2019
Humana Drug List
This is a list of covered drugs

Please read: This document contains information about the drugs we cover in this plan.

2019 HDHP EHB Drug List

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2019HDHPEC

Welcome to Humana

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

What is the Drug List?

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

If you have insurance through your employer and live in Texas, Louisiana, Illinois, or Puerto Rico: You will continue to use the 2018 version of this Drug List until your plan's renewal date in 2019. Otherwise, this Drug List is effective as of January 1, 2019. You can find that Drug List at 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 "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.

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

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

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

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

Talk to your health care provider if your medicine has an additional requirement. Ask your health care provider to contact Humana Clinical Pharmacy Review (HCPR) to ask for approval for a medicine that requires prior authorization, quantity limit, or step therapy. Your health care provider can contact HCPR at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday to request an approval. Please allow 24-48 hours for Humana to review and provide a response back to your health care 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.

Please note:

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

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

Can the Drug List change?

Yes. Humana reviews and updates the Drug List as needed. New medicines may be added and medicines that are deemed unsafe by the Food and Drug Administration (FDA) or a drug'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 medications that are covered for free when prescriptions are filled by pharmacies in your plan's pharmacy network. Many contraceptive drugs may be available to you at no cost. Other contraceptive drugs not on the drug list may be available to you at no cost if medically necessary. To ask for a medical necessity review for a contraceptive drug, your health care provider can contact HCPR (Humana Clinical Pharmacy Review) at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday.

For specific coverage and cost information for existing members:

- Visit **Humana.com** and log into MyHumana.
- Access the drug search tool through "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.
- 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 2019 renewal date to see your new benefit information.

For More Information

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

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

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

2019 HDHP EHB 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-name medicines are listed in UPPER CASE and generic medicines are listed in lower case. Next to the medicine name you may see the following indicators to tell you about additional coverage information for that medicine:

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

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

ACA – Affordable Care Act $0 Preventive Medication Coverage. These medicines are available to you at no cost. 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 Humana Customer Service at 1-800-833-6917 for additional information. This list may not be all inclusive and is subject to change.

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 MM	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE MM	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE MM	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE MM	
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE MM	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE MM	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE MM	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE MM	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE MM	
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE MM	
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE	
2TEK CONTROL (HIGH-NORMAL) SOLUTION MM	
8-MOP 10 MG CAPSULE	
abacavir 20 mg/ml solution MM	QL(960 per 30 days)
abacavir 300 mg tablet MM	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg MM	QL(30 per 30 days)
abacavir-lamivudine-zidov tab MM	QL(60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION	
ABSTRAL 100 MCG SUBLINGUAL TABLET SP	PA,QL(128 per 30 days)
ABSTRAL 200 MCG SUBLINGUAL TABLET SP	PA,QL(128 per 30 days)
ABSTRAL 300 MCG SUBLINGUAL TABLET SP	PA,QL(128 per 30 days)
ABSTRAL 400 MCG SUBLINGUAL TABLET SP	PA,QL(128 per 30 days)
ABSTRAL 600 MCG SUBLINGUAL TABLET SP	PA,QL(128 per 30 days)
ABSTRAL 800 MCG SUBLINGUAL TABLET SP	PA,QL(128 per 30 days)
acamprosate calc dr 333 mg tab MM	QL(180 per 30 days)
acarbose 100 mg tablet MM	
acarbose 25 mg tablet MM	
acarbose 50 mg tablet MM	
ACCU-CHEK AVIVA CONNECT METER	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION MM	
ACCU-CHEK AVIVA PLUS METER	
ACCU-CHEK AVIVA PLUS TEST STRIPS MM	QL(150 per 30 days)
ACCU-CHEK COMPACT PLUS CARE KIT	
ACCU-CHEK COMPACT PLUS CONTROL SOLUTION MM	
ACCU-CHEK COMPACT PLUS TEST STRIPS MM	QL(153 per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT	
ACCU-CHEK GUIDE GLUCOSE METER	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION MM	
ACCU-CHEK GUIDE STRIPS MM	QL(150 per 30 days)
ACCU-CHEK MULTICLIX LANCET	
ACCU-CHEK MULTICLIX LANCET KIT	
ACCU-CHEK NANO	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION MM	
ACCU-CHEK SMARTVIEW TEST STRIPS MM	QL(150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS	

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT	
ACCUTREND GLUCOSE CONTROL SOLUTION MM	
ACCUTREND GLUCOSE STRIPS MM	QL(150 per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER	
acebutolol 200 mg capsule MM	
acebutolol 400 mg capsule MM	
acetamin-codein 300-30 mg/12.5	QL(5010 per 30 days)
acetaminop-codeine 120-12 mg/5	QL(5010 per 30 days)
acetaminop-codeine 120-12 mg/5	QL(5010 per 30 days)
acetaminophen-cod #2 tablet	QL(390 per 30 days)
acetaminophen-cod #3 tablet	QL(390 per 30 days)
acetaminophen-cod #4 tablet	QL(390 per 30 days)
acetazolamide 125 mg tablet MM	QL(120 per 30 days)
acetazolamide 250 mg tablet MM	QL(120 per 30 days)
acetazolamide er 500 mg cap MM	QL(60 per 30 days)
acetic acid 2% ear solution	
acetylcysteine 10% vial	
acetylcysteine 20% vial	
acetylcysteine 6 gram/30 ml vl	
ACIPHEX SPRINKLE 10 MG CAPSULE,DELAYED RELEASE SPRINKLE MM	ST,QL(30 per 30 days)
ACIPHEX SPRINKLE 5 MG CAPSULE,DELAYED RELEASE SPRINKLE MM	ST,QL(30 per 30 days)
acitretin 10 mg capsule	PA
acitretin 17.5 mg capsule	PA
acitretin 25 mg capsule	PA
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE MM,SP,LD	PA,QL(3.6 per 28 days)
ACTEMRA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION MM,SP,LD	PA
ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MM,SP,LD	PA
ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION MM,SP,LD	PA
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP,LD	PA,QL(30 per 30 days)
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION ACA	
ACTI-LANCE LANCETS 17 GAUGE	
ACTI-LANCE LANCETS 23 GAUGE	
ACTI-LANCE LANCETS 28 GAUGE	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP,LD	PA,QL(24 per 30 days)
ACTIVE FE 75 MG IRON-1,250 MCG TABLET	
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE	ST
acyclovir 200 mg capsule MM	
acyclovir 200 mg/5 ml susp MM	
acyclovir 400 mg tablet MM	
acyclovir 5% ointment	PA
acyclovir 800 mg tablet MM	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE ACA	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP ACA	
adapalene 0.1% cream	
adapalene 0.1% gel	
adapalene-bnzyl perox 0.1-2.5%	
ADASUVE 10 MG BREATH ACTIVATED SP	PA,QL(30 per 30 days)
ADCIRCA 20 MG TABLET MM,SP	PA,QL(60 per 30 days)
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE MM	QL(30 per 30 days)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE MM	QL(30 per 30 days)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE MM	QL(60 per 30 days)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE MM	QL(60 per 30 days)
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE MM	QL(30 per 30 days)
adefovir dipivoxil 10 mg tab SP	
ADEMPAS 0.5 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
ADEMPAS 1 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
ADEMPAS 1.5 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
ADEMPAS 2 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
ADEMPAS 2.5 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
ADJUSTABLE LANCING DEVICE	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION MM	QL(60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION MM	QL(60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MM	QL(60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER MM	QL(12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER MM	QL(12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MM	QL(12 per 30 days)
ADVANCED LANCING DEVICE KIT	
ADVANCED TRAVEL LANCETS 28 GAUGE	
ADVANCED TRAVEL LANCETS 30 GAUGE	
ADVOCATE CONTROL SOLUTION HIGH MM	
ADVOCATE LANCET 26 GAUGE	
ADVOCATE LANCET 30 GAUGE	
ADVOCATE LANCING DEVICE	
ADVOCATE LOW CONTROL SOLUTION MM	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" MM	
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" MM	
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" MM	
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" MM	
ADVOCATE RAPID-SAFE LANCING DEVICE	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2" MM	
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16" MM	
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16" MM	
ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2" MM	
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16" MM	
ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2" MM	
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16" MM	
ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16" MM	
ADVOCATE SYRINGES 1/2 ML 30 GAUGE X 5/16" MM	
AEROBIKA OSCILLATING PEP SYSTEM DEVICE	
AEROCHAMBER MINI	
AEROCHAMBER MV SPACER	
AEROCHAMBER PLUS FLOW-VU	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	
AEROCHAMBER PLUS Z STAT LARGE MASK	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	
AEROCHAMBER PLUS Z STAT SMALL MASK	
AEROCHAMBER PLUS Z STAT SPACER	
AEROCHAMBER WITH FLOWSIGNAL	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	
AEROGEAR ACTION ASTHMA KIT	
AEROTRACH PLUS SPACER	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
AEROVENT PLUS SPACER	
afeditab cr 30 mg tablet,extended release MM	QL(60 per 30 days)
afeditab cr 60 mg tablet,extended release MM	QL(60 per 30 days)
AFINITOR 10 MG TABLET MM,SP	PA,QL(30 per 30 days)
AFINITOR 2.5 MG TABLET MM,SP	PA,QL(30 per 30 days)
AFINITOR 5 MG TABLET MM,SP	PA,QL(30 per 30 days)
AFINITOR 7.5 MG TABLET MM,SP	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION MM,SP	PA,QL(30 per 30 days)
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION MM,SP	PA,QL(30 per 30 days)
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION MM,SP	PA,QL(30 per 30 days)
AFLURIA 2018-2019 (PF) 45 MCG(15 MCG X 3)/0.5 ML INTRAMUSCULAR SYRINGE ACA	
AFLURIA 2018-2019 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION ACA	
AFLURIA QUAD 2018-2019 (PF) 60 MCG/0.5 ML INTRAMUSCULAR SYRINGE ACA	
AFLURIA QUAD 2018-2019 60 MCG/0.5 ML INTRAMUSCULAR SUSPENSION ACA	
AGAMATRIX CONTROL HIGH SOLUTION MM	
AGAMATRIX CONTROL NORM-HI SOLUTION MM	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE	PA,QL(4 per 28 days)
ala-cort 2.5 % topical cream	
albendazole 200 mg tablet SP	
ALBENZA 200 MG TABLET SP	
albuterol 2.5 mg/0.5 ml sol MM	
albuterol 5 mg/ml solution MM	
albuterol sul 0.63 mg/3 ml sol MM	
albuterol sul 1.25 mg/3 ml sol MM	
albuterol sul 2.5 mg/3 ml soln MM	
albuterol sulf 2 mg/5 ml syrup MM	
albuterol sulfate 2 mg tab MM	
albuterol sulfate 4 mg tab MM	
albuterol sulfate er 4 mg tab MM	
albuterol sulfate er 8 mg tab MM	
alclometasone dipr 0.05% oint	
alclometasone dipro 0.05% crm	
ALCOHOL 70% SWABS	
ALCOHOL PADS	
ALCOHOL PREP PADS	
ALCOHOL PREP SWABS	
ALCOHOL WIPES	
ALECENSA 150 MG CAPSULE MM,SP,LD	PA,QL(240 per 30 days)
alendronate sod 70 mg/75 ml MM	QL(300 per 30 days)
alendronate sodium 10 mg tab MM	QL(30 per 30 days)
alendronate sodium 35 mg tab MM	QL(4 per 28 days)
alendronate sodium 40 mg tab MM	QL(30 per 30 days)
alendronate sodium 5 mg tablet MM	QL(30 per 30 days)
alendronate sodium 70 mg tab MM	QL(4 per 28 days)
ALFENTANIL 500 MCG/ML AMPULE	QL(450 per 30 days)
ALFERON N 5 MILLION UNIT/ML INJECTION SOLUTION SP	PA,QL(4 per 30 days)
alfuzosin hcl er 10 mg tablet MM	QL(30 per 30 days)
ALINIA 100 MG/5 ML ORAL SUSPENSION SP	QL(150 per 30 days)
ALINIA 500 MG TABLET SP	QL(40 per 30 days)
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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 MM	
allopurinol 300 mg tablet MM	
almotriptan malate 12.5 mg tab	ST,QL(9 per 30 days)
almotriptan malate 6.25 mg tab	ST,QL(9 per 30 days)
ALOCRIL 2 % EYE DROPS	ST
ALOMIDE 0.1 % EYE DROPS	ST
alosetron hcl 0.5 mg tablet SP	PA,QL(60 per 30 days)
alosetron hcl 1 mg tablet SP	PA,QL(60 per 30 days)
alprazolam 0.25 mg tablet	QL(120 per 30 days)
alprazolam 0.5 mg tablet	QL(120 per 30 days)
alprazolam 1 mg tablet	QL(120 per 30 days)
alprazolam 2 mg tablet	QL(150 per 30 days)
alprazolam er 0.5 mg tablet	QL(60 per 30 days)
alprazolam er 1 mg tablet	QL(60 per 30 days)
alprazolam er 2 mg tablet	QL(60 per 30 days)
alprazolam er 3 mg tablet	QL(60 per 30 days)
ALREX 0.2 % EYE DROPS,SUSPENSION	ST
ALTABAX 1 % TOPICAL OINTMENT	
altavera (28) 0.15 mg-0.03 mg tablet MM,ACA	
ALTERNATE SITE LANCET 26 GAUGE	
ALTERNATE SITE LANCING DEVICE	
ALTOPREV 20 MG TABLET,EXTENDED RELEASE MM,SP	ST,QL(30 per 30 days)
ALTOPREV 40 MG TABLET,EXTENDED RELEASE MM,SP	ST,QL(30 per 30 days)
ALTOPREV 60 MG TABLET,EXTENDED RELEASE MM,SP	ST,QL(30 per 30 days)
ALUNBRIG 180 MG TABLET MM,SP	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET MM,SP	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK SP	PA,QL(30 per 30 days)
ALUNBRIG 90 MG TABLET MM,SP	PA,QL(30 per 30 days)
alyacen 1/35 (28) 1 mg-35 mcg tablet MM,ACA	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MM,ACA	
amabelz 0.5 mg-0.1 mg tablet MM	
amabelz 1 mg-0.5 mg tablet MM	
amantadine 100 mg capsule MM	
amantadine 100 mg tablet MM	
amantadine 50 mg/5 ml solution MM	
amcinonide 0.1% cream SP	
AMELUZ 10 % TOPICAL GEL	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MM	QL(91 per 90 days)
amethyst 90 mcg-20 mcg tablet MM,ACA	
amikacin sulf 1 gram/4 ml vial	
amiloride hcl 5 mg tablet MM	
amiloride hcl-hctz 5-50 mg tab MM	
aminocaproic acid 5 g/20 ml vl	
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	

