml oral solution <sup>DL</sup>	QL(1800 per 30 days)
oxycodone-acetaminophen 7.5 mg-325 mg tablet <sup>DL</sup>	QL(360 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(3 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(3 per 28 days)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(3 per 28 days)
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE <sup>DL,SP</sup>	PA,QL(13 per 5 days)
paliperidone er 1.5 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
paliperidone er 3 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
paliperidone er 6 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
paliperidone er 9 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
PANRETIN 0.1 % TOPICAL GEL <sup>DL,SP</sup>	PA
pantoprazole 20 mg tablet,delayed release <sup>MM</sup>	QL(60 per 30 days)
pantoprazole 40 mg tablet,delayed release <sup>MM</sup>	QL(60 per 30 days)
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE <sup>ACA,DL,MM,SP</sup>	
paricalcitol 1 mcg capsule <sup>MM</sup>	QL(30 per 30 days)
paricalcitol 2 mcg capsule <sup>MM</sup>	QL(30 per 30 days)
paricalcitol 4 mcg capsule <sup>MM</sup>	QL(12 per 30 days)
paroex oral rinse 0.12 % mouthwash	
paromomycin 250 mg capsule	
paroxetine 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
paroxetine 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)
paroxetine 30 mg tablet <sup>MM</sup>	QL(60 per 30 days)
paroxetine 40 mg tablet <sup>MM</sup>	QL(60 per 30 days)
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule <sup>MM</sup>	ST,QL(30 per 30 days)
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET	
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)(EUA)	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK (EUA)	QL(60 per 10 days)
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution <sup>ACA</sup>	
peg-electrolyte solution 420 gram oral solution <sup>ACA</sup>	
peg-prep 5 mg-210 gram oral kit <sup>ACA</sup>	
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT <sup>DL,SP</sup>	PA,QL(4 per 28 days)
PEMAZYRE 13.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
PEMAZYRE 4.5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
PEMAZYRE 9 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 29 GAUGE X 15/32" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4" <sup>MM</sup>	
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16"MM	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32"MM	
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4"MM	
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16"MM	
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32"MM	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16"MM	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32"MM	
penicillamine 250 mg tablet <sup>DL,MM,SP</sup>	
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-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT <sup>ACA</sup>	
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-62 DU/0.5 ML IM SUSP <sup>ACA</sup>	
pentamidine 300 mg solution for inhalation <sup>MM</sup>	
PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	
PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	
PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
PENTIPS 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	
pentoxifylline er 400 mg tablet,extended release <sup>MM</sup>	
perindopril erbumine 2 mg tablet <sup>MM</sup>	
perindopril erbumine 4 mg tablet <sup>MM</sup>	
perindopril erbumine 8 mg tablet <sup>MM</sup>	
periogard 0.12 % mouthwash	
permethrin 5 % topical cream	
perphenazine 16 mg tablet <sup>MM</sup>	
perphenazine 2 mg tablet <sup>MM</sup>	
perphenazine 4 mg tablet <sup>MM</sup>	
perphenazine 8 mg tablet <sup>MM</sup>	
perphenazine-amitriptyline 2 mg-10 mg tablet <sup>MM</sup>	
perphenazine-amitriptyline 2 mg-25 mg tablet <sup>MM</sup>	
perphenazine-amitriptyline 4 mg-10 mg tablet <sup>MM</sup>	
perphenazine-amitriptyline 4 mg-25 mg tablet <sup>MM</sup>	
perphenazine-amitriptyline 4 mg-50 mg tablet <sup>MM</sup>	
PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE <sup>DL,MM,SP</sup>	QL(1 per 28 days)
PFIZER COVID-19 BIVALENT BOOST(12Y UP)(PF) 30 MCG/0.3 ML IM SUSP (EUA) <sup>ACA</sup>	
PFIZER COVID-19 BIVALENT BOOST(5-11YR)(PF) 10 MCG/0.2 ML IM SUSP(EUA) <sup>ACA</sup>	
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA) <sup>ACA</sup>	
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY) <sup>ACA</sup>	
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE) <sup>ACA</sup>	
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON) <sup>ACA</sup>	
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE) <sup>ACA</sup>	
PHASEAL PROTECTOR 13 MM DEVICE	
PHASEAL PROTECTOR 20 MM DEVICE	
PHASEAL PROTECTOR 28 MM DEVICE	
phenazopyridine 100 mg tablet	
phenazopyridine 200 mg tablet	
phenelzine 15 mg tablet <sup>MM</sup>	
phenobarbital 100 mg tablet <sup>MM</sup>	QL(90 per 30 days)
phenobarbital 15 mg tablet <sup>MM</sup>	QL(120 per 30 days)
phenobarbital 16.2 mg tablet <sup>MM</sup>	QL(90 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir <sup>MM</sup>	QL(1500 per 30 days)
phenobarbital 30 mg tablet <sup>MM</sup>	QL(300 per 30 days)
phenobarbital 32.4 mg tablet <sup>MM</sup>	QL(90 per 30 days)
phenobarbital 60 mg tablet <sup>MM</sup>	QL(120 per 30 days)
phenobarbital 64.8 mg tablet <sup>MM</sup>	QL(90 per 30 days)
phenobarbital 97.2 mg tablet <sup>MM</sup>	QL(90 per 30 days)
phenoxybenzamine 10 mg capsule <sup>DL,SP</sup>	
phenylephrine 10 % eye drops	
phenylephrine 2.5 % eye drops	
phenytoin 100 mg/4 ml oral suspension <sup>MM</sup>	
phenytoin 125 mg/5 ml oral suspension <sup>MM</sup>	
phenytoin 50 mg chewable tablet <sup>MM</sup>	
phenytoin sodium extended 100 mg capsule <sup>MM</sup>	
phenytoin sodium extended 200 mg capsule <sup>MM</sup>	
phenytoin sodium extended 300 mg capsule <sup>MM</sup>	
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL	QL(60 per 30 days)
philit 0.4 mg-35 mcg tablet <sup>ACA,MM</sup>	
phospha neutral 250 mg tablet	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MM</sup>	
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	
phytonadione (vitamin k1) 5 mg tablet	
PIFELTRO 100 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
pilocarpine 1 % eye drops <sup>MM</sup>	
pilocarpine 2 % eye drops <sup>MM</sup>	
pilocarpine 4 % eye drops <sup>MM</sup>	
pilocarpine 5 mg tablet <sup>MM</sup>	
pilocarpine 7.5 mg tablet <sup>MM</sup>	
PILOT COVID-19 AT-HOME TEST KIT	
pimecrolimus 1 % topical cream	
pimozide 1 mg tablet <sup>MM</sup>	
pimozide 2 mg tablet <sup>MM</sup>	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
pindolol 10 mg tablet <sup>MM</sup>	
pindolol 5 mg tablet <sup>MM</sup>	
pioglitazone 15 mg tablet <sup>MM</sup>	QL(30 per 30 days)
pioglitazone 30 mg tablet <sup>MM</sup>	QL(30 per 30 days)
pioglitazone 45 mg tablet <sup>MM</sup>	QL(30 per 30 days)
PIP GLUCOSE CONTROL SOLUTION L1-L2 <sup>MM</sup>	
PIPLANCET 28 GAUGE <sup>MM</sup>	
PIPLANCET 30 GAUGE <sup>MM</sup>	
PIP PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
PIP PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(56 per 28 days)
PIQRAY 300 MG/DAY (150 MG X 2) TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(56 per 28 days)
pirfenidone 267 mg tablet <sup>DL,MM,SP</sup>	PA,QL(270 per 30 days)
pirfenidone 534 mg tablet <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
pirfenidone 801 mg tablet <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet <sup>ACA,MM</sup>	
pirmella 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
piroxicam 10 mg capsule	
piroxicam 20 mg capsule	
PLEGRIDY 125 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	PA,QL(1 per 28 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,LD,MM,SP</sup>	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,LD,SP</sup>	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,SP</sup>	PA,QL(1 per 28 days)
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION <sup>ACA</sup>	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE <sup>ACA</sup>	
POCKET CHAMBER SPACER	
podofilox 0.5 % topical solution	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule	
polycin 500 unit-10,000 unit/gram eye ointment	
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	
POMALYST 1 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(21 per 28 days)
POMALYST 2 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(21 per 28 days)
POMALYST 3 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(21 per 28 days)
POMALYST 4 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(21 per 28 days)
PONVORY 14-DAY STARTER PACK 2-3-4-5-6-7-8-9-10 MG TABLETS <sup>DL,LD,SP</sup>	PA,QL(14 per 30 days)
PONVORY 20 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
portia 28 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
posaconazole 100 mg tablet,delayed release <sup>DL,SP</sup>	PA,QL(93 per 30 days)
potassium chloride 20 meq/15 ml oral liquid <sup>MM</sup>	
potassium chloride 40 meq/15 ml oral liquid <sup>MM</sup>	
potassium chloride er 10 meq capsule,extended release <sup>MM</sup>	
potassium chloride er 10 meq tablet,extended release <sup>MM</sup>	
potassium chloride er 10 meq tablet,extended release(part/cryst) <sup>MM</sup>	
potassium chloride er 15 meq tablet,extended release(part/cryst) <sup>MM</sup>	
potassium chloride er 20 meq tablet,extended release <sup>MM</sup>	
potassium chloride er 20 meq tablet,extended release(part/cryst) <sup>MM</sup>	
potassium chloride er 8 meq capsule,extended release <sup>MM</sup>	
potassium chloride er 8 meq tablet,extended release <sup>MM</sup>	