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
amiodarone hcl 100 mg tablet MM	
amiodarone hcl 200 mg tablet MM	
amiodarone hcl 400 mg tablet MM	
amitriptyline hcl 10 mg tab MM	
amitriptyline hcl 100 mg tab MM	
amitriptyline hcl 150 mg tab MM	
amitriptyline hcl 25 mg tab MM	
amitriptyline hcl 50 mg tab MM	
amitriptyline hcl 75 mg tab MM	
amlodipine besylate 10 mg tab MM	QL(30 per 30 days)
amlodipine besylate 2.5 mg tab MM	QL(30 per 30 days)
amlodipine besylate 5 mg tab MM	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg MM	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg MM	QL(30 per 30 days)
amlodipine-benazepril 2.5-10 MM	QL(60 per 30 days)
amlodipine-benazepril 5-10 mg MM	QL(60 per 30 days)
amlodipine-benazepril 5-20 mg MM	QL(60 per 30 days)
amlodipine-benazepril 5-40 mg MM	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg MM	QL(30 per 30 days)
amlodipine-valsartan 10-320 mg MM	QL(30 per 30 days)
amlodipine-valsartan 5-160 mg MM	QL(30 per 30 days)
amlodipine-valsartan 5-320 mg MM	QL(30 per 30 days)
ammonium lactate 12% cream	
ammonium lactate 12% lotion	
amnesteem 10 mg capsule	QL(60 per 30 days)
amnesteem 20 mg capsule	QL(60 per 30 days)
amnesteem 40 mg capsule	QL(120 per 30 days)
amox-clav 200-28.5 mg tab chew	
amox-clav 200-28.5 mg/5 ml sus	
amox-clav 250-125 mg tablet	
amox-clav 250-62.5 mg/5 ml sus	
amox-clav 400-57 mg tab chew	
amox-clav 400-57 mg/5 ml susp	
amox-clav 500-125 mg tablet	
amox-clav 600-42.9 mg/5 ml sus	
amox-clav 875-125 mg tablet	
amox-clav er 1,000-62.5 mg tab	
amoxapine 100 mg tablet MM	
amoxapine 150 mg tablet MM	
amoxapine 25 mg tablet MM	
amoxapine 50 mg tablet MM	
amoxicillin 125 mg tab chew	
amoxicillin 125 mg/5 ml susp	
amoxicillin 200 mg/5 ml susp	
amoxicillin 250 mg capsule	
amoxicillin 250 mg tab chew	
amoxicillin 250 mg/5 ml susp	
amoxicillin 400 mg/5 ml susp	
amoxicillin 500 mg capsule	
amoxicillin 500 mg tablet	
amoxicillin 875 mg tablet	
amphotericin b 50 mg vial	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ampicillin 125 mg/5 ml susp	
ampicillin 250 mg capsule	
ampicillin 250 mg/5 ml susp	
ampicillin 500 mg capsule	
AMPYRA 10 MG TABLET,EXTENDED RELEASE MM,SP,LD	PA,QL(60 per 30 days)
ANADROL-50 50 MG TABLET SP	
anagrelide hcl 0.5 mg capsule MM	
anagrelide hcl 1 mg capsule MM	
anastrozole 1 mg tablet MM	QL(30 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MM	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MM	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MM	PA,QL(176 per 30 days)
androxy 10 mg tablet MM	
ANGELIQ 0.25 MG-0.5 MG TABLET MM	
ANGELIQ 0.5 MG-1 MG TABLET MM	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MM	QL(60 per 30 days)
anusol-hc 2.5 % topical cream with perineal applicator	
ANZEMET 100 MG TABLET	QL(4 per 28 days)
ANZEMET 50 MG TABLET	QL(4 per 28 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE MM,SP,LD	QL(84 per 28 days)
apraclonidine hcl 0.5% drops	
aprepitant 125 mg capsule	PA,QL(2 per 28 days)
aprepitant 125-80-80 mg pack	PA,QL(6 per 28 days)
aprepitant 40 mg capsule	PA,QL(2 per 28 days)
aprepitant 80 mg capsule	PA,QL(4 per 28 days)
apri 0.15 mg-0.03 mg tablet MM,ACA	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MM	QL(120 per 30 days)
APTIOM 200 MG TABLET MM,SP	PA,QL(30 per 30 days)
APTIOM 400 MG TABLET MM,SP	PA,QL(30 per 30 days)
APTIOM 600 MG TABLET MM,SP	PA,QL(60 per 30 days)
APTIOM 800 MG TABLET MM,SP	PA,QL(60 per 30 days)
APTIVUS 100 MG/ML ORAL SOLUTION MM,SP	QL(285 per 28 days)
APTIVUS 250 MG CAPSULE MM,SP	QL(120 per 30 days)
AQUA LANCE LANCING DEVICE	
ARALAST NP 1,000 MG INTRAVENOUS SOLUTION MM,SP,LD	PA,QL(30000 per 28 days)
ARALAST NP 500 MG INTRAVENOUS SOLUTION MM,SP,LD	PA,QL(30000 per 28 days)
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MM,ACA	
arbinoxa 4 mg tablet	
arbinoxa 4 mg/5 ml liquid	
aripiprazole 1 mg/ml solution MM	QL(750 per 30 days)
aripiprazole 10 mg tablet MM	QL(30 per 30 days)
aripiprazole 15 mg tablet MM	QL(30 per 30 days)
aripiprazole 2 mg tablet MM	QL(30 per 30 days)
aripiprazole 20 mg tablet MM	QL(30 per 30 days)
aripiprazole 30 mg tablet MM	QL(30 per 30 days)
aripiprazole 5 mg tablet MM	QL(30 per 30 days)
aripiprazole odt 10 mg tablet MM	QL(60 per 30 days)
aripiprazole odt 15 mg tablet MM	QL(60 per 30 days)
armodafinil 150 mg tablet MM	PA,QL(30 per 30 days)
armodafinil 200 mg tablet MM	PA,QL(30 per 30 days)
armodafinil 250 mg tablet MM	PA,QL(30 per 30 days)
armodafinil 50 mg tablet MM	PA,QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ARMOUR THYROID 120 MG TABLET MM	
ARMOUR THYROID 15 MG TABLET MM	
ARMOUR THYROID 180 MG TABLET MM	
ARMOUR THYROID 240 MG TABLET MM	
ARMOUR THYROID 30 MG TABLET MM	
ARMOUR THYROID 300 MG TABLET MM	
ARMOUR THYROID 60 MG TABLET MM	
ARMOUR THYROID 90 MG TABLET MM	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION MM	QL(30 per 30 days)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION MM	QL(30 per 30 days)
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION MM	QL(30 per 30 days)
ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION SP,LD	PA,QL(400 per 28 days)
ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION SP,LD	PA,QL(400 per 28 days)
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
aspirin-caff-dihydrocodein cap	QL(330 per 30 days)
aspirin-dipyridam er 25-200 mg MM	ST
ASSURE 4 CONTROL SOLUTION COMBO PACK MM	
ASSURE COMFORT 28G LANCETS	
ASSURE DOSE NORMAL CONTROL SOLUTION MM	
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION MM	
ASSURE HAEMOLANCE PLUS 1.2 MM	
ASSURE HAEMOLANCE PLUS 18 GAUGE	
ASSURE HAEMOLANCE PLUS 21 GAUGE	
ASSURE HAEMOLANCE PLUS 25 GAUGE	
ASSURE HAEMOLANCE PLUS 28 GAUGE	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE MM	
ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE MM	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16"	
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16"	
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"	
ASSURE LANCE 25 GAUGE	
ASSURE LANCE 28 GAUGE	
ASSURE LANCE PLUS 21 GAUGE	
ASSURE LANCE PLUS 25 GAUGE	
ASSURE LANCE PLUS 30 GAUGE	
ASSURE PRISM CONTROL 1-2 SOLUTION MM	
ASTAGRAF XL 0.5 MG CAPSULE,EXTENDED RELEASE MM	
ASTAGRAF XL 1 MG CAPSULE,EXTENDED RELEASE MM	
ASTAGRAF XL 5 MG CAPSULE,EXTENDED RELEASE MM	
ASTHMAPACK CHILDREN'S KIT	
ATABEX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MM	
atazanavir sulfate 150 mg cap MM,SP	QL(60 per 30 days)
atazanavir sulfate 200 mg cap MM,SP	QL(60 per 30 days)
atazanavir sulfate 300 mg cap MM,SP	QL(30 per 30 days)
atenolol 100 mg tablet MM	
atenolol 25 mg tablet MM	
atenolol 50 mg tablet MM	
atenolol-chlorthalidone 100-25 MM	
atenolol-chlorthalidone 50-25 MM	
ATGAM 50 MG/ML INTRAVENOUS SOLUTION SP	PA,QL(1050 per 28 days)
atomoxetine hcl 10 mg capsule MM	QL(60 per 30 days)
atomoxetine hcl 100 mg capsule MM	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
atomoxetine hcl 18 mg capsule MM	QL(60 per 30 days)
atomoxetine hcl 25 mg capsule MM	QL(60 per 30 days)
atomoxetine hcl 40 mg capsule MM	QL(60 per 30 days)
atomoxetine hcl 60 mg capsule MM	QL(30 per 30 days)
atomoxetine hcl 80 mg capsule MM	QL(30 per 30 days)
atorvastatin 10 mg tablet MM,ACA	QL(30 per 30 days)
atorvastatin 20 mg tablet MM,ACA	QL(30 per 30 days)
atorvastatin 40 mg tablet MM,ACA	QL(30 per 30 days)
atorvastatin 80 mg tablet MM,ACA	QL(30 per 30 days)
atovaquone 750 mg/5 ml susp SP	QL(600 per 30 days)
atovaquone-proguanil 250-100	QL(30 per 30 days)
atovaquone-proguanil 62.5-25	QL(30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
atropine 1 mg/ml vial	
atropine 1% eye drops MM	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MM	ST,QL(25.8 per 30 days)
aubra 0.1 mg-20 mcg tablet MM,ACA	
aubra eq 0.1 mg-20 mcg tablet MM,ACA	
AURYXIA 210 MG IRON TABLET MM	QL(360 per 30 days)
AUSTEDO 12 MG TABLET MM,SP	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET MM,SP	PA,QL(60 per 30 days)
AUSTEDO 9 MG TABLET MM,SP	PA,QL(120 per 30 days)
AUTO-LANCET MINI	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MM	
AUTOLET IMPRESSION LANCING DEVICE KIT	
AUTOLET LANCING DEVICE	
AUTOLET PLUS LANCING DEVICE	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MM	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MM	
AVANDIA 2 MG TABLET MM	QL(60 per 30 days)
AVANDIA 4 MG TABLET MM	QL(60 per 30 days)
aviane 0.1 mg-20 mcg tablet MM,ACA	
avidoxy 100 mg tablet	
AZASITE 1 % EYE DROPS	ST,QL(2.5 per 25 days)
azathioprine 50 mg tablet MM	
azelastine 0.1% (137 mcg) spry MM	QL(30 per 25 days)
azelastine 0.15% nasal spray MM	QL(30 per 25 days)
azelastine hcl 0.05% drops	
azithromycin 1 gm pwd packet	
azithromycin 100 mg/5 ml susp	
azithromycin 200 mg/5 ml susp	
azithromycin 250 mg tablet	
azithromycin 500 mg tablet	
azithromycin 600 mg tablet	QL(16 per 60 days)
AZOPT 1 % EYE DROPS,SUSPENSION MM	ST,QL(10 per 28 days)
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM,ACA	
b-12 compliance 1,000 mcg/ml injection kit	
bacitracin 50,000 unit vial	
bacitracin 500 unit/gm ophth	
bacitracin-polymyxin eye oint	
baclofen 10 mg tablet MM	QL(240 per 30 days)
baclofen 20 mg tablet MM	QL(120 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
baclofen 5 mg tablet MM	QL(90 per 30 days)
BACTROBAN NASAL 2 % OINTMENT	
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release MM	
BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TABLET,CAPSULE,DELAY REL MM	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET MM,ACA	
balsalazide disodium 750 mg cp	QL(270 per 30 days)
balziva (28) 0.4 mg-35 mcg tablet MM,ACA	
BANZEL 200 MG TABLET MM,SP	PA,QL(480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION MM,SP	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET MM,SP	PA,QL(240 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION MM,SP	QL(630 per 30 days)
BD ALCOHOL SWABS	
BD ALLERGIST SYRINGE	
BD ALLERGIST SYRINGE	
BD ALLERGIST SYRINGE	
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" MM	
BD AUTOSHIELD NEEDLE 5MMX29G	
BD AUTOSHIELD NEEDLE 8MMX29G	
BD BLUNT NEEDLE 18GX1-1/2"	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MM	
BD ECLIPSE NEEDLE 18GX1 1/2"	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	
BD INSUL SYR 0.3 ML 31GX15/64" MM	
BD INSUL SYR 0.5 ML 31GX15/64" MM	
BD INSULIN SYR 0.3 ML 28GX1/2" MM	
BD INSULIN SYR 0.3 ML 28GX1/2" MM	
BD INSULIN SYR 0.3 ML 29GX1/2" MM	
BD INSULIN SYR 0.5 ML 28GX1/2" MM	
BD INSULIN SYR 0.5 ML 29GX1/2" MM	
BD INSULIN SYR 0.5 ML 29GX1/2" MM	
BD INSULIN SYR 1 ML 25GX5/8" MM	
BD INSULIN SYR 1 ML 29GX1/2" MM	
BD INSULIN SYR 1 ML 31GX15/64" MM	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" MM	
BD INSULIN SYRINGE 1 ML 25 X 1" MM	
BD INSULIN SYRINGE 1 ML 26 X 1/2" MM	
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" MM	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" MM	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" MM	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MM	
BD INSULIN SYRINGE SLIP TIP 1 ML MM	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" MM	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" MM	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" MM	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" MM	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" MM	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 GAUGE X 1/2" MM	
BD INSULIN U100-3/10 ML SYR MM	
BD INTEGRA SYR 1 ML 29GX1/2" MM	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	
BD LANCET DEVICE	
BD LANCETS 33G	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE MM	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE MM	
BD LUER-LOK SYRINGE 1 ML MM	
BD MICROTAINER LANCET 1.5 MM X 2 MM	
BD MICROTAINER LANCET 21 GAUGE	
BD MICROTAINER LANCET 30 GAUGE	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" MM	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" MM	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" MM	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MM	
BD ULTRA FINE LANCETS 33 GAUGE	
BD ULTRA-FINE II LANCETS 30 GAUGE	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" MM	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" MM	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" MM	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" MM	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" MM	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" MM	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" MM	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" MM	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" MM	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM,ACA	
BELBUCA 150 MCG BUCCAL FILM	QL(60 per 30 days)
BELBUCA 300 MCG BUCCAL FILM	QL(60 per 30 days)
BELBUCA 450 MCG BUCCAL FILM	QL(60 per 30 days)
BELBUCA 600 MCG BUCCAL FILM	QL(60 per 30 days)
BELBUCA 75 MCG BUCCAL FILM	QL(60 per 30 days)
BELBUCA 750 MCG BUCCAL FILM	QL(60 per 30 days)
BELBUCA 900 MCG BUCCAL FILM	QL(60 per 30 days)
BELSOMRA 10 MG TABLET	ST,QL(30 per 30 days)
BELSOMRA 15 MG TABLET	ST,QL(30 per 30 days)
BELSOMRA 20 MG TABLET	ST,QL(30 per 30 days)
BELSOMRA 5 MG TABLET	ST,QL(30 per 30 days)
benazepril hcl 10 mg tablet MM	
benazepril hcl 20 mg tablet MM	
benazepril hcl 40 mg tablet MM	
benazepril hcl 5 mg tablet MM	
benazepril-hctz 10-12.5 mg tab MM	
benazepril-hctz 20-12.5 mg tab MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
benazepril-hctz 20-25 mg tab MM	
benazepril-hctz 5-6.25 mg tab MM	
BENLYSTA 120 MG INTRAVENOUS SOLUTION MM,SP	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR MM,SP	PA,QL(4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION MM,SP	PA,QL(6 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 150 mg capsule	
benzonatate 200 mg capsule	
benztropine 2 mg/2 ml ampule	
benztropine mes 0.5 mg tab MM	
benztropine mes 1 mg tablet MM	
benztropine mes 2 mg tablet MM	
BEPREVE 1.5 % EYE DROPS	ST,QL(5 per 25 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION	
BETADINE OPHTHALMIC PREP 5 % SOLUTION	
betamethasone ac-sp 6 mg/ml vl	
betamethasone dp 0.05% crm	
betamethasone dp 0.05% lot	
betamethasone dp 0.05% oint	
betamethasone dp aug 0.05% crm	
betamethasone dp aug 0.05% gel	
betamethasone dp aug 0.05% lot	
betamethasone dp aug 0.05% oin	
betamethasone va 0.1% cream	
betamethasone va 0.1% lotion	
betamethasone valer 0.1% ointm	
BETASERON 0.3 MG SUBCUTANEOUS KIT MM,SP	PA,QL(15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION MM,SP	PA,QL(15 per 30 days)
betaxolol 10 mg tablet MM	
betaxolol 20 mg tablet MM	
betaxolol hcl 0.5% eye drop MM	
bethanechol 10 mg tablet	
bethanechol 25 mg tablet	
bethanechol 5 mg tablet	
bethanechol 50 mg tablet	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION MM,SP,LD	PA,QL(224 per 28 days)
BETIMOL 0.25 % EYE DROPS MM	ST
BETIMOL 0.5 % EYE DROPS MM	ST
bexarotene 75 mg capsule MM,SP	PA,QL(300 per 30 days)
bicalutamide 50 mg tablet MM	QL(30 per 30 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE	
BICILLIN L-A 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE	
BICILLIN L-A 2,400,000 UNIT/4 ML INTRAMUSCULAR SYRINGE	
BICILLIN L-A 600,000 UNIT/ML INTRAMUSCULAR SYRINGE	
BIDIL 20 MG-37.5 MG TABLET MM	QL(180 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET MM,SP	QL(30 per 30 days)
bisoprolol fumarate 10 mg tab MM	
bisoprolol fumarate 5 mg tab MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
bisoprolol-hctz 10-6.25 mg tab MM	
bisoprolol-hctz 2.5-6.25 mg tb MM	
bisoprolol-hctz 5-6.25 mg tab MM	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MM,ACA	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MM,ACA	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM,ACA	
BLOOD GLUCOSE CONTROL SOLUTION MM	
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 ACA	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE ACA	
BOSULIF 100 MG TABLET MM,SP,LD	PA,QL(120 per 30 days)
BOSULIF 400 MG TABLET MM,SP	PA,QL(30 per 30 days)
BOSULIF 500 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
BRAFTOVI 50 MG CAPSULE MM,SP	PA,QL(120 per 30 days)
BRAFTOVI 75 MG CAPSULE MM,SP	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 SPACER-LARGE MASK	
BREATHERITE SPACER-MEDIUM MASK	
BREATHERITE SPACER-SMALL MASK	
BREATHERITE VALVED MDI CHAMBER SPACER	
BREATHERITE VALVED MDI SPACER	
BREEZE 2 CONTROL SOLUTION, HIGH MM	
BREEZE 2 CONTROL SOLUTION, LOW MM	
BREEZE 2 CONTROL SOLUTION, NORMAL MM	
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION MM	QL(60 per 30 days)
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MM	QL(60 per 30 days)
briellyn 0.4 mg-35 mcg tablet MM,ACA	
BRILINTA 60 MG TABLET MM	QL(60 per 30 days)
BRILINTA 90 MG TABLET MM	QL(60 per 30 days)
brimonidine 0.2% eye drop MM	
brimonidine tartrate 0.15% drp MM	
BRIVIACT 10 MG TABLET MM,SP	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION MM,SP	PA,QL(600 per 30 days)
BRIVIACT 100 MG TABLET MM,SP	PA,QL(60 per 30 days)
BRIVIACT 25 MG TABLET MM,SP	PA,QL(60 per 30 days)
BRIVIACT 50 MG TABLET MM,SP	PA,QL(60 per 30 days)
BRIVIACT 75 MG TABLET MM,SP	PA,QL(60 per 30 days)
bromfed dm 2 mg-30 mg-10 mg/5 ml syrup	
bromfenac sodium 0.09% eye drp	ST,QL(1.7 per 30 days)
bromocriptine 2.5 mg tablet MM	
bromocriptine 5 mg capsule MM	
bromphenir-pseudoephed-dm syr	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION MM	PA,QL(120 per 30 days)
budesonide 0.25 mg/2 ml susp MM	QL(240 per 30 days)
budesonide 0.5 mg/2 ml susp MM	QL(240 per 30 days)

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
budesonide 1 mg/2 ml inh susp MM	QL(120 per 30 days)
budesonide ec 3 mg capsule	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE	
bumetanide 0.5 mg tablet MM	
bumetanide 1 mg tablet MM	
bumetanide 2 mg tablet MM	
buprenorphine 0.3 mg/ml syring	QL(240 per 30 days)
buprenorphine 0.3 mg/ml vial	QL(240 per 30 days)
buprenorphine 2 mg tablet sl	QL(90 per 30 days)
buprenorphine 8 mg tablet sl	QL(90 per 30 days)
bupropion hcl 100 mg tablet MM	QL(180 per 30 days)
bupropion hcl 75 mg tablet MM	QL(180 per 30 days)
bupropion hcl sr 100 mg tablet MM	QL(120 per 30 days)
bupropion hcl sr 150 mg tablet MM	QL(90 per 30 days)
bupropion hcl sr 150 mg tablet ACA	QL(90 per 30 days)
bupropion hcl sr 200 mg tablet MM	QL(60 per 30 days)
bupropion hcl xl 150 mg tablet MM	QL(90 per 30 days)
bupropion hcl xl 300 mg tablet MM	QL(30 per 30 days)
buspirone hcl 10 mg tablet MM	
buspirone hcl 15 mg tablet MM	
buspirone hcl 30 mg tablet MM	
buspirone hcl 5 mg tablet MM	
buspirone hcl 7.5 mg tablet MM	
butalb-acetamin-caff 50-325-40	QL(180 per 30 days)
butalb-aspirin-caffe 50-325-40	QL(180 per 30 days)
butalb-caff-acetaminoph-codein	QL(360 per 30 days)
butalbit-acetaminophen-caff cp	QL(180 per 30 days)
butalbital-acetaminophn 50-325	QL(180 per 30 days)
butalbital-asa-caffeine cap	QL(180 per 30 days)
butorphanol 1 mg/ml vial	QL(960 per 30 days)
butorphanol 10 mg/ml spray	QL(5 per 28 days)
butorphanol 2 mg/ml vial	QL(480 per 30 days)
BYSTOLIC 10 MG TABLET MM	ST,QL(120 per 30 days)
BYSTOLIC 2.5 MG TABLET MM	ST,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET MM	ST,QL(60 per 30 days)
BYSTOLIC 5 MG TABLET MM	ST,QL(30 per 30 days)
c-nate dha 28 mg iron-1 mg-200 mg capsule MM	
cabergoline 0.5 mg tablet MM	QL(16 per 28 days)
CABOMETYX 20 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
CABOMETYX 40 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
CABOMETYX 60 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE MM	
caffeine cit 60 mg/3 ml vial	
calcipotriene 0.005% cream	QL(120 per 30 days)
calcipotriene 0.005% solution	QL(60 per 30 days)
calcitonin-salmon 200 units sp MM	QL(3.7 per 28 days)
calcitriol 0.25 mcg capsule MM	
calcitriol 0.5 mcg capsule MM	
calcitriol 1 mcg/ml solution MM	
calcitriol 3 mcg/g ointment	ST,QL(800 per 28 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
calcium acetate 667 mg gelcap MM	
calcium acetate 667 mg tablet MM	
calcium chloride 10% syringe	
calcium pnv 28 mg-1 mg-250 mg capsule MM	
CALQUENCE 100 MG CAPSULE MM,SP	PA,QL(60 per 30 days)
camila 0.35 mg tablet MM,ACA	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MM	QL(91 per 90 days)
candesartan cilexetil 16 mg tb MM	ST,QL(60 per 30 days)
candesartan cilexetil 32 mg tb MM	ST,QL(30 per 30 days)
candesartan cilexetil 4 mg tab MM	ST,QL(60 per 30 days)
candesartan cilexetil 8 mg tab MM	ST,QL(60 per 30 days)
candesartan-hctz 16-12.5 mg tb MM	ST,QL(30 per 30 days)
candesartan-hctz 32-12.5 mg tb MM	ST,QL(30 per 30 days)
candesartan-hctz 32-25 mg tab MM	ST,QL(30 per 30 days)
capacet 50 mg-325 mg-40 mg capsule	QL(180 per 30 days)
CAPASTAT 1 GRAM SOLUTION FOR INJECTION	
capecitabine 150 mg tablet SP	PA,QL(630 per 30 days)
capecitabine 500 mg tablet SP	PA,QL(189 per 30 days)
CAPEX 0.01 % SHAMPOO	
CAPITAL WITH CODEINE SUSP	QL(5010 per 30 days)
CAPRELSA 100 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
captopril 100 mg tablet MM	
captopril 12.5 mg tablet MM	
captopril 25 mg tablet MM	
captopril 50 mg tablet MM	
captopril-hctz 25-15 mg tablet MM	
captopril-hctz 25-25 mg tablet MM	
captopril-hctz 50-15 mg tablet MM	
captopril-hctz 50-25 mg tablet MM	
carbamazepine 100 mg tab chew MM	
carbamazepine 100 mg/5 ml susp MM	
carbamazepine 200 mg tablet MM	
carbamazepine er 100 mg cap MM	
carbamazepine er 100 mg tablet MM	QL(120 per 30 days)
carbamazepine er 200 mg cap MM	
carbamazepine er 200 mg tablet MM	QL(120 per 30 days)
carbamazepine er 300 mg cap MM	
carbamazepine er 400 mg tablet MM	QL(120 per 30 days)
carbidopa 25 mg tablet MM	
carbidopa-levo 10-100 mg odt MM	
carbidopa-levo 25-100 mg odt MM	
carbidopa-levo 25-250 mg odt MM	
carbidopa-levo er 25-100 tab MM	
carbidopa-levo er 50-200 tab MM	
carbidopa-levodopa 10-100 tab MM	
carbidopa-levodopa 100 mg-enta MM	
carbidopa-levodopa 125 mg-enta MM	
carbidopa-levodopa 150 mg-enta MM	
carbidopa-levodopa 200 mg-enta MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levodopa 25-100 tab MM	
carbidopa-levodopa 25-250 tab MM	
carbidopa-levodopa 50 mg-enta MM	
carbidopa-levodopa 75 mg-enta MM	
carbinoxamine 4 mg/5 ml liquid	
carbinoxamine maleate 4 mg tab	
CARDURA XL 4 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
CARDURA XL 8 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
CAREFINE PEN NEEDLE 29 GAUGE X 1/2" MM	
CAREFINE PEN NEEDLE 30 GAUGE X 5/16" MM	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4" MM	
CAREFINE PEN NEEDLE 31 GAUGE X 5/16" MM	
CAREFINE PEN NEEDLE 32 GAUGE X 1/4" MM	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16" MM	
CAREFINE PEN NEEDLE 32 GAUGE X 5/32" MM	
CARELANCE ULTIMATE COMFORT LANCING DEVICE	
CAREONE LANCING DEVICE	
CAREONE THIN LANCET	
CAREONE ULTRA THIN LANCET	
CARESENS CONTROL A AND B SOLUTION MM	
CARESENS CONTROL A NORMAL SOLUTION MM	
CARESENS LANCETS 30 GAUGE	
CARESENS PREMIUM COMFORT LANCING DEVICE	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
CARETOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
CARETOUCH LANCING DEVICE	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4" MM	
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16" MM	
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16" MM	
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16" MM	
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32" MM	
CARETOUCH TWIST LANCET 28 GAUGE	
CARETOUCH TWIST LANCET 30 GAUGE	
CARETOUCH TWIST LANCET 33 GAUGE	
carisoprodol 250 mg tablet	QL(120 per 30 days)
carisoprodol 350 mg tablet	QL(120 per 30 days)
carisoprodol compound tab	
carisoprodol-aspirin-codein tb	QL(360 per 30 days)
carteolol hcl 1% eye drops MM	
cartia xt 120 mg capsule,extended release MM	QL(60 per 30 days)
cartia xt 180 mg capsule,extended release MM	QL(60 per 30 days)
cartia xt 240 mg capsule,extended release MM	QL(60 per 30 days)
cartia xt 300 mg capsule,extended release MM	QL(30 per 30 days)
carvedilol 12.5 mg tablet MM	
carvedilol 25 mg tablet MM	
carvedilol 3.125 mg tablet MM	
carvedilol 6.25 mg tablet MM	
caspofungin acetate 50 mg vial	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
caspofungin acetate 70 mg vial	
CAYA CONTOURED 60 MM-85 MM VAGINAL DIAPHRAGM ACA	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION SP,LD	PA,QL(84 per 28 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MM,ACA	
cefaclor 125 mg/5 ml susp	
cefaclor 250 mg capsule	
cefaclor 250 mg/5 ml susp	
cefaclor 375 mg/5 ml suspen	
cefaclor 500 mg capsule	
cefaclor er 500 mg tablet	
cefadroxil 250 mg/5 ml susp	
cefadroxil 500 mg capsule	
cefadroxil 500 mg/5 ml susp	
cefdinir 125 mg/5 ml susp	
cefdinir 250 mg/5 ml susp	
cefdinir 300 mg capsule	
cefditoren pivoxil 200 mg tab	
cefditoren pivoxil 400 mg tab	
cefixime 100 mg/5 ml susp	
cefixime 200 mg/5 ml susp	
cefpodoxime 100 mg tablet	
cefpodoxime 100 mg/5 ml susp	
cefpodoxime 200 mg tablet	
cefpodoxime 50 mg/5 ml susp	
cefprozil 125 mg/5 ml susp	
cefprozil 250 mg tablet	
cefprozil 250 mg/5 ml susp	
cefprozil 500 mg tablet	
ceftibuten 180 mg/5 ml susp	
ceftibuten 400 mg capsule	
CEFTIN 125 MG/5 ML ORAL SUSP	
CEFTIN 250 MG/5 ML ORAL SUSP	
cefuroxime axetil 250 mg tab	
cefuroxime axetil 500 mg tab	
celecoxib 100 mg capsule MM	QL(60 per 30 days)
celecoxib 200 mg capsule MM	QL(60 per 30 days)
celecoxib 400 mg capsule MM	QL(60 per 30 days)
celecoxib 50 mg capsule MM	QL(60 per 30 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION MM	
CELLCEPT 250 MG CAPSULE MM	QL(360 per 30 days)
CELLCEPT 500 MG TABLET MM	QL(180 per 30 days)
CELONTIN 300 MG CAPSULE MM	
centratex 106 mg iron-1 mg capsule	
cephalexin 125 mg/5 ml susp	
cephalexin 250 mg capsule	
cephalexin 250 mg/5 ml susp	
cephalexin 500 mg capsule	
CERDELGA 84 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
CEREZYME 400 UNIT INTRAVENOUS SOLUTION MM,SP,LD	PA,QL(36 per 30 days)
CESAMET 1 MG CAPSULE	PA,QL(180 per 30 days)
cevimeline hcl 30 mg capsule MM	
CHANTIX 0.5 MG TABLET ACA	QL(56 per 28 days)
CHANTIX 1 MG TABLET ACA	QL(56 per 28 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
CHANTIX CONTINUING MONTH BOX 1 MG TABLET [ACA]	QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK [ACA]	QL(56 per 28 days)
chateal 0.15 mg-0.03 mg tablet [MM,ACA]	
chateal eq 0.15 mg-0.03 mg tablet [MM,ACA]	
CHEMET 100 MG CAPSULE	
CHENODAL 250 MG TABLET [SP,LD]	
chloramphen na succ 1 gm vl	
chlordiazepoxide 10 mg capsule	QL(120 per 30 days)
chlordiazepoxide 25 mg capsule	QL(120 per 30 days)
chlordiazepoxide 5 mg capsule	QL(120 per 30 days)
chlorhexidine 0.12% rinse	
chloroquine ph 250 mg tablet	
chloroquine ph 500 mg tablet	
chlorothiazide 250 mg tablet [MM]	
chlorothiazide 500 mg tablet [MM]	
chlorpromazine 10 mg tablet [MM]	
chlorpromazine 100 mg tablet [MM]	
chlorpromazine 200 mg tablet [MM]	
chlorpromazine 25 mg tablet [MM]	
chlorpromazine 50 mg tablet [MM]	
chlorpropamide 100 mg tablet [MM]	
chlorpropamide 250 mg tablet [MM]	
chlorthalidone 25 mg tablet [MM]	
chlorthalidone 50 mg tablet [MM]	
chlorzoxazone 250 mg tablet	
chlorzoxazone 500 mg tablet	
CHOICE DM CLARUS NORMAL CONTROL SOLUTION [MM]	
CHOLBAM 250 MG CAPSULE [MM,SP]	PA,QL(120 per 30 days)
CHOLBAM 50 MG CAPSULE [MM,SP]	PA,QL(120 per 30 days)
cholestyramine light 4 gram oral powder [MM]	
cholestyramine light 4 gram powder for susp in a packet [MM]	
cholestyramine packet [MM]	
cholestyramine powder [MM]	
chorionic gonad 10,000 unit vl [SP]	PA,QL(2 per 30 days)
CIALIS 2.5 MG TABLET [MM]	PA,QL(30 per 30 days)
CIALIS 5 MG TABLET [MM]	PA,QL(30 per 30 days)
ciclodan 0.77 % topical cream	
ciclodan 8 % topical solution	
ciclopirox 0.77% cream	
ciclopirox 0.77% gel	
ciclopirox 0.77% topical susp	
ciclopirox 1% shampoo	
ciclopirox 8% solution	
cilostazol 100 mg tablet [MM]	
cilostazol 50 mg tablet [MM]	
CILOXAN 0.3 % EYE OINTMENT	
CIMDUO 300 MG-300 MG TABLET [MM,SP]	QL(30 per 30 days)
cimetidine 200 mg tablet [MM]	
cimetidine 300 mg tablet [MM]	
cimetidine 300 mg/5 ml soln [MM]	
cimetidine 400 mg tablet [MM]	
cimetidine 800 mg tablet [MM]	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT MM,SP	PA,QL(6 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 30 days)
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION	ST
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	
ciprofloxacin 0.2% otic soln	
ciprofloxacin 0.3% eye drop	
ciprofloxacin 250 mg/5 ml susp	
ciprofloxacin 500 mg/5 ml susp	
ciprofloxacin er 1,000 mg tab	
ciprofloxacin er 500 mg tablet	
ciprofloxacin hcl 100 mg tab	
ciprofloxacin hcl 250 mg tab	
ciprofloxacin hcl 500 mg tab	
ciprofloxacin hcl 750 mg tab	
citalopram hbr 10 mg tablet MM	QL(30 per 30 days)
citalopram hbr 10 mg/5 ml soln MM	
citalopram hbr 20 mg tablet MM	QL(60 per 30 days)
citalopram hbr 40 mg tablet MM	QL(30 per 30 days)
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET MM	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK MM	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK MM	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK MM	
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP MM	ST,QL(300 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE	ST,QL(60 per 30 days)
clarithromycin 125 mg/5 ml sus	
clarithromycin 250 mg tablet	
clarithromycin 250 mg/5 ml sus	
clarithromycin 500 mg tablet	
clarithromycin er 500 mg tab	
clemastine fum 2.68 mg tab	
CLEOCIN 100 MG VAGINAL SUPPOSITORY	
CLEVER CHEK LANCETS 30 GAUGE	
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION MM	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION MM	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION MM	
CLICKFINE 31 GAUGE X 1/4" NEEDLE MM	
CLICKFINE 31 GAUGE X 5/16" NEEDLE MM	
CLICKFINE 32 GAUGE X 5/32" NEEDLE MM	
clind ph-benzoyl perox 1.2-5%	
clinda-benzoyl perox 1-5% pump	
clindacin etz 1 % topical swab	
clindacin p 1 % topical swab	
clindamycin 2% vaginal cream	
clindamycin 75 mg/5 ml soln	
clindamycin hcl 150 mg capsule	
clindamycin hcl 300 mg capsule	
clindamycin hcl 75 mg capsule	
clindamycin pediatric 75 mg/5 ml oral solution	
clindamycin ph 1% gel	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin ph 1% solution	
clindamycin phos 1% pledget	
clindamycin phosp 1% lotion	
clindamycin-benzoyl perox 1-5%	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE	
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION	
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	
clobetasol 0.05% cream	
clobetasol 0.05% gel	
clobetasol 0.05% ointment	
clobetasol 0.05% shampoo	
clobetasol 0.05% solution	
clobetasol emollient 0.05% crm	
clocortolone pivalate 0.1% crm	
clodan 0.05 % shampoo	
clomipramine 25 mg capsule MM	
clomipramine 50 mg capsule MM	
clomipramine 75 mg capsule MM	
clonazepam 0.125 mg dis tab MM	
clonazepam 0.25 mg odt MM	
clonazepam 0.5 mg dis tablet MM	
clonazepam 0.5 mg tablet MM	
clonazepam 1 mg dis tablet MM	
clonazepam 1 mg tablet MM	
clonazepam 2 mg odt MM	
clonazepam 2 mg tablet MM	
clonidine 0.1 mg/day patch MM	QL(4 per 28 days)
clonidine 0.2 mg/day patch MM	QL(4 per 28 days)
clonidine 0.3 mg/day patch MM	QL(4 per 28 days)
clonidine hcl 0.1 mg tablet MM	
clonidine hcl 0.2 mg tablet MM	
clonidine hcl 0.3 mg tablet MM	
clopidogrel 300 mg tablet	QL(1 per 30 days)
clopidogrel 75 mg tablet MM	QL(30 per 30 days)
clorazepate 15 mg tablet	
clorazepate 3.75 mg tablet	
clorazepate 7.5 mg tablet	
clotrimazole 1% cream	
clotrimazole 1% solution	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
clotrimazole 10 mg troche	
clotrimazole-betamethasone crm	
clotrimazole-betamethasone lot	
clozapine 100 mg tablet MM	
clozapine 200 mg tablet MM	
clozapine 25 mg tablet MM	
clozapine 50 mg tablet MM	
clozapine odt 100 mg tablet MM	
clozapine odt 12.5 mg tablet MM	
clozapine odt 150 mg tablet MM	
clozapine odt 200 mg tablet MM	
clozapine odt 25 mg tablet MM	
CO-BALAMIN CAPSULE	
CO-VERATROL 200 MG-5 MG-0.8 MG-400 MG CAPSULE	
COAGUCHEK LANCETS	
COARTEM 20 MG-120 MG TABLET	QL(24 per 30 days)
codeine sulfate 15 mg tablet	QL(360 per 30 days)
codeine sulfate 30 mg tablet	QL(360 per 30 days)
codeine sulfate 60 mg tablet	QL(180 per 30 days)
COLCRYS 0.6 MG TABLET MM	QL(120 per 30 days)
colestipol hcl granules MM	
colestipol hcl granules packet MM	
colestipol micronized 1 gm tab MM	
colocort 100 mg/60 ml enema	
COLOR LANCETS 21 GAUGE	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	
COMBIGAN 0.2 %-0.5 % EYE DROPS MM	QL(5 per 25 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES MM,SP,LD	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES MM,SP,LD	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES MM,SP,LD	PA,QL(84 per 28 days)
COMFORT EZ LANCETS 21 GAUGE	
COMFORT EZ LANCETS 23 GAUGE	
COMFORT EZ LANCETS 28 GAUGE	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" MM	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" MM	
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" MM	
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" MM	
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" MM	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" MM	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" MM	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" MM	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" MM	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" MM	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" MM	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" MM	
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 0.3 ML 30 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
COMFORT EZ SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
COMFORT EZ SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
COMFORT EZ SYRINGE 1 ML 28 GAUGE X 1/2" MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ SYRINGE 1 ML 29 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 1 ML 30 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 1 ML 30 GAUGE X 5/16" MM	