potassium citrate er 10 meq (1,080 mg) tablet,extended release <sup>MM</sup>	
potassium citrate er 15 meq (1,620 mg) tablet,extended release <sup>MM</sup>	
potassium citrate er 5 meq (540 mg) tablet,extended release <sup>MM</sup>	
pramipexole 0.125 mg tablet <sup>MM</sup>	
pramipexole 0.25 mg tablet <sup>MM</sup>	
pramipexole 0.5 mg tablet <sup>MM</sup>	
pramipexole 0.75 mg tablet <sup>MM</sup>	
pramipexole 1 mg tablet <sup>MM</sup>	
pramipexole 1.5 mg tablet <sup>MM</sup>	
prasugrel 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
prasugrel 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
pravastatin 10 mg tablet <sup>MM</sup>	
pravastatin 20 mg tablet <sup>MM</sup>	
pravastatin 40 mg tablet <sup>MM</sup>	
pravastatin 80 mg tablet <sup>MM</sup>	
praziquantel 600 mg tablet	
prazosin 1 mg capsule <sup>MM</sup>	
prazosin 2 mg capsule <sup>MM</sup>	
prazosin 5 mg capsule <sup>MM</sup>	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK <sup>MM</sup>	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK <sup>MM</sup>	
prednisolone 15 mg/5 ml oral solution	
prednisolone acetate 1 % eye drops,suspension	
prednisolone sodium phosphate 1 % eye drops	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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	
prednisone 10 mg tablet	
prednisone 10 mg tablets in a dose pack	
prednisone 2.5 mg tablet	
prednisone 20 mg tablet	
prednisone 5 mg tablet	
prednisone 5 mg tablets in a dose pack	
prednisone 5 mg/5 ml oral solution	
prednisone 50 mg tablet	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET <sup>MM</sup>	
pregabalin 100 mg capsule <sup>MM</sup>	QL(90 per 30 days)
pregabalin 150 mg capsule <sup>MM</sup>	QL(90 per 30 days)
pregabalin 20 mg/ml oral solution <sup>MM</sup>	QL(900 per 30 days)
pregabalin 200 mg capsule <sup>MM</sup>	QL(90 per 30 days)
pregabalin 225 mg capsule <sup>MM</sup>	QL(60 per 30 days)
pregabalin 25 mg capsule <sup>MM</sup>	QL(90 per 30 days)
pregabalin 300 mg capsule <sup>MM</sup>	QL(60 per 30 days)
pregabalin 50 mg capsule <sup>MM</sup>	QL(90 per 30 days)
pregabalin 75 mg capsule <sup>MM</sup>	QL(90 per 30 days)
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <sup>MM</sup>	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack <sup>MM</sup>	
PRESSURE ACTIVATED LANCETS 21 GAUGE <sup>MM</sup>	
PRESSURE ACTIVATED LANCETS 28 GAUGE <sup>MM</sup>	
prevalite 4 gram oral powder <sup>MM</sup>	
prevalite 4 gram powder for susp in a packet <sup>MM</sup>	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
previfem 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
PREZCOBIX 800 MG-150 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <sup>MM,SP</sup>	QL(360 per 30 days)
PREZISTA 150 MG TABLET <sup>MM,SP</sup>	QL(240 per 30 days)
PREZISTA 600 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
PREZISTA 75 MG TABLET <sup>MM,SP</sup>	QL(480 per 30 days)
PREZISTA 800 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
PRIFTIN 150 MG TABLET	
primaquine 26.3 mg tablet	
PRIMEAIRE SPACER	
primidone 250 mg tablet <sup>MM</sup>	
primidone 50 mg tablet <sup>MM</sup>	
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION <sup>ACA</sup>	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
PRO COMFORT LANCET 30 GAUGE <sup>MM</sup>	
PRO COMFORT LANCET 31 GAUGE <sup>MM</sup>	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
probenecid 500 mg tablet <sup>MM</sup>	
PROCALAMINE 3% INTRAVENOUS SOLUTION	
PROCARE SPACER WITH ADULT MASK	
PROCARE SPACER WITH CHILD MASK	
PROCHAMBER	
prochlorperazine 25 mg rectal suppository	
prochlorperazine maleate 10 mg tablet	
prochlorperazine maleate 5 mg tablet	
procto-med hc 2.5 % topical cream perineal applicator	
procto-pak 1 % topical cream perineal applicator	
proctosol hc 2.5 % topical cream perineal applicator	
proctozone-hc 2.5 % topical cream perineal applicator	
PRODIGY CONTROL SOLUTION, LOW <sup>MM</sup>	
PRODIGY CONTROL SOLUTION,HIGH <sup>MM</sup>	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
PRODIGY LANCETS 26 GAUGE <sup>MM</sup>	
PRODIGY LANCETS 28 GAUGE <sup>MM</sup>	
PRODIGY LANCING DEVICE	
PRODIGY TWIST TOP LANCET 28 GAUGE <sup>MM</sup>	
progesterone micronized 100 mg capsule <sup>MM</sup>	
progesterone micronized 200 mg capsule <sup>MM</sup>	
PROGRAF 0.2 MG ORAL GRANULES IN PACKET <sup>MM</sup>	
PROGRAF 1 MG ORAL GRANULES IN PACKET <sup>MM</sup>	
PROMACTA 12.5 MG ORAL POWDER PACKET <sup>DL,LD,MM,SP</sup>	PA,QL(360 per 30 days)
PROMACTA 12.5 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET <sup>DL,LD,MM,SP</sup>	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
promethazine 12.5 mg rectal suppository	
promethazine 12.5 mg tablet	
promethazine 25 mg rectal suppository	
promethazine 25 mg tablet	
promethazine 50 mg rectal suppository	
promethazine 50 mg tablet	
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	
promethazine 6.25 mg/5 ml oral syrup	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup	
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	
promethegan 12.5 mg rectal suppository	
promethegan 25 mg rectal suppository	
promethegan 50 mg rectal suppository	
propafenone 150 mg tablet <sup>MM</sup>	
propafenone 225 mg tablet <sup>MM</sup>	
propafenone 300 mg tablet <sup>MM</sup>	
propantheline 15 mg tablet	
proparacaine 0.5 % eye drops	
propranolol 10 mg tablet <sup>MM</sup>	
propranolol 20 mg tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol 20 mg/5 ml (4 mg/ml) oral solution <sup>MM</sup>	
propranolol 40 mg tablet <sup>MM</sup>	
propranolol 40 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
propranolol 40 mg/5 ml (8 mg/ml) oral solution <sup>MM</sup>	
propranolol 60 mg tablet <sup>MM</sup>	
propranolol 80 mg tablet <sup>MM</sup>	
propranolol 80 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
propranolol er 120 mg capsule,24 hr,extended release <sup>MM</sup>	
propranolol er 160 mg capsule,24 hr,extended release <sup>MM</sup>	
propranolol er 60 mg capsule,24 hr,extended release <sup>MM</sup>	
propranolol er 80 mg capsule,24 hr,extended release <sup>MM</sup>	
propylthiouracil 50 mg tablet <sup>MM</sup>	
protriptyline 10 mg tablet <sup>MM</sup>	
protriptyline 5 mg tablet <sup>MM</sup>	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <sup>DL,MM,SP</sup>	QL(150 per 30 days)
PURE COMFORT LANCETS 30 GAUGE <sup>MM</sup>	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
PURE COMFORT SAFETY LANCETS 30 GAUGE <sup>MM</sup>	
PUREFE PLUS 106 MG IRON-1 MG CAPSULE	
PUSH BUTTON SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
PYLERA 140 MG-125 MG-125 MG CAPSULE	QL(144 per 30 days)
pyrazinamide 500 mg tablet	
pyridostigmine bromide 30 mg tablet <sup>MM</sup>	
pyridostigmine bromide 60 mg tablet <sup>MM</sup>	
PYRUKYND 20 MG (7)-5 MG (7) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	PA,QL(14 per 14 days)
PYRUKYND 20 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
PYRUKYND 5 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
PYRUKYND 50 MG (7)-20 MG (7) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	PA,QL(14 per 14 days)
PYRUKYND 50 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
QELBREE 100 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	PA,QL(30 per 30 days)
QELBREE 150 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	PA,QL(60 per 30 days)
QELBREE 200 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	PA,QL(60 per 30 days)
QINLOCK 50 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
quetiapine 100 mg tablet <sup>MM</sup>	QL(90 per 30 days)
quetiapine 150 mg tablet <sup>MM</sup>	QL(30 per 30 days)
quetiapine 200 mg tablet <sup>MM</sup>	QL(120 per 30 days)
quetiapine 25 mg tablet <sup>MM</sup>	QL(120 per 30 days)
quetiapine 300 mg tablet <sup>MM</sup>	QL(60 per 30 days)
quetiapine 400 mg tablet <sup>MM</sup>	QL(60 per 30 days)
quetiapine 50 mg tablet <sup>MM</sup>	QL(120 per 30 days)
quetiapine er 150 mg tablet,extended release 24 hr <sup>MM</sup>	QL(90 per 30 days)
quetiapine er 200 mg tablet,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
quetiapine er 300 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
quetiapine er 400 mg tablet,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)
quetiapine er 50 mg tablet,extended release 24 hr <sup>MM</sup>	QL(120 per 30 days)
QUICKVUE AT-HOME COVID-19 TEST KIT	
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET <sup>MM</sup>	QL(30 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR <sup>MM</sup>	QL(360 per 30 days)
quinapril 10 mg tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
quinapril 20 mg tablet <sup>MM</sup>	
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	
quinapril 20 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
quinapril 40 mg tablet <sup>MM</sup>	
quinapril 5 mg tablet <sup>MM</sup>	
quinidine sulfate 200 mg tablet <sup>MM</sup>	
quinidine sulfate 300 mg tablet <sup>MM</sup>	
QULIPTA 10 MG TABLET <sup>MM</sup>	PA,QL(30 per 30 days)
QULIPTA 30 MG TABLET <sup>MM</sup>	PA,QL(30 per 30 days)
QULIPTA 60 MG TABLET <sup>MM</sup>	PA,QL(30 per 30 days)
rabeprazole 20 mg tablet,delayed release <sup>MM</sup>	QL(60 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
raloxifene 60 mg tablet <sup>ACA,MM</sup>	QL(30 per 30 days)
ramipril 1.25 mg capsule <sup>MM</sup>	
ramipril 10 mg capsule <sup>MM</sup>	
ramipril 2.5 mg capsule <sup>MM</sup>	
ramipril 5 mg capsule <sup>MM</sup>	
ranolazine er 1,000 mg tablet,extended release,12 hr <sup>MM</sup>	QL(120 per 30 days)
ranolazine er 500 mg tablet,extended release,12 hr <sup>MM</sup>	QL(120 per 30 days)