COMFORT EZ SYRINGE 1 ML 31 GAUGE X 5/16" MM	
COMFORT EZ SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 1/2 ML 30 GAUGE X 1/2" MM	
COMFORT EZ SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
COMFORT LANCETS	
COMFORT POINT PEN NDL 31GX1/3" MM	
COMFORT POINT PEN NDL 31GX1/6" MM	
COMPACT SPACE CHAMBER	
COMPACT SPACE CHAMBER PLUS	
COMPACT SPACE CHAMBER-LRG MASK	
COMPACT SPACE CHAMBER-MED MASK	
COMPACT SPACE CHAMBER-SM MASK	
COMPLERA 200 MG-25 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
complete natal dha 29 mg-1 mg-250 mg oral pack MM	
completenate 29 mg iron-1 mg chewable tablet MM	
compro 25 mg rectal suppository	
CONDYLOX 0.5 % TOPICAL GEL	
constulose 10 gram/15 ml oral solution MM	
CONTOUR CONTROL SOLUTION, HIGH MM	
CONTOUR CONTROL SOLUTION, LOW MM	
CONTOUR CONTROL SOLUTION, NORMAL MM	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION MM	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION MM	
COOL CONTROL A SOLUTION MM	
COOL CONTROL B SOLUTION MM	
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(12 per 28 days)
COPIKTRA 15 MG CAPSULE SP	PA,QL(56 per 28 days)
COPIKTRA 25 MG CAPSULE SP	PA,QL(56 per 28 days)
coremino 135 mg tablet,extended release	ST,QL(30 per 30 days)
coremino 45 mg tablet,extended release	ST,QL(30 per 30 days)
coremino 90 mg tablet,extended release	ST,QL(30 per 30 days)
cortisone 25 mg tablet	
CORTISPORIN 1 % TOPICAL OINTMENT	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE MM,SP,LD	PA,QL(32 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS MM,SP,LD	PA,QL(32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS MM,SP,LD	PA,QL(32 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS MM,SP,LD	PA,QL(32 per 365 days)
COTELLIC 20 MG TABLET MM,SP,LD	PA,QL(63 per 28 days)
COUMADIN 1 MG TABLET MM	
COUMADIN 10 MG TABLET MM	
COUMADIN 2 MG TABLET MM	
COUMADIN 2.5 MG TABLET MM	
COUMADIN 3 MG TABLET MM	
COUMADIN 4 MG TABLET MM	
COUMADIN 5 MG TABLET MM	
COUMADIN 6 MG TABLET MM	
COUMADIN 7.5 MG TABLET MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
covaryx 1.25 mg-2.5 mg tablet MM	
covaryx h.s. 0.625 mg-1.25 mg tablet MM	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE MM	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE MM	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE MM	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE MM	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MM	
CRESEMBA 186 MG CAPSULE SP	PA
CRINONE 4 % VAGINAL GEL	QL(8.7 per 30 days)
CRIXIVAN 200 MG CAPSULE MM	QL(450 per 30 days)
CRIXIVAN 400 MG CAPSULE MM	QL(270 per 30 days)
cromolyn 100 mg/5 ml oral conc SP	
cromolyn 20 mg/2 ml neb soln MM	
cromolyn 4% eye drops	
cryselle (28) 0.3 mg-30 mcg tablet MM,ACA	
CUPRIMINE 250 MG CAPSULE MM,SP	
CURITY ALCOHOL SWABS	
cvs glucose 40% gel	
cyanocobalamin 1,000 mcg/ml MM	QL(30 per 30 days)
cyclafem 1/35 (28) 1 mg-35 mcg tablet MM,ACA	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MM,ACA	
cyclobenzaprine 10 mg tablet	
cyclobenzaprine 5 mg tablet	
cyclobenzaprine 7.5 mg tablet	PA,QL(90 per 30 days)
cyclopentolate 0.5% eye drops	
cyclopentolate 1% eye drops	
cyclopentolate hcl 2% drops	
cyclophosphamide 25 mg capsule SP	QL(960 per 30 days)
cyclophosphamide 50 mg capsule SP	QL(480 per 30 days)
cycloserine 250 mg capsule	
CYCLOSET 0.8 MG TABLET MM	ST,QL(180 per 30 days)
cyclosporine 100 mg capsule MM	QL(720 per 30 days)
cyclosporine 25 mg capsule MM	
cyclosporine 50 mg/ml ampul	
cyclosporine modified 100 mg MM	QL(720 per 30 days)
cyclosporine modified 100mg/ml MM	
cyclosporine modified 25 mg MM	
cyclosporine modified 50 mg MM	
cyproheptadine 2 mg/5 ml syrup	
cyproheptadine 4 mg tablet	
cyred 0.15 mg-0.03 mg tablet MM,ACA	
cyred eq 0.15 mg-0.03 mg tablet MM,ACA	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER MM,SP,LD	
CYSTAGON 150 MG CAPSULE MM,LD	
CYSTAGON 50 MG CAPSULE MM,LD	
CYSTARAN 0.44 % EYE DROPS MM,SP,LD	PA,QL(60 per 28 days)
cytra k crystals 3,300 mg-1,002 mg oral packet	
d3-50 50,000 unit capsule	
d5%-1/2ns-kcl 10 meq/l iv sol	
d5%-1/2ns-kcl 30 meq/l iv sol	
d5%-1/2ns-kcl 40 meq/l iv sol	
d5%-1/4ns-kcl 10 meq/l iv sol	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
d5%-1/4ns-kcl 30 meq/l iv sol	
d5%-1/4ns-kcl 40 meq/l iv sol	
d5w-kcl 30 meq/l iv solution	
dalfampridine er 10 mg tablet SP	PA,QL(60 per 30 days)
DALIRESP 250 MCG TABLET MM	QL(28 per 365 days)
DALIRESP 500 MCG TABLET MM	QL(30 per 30 days)
danazol 100 mg capsule	
danazol 200 mg capsule	
danazol 50 mg capsule	
dantrolene sodium 100 mg cap MM	
dantrolene sodium 25 mg cap MM	
dantrolene sodium 50 mg cap MM	
dapsone 100 mg tablet MM	
dapsone 25 mg tablet MM	
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP ACA	
darifenacin er 15 mg tablet MM	ST,QL(30 per 30 days)
darifenacin er 7.5 mg tablet MM	ST,QL(30 per 30 days)
dasetta 1/35 (28) 1 mg-35 mcg tablet MM,ACA	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MM,ACA	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
DAYTRANA 10 MG/9 HR DAILY PATCH MM	ST,QL(30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH MM	ST,QL(30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH MM	ST,QL(30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH MM	ST,QL(30 per 30 days)
deblitane 0.35 mg tablet MM,ACA	
decadron 0.5 mg/5 ml oral elixir	
DELSTRIGO 100 MG-300 MG-300 MG TABLET SP	QL(30 per 30 days)
delyla (28) 0.1 mg-20 mcg tablet MM,ACA	
demeclocycline 150 mg tablet	
demeclocycline 300 mg tablet	
DENAVIR 1 % TOPICAL CREAM SP	PA
denta 5000 plus 1.1 % cream MM	
dentagel 1.1 % MM	
DEPEN TITRATABS 250 MG TABLET MM,SP	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MM,ACA	QL(0.54 per 90 days)
DESCOVY 200 MG-25 MG TABLET MM,SP	QL(30 per 30 days)
desipramine 10 mg tablet MM	
desipramine 100 mg tablet MM	
desipramine 150 mg tablet MM	
desipramine 25 mg tablet MM	
desipramine 50 mg tablet MM	
desipramine 75 mg tablet MM	
desloratadine 2.5 mg odt MM	ST,QL(30 per 30 days)
desloratadine 5 mg odt MM	ST,QL(30 per 30 days)
desloratadine 5 mg tablet MM	QL(30 per 30 days)
desmopressin 0.01% solution MM	QL(25 per 30 days)
desmopressin 10 mcg/0.1 ml spr MM	QL(25 per 30 days)
desmopressin acetate 0.1 mg tb MM	QL(180 per 30 days)
desmopressin acetate 0.2 mg tb MM	QL(180 per 30 days)
desogestr-eth estrad eth estra MM,ACA	
desogestrel-ethinyl estrad tab MM,ACA	
DESONATE 0.05 % TOPICAL GEL	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
desonide 0.05% cream	
desonide 0.05% lotion	
desonide 0.05% ointment	
desoximetasone 0.05% cream	
desoximetasone 0.25% cream	
desvenlafaxine suc er 100 mg MM	QL(30 per 30 days)
desvenlafaxine suc er 25 mg tb MM	QL(30 per 30 days)
desvenlafaxine suc er 50 mg tb MM	QL(30 per 30 days)
dexamethasone 0.1% eye drop	
dexamethasone 0.5 mg tablet	
dexamethasone 0.5 mg/5 ml elx	
dexamethasone 0.5 mg/5 ml liq	
dexamethasone 0.75 mg tablet	
dexamethasone 1 mg tablet	
dexamethasone 1.5 mg tablet	
dexamethasone 2 mg tablet	
dexamethasone 4 mg tablet	
dexamethasone 6 mg tablet	
dexamethasone intensol 1 mg/ml drops (concentrate)	
dexmethylphenidate 10 mg tab MM	QL(60 per 30 days)
dexmethylphenidate 2.5 mg tab MM	QL(60 per 30 days)
dexmethylphenidate 5 mg tab MM	QL(60 per 30 days)
dexmethylphenidate er 10 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 15 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 20 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 25 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 30 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 35 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 40 mg cp MM	QL(30 per 30 days)
dexmethylphenidate er 5 mg cap MM	QL(30 per 30 days)
dextroamp-amphetam 12.5 mg tab MM	QL(90 per 30 days)
dextroamp-amphetam 7.5 mg tab MM	QL(90 per 30 days)
dextroamp-amphetamin 10 mg tab MM	QL(90 per 30 days)
dextroamp-amphetamin 15 mg tab MM	QL(90 per 30 days)
dextroamp-amphetamin 20 mg tab MM	QL(90 per 30 days)
dextroamp-amphetamin 30 mg tab MM	QL(60 per 30 days)
dextroamp-amphetamine 5 mg tab MM	QL(90 per 30 days)
dextroamphetamine 10 mg tab MM	QL(180 per 30 days)
dextroamphetamine 5 mg tab MM	QL(150 per 30 days)
dextroamphetamine 5 mg/5 ml MM	ST,QL(1800 per 30 days)
dextroamphetamine er 10 mg cap MM	ST,QL(180 per 30 days)
dextroamphetamine er 15 mg cap MM	ST,QL(120 per 30 days)
dextroamphetamine er 5 mg cap MM	ST,QL(60 per 30 days)
dextrose 2.5%-0.45% nacl iv	
DIATRUE CONTROL SOLUTION HIGH MM	
DIATRUE CONTROL SOLUTION LOW MM	
DIATRUE CONTROL SOLUTION NORMAL MM	
diazepam 10 mg rectal gel syst	
diazepam 10 mg tablet	QL(120 per 30 days)
diazepam 2 mg tablet	QL(90 per 30 days)
diazepam 2.5 mg rectal gel sys	
diazepam 20 mg rectal gel syst	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 5 mg tablet	QL(90 per 30 days)
diazepam 5 mg/5 ml solution	QL(1200 per 30 days)
diazepam 5 mg/ml oral conc	QL(1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate	QL(1200 per 30 days)
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	QL(120 per 30 days)
diclofenac 0.1% eye drops	QL(5 per 30 days)
diclofenac pot 50 mg tablet	
diclofenac sod ec 25 mg tab	
diclofenac sod ec 50 mg tab	
diclofenac sod ec 75 mg tab	
diclofenac sod er 100 mg tab	
diclofenac sodium 1% gel MM	
diclofenac sodium 3% gel	PA
diclofenac-misoprost 50-200 tb	ST
diclofenac-misoprost 75-200 tb	ST
dicloxacillin 250 mg capsule	
dicloxacillin 500 mg capsule	
dicyclomine 10 mg capsule MM	
dicyclomine 10 mg/5 ml soln MM	
dicyclomine 20 mg tablet MM	
didanosine dr 125 mg capsule MM	QL(90 per 30 days)
didanosine dr 200 mg capsule MM	QL(60 per 30 days)
didanosine dr 250 mg capsule MM	QL(30 per 30 days)
didanosine dr 400 mg capsule MM	QL(30 per 30 days)
DIFICID 200 MG TABLET SP	ST,QL(20 per 10 days)
diflorasone 0.05% cream	ST
diflunisal 500 mg tablet	
digitek 125 mcg tablet MM	QL(30 per 30 days)
digitek 250 mcg tablet MM	
digox 125 mcg tablet MM	QL(30 per 30 days)
digox 250 mcg tablet MM	
digoxin 0.05 mg/ml solution MM	
digoxin 125 mcg tablet MM	QL(30 per 30 days)
digoxin 250 mcg tablet MM	
dihydroergotamine 1 mg/ml amp SP	
dihydroergotamine 4 mg/ml spry SP	QL(8 per 30 days)
DILANTIN 30 MG CAPSULE MM	
dilt-xr 120 mg capsule, extended release MM	QL(60 per 30 days)
dilt-xr 180 mg capsule, extended release MM	QL(60 per 30 days)
dilt-xr 240 mg capsule, extended release MM	QL(60 per 30 days)
diltiazem 120 mg tablet MM	
diltiazem 12hr er 120 mg cap MM	QL(60 per 30 days)
diltiazem 12hr er 60 mg cap MM	QL(60 per 30 days)
diltiazem 12hr er 90 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 120 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 120 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 180 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 180 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 180 mg tab MM	QL(60 per 30 days)
diltiazem 24hr er 240 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 240 mg cap MM	QL(60 per 30 days)
diltiazem 24hr er 240 mg tab MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem 24hr er 300 mg cap MM	QL(30 per 30 days)
diltiazem 24hr er 300 mg cap MM	QL(30 per 30 days)
diltiazem 24hr er 300 mg tab MM	QL(30 per 30 days)
diltiazem 24hr er 360 mg cap MM	QL(30 per 30 days)
diltiazem 24hr er 360 mg cap MM	QL(30 per 30 days)
diltiazem 24hr er 360 mg tab MM	QL(30 per 30 days)
diltiazem 24hr er 420 mg cap MM	QL(30 per 30 days)
diltiazem 24hr er 420 mg tab MM	QL(30 per 30 days)
diltiazem 30 mg tablet MM	
diltiazem 60 mg tablet MM	
diltiazem 90 mg tablet MM	
diltiazem er 120 mg capsule MM	QL(60 per 30 days)
diltiazem er 180 mg capsule MM	QL(60 per 30 days)
diltiazem er 240 mg capsule MM	QL(60 per 30 days)
DIPENTUM 250 MG CAPSULE MM	ST,QL(360 per 30 days)
diphenhydramine 12.5 mg/5 ml	
diphenhydramine 50 mg/ml vial	
diphenoxylat-atrop 2.5-0.025/5	
diphenoxylate-atrop 2.5-0.025	
diphtheria-tetanus toxoids-ped ACA	
dipyridamole 25 mg tablet MM	
dipyridamole 50 mg tablet MM	
dipyridamole 75 mg tablet MM	
disopyramide 100 mg capsule MM	
disopyramide 150 mg capsule MM	
disulfiram 250 mg tablet MM	
disulfiram 500 mg tablet MM	
DIURIL 250 MG/5 ML ORAL SUSPENSION MM	
divalproex dr 125 mg cap sprnk MM	
divalproex sod dr 125 mg tab MM	
divalproex sod dr 250 mg tab MM	
divalproex sod dr 500 mg tab MM	
divalproex sod er 250 mg tab MM	
divalproex sod er 500 mg tab MM	
dofetilide 125 mcg capsule MM	QL(240 per 30 days)
dofetilide 250 mcg capsule MM	QL(120 per 30 days)
dofetilide 500 mcg capsule MM	QL(60 per 30 days)
donepezil hcl 10 mg tablet MM	QL(60 per 30 days)
donepezil hcl 5 mg tablet MM	QL(30 per 30 days)
donepezil hcl odt 10 mg tablet MM	QL(30 per 30 days)
donepezil hcl odt 5 mg tablet MM	QL(30 per 30 days)
dorzolamide hcl 2% eye drops MM	QL(10 per 30 days)
dorzolamide-timolol eye drops MM	QL(10 per 30 days)
dothelle dha 35 mg-1 mg-200 mg capsule MM	
doxazosin mesylate 1 mg tab MM	
doxazosin mesylate 2 mg tab MM	
doxazosin mesylate 4 mg tab MM	
doxazosin mesylate 8 mg tab MM	
doxepin 10 mg capsule MM	
doxepin 10 mg/ml oral conc MM	
doxepin 100 mg capsule MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 150 mg capsule MM	
doxepin 25 mg capsule MM	
doxepin 50 mg capsule MM	
doxepin 75 mg capsule MM	
doxercalciferol 0.5 mcg cap MM	
doxercalciferol 1 mcg capsule MM	
doxercalciferol 2.5 mcg cap MM	
doxycycline 25 mg/5 ml susp	
doxycycline hyclate 100 mg cap	QL(90 per 30 days)
doxycycline hyclate 100 mg tab	
doxycycline hyclate 20 mg tab	
doxycycline hyclate 50 mg cap	
doxycycline mono 100 mg cap	QL(90 per 30 days)
doxycycline mono 100 mg tablet	
doxycycline mono 50 mg cap	QL(60 per 30 days)
doxycycline mono 50 mg tablet	
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 LANCETS 30 GAUGE	
DROPLET LANCING DEVICE	
DROPLET PEN NEEDLE 29 GAUGE X 1/2" MM	
DROPLET PEN NEEDLE 29 GAUGE X 3/8" 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"	
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"	
drosp-ee-levomef 3-0.02-0.451 MM,ACA	
drosp-ee-levomef 3-0.03-0.451 MM,ACA	
drospirenone-ee 3-0.02 mg tab MM,ACA	
drospirenone-ee 3-0.03 mg tab MM,ACA	
DROXIA 200 MG CAPSULE MM	
DROXIA 300 MG CAPSULE MM	
DROXIA 400 MG CAPSULE MM	
DUAVEE 0.45 MG-20 MG TABLET MM	PA,QL(30 per 30 days)
DUET DHA BALANCED 25 MG IRON-1 MG-267 MG-233 MG ORAL PACK MM	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MM	
duloxetine hcl dr 20 mg cap MM	QL(60 per 30 days)
duloxetine hcl dr 30 mg cap MM	QL(60 per 30 days)
duloxetine hcl dr 60 mg cap MM	QL(60 per 30 days)
DUREZOL 0.05 % EYE DROPS	ST
dutasteride 0.5 mg capsule MM	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MM	ST,QL(30 per 30 days)
DYRENIUM 100 MG CAPSULE MM	
DYRENIUM 50 MG CAPSULE MM	
E-Z JECT LANCETS	
E-Z JECT LANCETS 26 GAUGE	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
E-Z JECT LANCETS 30 GAUGE	
E-Z JECT LANCETS 32 GAUGE	
E-Z JECT LANCETS 33 GAUGE	
E-Z JECT THIN LANCETS 28 GAUGE	
E-Z SPACER	
EASIVENT HOLDING CHAMBER	
EASIVENT MASK LARGE	
EASIVENT MASK MEDIUM	
EASIVENT MASK SMALL	
EASY CLICK LANCING DEVICE	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" MM	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 1/2" MM	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
EASY COMFORT LANCETS 30 GAUGE	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4" MM	
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16" MM	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16" MM	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" MM	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" MM	
EASY MINI EJECT LANCING DEVICE	
EASY PLUS II HIGH CONTROL SOLUTION MM	
EASY PLUS II LOW CONTROL SOLUTION MM	
EASY STEP CONTROL SOLUTION MM	
EASY STEP CONTROL SOLUTION MM	
EASY STEP CONTROL SOLUTION MM	
EASY TALK HIGH CONTROL SOLUTION MM	
EASY TALK LOW CONTROL SOLUTION MM	
EASY TOUCH 29 GAUGE X 1/2" NEEDLE MM	
EASY TOUCH 31 GAUGE X 1/4" NEEDLE MM	
EASY TOUCH 31 GAUGE X 3/16" NEEDLE MM	
EASY TOUCH 31 GAUGE X 5/16" NEEDLE MM	
EASY TOUCH 32 GAUGE X 1/4" NEEDLE MM	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE MM	
EASY TOUCH 32 GAUGE X 5/32" NEEDLE MM	
EASY TOUCH ALCOHOL PREP PADS	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE MM	
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE MM	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" MM	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
EASY TOUCH HIGH-LOW CONTROL SOLUTION MM	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" MM	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" MM	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2" MM	
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	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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 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 INSULIN SYRINGE 1/2 ML 30 GAUGE X 1/2" MM	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
EASY TOUCH LANCETS 26 GAUGE	
EASY TOUCH LANCETS 28 GAUGE	
EASY TOUCH LANCETS 30 GAUGE	
EASY TOUCH LANCETS 32 GAUGE	
EASY TOUCH LANCING DEVICE	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MM	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" MM	
EASY TOUCH SAFETY LANCETS 21 GAUGE	
EASY TOUCH SAFETY LANCETS 23 GAUGE	
EASY TOUCH SAFETY LANCETS 26 GAUGE	
EASY TOUCH SAFETY LANCETS 28 GAUGE	
EASY TOUCH SAFETY LANCETS 30 GAUGE	
EASY TOUCH SAFETY LANCETS 32 GAUGE	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE MM	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE MM	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE MM	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" MM	
EASY TOUCH TWIST LANCETS 26 GAUGE	
EASY TOUCH TWIST LANCETS 28 GAUGE	
EASY TOUCH TWIST LANCETS 30 GAUGE	
EASY TOUCH TWIST LANCETS 32 GAUGE	
EASY TOUCH TWIST LANCETS 33 GAUGE	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MM	
EASY TRAK CONTROL SOLN NORMAL MM	
EASY TRAK HIGH CONTROL SOLUTION MM	
EASY TRAK LOW CONTROL SOLUTION MM	
EASY TWIST AND CAP LANCETS 28 GAUGE	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION MM	
EASYMAX LOW CONTROL SOLUTION MM	
EASYMAX NORMAL CONTROL SOLUTION MM	
ECLIPSE NEEDLE 23 GAUGE X 1"	
ECLIPSE NEEDLE 25 X 5/8"	
ECLIPSE NEEDLE 27 GAUGE X 1/2"	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	
econazole nitrate 1% cream	
ed-spaz 0.125 mg disintegrating tablet MM	
EDARBI 40 MG TABLET MM	ST,QL(30 per 30 days)
EDARBI 80 MG TABLET MM	ST,QL(30 per 30 days)
EDURANT 25 MG TABLET MM,SP	QL(30 per 30 days)
eemt 1.25 mg-2.5 mg tablet MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
eemt hs 0.625 mg-1.25 mg tablet MM	
efavirenz 200 mg capsule MM,SP	QL(120 per 30 days)
efavirenz 50 mg capsule MM,SP	QL(480 per 30 days)
efavirenz 600 mg tablet MM,SP	QL(30 per 30 days)
EFFER-K 10 MEQ EFFERVESCENT TABLET MM	
EFFER-K 20 MEQ EFFERVESCENT TABLET MM	
effer-k 25 meq effervescent tablet MM	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
EGRIFTA 2 MG VIAL MM,SP,LD	PA,QL(30 per 30 days)
ELEMENT COMPACT HIGH CONTROL SOLUTION MM	
ELEMENT COMPACT NORMAL CONTROL SOLUTION MM	
ELEMENT HIGH CONTROL SOLUTION MM	
ELEMENT LOW CONTROL SOLUTION MM	
ELEMENT NORMAL CONTROL SOLUTION MM	
eletriptan hbr 20 mg tablet	ST,QL(9 per 30 days)
eletriptan hbr 40 mg tablet	ST,QL(9 per 30 days)
ELIDEL 1 % TOPICAL CREAM	
elinest 0.3 mg-30 mcg tablet MM,ACA	
eliphos 667 mg tablet MM	
ELIQUIS 2.5 MG TABLET MM	QL(60 per 30 days)
ELIQUIS 5 MG (74 TABS) TABLETS IN A DOSE PACK	QL(74 per 30 days)
ELIQUIS 5 MG TABLET MM	QL(74 per 30 days)
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg capsule MM	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MM	
ELLA 30 MG TABLET ACA	QL(1 per 30 days)
ELMIRON 100 MG CAPSULE SP	QL(90 per 30 days)
EMADINE 0.05 % EYE DROPS	ST
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY	QL(60 per 30 days)
EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY	QL(60 per 30 days)
EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY	QL(60 per 30 days)
EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY	QL(60 per 30 days)
EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY	QL(60 per 30 days)
EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY	QL(60 per 30 days)
EMBRACE EVO LEVEL 1 SOLUTION MM	
EMBRACE EVO LEVEL 2 CTRL SOLN MM	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION MM	
EMBRACE GLUCOSE CONTROL LOW SOLUTION MM	
EMBRACE LANCETS 30 GAUGE	
EMBRACE PRO SOLUTION MM	
EMCYT 140 MG CAPSULE	QL(540 per 30 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION	PA,QL(3 per 28 days)
emoquette 0.15 mg-0.03 mg tablet MM,ACA	
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH MM	QL(30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH MM	QL(30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MM	QL(30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MM	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MM	QL(30 per 30 days)
emverm 100 mg chewable tablet	
enalapril maleate 10 mg tab MM	
enalapril maleate 2.5 mg tab MM	
enalapril maleate 20 mg tab MM	
enalapril maleate 5 mg tablet MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril-hctz 10-25 mg tablet MM	
enalapril-hctz 5-12.5 mg tab MM	
ENBRACE HR 1.5 MG IRON-8.73 MG-6.4 MG CAPSULE,IMMED AND DELAY RELEASE MM	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION MM,SP	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE MM,SP	PA,QL(8.16 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE MM,SP	PA,QL(7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE MM,SP	PA,QL(7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(7.84 per 28 days)
endocet 10 mg-325 mg tablet	QL(360 per 30 days)
endocet 2.5 mg-325 mg tablet	QL(360 per 30 days)
endocet 5 mg-325 mg tablet	QL(360 per 30 days)
endocet 7.5 mg-325 mg tablet	QL(360 per 30 days)
enoxaparin 100 mg/ml syringe	QL(28 per 28 days)
enoxaparin 120 mg/0.8 ml syr	QL(22.4 per 28 days)
enoxaparin 150 mg/ml syringe	QL(28 per 28 days)
enoxaparin 30 mg/0.3 ml syr	QL(16.8 per 28 days)
enoxaparin 300 mg/3 ml vial	QL(84 per 28 days)
enoxaparin 40 mg/0.4 ml syr	QL(11.2 per 28 days)
enoxaparin 60 mg/0.6 ml syr	QL(16.8 per 28 days)
enoxaparin 80 mg/0.8 ml syr	QL(22.4 per 28 days)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MM,ACA	
enskyce 0.15 mg-0.03 mg tablet MM,ACA	
entacapone 200 mg tablet MM	QL(300 per 30 days)
entecavir 0.5 mg tablet MM	QL(30 per 30 days)
entecavir 1 mg tablet MM	QL(30 per 30 days)
ENTEREG 12 MG CAPSULE	QL(15 per 365 days)
ENTRESTO 24 MG-26 MG TABLET MM	PA,QL(60 per 30 days)
ENTRESTO 49 MG-51 MG TABLET MM	PA,QL(60 per 30 days)
ENTRESTO 97 MG-103 MG TABLET MM	PA,QL(60 per 30 days)
enulose 10 gram/15 ml oral solution MM	
EPANED 1 MG/ML ORAL SOLUTION MM	
EPANED 1 MG/ML SOLUTION MM	
EPCLUSA 400 MG-100 MG TABLET SP	PA,QL(28 per 28 days)
EPIDIOLEX 100 MG/ML ORAL SOLUTION SP	PA
epinastine hcl 0.05% eye drops	QL(5 per 30 days)
epinephrine 0.1 mg/ml syringe	
EPINEPHRINE 0.15 MG AUTO-INJCT	QL(4 per 30 days)
epinephrine 0.15 mg auto-injct	QL(4 per 30 days)
epinephrine 0.3 mg auto-inject	QL(4 per 30 days)
epitol 200 mg tablet MM	
eplerenone 25 mg tablet MM	
eplerenone 50 mg tablet MM	
eprosartan mesylate 600 mg tab MM	ST,QL(60 per 30 days)
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE MM	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE MM	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE MM	
ergoloid mesylates 1 mg tab MM	
ERIVEDGE 150 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
ERLEADA 60 MG TABLET MM,SP	PA,QL(120 per 30 days)
errin 0.35 mg tablet MM,ACA	
ERTACZO 2 % TOPICAL CREAM	ST
ertapenem 1 gram vial	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ery pads 2 % topical swab	
erythromycin 0.5% eye ointment	
erythromycin 2% pledgets	
erythromycin 2% solution	
ESBRIET 267 MG CAPSULE MM,SP,LD	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET MM,SP	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET MM,SP	PA,QL(90 per 30 days)
escitalopram 10 mg tablet MM	QL(45 per 30 days)
escitalopram 20 mg tablet MM	QL(30 per 30 days)
escitalopram 5 mg tablet MM	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml MM	QL(600 per 30 days)
esomeprazole mag dr 20 mg cap MM	QL(30 per 30 days)
esomeprazole mag dr 40 mg cap MM	QL(30 per 30 days)
esomeprazole sodium 20 mg vial	
esomeprazole sodium 40 mg vial	
estarylla 0.25 mg-35 mcg tablet MM,ACA	
estazolam 1 mg tablet	QL(30 per 30 days)
estazolam 2 mg tablet	QL(30 per 30 days)
estradiol 0.01% cream MM	
estradiol 0.025 mg patch MM	QL(8 per 28 days)
estradiol 0.0375 mg patch MM	QL(8 per 28 days)
estradiol 0.0375 mg/day patch MM	QL(4 per 28 days)
estradiol 0.05 mg patch MM	QL(8 per 28 days)
estradiol 0.06 mg/day patch MM	QL(4 per 28 days)
estradiol 0.075 mg patch MM	QL(8 per 28 days)
estradiol 0.075 mg/day patch MM	QL(4 per 28 days)
estradiol 0.1 mg patch MM	QL(8 per 28 days)
estradiol 0.5 mg tablet MM	
estradiol 1 mg tablet MM	
estradiol 2 mg tablet MM	
estradiol tds 0.025 mg/day MM	QL(4 per 28 days)
estradiol tds 0.05 mg/day MM	QL(4 per 28 days)
estradiol tds 0.1 mg/day MM	QL(4 per 28 days)
estradiol-noreth 0.5-0.1 mg tb MM	
estradiol-noreth 1-0.5 mg tab MM	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING MM	QL(1 per 90 days)
estrogen-methyltestos f.s. tab MM	
estrogen-methyltestos h.s. tab MM	
estropipate 0.625(0.75 mg) tab MM	
estropipate 1.25(1.5 mg) tab MM	
estropipate 2.5(3 mg) tab MM	
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)
ethacrynate sodium 50 mg vial	
ethambutol hcl 100 mg tablet	
ethambutol hcl 400 mg tablet	
ethosuximide 250 mg capsule MM	
ethosuximide 250 mg/5 ml soln MM	
ethynodiol-eth estra 1mg-35mcg MM,ACA	
ethynodiol-eth estra 1mg-50mcg MM,ACA	
etidronate disodium 200 mg tab MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
etidronate disodium 400 mg tab MM	
etodolac 200 mg capsule MM	
etodolac 300 mg capsule MM	
etodolac 400 mg tablet MM	
etodolac 500 mg tablet MM	
etodolac er 400 mg tablet MM	
etodolac er 500 mg tablet MM	
etodolac er 600 mg tablet MM	
etomidate 40 mg/20 ml vial	
etoposide 50 mg capsule SP	QL(100 per 30 days)
EURAX 10 % LOTION SP	
EURAX 10 % TOPICAL CREAM SP	
EVENCARE G3 CONTROL SOLUTION MM	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION MM	
EVOLUTION NORMAL CONTROL SOLUTION MM	
EVOTAZ 300 MG-150 MG TABLET MM,SP	QL(30 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE MM	
EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE MM	
EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE MM	
EXEL INSULIN 1/2 ML 30 GAUGE X 5/16" SYRINGE MM	
EXELDERM 1 % TOPICAL SOLUTION	ST
exemestane 25 mg tablet MM	QL(60 per 30 days)
EXJADE 125 MG DISPERSIBLE TABLET MM,SP,LD	PA,QL(150 per 30 days)
EXJADE 250 MG DISPERSIBLE TABLET MM,SP,LD	PA,QL(150 per 30 days)
EXJADE 500 MG DISPERSIBLE TABLET MM,SP,LD	PA,QL(150 per 30 days)
extra-virt plus dha 29 mg iron-1.25 mg-55 mg capsule MM	
EZ SMART CONTROL SOLUTION MM	
EZ SMART LANCETS 28 GAUGE	
ezetimibe 10 mg tablet MM	QL(30 per 30 days)
FACTIVE 320 MG TABLET	
falmina (28) 0.1 mg-20 mcg tablet MM,ACA	
famciclovir 125 mg tablet MM	QL(90 per 30 days)
famciclovir 250 mg tablet MM	QL(90 per 30 days)
famciclovir 500 mg tablet MM	QL(90 per 30 days)
famotidine 20 mg tablet MM	
famotidine 40 mg tablet MM	
famotidine 40 mg/5 ml susp MM	
FANAPT 1 MG TABLET MM,SP	PA,QL(60 per 30 days)
FANAPT 10 MG TABLET MM,SP	PA,QL(60 per 30 days)
FANAPT 12 MG TABLET MM,SP	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK SP	PA,QL(60 per 30 days)
FANAPT 2 MG TABLET MM,SP	PA,QL(60 per 30 days)
FANAPT 4 MG TABLET MM,SP	PA,QL(60 per 30 days)
FANAPT 6 MG TABLET MM,SP	PA,QL(60 per 30 days)
FANAPT 8 MG TABLET MM,SP	PA,QL(60 per 30 days)
FARESTON 60 MG TABLET MM,SP	QL(30 per 30 days)
FARYDAK 10 MG CAPSULE SP,LD	PA,QL(6 per 21 days)
FARYDAK 15 MG CAPSULE SP,LD	PA,QL(6 per 21 days)
FARYDAK 20 MG CAPSULE SP,LD	PA,QL(6 per 21 days)
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 400 mg tablet MM	
felbamate 600 mg tablet MM	
felbamate 600 mg/5 ml susp MM	
felodipine er 10 mg tablet MM	QL(30 per 30 days)
felodipine er 2.5 mg tablet MM	QL(30 per 30 days)
felodipine er 5 mg tablet MM	QL(30 per 30 days)
FEMCAP 22 MM VAGINAL DEVICE ACA	
FEMCAP 26 MM VAGINAL DEVICE ACA	
FEMCAP 30 MM VAGINAL DEVICE ACA	
FEMRING 0.05 MG/24 HR VAGINAL MM	QL(1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL MM	QL(1 per 90 days)
femynor 0.25 mg-35 mcg tablet MM,ACA	
fenofibrate 134 mg capsule MM	QL(30 per 30 days)
fenofibrate 145 mg tablet MM	QL(30 per 30 days)
fenofibrate 160 mg tablet MM	QL(30 per 30 days)
fenofibrate 200 mg capsule MM	QL(30 per 30 days)
fenofibrate 48 mg tablet MM	QL(60 per 30 days)
fenofibrate 54 mg tablet MM	QL(60 per 30 days)
fenofibrate 67 mg capsule MM	QL(60 per 30 days)
fenoprofen 200 mg capsule	ST
fenoprofen 400 mg capsule	ST
fenoprofen 600 mg tablet	ST
fentanyl 100 mcg/hr patch	QL(20 per 30 days)
fentanyl 12 mcg/hr patch	QL(20 per 30 days)
fentanyl 25 mcg/hr patch	QL(20 per 30 days)
fentanyl 37.5 mcg/hr patch	QL(20 per 30 days)
fentanyl 50 mcg/hr patch	QL(20 per 30 days)
fentanyl 62.5 mcg/hr patch	QL(20 per 30 days)
fentanyl 75 mcg/hr patch	QL(20 per 30 days)
fentanyl 87.5 mcg/hr patch	QL(20 per 30 days)
fentanyl cit otfc 1,200 mcg	PA,QL(120 per 30 days)
fentanyl cit otfc 1,600 mcg	PA,QL(120 per 30 days)
fentanyl citrate otfc 200 mcg	PA,QL(120 per 30 days)
fentanyl citrate otfc 400 mcg	PA,QL(120 per 30 days)
fentanyl citrate otfc 600 mcg	PA,QL(120 per 30 days)
fentanyl citrate otfc 800 mcg	PA,QL(120 per 30 days)
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE	
ferocon 110 mg-0.5 mg capsule	
ferraplus 90 90 mg-1 mg-12 mcg-120 mg-50mg tablet	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet	
FERRIPROX 500 MG TABLET SP,LD	PA,QL(720 per 30 days)
ferrocite plus 106 mg iron-1 mg tablet	
ferrogels forte softgel	
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE MM	PA,QL(30 per 30 days)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE MM	PA,QL(30 per 30 days)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE MM	PA,QL(30 per 30 days)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE MM	PA,QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MM	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	
FIFTY50 1.8 ML RESERVOIR MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
FIFTY50 3 ML RESERVOIR MM	
FIFTY50 GLUCOSE CONTROL SOLN MM	
FIFTY50 PEN 31G X 3/16" NEEDLE MM	
FIFTY50 PEN NEEDLE 32G X 1/4" MM	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE	
FILTER NEEDLE 5 MICRON	
FILTER NEEDLE 5 MICRON	
FINACEA 15 % TOPICAL FOAM	
finasteride 5 mg tablet MM	QL(30 per 30 days)
FINE 30 UNIVERSAL LANCETS 30 GAUGE	
FINGERSTIX LANCETS	
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION	PA,QL(6 per 365 days)
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION	PA,QL(6 per 365 days)
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MM	PA,QL(4 per 28 days)
FIRVANQ 25 MG/ML ORAL SOLUTION	
FIRVANQ 50 MG/ML ORAL SOLUTION	
flac otic (ear) oil 0.01 % drops	
flavoxate hcl 100 mg tablet MM	
flecainide acetate 100 mg tab MM	
flecainide acetate 150 mg tab MM	
flecainide acetate 50 mg tab MM	
FLEXICHAMBER SPACER	
FLEXICHAMBER-LARGE CHILD MASK	
FLEXICHAMBER-SMALL ADULT MASK	
FLEXICHAMBER-SMALL CHILD MASK	
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION MM	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION MM	QL(60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION MM	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER MM	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER MM	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MM	QL(10.6 per 30 days)
FLUAD 2018-19 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE ACA	
FLUARIX QUAD 2018-2019 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE ACA	
FLUBLOK QUAD 2018-2019 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE ACA	
FLUCELVAX QUAD 2018-2019 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE ACA	
FLUCELVAX QUAD 2018-2019 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION ACA	
fluconazole 10 mg/ml susp	
fluconazole 100 mg tablet	
fluconazole 150 mg tablet	
fluconazole 200 mg tablet	
fluconazole 40 mg/ml susp	
fluconazole 50 mg tablet	
flucytosine 250 mg capsule	
flucytosine 500 mg capsule	
fludrocortisone 0.1 mg tablet MM	
FLULAVAL QUAD 2018-2019 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE ACA	
FLULAVAL QUAD 2018-2019 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION ACA	
FLUMIST QUAD 2018-2019 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE ACA	
flunisolide 0.025% spray MM	QL(50 per 30 days)
fluocinolone 0.01% body oil	
fluocinolone 0.01% cream	