RAPAMUNE 0.5 MG TABLET <sup>MM</sup>	
RAPAMUNE 1 MG TABLET <sup>MM</sup>	QL(300 per 30 days)
RAPAMUNE 1 MG/ML ORAL SOLUTION <sup>MM</sup>	
RAPAMUNE 2 MG TABLET <sup>MM</sup>	QL(150 per 30 days)
rasagiline 0.5 mg tablet <sup>MM</sup>	
rasagiline 1 mg tablet <sup>MM</sup>	
READYLANCE SAFETY LANCETS 21 GAUGE <sup>MM</sup>	
READYLANCE SAFETY LANCETS 23 GAUGE <sup>MM</sup>	
READYLANCE SAFETY LANCETS 26 GAUGE <sup>MM</sup>	
READYLANCE SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
READYLANCE SAFETY LANCETS 30 GAUGE <sup>MM</sup>	
reclipsen (28) 0.15 mg-0.03 mg tablet <sup>ACA,MM</sup>	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
RECTIV 0.4 % (W/W) OINTMENT	QL(30 per 30 days)
REDITREX (PF) 10 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	ST,QL(1.2 per 28 days)
REFUAH PLUS GLUCOSE CONTROL SOLUTION <sup>MM</sup>	
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	QL(60 per 180 days)
RELIAMED LANCET 23 GAUGE <sup>MM</sup>	
RELIAMED LANCET 28 GAUGE <sup>MM</sup>	
RELIAMED LANCET 30 GAUGE <sup>MM</sup>	
RELIAMED MINI LANCING DEVICE	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE <sup>MM</sup>	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
RELIAMED TWIST AND CAP LANCET 28 GAUGE <sup>MM</sup>	
repaglinide 0.5 mg tablet <sup>MM</sup>	
repaglinide 1 mg tablet <sup>MM</sup>	
repaglinide 2 mg tablet <sup>MM</sup>	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <sup>MM</sup>	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	PA,QL(3 per 28 days)
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MM</sup>	QL(5.5 per 25 days)
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	PA,QL(14 per 30 days)
RETEVMO 40 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
REVLIMID 10 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
REVLIMID 15 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
REVLIMID 2.5 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
REVLIMID 20 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
REVLIMID 25 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
REVLIMID 5 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(28 per 28 days)
REYATAZ 50 MG ORAL POWDER PACKET <sup>MM,SP</sup>	
REZUROCK 200 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
ribavirin 200 mg capsule	QL(168 per 28 days)
ribavirin 200 mg tablet	QL(168 per 28 days)
ribavirin 6 gram solution for inhalation	QL(8 per 30 days)
RIDAURA 3 MG CAPSULE <sup>MM</sup>	
rifabutin 150 mg capsule	
rifampin 150 mg capsule	
rifampin 300 mg capsule	
RIGHTEST CONTROL SOLUTION HIGH <sup>MM</sup>	
RIGHTEST CONTROL SOLUTION NORMAL <sup>MM</sup>	
RIGHTEST GC250S CONTROL SOLUTION NORMAL <sup>MM</sup>	
RIGHTEST GC700 LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	
RIGHTEST GD500 LANCING DEVICE	
RIGHTEST GL300 LANCETS 30 GAUGE <sup>MM</sup>	
RIGHTEST GT333 LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	
riluzole 50 mg tablet <sup>MM</sup>	
rimantadine 100 mg tablet	
ringer's irrigation solution	
RINVOQ 15 MG TABLET,EXTENDED RELEASE <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
RINVOQ 30 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	PA,QL(56 per 365 days)
risedronate 150 mg tablet <sup>MM</sup>	QL(1 per 30 days)
risedronate 35 mg tablet,delayed release <sup>MM</sup>	QL(4 per 28 days)
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	QL(2 per 28 days)
risperidone 0.25 mg tablet <sup>MM</sup>	QL(60 per 30 days)
risperidone 0.5 mg tablet <sup>MM</sup>	QL(120 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
risperidone 1 mg tablet <sup>MM</sup>	QL(60 per 30 days)
risperidone 1 mg/ml oral solution <sup>MM</sup>	
risperidone 2 mg tablet <sup>MM</sup>	QL(60 per 30 days)
risperidone 3 mg tablet <sup>MM</sup>	QL(60 per 30 days)
risperidone 4 mg tablet <sup>MM</sup>	QL(60 per 30 days)
RITFLO AEROCHAMBER	
ritonavir 100 mg tablet <sup>MM</sup>	QL(360 per 30 days)
rivastigmine 1.5 mg capsule <sup>MM</sup>	QL(90 per 30 days)
rivastigmine 13.3 mg/24 hour transdermal patch <sup>MM</sup>	QL(30 per 30 days)
rivastigmine 3 mg capsule <sup>MM</sup>	QL(90 per 30 days)
rivastigmine 4.5 mg capsule <sup>MM</sup>	QL(60 per 30 days)
rivastigmine 4.6 mg/24 hour transdermal patch <sup>MM</sup>	QL(30 per 30 days)
rivastigmine 6 mg capsule <sup>MM</sup>	QL(60 per 30 days)
rivastigmine 9.5 mg/24 hour transdermal patch <sup>MM</sup>	QL(30 per 30 days)
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
rizatriptan 10 mg disintegrating tablet	QL(12 per 30 days)
rizatriptan 10 mg tablet	QL(12 per 30 days)
rizatriptan 5 mg disintegrating tablet	QL(12 per 30 days)
rizatriptan 5 mg tablet	QL(12 per 30 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS <sup>MM</sup>	ST,QL(2.5 per 25 days)
ropinirole 0.25 mg tablet <sup>MM</sup>	QL(180 per 30 days)
ropinirole 0.5 mg tablet <sup>MM</sup>	QL(90 per 30 days)
ropinirole 1 mg tablet <sup>MM</sup>	QL(90 per 30 days)
ropinirole 2 mg tablet <sup>MM</sup>	QL(90 per 30 days)
ropinirole 3 mg tablet <sup>MM</sup>	QL(180 per 30 days)
ropinirole 4 mg tablet <sup>MM</sup>	QL(180 per 30 days)
ropinirole 5 mg tablet <sup>MM</sup>	QL(120 per 30 days)
rosuvastatin 10 mg tablet <sup>MM</sup>	
rosuvastatin 20 mg tablet <sup>MM</sup>	
rosuvastatin 40 mg tablet <sup>MM</sup>	
rosuvastatin 5 mg tablet <sup>MM</sup>	
roweepra 1,000 mg tablet <sup>MM</sup>	
roweepra 500 mg tablet <sup>MM</sup>	
roweepra 750 mg tablet <sup>MM</sup>	
roweepra xr 500 mg tablet,extended release <sup>MM</sup>	
roweepra xr 750 mg tablet,extended release <sup>MM</sup>	
ROZLYTREK 100 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(90 per 30 days)
RUBRACA 200 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
RUBRACA 250 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
RUBRACA 300 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
rufinamide 200 mg tablet <sup>DL,MM,SP</sup>	PA,QL(480 per 30 days)
rufinamide 40 mg/ml oral suspension <sup>DL,MM</sup>	PA,QL(2760 per 30 days)
rufinamide 400 mg tablet <sup>DL,MM,SP</sup>	PA,QL(240 per 30 days)
RUKOBIA 600 MG TABLET,EXTENDED RELEASE <sup>MM,SP</sup>	QL(60 per 30 days)
RUZURGI 10 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
RYBELSUS 14 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
RYBELSUS 3 MG TABLET	QL(30 per 30 days)
RYBELSUS 7 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
RYDAPT 25 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(224 per 28 days)
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
SAFETY LANCETS 21 GAUGE <sup>MM</sup>	
SAFETY LANCETS 26 GAUGE <sup>MM</sup>	
SAFETY LANCETS 28 GAUGE <sup>MM</sup>	
SAFETY NEEDLES 18 GAUGE X 1 1/2"	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
SAFETY SEAL LANCETS 28 GAUGE <sup>MM</sup>	
SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	
SAFETY-LET LANCETS 30 GAUGE <sup>MM</sup>	
sajazir 30 mg/3 ml subcutaneous syringe <sup>DL,SP</sup>	PA,QL(9 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	PA,QL(4 per 30 days)
SANDIMMUNE 100 MG CAPSULE <sup>MM</sup>	QL(720 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <sup>MM</sup>	
SANDIMMUNE 25 MG CAPSULE <sup>MM</sup>	
sapropterin 100 mg oral powder packet <sup>DL,MM,SP</sup>	PA
sapropterin 100 mg soluble tablet <sup>DL,MM,SP</sup>	PA
sapropterin 500 mg oral powder packet <sup>DL,MM,SP</sup>	PA
SCEMBLIX 20 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
scopolamine 1 mg over 3 days transdermal patch	QL(10 per 30 days)
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
selegiline 5 mg capsule <sup>MM</sup>	
selegiline 5 mg tablet <sup>MM</sup>	
selenium sulfide 2.5 % lotion	
SELZENTRY 150 MG TABLET <sup>MM,SP</sup>	QL(240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <sup>MM,SP</sup>	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET <sup>MM,SP</sup>	QL(240 per 30 days)
SELZENTRY 300 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
SELZENTRY 75 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
sertraline 100 mg tablet <sup>MM</sup>	QL(60 per 30 days)
sertraline 20 mg/ml oral concentrate <sup>MM</sup>	QL(60 per 30 days)
sertraline 25 mg tablet <sup>MM</sup>	QL(90 per 30 days)
sertraline 50 mg tablet <sup>MM</sup>	QL(90 per 30 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>ACA,MM</sup>	QL(91 per 90 days)
sevelamer carbonate 0.8 gram oral powder packet <sup>DL,MM,SP</sup>	QL(540 per 30 days)
sevelamer carbonate 2.4 gram oral powder packet <sup>DL,MM,SP</sup>	QL(180 per 30 days)
sevelamer carbonate 800 mg tablet <sup>MM</sup>	QL(540 per 30 days)
sharobel 0.35 mg tablet <sup>ACA,MM</sup>	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT <sup>ACA</sup>	
sildenafil (pulmonary hypertension) 10 mg/ml oral suspension <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
sildenafil (pulmonary hypertension) 20 mg tablet <sup>MM</sup>	PA,QL(90 per 30 days)
SILICONE MASK - INFANT	
silver sulfadiazine 1 % topical cream	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
simpeppe 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	QL(91 per 90 days)
simvastatin 10 mg tablet <sup>ACA,MM</sup>	
simvastatin 20 mg tablet <sup>ACA,MM</sup>	
simvastatin 40 mg tablet <sup>ACA,MM</sup>	
simvastatin 5 mg tablet <sup>ACA,MM</sup>	
simvastatin 80 mg tablet <sup>ACA,MM</sup>	
SINGLE-LET MISC <sup>MM</sup>	
sirolimus 0.5 mg tablet <sup>MM</sup>	
sirolimus 1 mg tablet <sup>MM</sup>	QL(300 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
sirolimus 1 mg/ml oral solution <sup>MM</sup>	
sirolimus 2 mg tablet <sup>MM</sup>	QL(150 per 30 days)
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	
SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE <sup>ACA,DL,LD,MM,SP</sup>	
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT <sup>LD,MM,SP</sup>	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP</sup>	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR <sup>DL,MM,SP</sup>	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR <sup>DL,MM,SP</sup>	PA,QL(16.8 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	PA,QL(9.96 per 365 days)
SLYND 4 MG (28) TABLET <sup>MM</sup>	
SMART SENSE LANCETS 21 GAUGE <sup>MM</sup>	
SMART SENSE LANCETS 26 GAUGE <sup>MM</sup>	
SMART SENSE LANCETS 33 GAUGE <sup>MM</sup>	
SMARTDIABETES VANTAGE	
SMARTEST CONTROL SOLUTION <sup>MM</sup>	
SMARTEST LANCET <sup>MM</sup>	
sodium chloride 0.9 % for nebulization	
sodium chloride 0.9 % irrigation solution	
sodium chloride 10 % for nebulization	
sodium chloride 3 % for nebulization	
sodium chloride 7 % for nebulization	
sodium oxybate 500 mg/ml oral solution <sup>DL,MM,SP</sup>	PA,QL(540 per 30 days)
sodium phenylbutyrate 0.94 gram/gram oral powder <sup>DL,MM,SP</sup>	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp	
sodium polystyrene sulfonate oral powder	
SOFT TOUCH LANCETS <sup>MM</sup>	
solifenacin 10 mg tablet <sup>MM</sup>	QL(30 per 30 days)
solifenacin 5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
SOLQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	QL(15 per 24 days)
SOLUS V2 CONTROL SOLUTION, LOW <sup>MM</sup>	
SOLUS V2 CONTROL SOLUTION,HIGH <sup>MM</sup>	
SOLUS V2 LANCETS 28 GAUGE <sup>MM</sup>	
SOLUS V2 LANCETS 30 GAUGE <sup>MM</sup>	
SOLUS V2 LANCING DEVICE KIT <sup>MM</sup>	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>DL,LD,MM,SP</sup>	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
SOMAVERT 25 MG SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
SOMAVERT 30 MG SUBCUTANEOUS SOLUTION <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
sorafenib 200 mg tablet <sup>DL,SP</sup>	PA,QL(120 per 30 days)
sorine 120 mg tablet <sup>MM</sup>	
sorine 160 mg tablet <sup>MM</sup>	
sorine 240 mg tablet <sup>MM</sup>	
sorine 80 mg tablet <sup>MM</sup>	
sotalol 120 mg tablet <sup>MM</sup>	
sotalol 160 mg tablet <sup>MM</sup>	
sotalol 240 mg tablet <sup>MM</sup>	
sotalol 80 mg tablet <sup>MM</sup>	
sotalol af 120 mg tablet <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol af 160 mg tablet <sup>MM</sup>	
sotalol af 80 mg tablet <sup>MM</sup>	
SPACE CHAMBER	
SPACE CHAMBER PLUS	
SPACE CHAMBER WITH LARGE MASK	
SPACE CHAMBER WITH MEDIUM MASK	
SPACE CHAMBER WITH SMALL MASK	
SPEEDYSWAB COVID-19 HOME TEST KIT	
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	QL(4 per 28 days)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <sup>MM</sup>	QL(30 per 30 days)
spironolactone 100 mg tablet <sup>MM</sup>	
spironolactone 25 mg tablet <sup>MM</sup>	
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
spironolactone 50 mg tablet <sup>MM</sup>	
SPRAVATO 28 MG NASAL SPRAY <sup>DL,MM,SP</sup>	PA
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY <sup>DL,LD,MM,SP</sup>	PA,QL(16 per 28 days)
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY <sup>DL,LD,MM,SP</sup>	PA,QL(24 per 28 days)
sprintec (28) 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
SPRYCEL 100 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
SPRYCEL 50 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
SPRYCEL 70 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
SPRYCEL 80 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
sronyx 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
sski 1 gram/ml oral solution	
stavudine 15 mg capsule <sup>MM</sup>	QL(120 per 30 days)
stavudine 20 mg capsule <sup>MM</sup>	QL(120 per 30 days)
stavudine 30 mg capsule <sup>MM</sup>	QL(60 per 30 days)
stavudine 40 mg capsule <sup>MM</sup>	QL(60 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION <sup>MM,SP</sup>	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	PA,QL(3 per 84 days)
STERILANCE TL 30 GAUGE <sup>MM</sup>	
STERILANCE TL 32 GAUGE <sup>MM</sup>	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	QL(4 per 28 days)
STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(10.8 per 28 days)
STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(16.8 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(24 per 28 days)
STRENSIQ 80 MG/0.8 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(38.4 per 28 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	QL(4 per 30 days)
strong iodine 5 % oral solution	
subvenite 100 mg tablet <sup>MM</sup>	
subvenite 150 mg tablet <sup>MM</sup>	
subvenite 200 mg tablet <sup>MM</sup>	
subvenite 25 mg tablet <sup>MM</sup>	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	PA
sucrafate 1 gram tablet <sup>MM</sup>	
sulfacetamide sodium (acne) 10 % lotion (suspension)	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
sulfacetamide sodium 10 % eye drops	
sulfacetamide sodium 10 % eye ointment	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	
sulfadiazine 500 mg tablet	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	
SULFAMYLON 85 MG/G TOPICAL CREAM	
sulfasalazine 500 mg tablet <sup>MM</sup>	QL(240 per 30 days)
sulfasalazine 500 mg tablet,delayed release <sup>MM</sup>	QL(240 per 30 days)
sulindac 150 mg tablet	
sulindac 200 mg tablet	
sumatriptan 100 mg tablet	QL(9 per 30 days)
sumatriptan 20 mg/actuation nasal spray	QL(12 per 30 days)
sumatriptan 25 mg tablet	QL(9 per 30 days)
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)	QL(6 per 30 days)
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	QL(6 per 30 days)
sumatriptan 5 mg/actuation nasal spray	QL(12 per 30 days)
sumatriptan 50 mg tablet	QL(9 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous solution	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous syringe	QL(3 per 30 days)
sunitinib 12.5 mg capsule <sup>DL,SP</sup>	PA,QL(28 per 28 days)
sunitinib 25 mg capsule <sup>DL,SP</sup>	PA,QL(28 per 28 days)
sunitinib 37.5 mg capsule <sup>DL,SP</sup>	PA,QL(28 per 28 days)
sunitinib 50 mg capsule <sup>DL,SP</sup>	PA,QL(28 per 28 days)
SUNLENCA 300 MG TABLET <sup>DL,SP</sup>	PA,QL(10 per 365 days)
SUNLENCA 309 MG/ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(9 per 365 days)
SUPER THIN LANCETS <sup>MM</sup>	
SUPER THIN LANCETS 28 GAUGE <sup>MM</sup>	
SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	
SUPRAX 100 MG CHEWABLE TABLET	
SUPRAX 200 MG CHEWABLE TABLET	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
SURE COMFORT LANCETS 18 GAUGE <sup>MM</sup>	
SURE COMFORT LANCETS 21 GAUGE <sup>MM</sup>	
SURE COMFORT LANCETS 23 GAUGE <sup>MM</sup>	
SURE COMFORT LANCETS 28 GAUGE <sup>MM</sup>	
SURE COMFORT LANCETS 30 GAUGE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT LANCING PEN	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"MM	
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"MM	
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"MM	
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"MM	
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"MM	
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"MM	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"MM	
SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"MM	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"MM	
SURE-FINE PEN NEEDLES 31 GAUGE X 3/16"MM	
SURE-FINE PEN NEEDLES 31 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	
SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	
SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	
SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	
SURE-LANCE <sup>MM</sup>	
SURE-LANCE 26 GAUGE <sup>MM</sup>	
SURE-LANCE 28 GAUGE <sup>MM</sup>	
SURE-LANCE ULTRA THIN 30 GAUGE <sup>MM</sup>	
SURE-PEN LANCING DEVICE	
SURE-TOUCH LANCET <sup>MM</sup>	
SUREFLEX LANCING DEVICE	
SUREFLEX LANCING DEVICE WITH LANCETS KIT <sup>MM</sup>	
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	
SURGUARD2 SAFETY 25 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	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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"	
syeda 3 mg-0.03 mg tablet <sup>MM</sup>	
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS)	QL(4 per 30 days)
SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE	QL(4 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	QL(10.5 per 28 days)
SYMTOZA 800 MG-150 MG-200 MG-10 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <sup>DL,SP</sup>	PA,QL(32 per 25 days)
SYNJARDY 12.5 MG-1,000 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
SYNJARDY 12.5 MG-500 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
SYNJARDY 5 MG-1,000 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
SYNJARDY 5 MG-500 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
SYNTHROID 100 MCG TABLET <sup>MM</sup>	
SYNTHROID 112 MCG TABLET <sup>MM</sup>	
SYNTHROID 125 MCG TABLET <sup>MM</sup>	
SYNTHROID 137 MCG TABLET <sup>MM</sup>	
SYNTHROID 150 MCG TABLET <sup>MM</sup>	
SYNTHROID 175 MCG TABLET <sup>MM</sup>	
SYNTHROID 200 MCG TABLET <sup>MM</sup>	
SYNTHROID 25 MCG TABLET <sup>MM</sup>	
SYNTHROID 300 MCG TABLET <sup>MM</sup>	
SYNTHROID 50 MCG TABLET <sup>MM</sup>	
SYNTHROID 75 MCG TABLET <sup>MM</sup>	
SYNTHROID 88 MCG TABLET <sup>MM</sup>	
TABLOID 40 MG TABLET	QL(360 per 30 days)
TABRECTA 150 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(112 per 28 days)
TABRECTA 200 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(112 per 28 days)
tacrolimus 0.03 % topical ointment	
tacrolimus 0.1 % topical ointment	
tacrolimus 0.5 mg capsule, immediate-release <sup>MM</sup>	