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fluocinolone 0.01% scalp oil	
fluocinolone 0.01% solution	
fluocinolone 0.025% cream	
fluocinolone 0.025% ointment	
fluocinolone oil 0.01% ear drp	
fluocinonide 0.05% cream	
fluocinonide 0.05% gel	
fluocinonide 0.05% ointment	
fluocinonide 0.05% solution	
fluocinonide-e 0.05 % topical cream	
fluocinonide-e 0.05% cream	
fluoridex defense 1.1% gel MM	
FLUORIDEX SENSITIVITY RLF GEL MM	
fluorometholone 0.1% drops	
fluorouracil 0.5% cream	
fluorouracil 2% topical soln	
fluorouracil 5% cream	
fluorouracil 5% topical soln	
fluoxetine 20 mg/5 ml solution MM	
fluoxetine dr 90 mg capsule MM	QL(4 per 28 days)
fluoxetine hcl 10 mg capsule MM	QL(60 per 30 days)
fluoxetine hcl 20 mg capsule MM	QL(120 per 30 days)
fluoxetine hcl 40 mg capsule MM	QL(60 per 30 days)
fluphenazine 1 mg tablet MM	
fluphenazine 10 mg tablet MM	
fluphenazine 2.5 mg tablet MM	
fluphenazine 2.5 mg/5 ml elix MM	
fluphenazine 5 mg tablet MM	
fluphenazine 5 mg/ml conc	
flurazepam 15 mg capsule	QL(60 per 30 days)
flurazepam 30 mg capsule	QL(30 per 30 days)
flurbiprofen 0.03% eye drop	
flurbiprofen 100 mg tablet	
flurbiprofen 50 mg tablet	
flutamide 125 mg capsule MM	QL(180 per 30 days)
fluticasone prop 0.005% oint	
fluticasone prop 0.05% cream	
fluticasone prop 0.05% lotion	
fluticasone prop 50 mcg spray MM	QL(16 per 30 days)
fluticasone-salmeterol 113-14 MM	QL(1 per 30 days)
fluticasone-salmeterol 232-14 MM	QL(1 per 30 days)
fluticasone-salmeterol 55-14 MM	QL(1 per 30 days)
fluvastatin sodium 20 mg cap MM	QL(60 per 30 days)
fluvastatin sodium 40 mg cap MM	QL(60 per 30 days)
fluvoxamine maleate 100 mg tab MM	QL(90 per 30 days)
fluvoxamine maleate 25 mg tab MM	QL(90 per 30 days)
fluvoxamine maleate 50 mg tab MM	QL(90 per 30 days)
FLUZONE HIGH-DOSE 2018-2019 (PF) 180 MCG/0.5 ML INTRAMUSCULAR SYRINGE ACA	
FLUZONE QUAD 2018-19(PF) 60 MCG(15 MCGX4)/0.5 ML INTRAMUSCULAR SYRINGE ACA	
FLUZONE QUAD 2018-2019 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION ACA	
FLUZONE QUAD 2018-2019 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION ACA	
FLUZONE QUAD PEDI 2018-2019(PF) 30 MCG(7.5 MCG X 4)/0.25 ML IM SYRINGE ACA	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
focalgin 90 dha combo pack MM	
focalgin ca combo pack MM	
FOLET ONE 38 MG IRON-1 MG-25 MG-225 MG CAPSULE MM	
folic acid 1 mg tablet MM	
folic acid 5 mg/ml vial	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	
folivane-ob 85 mg-1 mg capsule MM	
folivane-plus 125 mg iron-1 mg capsule	
fomepizole 1.5 gm/1.5 ml vial	
fondaparinux 10 mg/0.8 ml syr SP	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr SP	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml syr SP	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr SP	QL(18 per 30 days)
FORA HIGH CONTROL SOLUTION MM	
FORA LANCING DEVICE	
FORA LOW CONTROL SOLUTION MM	
FORA NORMAL CONTROL SOLUTION MM	
FORACARE GDH HIGH CONTROL SOLUTION MM	
FORACARE GDH LOW CONTROL SOLUTION MM	
FORACARE GDH NORMAL CONTROL SOLUTION MM	
FORACARE LANCETS 30 GAUGE	
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET MM	ST,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MM	ST,QL(4 per 28 days)
fosamprenavir 700 mg tablet MM,SP	QL(120 per 30 days)
fosinopril sodium 10 mg tab MM	
fosinopril sodium 20 mg tab MM	
fosinopril sodium 40 mg tab MM	
fosinopril-hctz 10-12.5 mg tab MM	
fosinopril-hctz 20-12.5 mg tab MM	
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE SP	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE SP	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE SP	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE SP	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE SP	QL(6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION SP	QL(53.2 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE SP	QL(6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE SP	QL(9 per 30 days)
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION	
FREESTYLE CONTROL SOLUTION MM	
FREESTYLE LANCETS 28 GAUGE	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE MM	
FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE MM	
FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE MM	
FREESTYLE PRECISION 1/2 ML 30 GAUGE X 5/16" SYRINGE MM	
FREESTYLE UNISTIK 2	
frovatriptan succ 2.5 mg tab	ST,QL(12 per 30 days)
furosemide 10 mg/ml solution MM	
furosemide 20 mg tablet MM	
furosemide 40 mg tablet MM	
furosemide 40 mg/5 ml soln MM	
furosemide 80 mg tablet MM	
FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
FUZEON 90 MG SUBCUTANEOUS SOLUTION MM,SP	QL(60 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet MM	
fyavolv 1 mg-5 mcg tablet MM	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION MM,SP	PA,QL(680 per 28 days)
FYCOMPA 10 MG TABLET MM,SP	PA,QL(30 per 30 days)
FYCOMPA 12 MG TABLET MM,SP	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MM,SP	PA,QL(30 per 30 days)
FYCOMPA 2 MG-4 MG TABLET KIT SP	PA,QL(14 per 30 days)
FYCOMPA 4 MG TABLET MM,SP	PA,QL(30 per 30 days)
FYCOMPA 6 MG TABLET MM,SP	PA,QL(30 per 30 days)
FYCOMPA 8 MG TABLET MM,SP	PA,QL(30 per 30 days)
gabapentin 100 mg capsule MM	QL(270 per 30 days)
gabapentin 250 mg/5 ml soln MM	QL(2250 per 30 days)
gabapentin 250 mg/5 ml soln MM	QL(2250 per 30 days)
gabapentin 300 mg capsule MM	QL(270 per 30 days)
gabapentin 300 mg/6 ml soln MM	QL(2250 per 30 days)
gabapentin 400 mg capsule MM	QL(270 per 30 days)
gabapentin 600 mg tablet MM	QL(180 per 30 days)
gabapentin 800 mg tablet MM	QL(180 per 30 days)
galantamine 4 mg/ml oral soln MM	QL(200 per 30 days)
galantamine er 16 mg capsule MM	QL(30 per 30 days)
galantamine er 24 mg capsule MM	QL(30 per 30 days)
galantamine er 8 mg capsule MM	QL(30 per 30 days)
galantamine hbr 12 mg tablet MM	QL(60 per 30 days)
galantamine hbr 4 mg tablet MM	QL(60 per 30 days)
galantamine hbr 8 mg tablet MM	QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION MM,SP,LD	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION SOLUTION MM,SP,LD	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION SOLUTION MM,SP,LD	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION SOLUTION MM,SP,LD	PA
GAMUNEX-C 40 GRAM/400 ML (10 %) INJECTION SOLUTION MM,SP,LD	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION SOLUTION MM,SP,LD	PA
gatifloxacin 0.5% eye drops	QL(2.5 per 25 days)
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT MM,SP,LD	PA,QL(1 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT MM,SP,LD	PA,QL(1 per 30 days)
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution ACA	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution ACA	
gavilyte-n 420 gram oral solution ACA	
GE100 CONTROL SOLUTION NORMAL MM	
gemfibrozil 600 mg tablet MM	QL(60 per 30 days)
generlac 10 gram/15 ml oral solution MM	
gengraf 100 mg capsule MM	QL(720 per 30 days)
gengraf 100 mg/ml oral solution MM	
gengraf 25 mg capsule MM	
gengraf 50 mg capsule MM	
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(28 per 30 days)
gentak 0.3 % (3 mg/gram) eye ointment	
gentamicin 0.1% cream	
gentamicin 0.1% ointment	
gentamicin 0.3% eye drop	
gentamicin 0.3% eye ointment	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET MM,SP	QL(30 per 30 days)
gianvi (28) 3 mg-0.02 mg tablet MM,ACA	
GIAZO 1.1 GM TABLET	PA,QL(180 per 30 days)
gildagia 0.4 mg-0.035 mg tab MM,ACA	
GILENYA 0.25 MG CAPSULE MM,SP	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE MM,SP	PA,QL(30 per 30 days)
GILOTRIF 20 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
GILOTRIF 30 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
GILOTRIF 40 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION MM,SP,LD	PA,QL(30000 per 28 days)
glatiramer 20 mg/ml syringe MM,SP	PA,QL(30 per 30 days)
glatiramer 40 mg/ml syringe MM,SP	PA,QL(12 per 28 days)
GLEOSTINE 10 MG CAPSULE SP	QL(35 per 30 days)
GLEOSTINE 100 MG CAPSULE SP	QL(3 per 30 days)
GLEOSTINE 40 MG CAPSULE SP	QL(9 per 30 days)
GLEOSTINE 5 MG CAPSULE SP	QL(35 per 30 days)
glimepiride 1 mg tablet MM	
glimepiride 2 mg tablet MM	
glimepiride 4 mg tablet MM	
glipizide 10 mg tablet MM	
glipizide 5 mg tablet MM	
glipizide er 10 mg tablet MM	
glipizide er 5 mg tablet MM	
glipizide xl 2.5 mg tablet MM	
glipizide-metformin 2.5-250 mg MM	
glipizide-metformin 2.5-500 mg MM	
glipizide-metformin 5-500 mg MM	
GLUCAGEN HYPOKIT 1 MG INJECTION	
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION MM	
GLUCOCARD 01 NORMAL CONTROL SOLUTION MM	
GLUCOCARD SHINE SOLUTION MM	
GLUCOCOM CONTROL HIGH SOLUTION MM	
GLUCOCOM CONTROL NORMAL SOLUTION MM	
GLUCOCOM LANCETS 28 GAUGE	
GLUCOCOM LANCETS 30 GAUGE	
GLUCOCOM LANCETS 33 GAUGE	
GLUCOSE CONTROL SOLUTION MM	
GLUCOSE CONTROL SOLUTION MM	
GLUCOSE KETONE CONTROL SOLN SOLUTION MM	
glyburid-metformin 1.25-250 mg MM	
glyburide 1.25 mg tablet MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
glyburide 2.5 mg tablet MM	
glyburide 5 mg tablet MM	
glyburide micro 1.5 mg tab MM	
glyburide micro 3 mg tablet MM	
glyburide micro 6 mg tablet MM	
glyburide-metformin 2.5-500 mg MM	
glyburide-metformin 5-500 mg MM	
glycopyrrolate 1 mg tablet MM	
glycopyrrolate 1.5 mg tablet MM,SP	
glycopyrrolate 2 mg tablet MM	
glydo 2 % mucosal jelly in applicator	
GLYXAMBI 10 MG-5 MG TABLET MM	QL(30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET MM	QL(30 per 30 days)
GMATE 30G LANCETS	
GMATE CONTROL SOLUTION MM	
GMATE CONTROL SOLUTION MM	
GMATE LANCING DEVICE	
granisetron hcl 1 mg tablet	QL(28 per 28 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET MM	ST,QL(30 per 30 days)
griseofulvin 125 mg/5 ml susp	
griseofulvin micro 500 mg tab	
griseofulvin ultra 125 mg tab	
griseofulvin ultra 250 mg tab	
guanfacine 1 mg tablet MM	
guanfacine 2 mg tablet MM	
guanfacine hcl er 1 mg tablet MM	QL(30 per 30 days)
guanfacine hcl er 2 mg tablet MM	QL(30 per 30 days)
guanfacine hcl er 3 mg tablet MM	QL(30 per 30 days)
guanfacine hcl er 4 mg tablet MM	QL(30 per 30 days)
guanidine hcl 125 mg tablet	
gynazole-1 2 % vaginal cream	
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION MM,SP	PA,QL(24 per 28 days)
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION MM,SP	PA,QL(24 per 28 days)
halobetasol prop 0.05% cream	
halobetasol prop 0.05% ointmnt	
haloperidol 0.5 mg tablet MM	
haloperidol 1 mg tablet MM	
haloperidol 10 mg tablet MM	
haloperidol 2 mg tablet MM	
haloperidol 20 mg tablet MM	
haloperidol 5 mg tablet MM	
haloperidol lac 2 mg/ml conc MM	
HARMONY CONTROL L1,L3 SOLUTION MM	
HARVONI 90 MG-400 MG TABLET SP	PA,QL(28 per 28 days)
HEALTHPRO HIGH-LOW CONTROL SOLUTION MM	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE MM	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE MM	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE MM	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE MM	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
heather 0.35 mg tablet MM,ACA	
hematinic plus vit/minerals 106 mg iron-1 mg tablet	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet	
HEMATOGEN 200 MG (66 MG)-10 MCG-250 MG CAPSULE	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule	
hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack MM	
hemenatal ob 28 mg-6 mg-1 mg tablet MM	
hemetab 22 mg-6 mg-1 mg-25 mcg tablet	
hep flush-10 (pf) 10 unit/ml intravenous solution	
heparin 100 unit/10 ml (10/ml)	
heparin 2,000 unit/2 ml vial	
heparin 20,000 unit/500 ml-d5w	
heparin 25,000 unit/250-1/2 ns	
heparin 40,000 unit/4 ml vial	
heparin 50 units/5 ml (10/ml)	
heparin 500 unit/5 ml (100/ml)	
heparin lock flush 100 unit/ml	
heparin sod 1,000 unit/ml vial	
heparin sod 20,000 unit/ml vl	
heparin sod 5,000 unit/ 0.5 ml	
heparin sod 5,000 unit/0.5 ml	
heparin sod 5,000 unit/ml syr	
heparin sod 5,000 unit/ml syrg	
heparin sod 5,000 unit/ml vial	
heparin-1/2ns 12,500 units/250	
heparin-1/2ns 25,000 units/500	
heparin-d5w 12,500 unit/250 ml	
heparin-d5w 25,000 unit/250 ml	
heparin-d5w 25,000 unit/500 ml	
heparin-ns 1,000 units/500 ml	
heparin-ns 2,000 unit/1,000 ml	
HEPATAMINE 8% INTRAVENOUS SOLUTION	
HETLIOZ 20 MG CAPSULE MM,SP,LD	PA,QL(30 per 30 days)
HEXALEN 50 MG CAPSULE SP	QL(273 per 30 days)
HUMANA TRUERESULT GLUCOSE MTR	
HUMIRA 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(2 per 28 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(2 per 28 days)
HUMIRA 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT SP	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.4 ML SUBCUTANEOUS KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT MM,SP	PA,QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 80 MG/0.8 ML SUBCUT KIT SP	PA,QL(6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT SP	PA,QL(6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT MM,SP	PA,QL(6 per 28 days)
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MM	
HYCAMTIN 0.25 MG CAPSULE SP,LD	QL(100 per 25 days)
HYCAMTIN 1 MG CAPSULE SP,LD	QL(25 per 25 days)
hydralazine 10 mg tablet MM	
hydralazine 100 mg tablet MM	
hydralazine 25 mg tablet MM	
hydralazine 50 mg tablet MM	
hydrochlorothiazide 12.5 mg cp MM	
hydrochlorothiazide 12.5 mg tb MM	
hydrochlorothiazide 25 mg tab MM	
hydrochlorothiazide 50 mg tab MM	
hydrocod-cpm-pseudoep 5-4-60/5	
hydrocodone-acetamin 10-325 mg	QL(360 per 30 days)
hydrocodone-acetamin 10-325/15	QL(5520 per 30 days)
hydrocodone-acetamin 2.5-325	QL(360 per 30 days)
hydrocodone-acetamin 5-163/7.5	QL(5520 per 30 days)
hydrocodone-acetamin 5-325 mg	QL(360 per 30 days)
hydrocodone-acetamin 7.5-325	QL(360 per 30 days)
hydrocodone-acetamn 7.5-325/15	QL(5520 per 30 days)
hydrocodone-chlorphen er susp	
hydrocodone-homatropine 5-1.5	
hydrocodone-homatropine syrup	
hydrocodone-homatropine syrup	
hydrocodone-ibuprofen 10-200	QL(150 per 30 days)
hydrocodone-ibuprofen 5-200 mg	QL(150 per 30 days)
hydrocodone-ibuprofen 7.5-200	QL(150 per 30 days)
hydrocort buty 0.1% lipo cream	
hydrocortison-acetic acid soln	
hydrocortisone 1% absorbase	
hydrocortisone 1% ointment	
hydrocortisone 10 mg tablet MM	
hydrocortisone 100 mg/60 ml	
hydrocortisone 2.5% cream	
hydrocortisone 2.5% cream	
hydrocortisone 2.5% lotion	
hydrocortisone 2.5% ointment	
hydrocortisone 20 mg tablet MM	
hydrocortisone 5 mg tablet MM	
hydrocortisone buty 0.1% cream	
hydrocortisone butyr 0.1% oint	
hydrocortisone butyr 0.1% soln	
hydrocortisone val 0.2% cream	
hydrocortisone val 0.2% ointmt	
hydromet 5 mg-1.5 mg/5 ml syrup	
hydromorphone 0.5 mg/0.5 ml	QL(720 per 30 days)
hydromorphone 1 mg/ml carpujct	QL(720 per 30 days)
hydromorphone 1 mg/ml solution	QL(2400 per 30 days)
hydromorphone 1 mg/ml vial SP	QL(720 per 30 days)
hydromorphone 2 mg tablet	QL(360 per 30 days)
hydromorphone 2 mg/ml carpujct	QL(360 per 30 days)
hydromorphone 2 mg/ml vial SP	QL(360 per 30 days)
hydromorphone 2 mg/ml vial	QL(360 per 30 days)
hydromorphone 4 mg tablet	QL(360 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 4 mg/ml carpujct	QL(180 per 30 days)
hydromorphone 4 mg/ml vial	QL(180 per 30 days)
hydromorphone 8 mg tablet	QL(240 per 30 days)
hydromorphone hcl 1 mg/ml amp	QL(720 per 30 days)
hydromorphone hcl 10 mg/ml vl	QL(144 per 30 days)
hydromorphone hcl 4 mg/ml amp	QL(180 per 30 days)
hydroxocobalamin 1,000 mcg/ml	
hydroxychloroquine 200 mg tab MM	
hydroxyprogest 250 mg/ml vial SP	PA
hydroxyurea 500 mg capsule MM	
hydroxyzine 10 mg/5 ml soln	
hydroxyzine hcl 10 mg tablet	
hydroxyzine hcl 25 mg tablet	
hydroxyzine hcl 50 mg tablet	
hydroxyzine pam 100 mg cap	
hydroxyzine pam 25 mg cap	
hydroxyzine pam 50 mg cap	
hyoscyamine 0.125 mg odt MM	
hyoscyamine 0.125 mg tab sl MM	
hyoscyamine 0.125 mg/5 ml elix MM	
hyoscyamine 0.125 mg/ml drop MM	
hyoscyamine er 0.375 mg tab MM	
hyoscyamine sulf 0.125 mg tab MM	
hyosyne 0.125 mg/5 ml oral elixir MM	
hyosyne 0.125 mg/ml oral drops MM	
HYPOLANCE AST LANCING KIT	
ibandronate 3 mg/3 ml syringe MM	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml vial MM	PA,QL(3 per 90 days)
ibandronate sodium 150 mg tab MM	QL(1 per 28 days)
IBRANCE 100 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