tacrolimus 1 mg capsule, immediate-release <sup>MM</sup>	
tacrolimus 5 mg capsule, immediate-release <sup>MM</sup>	QL(180 per 30 days)
tadalafil 20 mg tablet (pulmonary hypertension) <sup>MM</sup>	PA,QL(60 per 30 days)
tamoxifen 10 mg tablet <sup>ACA,MM</sup>	
tamoxifen 20 mg tablet <sup>ACA,MM</sup>	
tamsulosin 0.4 mg capsule <sup>MM</sup>	QL(60 per 30 days)
TARGRETIN 1 % TOPICAL GEL <sup>DL,SP</sup>	PA,QL(240 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>ACA,MM</sup>	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule <sup>MM</sup>	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <sup>MM</sup>	
taztia xt 120 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
taztia xt 180 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
taztia xt 240 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
taztia xt 300 mg capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
taztia xt 360 mg capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
TD GOLD LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	
TD GOLD LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	
TD GOLD LEVEL 3 CONTROL SOLUTION <sup>MM</sup>	
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE LANCETS 25 GAUGE <sup>MM</sup>	
TECHLITE LANCETS 28 GAUGE <sup>MM</sup>	
TECHLITE LANCETS 30 GAUGE <sup>MM</sup>	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" <sup>MM</sup>	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
TELCARE CONTROL SOLUTION <sup>MM</sup>	
TELCARE LANCETS 30 GAUGE <sup>MM</sup>	
telmisartan 20 mg tablet <sup>MM</sup>	QL(30 per 30 days)
telmisartan 40 mg tablet <sup>MM</sup>	QL(30 per 30 days)
telmisartan 40 mg-amlodipine 10 mg tablet <sup>MM</sup>	ST,QL(30 per 30 days)
telmisartan 40 mg-amlodipine 5 mg tablet <sup>MM</sup>	ST,QL(30 per 30 days)
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	ST,QL(30 per 30 days)
telmisartan 80 mg tablet <sup>MM</sup>	QL(60 per 30 days)
telmisartan 80 mg-amlodipine 10 mg tablet <sup>MM</sup>	ST,QL(30 per 30 days)
telmisartan 80 mg-amlodipine 5 mg tablet <sup>MM</sup>	ST,QL(30 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	ST,QL(60 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	ST,QL(30 per 30 days)
temazepam 15 mg capsule <sup>DL</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
temazepam 30 mg capsule <sup>DL</sup>	QL(30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
temozolomide 100 mg capsule <sup>DL,SP</sup>	PA,QL(60 per 30 days)
temozolomide 140 mg capsule <sup>DL,SP</sup>	PA,QL(60 per 30 days)
temozolomide 180 mg capsule <sup>DL,SP</sup>	PA,QL(60 per 30 days)
temozolomide 20 mg capsule <sup>DL,SP</sup>	PA,QL(270 per 30 days)
temozolomide 250 mg capsule <sup>DL,SP</sup>	PA,QL(10 per 30 days)
temozolomide 5 mg capsule <sup>DL,SP</sup>	PA,QL(90 per 30 days)
tencon 50 mg-325 mg tablet	QL(180 per 30 days)
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
tenofovir disoproxil fumarate 300 mg tablet <sup>MM</sup>	QL(30 per 30 days)
terazosin 1 mg capsule <sup>MM</sup>	
terazosin 10 mg capsule <sup>MM</sup>	
terazosin 2 mg capsule <sup>MM</sup>	
terazosin 5 mg capsule <sup>MM</sup>	
terbinafine hcl 250 mg tablet	QL(90 per 365 days)
terconazole 0.4 % vaginal cream	
terconazole 0.8 % vaginal cream	
terconazole 80 mg vaginal suppository	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" <sup>MM</sup>	
testosterone 1.62 % (20.25 mg/1.25 gram) transdermal gel packet <sup>MM</sup>	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) transdermal gel packet <sup>MM</sup>	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) transdermal gel pump <sup>MM</sup>	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml intramuscular oil <sup>MM</sup>	QL(24 per 90 days)
testosterone cypionate 200 mg/ml intramuscular oil <sup>MM</sup>	QL(24 per 90 days)
testosterone enanthate 200 mg/ml intramuscular oil	QL(24 per 90 days)
tetrabenazine 12.5 mg tablet <sup>DL,MM,SP</sup>	PA,QL(240 per 30 days)
tetrabenazine 25 mg tablet <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
theophylline 80 mg/15 ml oral elixir <sup>MM</sup>	
theophylline 80 mg/15 ml oral solution <sup>MM</sup>	
theophylline er 300 mg tablet,extended release,12 hr <sup>MM</sup>	
theophylline er 400 mg tablet,extended release 24 hr <sup>MM</sup>	
theophylline er 450 mg tablet,extended release,12 hr <sup>MM</sup>	
theophylline er 600 mg tablet,extended release 24 hr <sup>MM</sup>	
THIN LANCETS 26 GAUGE <sup>MM</sup>	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
thioridazine 10 mg tablet <sup>MM</sup>	
thioridazine 100 mg tablet <sup>MM</sup>	
thioridazine 25 mg tablet <sup>MM</sup>	
thioridazine 50 mg tablet <sup>MM</sup>	
thiothixene 1 mg capsule <sup>MM</sup>	
thiothixene 10 mg capsule <sup>MM</sup>	
thiothixene 2 mg capsule <sup>MM</sup>	
thiothixene 5 mg capsule <sup>MM</sup>	
THRESHOLD IMT TRAINER DEVICE	
THRESHOLD PEP DEVICE	
THYQUIDITY 20 MCG/ML ORAL SOLUTION <sup>MM</sup>	
tiadylt er 120 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
tiadylt er 180 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
tiadylt er 240 mg capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
tiadylt er 300 mg capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
tiadylt er 360 mg capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
tiadylt er 420 mg capsule,extended release <sup>MM</sup>	QL(30 per 30 days)
tiagabine 12 mg tablet <sup>DL,MM,SP</sup>	QL(140 per 30 days)
tiagabine 16 mg tablet <sup>DL,MM,SP</sup>	QL(105 per 30 days)
tiagabine 2 mg tablet <sup>DL,MM,SP</sup>	QL(840 per 30 days)
tiagabine 4 mg tablet <sup>DL,MM,SP</sup>	QL(120 per 30 days)
TIBSOVO 250 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
timolol maleate 0.25 % eye drops <sup>MM</sup>	QL(25 per 90 days)
timolol maleate 0.25 % eye gel forming solution <sup>MM</sup>	
timolol maleate 0.5 % eye drops <sup>MM</sup>	QL(25 per 90 days)
timolol maleate 0.5 % eye gel forming solution <sup>MM</sup>	QL(5 per 50 days)
tinidazole 250 mg tablet	
tinidazole 500 mg tablet	
tiopronin 100 mg tablet <sup>DL,MM,SP</sup>	PA
TIVICAY 10 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
TIVICAY 25 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
TIVICAY 50 MG TABLET <sup>MM,SP</sup>	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP</sup>	QL(180 per 30 days)
tizanidine 2 mg tablet <sup>MM</sup>	
tizanidine 4 mg tablet <sup>MM</sup>	
tobramycin 0.3 % eye drops	
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	
tobramycin 300 mg/4 ml solution for nebulization <sup>DL,MM,SP</sup>	PA,QL(224 per 28 days)
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization <sup>DL,MM,SP</sup>	PA,QL(280 per 28 days)
tobramycin with nebulizer 300 mg/5 ml solution for nebulization <sup>DL,MM,SP</sup>	PA,QL(280 per 28 days)
tolterodine 1 mg tablet <sup>MM</sup>	QL(60 per 30 days)
tolterodine 2 mg tablet <sup>MM</sup>	QL(60 per 30 days)
tolterodine er 2 mg capsule,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
tolterodine er 4 mg capsule,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TOPCARE UNIVERSAL 1 LANCET <sup>MM</sup>	
TOPCARE UNIVERSAL 1 LANCET 33 GAUGE <sup>MM</sup>	
topiramate 100 mg tablet <sup>MM</sup>	QL(120 per 30 days)
topiramate 15 mg sprinkle capsule <sup>MM</sup>	QL(120 per 30 days)
topiramate 200 mg tablet <sup>MM</sup>	QL(120 per 30 days)
topiramate 25 mg sprinkle capsule <sup>MM</sup>	QL(180 per 30 days)
topiramate 25 mg tablet <sup>MM</sup>	QL(90 per 30 days)
topiramate 50 mg tablet <sup>MM</sup>	QL(120 per 30 days)
toremifene 60 mg tablet <sup>DL,MM,SP</sup>	QL(30 per 30 days)
torsemide 10 mg tablet <sup>MM</sup>	
torsemide 100 mg tablet <sup>MM</sup>	
torsemide 20 mg tablet <sup>MM</sup>	
torsemide 5 mg tablet <sup>MM</sup>	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <sup>MM</sup>	
tramadol 100 mg tablet <sup>DL</sup>	QL(120 per 30 days)
tramadol 37.5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	QL(240 per 30 days)
tramadol 50 mg tablet <sup>DL</sup>	QL(240 per 30 days)
tramadol er 100 mg tablet,extended release 24 hr <sup>DL</sup>	QL(30 per 30 days)
tramadol er 100 mg tablet,extended release 24hr mphase <sup>DL</sup>	QL(30 per 30 days)
tramadol er 200 mg tablet,extended release 24 hr <sup>DL</sup>	QL(30 per 30 days)
tramadol er 200 mg tablet,extended release 24hr mphase <sup>DL</sup>	QL(30 per 30 days)
tramadol er 300 mg tablet,extended release 24 hr <sup>DL</sup>	QL(30 per 30 days)
tramadol er 300 mg tablet,extended release 24hr mphase <sup>DL</sup>	QL(30 per 30 days)
trandolapril 1 mg tablet <sup>MM</sup>	
trandolapril 2 mg tablet <sup>MM</sup>	
trandolapril 4 mg tablet <sup>MM</sup>	
tranexamic acid 650 mg tablet <sup>MM</sup>	QL(30 per 5 days)
tranylcypromine 10 mg tablet <sup>MM</sup>	QL(270 per 30 days)
travoprost 0.004 % eye drops <sup>MM</sup>	QL(2.5 per 25 days)
trazodone 100 mg tablet <sup>MM</sup>	
trazodone 150 mg tablet <sup>MM</sup>	
trazodone 300 mg tablet <sup>MM</sup>	
trazodone 50 mg tablet <sup>MM</sup>	
TRECTOR 250 MG TABLET	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <sup>MM</sup>	QL(60 per 30 days)
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM,SP</sup>	PA,QL(2 per 56 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	PA,QL(2 per 56 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	
tretinoin (antineoplastic) 10 mg capsule <sup>DL,SP</sup>	PA,QL(360 per 30 days)
tretinoin 0.01 % topical gel	PA
tretinoin 0.025 % topical cream	PA
tretinoin 0.025 % topical gel	PA
tretinoin 0.05 % topical cream	PA
tretinoin 0.05 % topical gel	PA
tretinoin 0.1 % topical cream	PA
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>ACA,MM</sup>	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>ACA,MM</sup>	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>ACA,MM</sup>	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet <sup>ACA,MM</sup>	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>ACA,MM</sup>	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet <sup>ACA,MM</sup>	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>ACA,MM</sup>	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet <sup>ACA,MM</sup>	
triamcinolone acetonide 0.025 % lotion	
triamcinolone acetonide 0.025 % topical cream	
triamcinolone acetonide 0.025 % topical ointment	
triamcinolone acetonide 0.1 % dental paste	
triamcinolone acetonide 0.1 % lotion	
triamcinolone acetonide 0.1 % topical cream	
triamcinolone acetonide 0.1 % topical ointment	
triamcinolone acetonide 0.5 % topical cream	
triamcinolone acetonide 0.5 % topical ointment	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule <sup>MM</sup>	
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	
triamterene 75 mg-hydrochlorothiazide 50 mg tablet <sup>MM</sup>	
tricon 110 mg-0.5 mg capsule	
trientine 250 mg capsule <sup>DL,SP</sup>	PA
trifluoperazine 1 mg tablet <sup>MM</sup>	
trifluoperazine 10 mg tablet <sup>MM</sup>	
trifluoperazine 2 mg tablet <sup>MM</sup>	
trifluoperazine 5 mg tablet <sup>MM</sup>	
trifluridine 1 % eye drops	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	
trihexyphenidyl 0.4 mg/ml oral elixir <sup>MM</sup>	
trihexyphenidyl 2 mg tablet <sup>MM</sup>	
trihexyphenidyl 5 mg tablet <sup>MM</sup>	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS <sup>DL,MM,SP</sup>	PA,QL(84 per 28 days)
TRIKAFTA 50-25-37.5 MG (D)/75 MG (N) TABLETS <sup>DL,MM,SP</sup>	PA,QL(84 per 28 days)
trilyte with flavor packets 420 gram oral solution <sup>ACA</sup>	
trimethobenzamide 300 mg capsule	
trimethoprim 100 mg tablet	
TRINTELLIX 10 MG TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
TRINTELLIX 20 MG TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
TRINTELLIX 5 MG TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
TRIUMEQ 600 MG-50 MG-300 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP</sup>	QL(180 per 30 days)
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>ACA,MM</sup>	
TRIZIVIR 300 MG-150 MG-300 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
TROPHAMINE 10 % INTRAVENOUS SOLUTION	
tropicamide 0.5 % eye drops	
tropicamide 1 % eye drops	
trosopium 20 mg tablet <sup>MM</sup>	QL(60 per 30 days)
trosopium er 60 mg capsule,extended release 24 hr <sup>MM</sup>	QL(30 per 30 days)
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT LANCET 30 GAUGE <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16 <sup>MM</sup>	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32 <sup>MM</sup>	
TRUE COMFORT PRO ALCOHOL PADS	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT PRO INS SYRINGE 1/2 ML 32 GAUGE X 5/16 <sup>MM</sup>	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4 <sup>MM</sup>	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16 <sup>MM</sup>	
TRUE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32 <sup>MM</sup>	
TRUE METRIX AIR GLUCOSE METER <sup>MM</sup>	
TRUE METRIX AIR GLUCOSE METER KIT <sup>MM</sup>	
TRUE METRIX GLUCOSE METER <sup>MM</sup>	
TRUE METRIX GLUCOSE METER KIT <sup>MM</sup>	
TRUE METRIX GLUCOSE TEST STRIP <sup>MM</sup>	QL(150 per 30 days)
TRUE METRIX GO GLUCOSE METER <sup>MM</sup>	
TRUE METRIX LEVEL 1 SOLUTION <sup>MM</sup>	
TRUE METRIX LEVEL 2 SOLUTION <sup>MM</sup>	
TRUE METRIX LEVEL 3 SOLUTION <sup>MM</sup>	
TRUE METRIX PRO TEST STRIP <sup>MM</sup>	QL(150 per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	
TRUECONTROL LEVEL 0 SOLUTION <sup>MM</sup>	
TRUECONTROL LEVEL 1 SOLUTION <sup>MM</sup>	
TRUEDRAW LANCING DEVICE	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
TRUEPLUS LANCETS 28 GAUGE <sup>MM</sup>	
TRUEPLUS LANCETS 30 GAUGE <sup>MM</sup>	
TRUEPLUS LANCETS 33 GAUGE <sup>MM</sup>	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2 <sup>MM</sup>	
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4 <sup>MM</sup>	
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16 <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	
TRUETEST TEST STRIPS <sup>MM</sup>	QL(150 per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	
TRUETRACK SMART SYSTEM KIT <sup>MM</sup>	
TRUETRACK TEST STRIPS <sup>MM</sup>	QL(150 per 30 days)
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(2 per 28 days)
TRUZONE PEAK FLOW METER	
TUKYSA 150 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
tulana 0.35 mg tablet <sup>ACA,MM</sup>	
TURALIO 125 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
TURALIO 200 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
TWIST LANCETS 30 GAUGE <sup>MM</sup>	
TWIST LANCETS 32 GAUGE <sup>MM</sup>	
TYBOST 150 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet <sup>MM</sup>	
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	PA,QL(1.56 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	PA,QL(89.9 per 28 days)
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <sup>DL,SP</sup>	PA,QL(89.9 per 28 days)
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	PA,QL(89.9 per 28 days)
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <sup>DL,SP</sup>	PA,QL(89.9 per 28 days)
UBRELVY 100 MG TABLET	PA,QL(16 per 30 days)
UBRELVY 50 MG TABLET	PA,QL(16 per 30 days)
ULTI-LANCE KIT <sup>MM</sup>	
ULTI-LANCE MISC	
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
ULTICARE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
ULTICARE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2" <sup>MM</sup>	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16" <sup>MM</sup>	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2" <sup>MM</sup>	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16" <sup>MM</sup>	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2"MM	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16"MM	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2"MM	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4"MM	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16"MM	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16"MM	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4"MM	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32"MM	
ULTILET BASIC LANCETS 30 GAUGE <sup>MM</sup>	
ULTILET CLASSIC LANCETS <sup>MM</sup>	
ULTILET CLASSIC LANCETS 28 GAUGE <sup>MM</sup>	
ULTILET CLASSIC LANCETS 30 GAUGE <sup>MM</sup>	
ULTILET CLASSIC LANCETS 33 GAUGE <sup>MM</sup>	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE <sup>MM</sup>	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	
ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	
ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	
ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	
ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
ULTILET INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	
ULTILET LANCETS 28 GAUGE <sup>MM</sup>	
ULTILET LANCETS 30 GAUGE <sup>MM</sup>	
ULTILET LANCETS 33 GAUGE <sup>MM</sup>	
ULTILET PEN NEEDLE 29 GAUGE <sup>MM</sup>	
ULTILET PEN NEEDLE 32 GAUGE X 5/32"MM	
ULTILET SAFETY LANCETS 23 GAUGE <sup>MM</sup>	
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"MM	
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 <sup>MM</sup>	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE <sup>MM</sup>	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE <sup>MM</sup>	
ULTRA FINE LANCETS 30 GAUGE <sup>MM</sup>	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"MM	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"MM	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	
ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2"MM	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"MM	
ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16"MM	
ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32"MM	
ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32"MM	
ULTRA THIN II LANCETS 30 GAUGE <sup>MM</sup>	
ULTRA THIN LANCETS <sup>MM</sup>	
ULTRA THIN LANCETS 28 GAUGE <sup>MM</sup>	
ULTRA THIN LANCETS 30 GAUGE <sup>MM</sup>	
ULTRA THIN LANCETS 31 GAUGE <sup>MM</sup>	
ULTRA THIN LANCETS 33 GAUGE <sup>MM</sup>	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32"MM	
ULTRA THIN PLUS LANCETS 33 GAUGE <sup>MM</sup>	
ULTRA TLC LANCETS <sup>MM</sup>	
ULTRA-CARE LANCETS 30 GAUGE <sup>MM</sup>	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2"MM	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	
ULTRA-THIN II LANCETS 28 GAUGE <sup>MM</sup>	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	
ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"MM	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	
ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4"MM	
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16"MM	
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16"MM	
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4"MM	
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16"MM	
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32"MM	
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32"MM	
ULTRALANCE LANCETS 26 GAUGE <sup>MM</sup>	
ULTRALANCE LANCETS 28 GAUGE <sup>MM</sup>	
ULTRATRAK HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	
ULTRATRAK NORMAL CONTROL SOLUTION <sup>MM</sup>	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32"MM	
UNIFINE PENTIPS 29 GAUGE NEEDLE <sup>MM</sup>	