IBRANCE 125 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
IBRANCE 75 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
ibu 400 mg tablet MM	
ibu 600 mg tablet MM	
ibu 800 mg tablet MM	
ibuprofen 100 mg/5 ml susp MM	
ibuprofen 400 mg tablet MM	
ibuprofen 600 mg tablet MM	
ibuprofen 800 mg tablet MM	
ICLUSIG 15 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
ICLUSIG 45 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
IDHIFA 100 MG TABLET MM,SP	PA,QL(30 per 30 days)
IDHIFA 50 MG TABLET MM,SP	PA,QL(30 per 30 days)
iferex 150 forte 150 mg-25 mcg-1 mg capsule	
ILEVRO 0.3 % EYE DROPS,SUSPENSION	
imatinib mesylate 100 mg tab MM,SP	PA,QL(180 per 30 days)
imatinib mesylate 400 mg tab MM,SP	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
IMBRUVICA 140 MG TABLET MM,SP	PA,QL(28 per 28 days)
IMBRUVICA 280 MG TABLET MM,SP	PA,QL(28 per 28 days)
IMBRUVICA 420 MG TABLET MM,SP	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET MM,SP	PA,QL(28 per 28 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
IMBRUVICA 70 MG CAPSULE MM,SP	PA,QL(28 per 28 days)
imipramine hcl 10 mg tablet MM	
imipramine hcl 25 mg tablet MM	
imipramine hcl 50 mg tablet MM	
imiquimod 5% cream packet	QL(12 per 30 days)
IMPAVIDO 50 MG CAPSULE SP	QL(84 per 28 days)
incassia 0.35 mg tablet MM,ACA	
INCONTROL ALCOHOL PADS	
INCONTROL LANCING DEVICE	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2" MM	
INCONTROL PEN NEEDLE 31 GAUGE X 1/4" MM	
INCONTROL PEN NEEDLE 31 GAUGE X 3/16" MM	
INCONTROL PEN NEEDLE 31 GAUGE X 5/16" MM	
INCONTROL PEN NEEDLE 32 GAUGE X 5/32" MM	
INCONTROL SUPER THIN LANCETS 30 GAUGE	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP,LD	PA,QL(52 per 30 days)
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MM	QL(30 per 30 days)
indapamide 1.25 mg tablet MM	
indapamide 2.5 mg tablet MM	
INDOCIN 25 MG/5 ML ORAL SUSPENSION SP	
indomethacin 25 mg capsule	
indomethacin 50 mg capsule	
indomethacin er 75 mg capsule	
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP ACA	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE ACA	
INFINITY CONTROL SOLUTION HIGH MM	
INFINITY CONTROL SOLUTION LOW MM	
INFINITY CONTROL SOLUTION NORMAL MM	
INFINITY VOICE CONTROL SOLUTION-LEVEL 2 MM	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION	QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION	QL(150 per 30 days)
INJECT EASE LANCETS 28 GAUGE	
INJECT EASE LANCETS 30 GAUGE	
INLYTA 1 MG TABLET MM,SP,LD	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
INSPIRACHAMBER SPACER	
INSPIRACHAMBER WITH MASK-LARGE	
INSPIRACHAMBER WITH MASK-MED	
INSPIRACHAMBER WITH MASK-SMALL	
INSULIN 1 ML SYRINGE MM	
INSULIN 1/2 ML SYRINGE MM	
INSULIN 3/10 ML SYRINGE MM	
INSULIN SYR 0.3ML 31GX1/4(1/2) MM	
INSULIN SYRIN 0.3 ML 30GX1/2" MM	
INSULIN SYRIN 0.3 ML 31GX5/16" MM	
INSULIN SYRIN 0.5 ML 30GX1/2" MM	
INSULIN SYRIN 0.5 ML 31GX5/16" MM	
INSULIN SYRINGE 0.3 ML 31GX1/4 MM	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
INSULIN SYRINGE 0.5 ML 31GX1/4 MM	
INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE 1 ML 30GX1/2" MM	
INSULIN SYRINGE 1 ML 31GX1/4" MM	
INSULIN SYRINGE 1 ML 31GX5/16" MM	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8" MM	
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" MM	
INSULIN SYRINGE U100 1 ML MM	
INSUPEN 29 GAUGE X 1/2" NEEDLE MM	
INSUPEN 30 GAUGE X 5/16" NEEDLE MM	
INSUPEN 31 GAUGE X 1/4" NEEDLE MM	
INSUPEN 31 GAUGE X 3/16" NEEDLE MM	
INSUPEN 31 GAUGE X 5/16" NEEDLE MM	
INSUPEN 32 GAUGE X 1/4" NEEDLE MM	
INSUPEN 32 GAUGE X 5/16" NEEDLE MM	
INSUPEN 32 GAUGE X 5/32" NEEDLE MM	
INSUPEN 33 GAUGE X 5/32" NEEDLE MM	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	
INTELENCE 100 MG TABLET MM,SP	QL(120 per 30 days)
INTELENCE 200 MG TABLET MM,SP	QL(60 per 30 days)
INTELENCE 25 MG TABLET MM,SP	QL(120 per 30 days)
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP,LD	PA,QL(12 per 30 days)
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION SP,LD	PA,QL(12 per 30 days)
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP,LD	PA,QL(12 per 30 days)
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP,LD	PA,QL(12 per 30 days)
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION SP,LD	PA,QL(36 per 30 days)
introvale 0.15 mg-30 mcg tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
INVACARE LANCETS 30 GAUGE	
INVANZ 1 GRAM INTRAVENOUS SOLUTION	
INVANZ 1 GRAM SOLUTION FOR INJECTION	
INVIRASE 200 MG CAPSULE MM,SP	QL(300 per 30 days)
INVIRASE 500 MG TABLET MM,SP	QL(120 per 30 days)
INVOKAMET 150 MG-1,000 MG TABLET MM	QL(60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET MM	QL(60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET MM	QL(60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET MM	QL(60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
INVOKANA 100 MG TABLET MM	QL(30 per 30 days)
INVOKANA 300 MG TABLET MM	QL(30 per 30 days)
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION ACA	
iprat-albut 0.5-3(2.5) mg/3 ml MM	
ipratropium 0.03% spray MM	QL(30 per 30 days)
ipratropium 0.06% spray	QL(45 per 30 days)
ipratropium br 0.02% soln MM	
irbesartan 150 mg tablet MM	QL(30 per 30 days)
irbesartan 300 mg tablet MM	QL(30 per 30 days)
irbesartan 75 mg tablet MM	QL(30 per 30 days)
irbesartan-hctz 150-12.5 mg tb MM	QL(30 per 30 days)
irbesartan-hctz 300-12.5 mg tb MM	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
IRESSA 250 MG TABLET SP,LD	PA,QL(30 per 30 days)
IROSPAN 24/6 65 MG-65 MG-1,000 MCG (24) TABLET	
ISENTRESS 100 MG CHEWABLE TABLET MM,SP	QL(180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MM,SP	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MM,SP	QL(180 per 30 days)
ISENTRESS 400 MG TABLET MM,SP	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET MM,SP	QL(60 per 30 days)
isibloom 0.15 mg-0.03 mg tablet MM,ACA	
isochron 40 mg tablet,extended release MM	
isoniazid 100 mg tablet	
isoniazid 300 mg tablet	
isoniazid 50 mg/5 ml solution	
isosorbide dinitr er 40 mg tab MM	
isosorbide dinitrate 10 mg tab MM	
isosorbide dinitrate 20 mg tab MM	
isosorbide dinitrate 30 mg tab MM	
isosorbide dinitrate 5 mg tab MM	
isosorbide mononit 10 mg tab MM	
isosorbide mononit 20 mg tab MM	
isosorbide mononit er 120 mg MM	
isosorbide mononit er 30 mg tb MM	
isosorbide mononit er 60 mg tb MM	
isoton gentamicin 80 mg/100 ml	
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 MM	
isradipine 5 mg capsule MM	
itraconazole 10 mg/ml solution SP	QL(150 per 30 days)
itraconazole 100 mg capsule	QL(120 per 30 days)
ivermectin 3 mg tablet	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
JAKAFI 10 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
JAKAFI 15 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
JAKAFI 20 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
JAKAFI 25 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
JAKAFI 5 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
jantoven 1 mg tablet MM	
jantoven 10 mg tablet MM	
jantoven 2 mg tablet MM	
jantoven 2.5 mg tablet MM	
jantoven 3 mg tablet MM	
jantoven 4 mg tablet MM	
jantoven 5 mg tablet MM	
jantoven 6 mg tablet MM	
jantoven 7.5 mg tablet MM	
JANUMET 50 MG-1,000 MG TABLET MM	QL(60 per 30 days)
JANUMET 50 MG-500 MG TABLET MM	QL(60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MM	QL(60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
JANUVIA 100 MG TABLET MM	QL(30 per 30 days)
JANUVIA 25 MG TABLET MM	QL(30 per 30 days)
JANUVIA 50 MG TABLET MM	QL(30 per 30 days)
JARDIANCE 10 MG TABLET MM	QL(30 per 30 days)
JARDIANCE 25 MG TABLET MM	QL(30 per 30 days)
jencycla 0.35 mg tablet MM,ACA	
JENTADUETO 2.5 MG-1,000 MG TABLET MM	QL(60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET MM	QL(60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET MM	QL(60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(30 per 30 days)
jevantique lo 0.5 mg-2.5 mcg tablet MM	
jinteli 1 mg-5 mcg tablet MM	
jolessa 0.15 mg-30 mcg tablets,3 month dose pack MM	QL(91 per 90 days)
jolivette 0.35 mg tablet MM	
juleber 0.15 mg-0.03 mg tablet MM,ACA	
JULUCA 50 MG-25 MG TABLET MM,SP	QL(30 per 30 days)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MM,ACA	
junel 1/20 (21) 1 mg-20 mcg tablet MM,ACA	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MM,ACA	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM,ACA	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MM,ACA	
JUXTAPID 10 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE MM,SP,LD	PA,QL(84 per 28 days)
JUXTAPID 30 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
JUXTAPID 40 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
JUXTAPID 5 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
JUXTAPID 60 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS MM,SP	PA,QL(56 per 28 days)
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS MM,SP	PA,QL(56 per 28 days)
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS MM,SP	PA,QL(56 per 28 days)
k-effervescent 25 meq tablet MM	
K-PHOS NO 2 305 MG-700 MG TABLET	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET	
k-sol 10% (20 meq/15 ml) liq MM	
k-sol 20% (40 meq/15 ml) liq MM	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet MM,ACA	
KALETRA 100 MG-25 MG TABLET MM,SP	QL(300 per 30 days)
KALETRA 200 MG-50 MG TABLET MM,SP	QL(150 per 30 days)
KALYDECO 150 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
KALYDECO 50 MG ORAL GRANULES IN PACKET MM,SP,LD	PA,QL(56 per 28 days)
KALYDECO 75 MG ORAL GRANULES IN PACKET MM,SP,LD	PA,QL(56 per 28 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM,ACA	
kcl 20 meq in d5w solution	
kcl 20 meq in d5w-0.225% nacl	
kcl 20 meq in d5w-0.3% nacl	
kcl 20 meq in d5w-0.45% nacl	
kcl 20 meq in d5w-lact ringer	
kcl 20 meq in d5w-ns	
kcl 20 meq-ns 1,000 ml iv soln	
kcl 40 meq in d5w solution	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
kcl 40 meq in d5w-lact ringer	
kcl 40 meq in d5w-nacl 0.9%	
kcl 40 meq-ns 1,000 ml iv soln	
kelnor 1-50 1 mg-50 mcg tablet MM,ACA	
kelnor 1/35 (28) 1 mg-35 mcg tablet MM,ACA	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION SP,LD	
KETEK 300 MG TABLET	
KETEK 400 MG TABLET	
ketoconazole 2% cream	
ketoconazole 2% shampoo	
ketoprofen 25 mg capsule	
ketoprofen 50 mg capsule	
ketoprofen 75 mg capsule	
ketoprofen er 200 mg capsule	
ketorolac 0.4% ophth solution	
ketorolac 0.5% ophth solution	
ketorolac 10 mg tablet	QL(20 per 30 days)
ketorolac 60 mg/2 ml carpuject	
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(2.28 per 28 days)
kimidess 28 day tablet MM,ACA	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION ACA	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE ACA	
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension	
kionex powder	
klor-con m10 meq tablet,extended release MM	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MM	
klor-con m20 meq tablet,extended release MM	
klor-con sprinkle 8 meq capsule,extended release MM	
klor-con sprinkle er 10 meq cp MM	
klor-con/ef 25 meq effervescent tablet MM	
KMART VALU PLUS SYR 1/2 ML MM	
KORLYM 300 MG TABLET MM,SP,LD	PA,QL(120 per 30 days)
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MM	
KRISTALOSE 10 GRAM ORAL PACKET MM	
KRISTALOSE 20 GRAM ORAL PACKET MM	
kurvelo 0.15 mg-0.03 mg tablet MM,ACA	
KUVAN 100 MG ORAL POWDER PACKET MM,SP,LD	PA
KUVAN 100 MG SOLUBLE TABLET MM,SP,LD	PA
KUVAN 500 MG ORAL POWDER PACKET MM,SP,LD	PA
KYLEENA 17.5 MCG/24 HOUR (5 YEARS) INTRAUTERINE DEVICE MM,SP,ACA	
l-cysteine 50 mg/ml vial	
l-methylfolate 15 mg tablet	
l-methylfolate 7.5 mg tablet	
l-methylfolate calcium 15 mg	
l-methylfolate calcium 7.5 mg	
labetalol hcl 100 mg tablet MM	
labetalol hcl 200 mg tablet MM	
labetalol hcl 300 mg tablet MM	
lactulose 10 gm/15 ml solution MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
lactulose 10 gm/15 ml solution MM	
lactulose 20 gm/30 ml solution MM	
lamivudine 10 mg/ml oral soln MM	QL(960 per 30 days)
lamivudine 150 mg tablet MM	QL(60 per 30 days)
lamivudine 300 mg tablet MM	QL(30 per 30 days)
lamivudine hbv 100 mg tablet MM	QL(90 per 30 days)
lamivudine-zidovudine tablet MM	QL(60 per 30 days)
lamotrigine 100 mg tablet MM	
lamotrigine 150 mg tablet MM	
lamotrigine 200 mg tablet MM	
lamotrigine 25 mg disper tab MM	QL(120 per 30 days)
lamotrigine 25 mg tablet MM	
lamotrigine 25 mg tb start kit	
lamotrigine 5 mg disper tablet MM	QL(150 per 30 days)
lamotrigine er 100 mg tablet MM	ST
lamotrigine er 200 mg tablet MM	ST
lamotrigine er 25 mg tablet MM	ST
lamotrigine er 250 mg tablet MM	ST
lamotrigine er 300 mg tablet MM	ST
lamotrigine er 50 mg tablet MM	ST
lamotrigine odt 100 mg tablet MM	ST
lamotrigine odt 200 mg tablet MM	ST
lamotrigine odt 25 mg tablet MM	ST
lamotrigine odt 50 mg tablet MM	ST
lamotrigine tab start kt-green	
lamotrigine tab start kt-orang	
LANCETS, SUPER THIN	
LANCETS,THIN	
LANCETS,THIN 23 GAUGE	
LANCETS,THIN 28 GAUGE	
LANCETS,ULTRA THIN	
LANCETS,ULTRA THIN 26 GAUGE	
LANCING DEVICE	
LANCING DEVICE WITH LANCETS	
LANCING SYSTEM	
LANOXIN 187.5 MCG TABLET MM	QL(30 per 30 days)
LANOXIN 62.5 MCG TABLET MM	QL(30 per 30 days)
lansoprazol-amoxicil-clarithro	
lansoprazole dr 15 mg capsule MM	QL(60 per 30 days)
lansoprazole dr 30 mg capsule MM	QL(30 per 30 days)
lansoprazole odt 15 mg tablet MM	ST,QL(30 per 30 days)
lansoprazole odt 30 mg tablet MM	ST,QL(30 per 30 days)
lanthanum carb 1,000 mg tb chw MM	ST
lanthanum carb 500 mg tab chew MM	ST
lanthanum carb 750 mg tab chew MM	ST
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MM	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	
LANZO LANCING DEVICE KIT	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MM,ACA	
larin 1/20 (21) 1 mg-20 mcg tablet MM,ACA	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MM,ACA	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MM,ACA	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM,ACA	
larissia 0.1 mg-20 mcg tablet MM,ACA	
LASTACAFT 0.25 % EYE DROPS	ST
latanoprost 0.005% eye drops MM	QL(5 per 25 days)
LATUDA 120 MG TABLET MM,SP	PA,QL(30 per 30 days)
LATUDA 20 MG TABLET MM,SP	PA,QL(30 per 30 days)
LATUDA 40 MG TABLET MM,SP	PA,QL(30 per 30 days)
LATUDA 60 MG TABLET MM,SP	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET MM,SP	PA,QL(60 per 30 days)
LAZANDA 100 MCG/SPRAY NASAL SPRAY	PA,QL(30 per 30 days)
LAZANDA 300 MCG/SPRAY NASAL SPRAY	PA,QL(30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY	PA,QL(30 per 30 days)
LEADER PEN NEEDLES 12MM 29G MM	
LEADER PEN NEEDLES 31G MM	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet MM	
leflunomide 10 mg tablet MM	QL(30 per 30 days)
leflunomide 20 mg tablet MM	QL(30 per 30 days)
LENVIMA 10 MG/DAY (10 MG X 1) CAPSULE MM,SP,LD	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE SP	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1) CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE MM,SP,LD	PA,QL(90 per 30 days)
LENVIMA 20 MG/DAY (10 MG X 2) CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE MM,SP,LD	PA,QL(90 per 30 days)
LENVIMA 4 MG CAPSULE SP	PA,QL(30 per 30 days)
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
lessina 0.1 mg-20 mcg tablet MM,ACA	
LETAIRIS 10 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
LETAIRIS 5 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
letrozole 2.5 mg tablet MM	QL(30 per 30 days)
leucovorin calcium 10 mg tab	
leucovorin calcium 15 mg tab	
leucovorin calcium 25 mg tab	
leucovorin calcium 5 mg tab	
LEUKERAN 2 MG TABLET SP	QL(480 per 30 days)
leuprolide 1 mg/0.2 ml vial MM	PA,QL(2.8 per 14 days)
leuprolide 2wk 14 mg/2.8 ml kt MM	PA,QL(2.8 per 14 days)
levalbuterol 0.31 mg/3 ml sol MM	
levalbuterol 0.63 mg/3 ml sol MM	
levalbuterol 1.25 mg/3 ml sol MM	
levalbuterol conc 1.25 mg/0.5 MM	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MM	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	
levetiracetam 1,000 mg tablet MM	
levetiracetam 100 mg/ml soln MM	QL(900 per 30 days)
levetiracetam 250 mg tablet MM	