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

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UNIVERSAL 1 LANCETS 26 GAUGE <sup>MM</sup>	
UNIVERSAL 1 LANCETS 30 GAUGE <sup>MM</sup>	
UNIVERSAL 1 LANCETS 33 GAUGE <sup>MM</sup>	
ursodiol 250 mg tablet <sup>MM</sup>	
ursodiol 300 mg capsule <sup>MM</sup>	
ursodiol 500 mg tablet <sup>MM</sup>	
valacyclovir 1 gram tablet <sup>MM</sup>	QL(90 per 30 days)
valacyclovir 500 mg tablet <sup>MM</sup>	QL(90 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL <sup>DL,MM,SP</sup>	PA,QL(60 per 28 days)
valganciclovir 450 mg tablet <sup>DL,MM,SP</sup>	QL(120 per 30 days)
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution <sup>MM</sup>	
valproic acid (as sodium salt) 250 mg/5 ml oral solution <sup>MM</sup>	
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution <sup>MM</sup>	
valproic acid 250 mg capsule <sup>MM</sup>	
valsartan 160 mg tablet <sup>MM</sup>	QL(60 per 30 days)
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
valsartan 160 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	QL(30 per 30 days)
valsartan 320 mg tablet <sup>MM</sup>	QL(60 per 30 days)
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
valsartan 320 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	QL(30 per 30 days)
valsartan 40 mg tablet <sup>MM</sup>	QL(60 per 30 days)
valsartan 80 mg tablet <sup>MM</sup>	QL(60 per 30 days)
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	QL(30 per 30 days)
vanadom 350 mg tablet	QL(120 per 30 days)
vancomycin 125 mg capsule	PA,QL(120 per 30 days)
vancomycin 250 mg capsule	PA,QL(240 per 30 days)
vancomycin 50 mg/ml oral solution	PA
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" <sup>MM</sup>	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack <sup>ACA</sup>	QL(53 per 28 days)
varenicline 0.5 mg tablet <sup>ACA</sup>	QL(56 per 28 days)
varenicline 1 mg tablet <sup>ACA</sup>	QL(56 per 28 days)
VASCEPA 0.5 GRAM CAPSULE <sup>MM</sup>	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE <sup>MM</sup>	QL(120 per 30 days)
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <sup>ACA</sup>	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE <sup>ACA</sup>	
vecamyl 2.5 mg tablet	QL(300 per 30 days)
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>ACA,MM</sup>	
VENCLEXTA 10 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <sup>DL,SP</sup>	PA,QL(42 per 28 days)
venlafaxine 100 mg tablet <sup>MM</sup>	
venlafaxine 25 mg tablet <sup>MM</sup>	
venlafaxine 37.5 mg tablet <sup>MM</sup>	
venlafaxine 50 mg tablet <sup>MM</sup>	
venlafaxine 75 mg tablet <sup>MM</sup>	
venlafaxine er 150 mg capsule,extended release 24 hr <sup>MM</sup>	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine er 37.5 mg capsule,extended release 24 hr <sup>MM</sup>	QL(90 per 30 days)
venlafaxine er 75 mg capsule,extended release 24 hr <sup>MM</sup>	QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	QL(36 per 30 days)
verapamil 120 mg tablet <sup>MM</sup>	QL(120 per 30 days)
verapamil 40 mg tablet <sup>MM</sup>	QL(120 per 30 days)
verapamil 80 mg tablet <sup>MM</sup>	QL(120 per 30 days)
verapamil er (pm) 100 mg capsule 24hr pellet ct,ext.release <sup>MM</sup>	QL(30 per 30 days)
verapamil er (pm) 200 mg capsule 24hr pellet ct,ext.release <sup>MM</sup>	QL(60 per 30 days)
verapamil er (pm) 300 mg capsule 24hr pellet ct,ext.release <sup>MM</sup>	QL(30 per 30 days)
verapamil er (sr) 120 mg tablet,extended release <sup>MM</sup>	QL(30 per 30 days)
verapamil er (sr) 180 mg tablet,extended release <sup>MM</sup>	QL(30 per 30 days)
verapamil er (sr) 240 mg tablet,extended release <sup>MM</sup>	QL(60 per 30 days)
verapamil er 120 mg 24 hr capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
verapamil er 180 mg 24 hr capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
verapamil er 240 mg 24 hr capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
verapamil er 360 mg 24 hr capsule,extended release <sup>MM</sup>	QL(60 per 30 days)
VERIFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	
VERIFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	
VERIFINE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	
VERIFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	
VERQUVO 10 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
VERQUVO 2.5 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
VERQUVO 5 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
VERZENIO 100 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
VERZENIO 150 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
VERZENIO 200 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
VERZENIO 50 MG TABLET <sup>DL,LD,MM,SP</sup>	PA,QL(60 per 30 days)
vestura (28) 3 mg-0.02 mg tablet <sup>MM</sup>	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	QL(9 per 30 days)
vienva 0.1 mg-20 mcg tablet <sup>ACA,MM</sup>	
vigabatrin 500 mg oral powder packet <sup>DL,LD,MM,SP</sup>	PA,QL(180 per 30 days)
vigabatrin 500 mg tablet <sup>DL,LD,MM,SP</sup>	PA,QL(180 per 30 days)
vigadrone 500 mg oral powder packet <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
VIRACEPT 250 MG TABLET <sup>MM,SP</sup>	QL(300 per 30 days)
VIRACEPT 625 MG TABLET <sup>MM,SP</sup>	QL(120 per 30 days)
VIREAD 150 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
VIREAD 200 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
VIREAD 250 MG TABLET <sup>MM,SP</sup>	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <sup>MM,SP</sup>	QL(240 per 30 days)
virt-phos neutral 250 mg tablet	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <sup>DL,SP</sup>	QL(20 per 365 days)
vitamin d2 1,250 mcg (50,000 unit) capsule <sup>MM</sup>	
VITRAKVI 100 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(180 per 30 days)
VIVAGUARD INO CONTROL SOLUTION-L1,L2,L3 <sup>MM</sup>	
VIVAGUARD INO CONTROL SOLUTION-L1,L3 <sup>MM</sup>	
VIVAGUARD INO CONTROL SOLUTION-L2 <sup>MM</sup>	
VIVAGUARD LANCET 30 GAUGE <sup>MM</sup>	
VIVAGUARD LANCING DEVICE	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>MM,SP</sup>	QL(1 per 28 days)
VOCABRIA 30 MG TABLET <sup>DL,SP</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	
voriconazole 200 mg tablet <sup>DL,SP</sup>	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) oral suspension <sup>DL,SP</sup>	PA,QL(400 per 30 days)
voriconazole 50 mg tablet <sup>DL,SP</sup>	PA,QL(120 per 30 days)
VORTEX HOLDING CHAMBER	
VORTEX VHC FROG MASK-CHILD	
VORTEX VHC LADYBUG MASK-TODDLER	
VUMERITY 231 MG CAPSULE,DELAYED RELEASE <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet <sup>ACA,MM</sup>	
vylibra 0.25 mg-35 mcg tablet <sup>ACA,MM</sup>	
VYNDAMAX 61 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
VYVANSE 10 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 10 MG CHEWABLE TABLET <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 20 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 20 MG CHEWABLE TABLET <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 30 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 30 MG CHEWABLE TABLET <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 40 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 40 MG CHEWABLE TABLET <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 50 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 50 MG CHEWABLE TABLET <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 60 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 60 MG CHEWABLE TABLET <sup>MM</sup>	QL(30 per 30 days)
VYVANSE 70 MG CAPSULE <sup>MM</sup>	QL(30 per 30 days)
WAKIX 17.8 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
WAKIX 4.45 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
warfarin 1 mg tablet <sup>MM</sup>	
warfarin 10 mg tablet <sup>MM</sup>	
warfarin 2 mg tablet <sup>MM</sup>	
warfarin 2.5 mg tablet <sup>MM</sup>	
warfarin 3 mg tablet <sup>MM</sup>	
warfarin 4 mg tablet <sup>MM</sup>	
warfarin 5 mg tablet <sup>MM</sup>	
warfarin 6 mg tablet <sup>MM</sup>	
warfarin 7.5 mg tablet <sup>MM</sup>	
WAVESENSE CONTROL SOLUTION <sup>MM</sup>	
wera (28) 0.5 mg-35 mcg tablet <sup>ACA,MM</sup>	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL <sup>ACA</sup>	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL <sup>ACA</sup>	
wixela inhub 100 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	QL(60 per 30 days)
wixela inhub 250 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	QL(60 per 30 days)
wixela inhub 500 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	QL(60 per 30 days)
XARELTO 1 MG/ML ORAL SUSPENSION <sup>DL,MM</sup>	QL(600 per 30 days)
XARELTO 10 MG TABLET <sup>MM</sup>	QL(30 per 30 days)
XARELTO 15 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
XARELTO 2.5 MG TABLET <sup>MM</sup>	QL(60 per 30 days)
XARELTO 20 MG TABLET <sup>MM</sup>	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	QL(51 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(60 per 30 days)
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	QL(30 per 30 days)
XOFLUZA 20 MG TABLET	QL(10 per 365 days)
XOFLUZA 40 MG TABLET	QL(10 per 365 days)
XOFLUZA 80 MG TABLET	QL(5 per 365 days)
XOSPATA 40 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET <sup>DL,MM,SP</sup>	PA,QL(20 per 28 days)
XPOVIO 100 MG/WEEK (50 MG X 2) TABLET <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET <sup>DL,MM,SP</sup>	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1) TABLET <sup>DL,MM,SP</sup>	PA,QL(4 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET <sup>DL,MM,SP</sup>	PA,QL(24 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET <sup>DL,MM,SP</sup>	PA,QL(12 per 28 days)
XPOVIO 60 MG/WEEK (60 MG X 1) TABLET <sup>DL,MM,SP</sup>	PA,QL(4 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET <sup>DL,MM,SP</sup>	PA,QL(32 per 28 days)
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET <sup>DL,MM,SP</sup>	PA,QL(16 per 28 days)
XPOVIO 80 MG/WEEK (40 MG X 2) TABLET <sup>DL,MM,SP</sup>	PA,QL(8 per 28 days)
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE <sup>DL</sup>	QL(60 per 30 days)
XTAMPZA ER 18 MG CAPSULE SPRINKLE <sup>DL</sup>	QL(60 per 30 days)
XTAMPZA ER 27 MG CAPSULE SPRINKLE <sup>DL</sup>	QL(60 per 30 days)
XTAMPZA ER 36 MG CAPSULE SPRINKLE <sup>DL</sup>	QL(60 per 30 days)
XTAMPZA ER 9 MG CAPSULE SPRINKLE <sup>DL</sup>	QL(60 per 30 days)
XTANDI 40 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch <sup>ACA,MM</sup>	QL(3 per 28 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	QL(15 per 30 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
zafemy 150 mcg-35 mcg/24 hr transdermal patch <sup>ACA,MM</sup>	QL(3 per 28 days)
zaleplon 10 mg capsule	QL(30 per 30 days)
zaleplon 5 mg capsule	QL(30 per 30 days)
zarah 3 mg-0.03 mg tablet <sup>MM</sup>	
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <sup>DL,SP</sup>	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <sup>DL,SP</sup>	PA,QL(11.2 per 30 days)
ZEJULA 100 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(90 per 30 days)
zenatane 10 mg capsule	QL(60 per 30 days)
zenatane 20 mg capsule	QL(60 per 30 days)
zenatane 30 mg capsule	QL(60 per 30 days)
zenatane 40 mg capsule	QL(120 per 30 days)
ZEPOSIA 0.92 MG CAPSULE <sup>DL,LD,MM,SP</sup>	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG CAPSULES IN A DOSE PACK <sup>LD,SP</sup>	PA,QL(37 per 37 days)
ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK <sup>DL,LD,SP</sup>	PA,QL(7 per 7 days)
zidovudine 10 mg/ml oral syrup <sup>MM</sup>	QL(1680 per 28 days)
zidovudine 100 mg capsule <sup>MM</sup>	QL(180 per 30 days)
zidovudine 300 mg tablet <sup>MM</sup>	QL(60 per 30 days)
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	
ziprasidone 20 mg capsule <sup>MM</sup>	QL(60 per 30 days)
ziprasidone 40 mg capsule <sup>MM</sup>	QL(60 per 30 days)
ziprasidone 60 mg capsule <sup>MM</sup>	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ziprasidone 80 mg capsule <sup>MM</sup>	QL(60 per 30 days)
ZIRGAN 0.15 % EYE GEL	QL(5 per 30 days)
ZOKINVY 50 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
ZOKINVY 75 MG CAPSULE <sup>DL,MM,SP</sup>	PA,QL(120 per 30 days)
ZOLINZA 100 MG CAPSULE <sup>DL,SP</sup>	PA,QL(120 per 30 days)
zolpidem 10 mg tablet	QL(30 per 30 days)
zolpidem 5 mg tablet	QL(30 per 30 days)
zolpidem er 12.5 mg tablet,extended release,multiphase	QL(30 per 30 days)
zolpidem er 6.25 mg tablet,extended release,multiphase	QL(30 per 30 days)
zonisamide 100 mg capsule <sup>MM</sup>	
zonisamide 25 mg capsule <sup>MM</sup>	
zonisamide 50 mg capsule <sup>MM</sup>	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	PA,QL(28 per 30 days)
zovia 1-35 (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
zovia 1/35e (28) 1 mg-35 mcg tablet <sup>ACA,MM</sup>	
ZTALMY 50 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	PA,QL(1080 per 30 days)
zumandimine (28) 3 mg-0.03 mg tablet <sup>MM</sup>	
ZYDELIG 100 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
ZYDELIG 150 MG TABLET <sup>DL,MM,SP</sup>	PA,QL(60 per 30 days)
ZYPITAMAG 2 MG TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
ZYPITAMAG 4 MG TABLET <sup>MM</sup>	ST,QL(30 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	QL(60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	QL(1 per 28 days)

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## Important!

### At Humana, it is important you are treated fairly.

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

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**فارسی (Farsi)**

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

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

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Your coverage may include medicines in the following drug classes when your insurance is issued through the state of:

- Illinois: Obesity and infertility
- Michigan: Obesity
- Kansas or Colorado: Infertility
- Indiana: Sexual dysfunction
- Nevada: Hormone replacement therapy

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

Colorado and Kentucky: If your insurance is issued through the state of Colorado or Kentucky, all covered substance use disorder medicines are available with no prior authorization or step therapy requirements.

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

Contraceptive coverage is subject to your employer's coverage selections. For more information, log in to MyHumana through **Humana.com** or call Customer Care at the number on the back of your Humana ID card.

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

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Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

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

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