levetiracetam 500 mg tablet MM	
levetiracetam 500 mg/5 ml soln MM	QL(900 per 30 days)
levetiracetam 750 mg tablet MM	
levetiracetam er 500 mg tablet MM	
levetiracetam er 750 mg tablet MM	
LEVO-T 100 MCG TABLET MM	
LEVO-T 112 MCG TABLET MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
LEVO-T 125 MCG TABLET MM	
LEVO-T 137 MCG TABLET MM	
LEVO-T 150 MCG TABLET MM	
LEVO-T 175 MCG TABLET MM	
LEVO-T 200 MCG TABLET MM	
LEVO-T 25 MCG TABLET MM	
LEVO-T 300 MCG TABLET MM	
LEVO-T 50 MCG TABLET MM	
LEVO-T 75 MCG TABLET MM	
LEVO-T 88 MCG TABLET MM	
levobunolol 0.5% eye drops MM	
levocarnitine 1 g/10 ml soln MM	
levocarnitine 200 mg/ml vial	
levocarnitine 330 mg tablet MM	
levocetirizine 2.5 mg/5 ml sol MM	QL(300 per 30 days)
levocetirizine 5 mg tablet MM	QL(30 per 30 days)
levofloxacin 0.5% eye drops	
levofloxacin 25 mg/ml solution	
levofloxacin 250 mg tablet	
levofloxacin 500 mg tablet	
levofloxacin 750 mg tablet	
levomefolate dha capsule MM,ACA	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MM,ACA	
levono-e estrad 0.10-0.02-0.01 MM,ACA	QL(91 per 90 days)
levono-e estrad 0.15-0.03-0.01 MM,ACA	QL(91 per 90 days)
levonor-eth estra 0.09-0.02 mg MM,ACA	
levonor-eth estrad 0.1-0.02 mg MM,ACA	
levonor-eth estrad 0.15-0.03 MM,ACA	QL(91 per 90 days)
levonor-eth estrad 0.15-0.03 MM,ACA	
levonor-eth estrad triphasic MM,ACA	
levonorg 0.15mg-ee 20-25-30mcg MM,ACA	QL(91 per 90 days)
levonorgestrel 1.5 mg tablet ACA	
levora-28 0.15 mg-0.03 mg tablet MM,ACA	
levorphanol 2 mg tablet SP	ST,QL(240 per 30 days)
levothyroxine 100 mcg tablet MM	
levothyroxine 112 mcg tablet MM	
levothyroxine 125 mcg tablet MM	
levothyroxine 137 mcg tablet MM	
levothyroxine 150 mcg tablet MM	
levothyroxine 175 mcg tablet MM	
levothyroxine 200 mcg tablet MM	
levothyroxine 25 mcg tablet MM	
levothyroxine 300 mcg tablet MM	
levothyroxine 50 mcg tablet MM	
levothyroxine 75 mcg tablet MM	
levothyroxine 88 mcg tablet MM	
LEVOXYL 100 MCG TABLET MM	
LEVOXYL 112 MCG TABLET MM	
LEVOXYL 125 MCG TABLET MM	
LEVOXYL 137 MCG TABLET MM	
LEVOXYL 150 MCG TABLET MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOXYL 175 MCG TABLET MM	
LEVOXYL 200 MCG TABLET MM	
LEVOXYL 25 MCG TABLET MM	
LEVOXYL 50 MCG TABLET MM	
LEVOXYL 75 MCG TABLET MM	
LEVOXYL 88 MCG TABLET MM	
LEVULAN 20 % TOPICAL SOLUTION	
LEXIVA 50 MG/ML ORAL SUSPENSION MM,SP	QL(1575 per 28 days)
LIBERTY BLOOD GLUCOSE MONITOR	
LIBERTY LEV 1 GLUCOSE CTRL SOL MM	
LIBERTY LEV 2 GLUCOSE CTRL SOL MM	
LIBERTY TEST STRIPS MM	QL(150 per 30 days)
lidocaine 5% patch	PA,QL(90 per 30 days)
lidocaine hcl 2% jelly	
lidocaine hcl 2% jelly	
lidocaine viscous 2 % mucosal solution	
lidocaine-prilocaine cream	
LILETTA 19.5 MCG/24 HOUR (4 YEARS) INTRAUTERINE DEVICE MM,SP,ACA	
lillow 0.15 mg-0.03 mg tablet MM,ACA	
lincomycin hcl 600 mg/2 ml vl	
lindane 1% shampoo	
linezolid 100 mg/5 ml susp	QL(1800 per 30 days)
linezolid 600 mg tablet	QL(30 per 30 days)
LINZESS 145 MCG CAPSULE MM	QL(30 per 30 days)
LINZESS 290 MCG CAPSULE MM	QL(30 per 30 days)
LINZESS 72 MCG CAPSULE MM	QL(30 per 30 days)
liothyronine sod 25 mcg tab MM	
liothyronine sod 5 mcg tab MM	
liothyronine sod 50 mcg tab MM	
lisinopril 10 mg tablet MM	
lisinopril 2.5 mg tablet MM	
lisinopril 20 mg tablet MM	
lisinopril 30 mg tablet MM	
lisinopril 40 mg tablet MM	
lisinopril 5 mg tablet MM	
lisinopril-hctz 10-12.5 mg tab MM	
lisinopril-hctz 20-12.5 mg tab MM	
lisinopril-hctz 20-25 mg tab MM	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" MM	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" MM	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" MM	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" MM	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE MM	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE MM	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MM	
LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE MM	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MM	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE MM	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
LITE TOUCH LANCETS 28 GAUGE	
LITE TOUCH LANCETS 33 GAUGE	
LITE TOUCH LANCING DEVICE	
LITE TOUCH-MEDIUM MASK	
LITEAIRE MDI CHAMBER	
LITETOUCH-LARGE MASK	
LITETOUCH-SMALL MASK	
LITHATE 20 MG CAPSULE	
LITHATE 5 MG CAPSULE	
lithium 8 meq/5 ml solution MM	
lithium carbonate 150 mg cap MM	
lithium carbonate 300 mg cap MM	
lithium carbonate 300 mg tab MM	
lithium carbonate 600 mg cap MM	
lithium carbonate er 300 mg tb MM	
lithium carbonate er 450 mg tb MM	
LITHOSTAT 250 MG TABLET	
LIVALO 1 MG TABLET MM	ST,QL(30 per 30 days)
LIVALO 2 MG TABLET MM	ST,QL(30 per 30 days)
LIVALO 4 MG TABLET MM	ST,QL(30 per 30 days)
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MM,ACA	
lomedia 24 fe 1 mg-20 mcg tab MM,ACA	
LONSURF 15 MG-6.14 MG TABLET SP,LD	PA,QL(100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET SP,LD	PA,QL(80 per 30 days)
loperamide 2 mg capsule MM	
lopinavir-ritonavir 80-20mg/ml MM	
lorazepam 0.5 mg tablet	QL(90 per 30 days)
lorazepam 1 mg tablet	QL(90 per 30 days)
lorazepam 2 mg tablet	QL(150 per 30 days)
lorazepam 2 mg/ml oral concent	QL(150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate	QL(150 per 30 days)
loryna (28) 3 mg-0.02 mg tablet MM,ACA	
losartan potassium 100 mg tab MM	QL(60 per 30 days)
losartan potassium 25 mg tab MM	QL(60 per 30 days)
losartan potassium 50 mg tab MM	QL(60 per 30 days)
losartan-hctz 100-12.5 mg tab MM	QL(60 per 30 days)
losartan-hctz 100-25 mg tab MM	QL(60 per 30 days)
losartan-hctz 50-12.5 mg tab MM	QL(60 per 30 days)
LOTEMAX 0.5 % EYE DROPS,SUSPENSION	
LOTEMAX 0.5 % EYE GEL DROPS	
LOTEMAX 0.5 % EYE OINTMENT	
lovastatin 10 mg tablet MM,ACA	QL(60 per 30 days)
lovastatin 20 mg tablet MM,ACA	QL(60 per 30 days)
lovastatin 40 mg tablet MM,ACA	QL(60 per 30 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet MM,ACA	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
loxapine 10 mg capsule MM	
loxapine 25 mg capsule MM	
loxapine 5 mg capsule MM	
loxapine 50 mg capsule MM	
LUER SLIP TIP CAP	
lugols 5 % oral solution	
lugols 5 %-10 % topical solution	
LUMIGAN 0.01 % EYE DROPS MM	QL(2.5 per 25 days)
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT SP	PA,QL(1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT SP	PA,QL(1 per 90 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT MM,SP	PA,QL(1 per 168 days)
LUPRON DEPOT 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT SP	PA,QL(1 per 90 days)
LUPRON DEPOT 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MM,SP	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT SP	PA,QL(1 per 30 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MM,SP	PA,QL(1 per 112 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT MM,SP	PA,QL(1 per 30 days)
LUPRON DEPOT-PED 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MM,SP	PA,QL(1 per 90 days)
LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT MM,SP	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT MM,SP	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MM,SP	PA,QL(1 per 90 days)
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT MM,SP	PA,QL(1 per 28 days)
lutera (28) 0.1 mg-20 mcg tablet MM,ACA	
LYNPARZA 100 MG TABLET MM,SP	PA,QL(120 per 30 days)
LYNPARZA 150 MG TABLET MM,SP	PA,QL(120 per 30 days)
LYNPARZA 50 MG CAPSULE MM,SP,LD	PA,QL(448 per 28 days)
LYRICA 100 MG CAPSULE MM	QL(90 per 30 days)
LYRICA 150 MG CAPSULE MM	QL(90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MM	QL(900 per 30 days)
LYRICA 200 MG CAPSULE MM	QL(90 per 30 days)
LYRICA 225 MG CAPSULE MM	QL(60 per 30 days)
LYRICA 25 MG CAPSULE MM	QL(90 per 30 days)
LYRICA 300 MG CAPSULE MM	QL(60 per 30 days)
LYRICA 50 MG CAPSULE MM	QL(90 per 30 days)
LYRICA 75 MG CAPSULE MM	QL(90 per 30 days)
LYSIPLEX PLUS TABLET	
LYSODREN 500 MG TABLET MM,SP	
lyza 0.35 mg tablet MM,ACA	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION ACA	
macnatal cn dha softgel MM	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MM	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" MM	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16" MM	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" MM	
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16" MM	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	
magnesium chl 200 mg/ml vial	
magnesium sulf 1 g/100 ml-d5w	
magnesium sulf 2 g/50 ml bag	
magnesium sulf 20 g/500 ml bag	
magnesium sulf 4 g/100 ml bag	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulf 4 g/50 ml bag	
magnesium sulf 40 g/1,000 ml	
magnesium sulfate 50% syringe	
magnesium sulfate 50% vial	
MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL SP,LD	PA
MAKENA 250 MG/ML INTRAMUSCULAR OIL SP,LD	PA
malathion 0.5% lotion	
maprotiline 25 mg tablet MM	
maprotiline 50 mg tablet MM	
maprotiline 75 mg tablet MM	
marlissa 0.15 mg-0.03 mg tablet MM,ACA	
MARNATAL-F 60 MG IRON-1 MG CAPSULE MM	
MARPLAN 10 MG TABLET MM	
MATULANE 50 MG CAPSULE SP,LD	
matzim la 180 mg tablet,extended release MM	QL(60 per 30 days)
matzim la 240 mg tablet,extended release MM	QL(60 per 30 days)
matzim la 300 mg tablet,extended release MM	QL(30 per 30 days)
matzim la 360 mg tablet,extended release MM	QL(30 per 30 days)
matzim la 420 mg tablet,extended release MM	QL(30 per 30 days)
MAVYRET 100 MG-40 MG TABLET SP	PA,QL(84 per 28 days)
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
MAXINATE TABLET MM	
meclizine 12.5 mg tablet	
meclizine 25 mg tablet	
meclofenamate 100 mg capsule	
meclofenamate 50 mg capsule	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK MM	
MEDISENSE MID CONTROL SOLUTION MM	
MEDISENSE THIN LANCETS	
MEDISENSE THIN LANCETS 28 GAUGE	
MEDLANCE PLUS LANCETS 21 GAUGE	
MEDLANCE PLUS LANCETS 25 GAUGE	
MEDLANCE PLUS LANCETS 30 GAUGE	
MEDPOINT NORMAL CONTROL SOLUTION MM	
medroxyprogesterone 10 mg tab MM	
medroxyprogesterone 150 mg/ml MM,ACA	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml MM,ACA	QL(1 per 90 days)
medroxyprogesterone 2.5 mg tab MM	
medroxyprogesterone 5 mg tab MM	
mefenamic acid 250 mg capsule	
mefloquine hcl 250 mg tablet	
megestrol 20 mg tablet	
megestrol 40 mg tablet	
megestrol 625 mg/5 ml susp MM	ST
megestrol acet 40 mg/ml susp MM	
megestrol acet 400 mg/10 ml MM	
MEKINIST 0.5 MG TABLET MM,SP,LD	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET MM,SP	PA,QL(180 per 30 days)
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MM,ACA	
meloxicam 15 mg tablet MM	QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
meloxicam 7.5 mg tablet MM	QL(60 per 30 days)
meloxicam 7.5 mg/5 ml susp MM	QL(300 per 30 days)
melphalan 2 mg tablet SP	QL(80 per 30 days)
memantine 5-10 mg titration pk	QL(98 per 30 days)
memantine hcl 10 mg tablet MM	QL(60 per 30 days)
memantine hcl 2 mg/ml solution MM	QL(360 per 30 days)
memantine hcl 5 mg tablet MM	QL(60 per 30 days)
MENEST 0.3 MG TABLET MM	
MENEST 0.625 MG TABLET MM	
MENEST 1.25 MG TABLET MM	
MENEST 2.5 MG TABLET MM	
MENTAX 1 % TOPICAL CREAM	
meperidine 100 mg tablet	QL(360 per 30 days)
meperidine 50 mg tablet	QL(480 per 30 days)
meperidine 50 mg/5 ml solution	QL(720 per 30 days)
meprobamate 200 mg tablet	
meprobamate 400 mg tablet	
mercaptopurine 50 mg tablet MM	QL(480 per 30 days)
mesalamine 4 gm/60 ml enema MM	QL(1800 per 30 days)
mesalamine dr 1.2 gm tablet MM	QL(120 per 30 days)
MESNEX 400 MG TABLET SP	
metadate er 20 mg tablet,extended release MM	QL(90 per 30 days)
metaproterenol 10 mg tablet MM	
metaproterenol 10 mg/5 ml syr MM	
metaproterenol 20 mg tablet MM	
metaxalone 800 mg tablet	ST,QL(120 per 30 days)
METER-CHECK SOLUTION MM	
metformin hcl 1,000 mg tablet MM	
metformin hcl 500 mg tablet MM	
metformin hcl 500 mg/5 ml soln MM,SP	QL(750 per 30 days)
metformin hcl 850 mg tablet MM	
metformin hcl er 500 mg tablet MM	QL(120 per 30 days)
metformin hcl er 750 mg tablet MM	QL(60 per 30 days)
methadone 10 mg/5 ml solution	QL(1800 per 30 days)
methadone 10 mg/ml oral conc	QL(360 per 30 days)
methadone 40 mg tablet dispr	QL(90 per 30 days)
methadone 5 mg/5 ml solution	QL(3600 per 30 days)
methadone hcl 10 mg tablet	QL(240 per 30 days)
methadone hcl 5 mg tablet	QL(480 per 30 days)
methadone intensol 10 mg/ml oral concentrate	QL(360 per 30 days)
methadose 40 mg soluble tablet	QL(90 per 30 days)
methamphetamine 5 mg tablet MM	ST,QL(150 per 30 days)
methazolamide 25 mg tablet MM	
methazolamide 50 mg tablet MM	
methergine 0.2 mg tablet	
methimazole 10 mg tablet MM	
methimazole 5 mg tablet MM	
METHITEST 10 MG TABLET MM,SP	
methocarbamol 500 mg tablet	
methocarbamol 750 mg tablet	
methotrexate 1 gm vial	
methotrexate 2.5 mg tablet MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
methotrexate 50 mg/2 ml vial	
methotrexate 50 mg/2 ml vial	
methoxsalen 10 mg softgel SP	
methscopolamine brom 2.5 mg tb	
methscopolamine brom 5 mg tab	
methyclothiazide 5 mg tablet MM	
methyldopa 250 mg tablet MM	
methyldopa 500 mg tablet MM	
methyldopa-hctz 250-15 mg tab MM	
methyldopa-hctz 250-25 mg tab MM	
methylergonovine 0.2 mg tablet	
methylphenidate 10 mg chew tab MM	ST,QL(180 per 30 days)
methylphenidate 10 mg tablet MM	QL(90 per 30 days)
methylphenidate 10 mg/5 ml sol MM	QL(900 per 30 days)
methylphenidate 2.5 mg chew tb MM	ST,QL(150 per 30 days)
methylphenidate 20 mg tablet MM	QL(90 per 30 days)
methylphenidate 5 mg chew tab MM	ST,QL(150 per 30 days)
methylphenidate 5 mg tablet MM	QL(90 per 30 days)
methylphenidate 5 mg/5 ml soln MM	QL(1800 per 30 days)
methylphenidate cd 10 mg cap MM	QL(30 per 30 days)
methylphenidate cd 20 mg cap MM	QL(60 per 30 days)
methylphenidate cd 30 mg cap MM	QL(60 per 30 days)
methylphenidate cd 40 mg cap MM	QL(30 per 30 days)
methylphenidate cd 50 mg cap MM	QL(30 per 30 days)
methylphenidate cd 60 mg cap MM	QL(30 per 30 days)
methylphenidate er 10 mg tab MM	QL(180 per 30 days)
methylphenidate er 20 mg tab MM	QL(90 per 30 days)
methylphenidate er 30 mg cap MM	QL(60 per 30 days)
methylphenidate er 40 mg cap MM	QL(30 per 30 days)
methylphenidate la 10 mg cap MM	QL(30 per 30 days)
methylphenidate la 20 mg cap MM	QL(30 per 30 days)
methylphenidate la 60 mg cap MM	QL(30 per 30 days)
methylprednisolone 16 mg tab	
methylprednisolone 32 mg tab	
methylprednisolone 4 mg dosepk	
methylprednisolone 4 mg tablet	
methylprednisolone 40 mg/ml vl	
methylprednisolone 8 mg tab	
methylprednisolone 80 mg/ml vl	
methylprednisolone ss 1 gm vl	
methyltestosterone 10 mg cap MM,SP	
metipranolol 0.3% eye drops MM	
metoclopramide 10 mg tablet	
metoclopramide 5 mg tablet	
metoclopramide 5 mg/5 ml soln	
metolazone 10 mg tablet MM	
metolazone 2.5 mg tablet MM	
metolazone 5 mg tablet MM	
metoprolol 1 mg/ml carpuject	
metoprolol succ er 100 mg tab MM	QL(60 per 30 days)
metoprolol succ er 200 mg tab MM	QL(60 per 30 days)
metoprolol succ er 25 mg tab MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol succ er 50 mg tab MM	QL(60 per 30 days)
metoprolol tart 5 mg/5 ml vial	
metoprolol tartrate 100 mg tab MM	
metoprolol tartrate 25 mg tab MM	
metoprolol tartrate 37.5 mg tb MM	
metoprolol tartrate 50 mg tab MM	
metoprolol tartrate 75 mg tab MM	
metoprolol-hctz 100-25 mg tab MM	
metoprolol-hctz 100-50 mg tab MM	
metoprolol-hctz 50-25 mg tab MM	
metronidazole 0.75% cream	
metronidazole 250 mg tablet	
metronidazole 500 mg tablet	
metronidazole topical 0.75% gl	
metronidazole vaginal 0.75% gl	
mexiletine 150 mg capsule MM	
mexiletine 200 mg capsule MM	
mexiletine 250 mg capsule MM	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION	QL(4 per 28 days)
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MM,ACA	
miconazole-3 200 mg vaginal suppository	
MICRO THIN LANCETS 33 GAUGE	
MICROCHAMBER SPACER	
MICRODOT HIGH-LOW CONTROL SOLUTION MM	
MICRODOT NORMAL CONTROL SOLUTION MM	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MM	
microgestin 1/20 (21) 1 mg-20 mcg tablet MM	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MM,ACA	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM	
MICROLET 2 LANCING DEVICE KIT	
MICROLET LANCET	
MICROLET NEXT LANCING DEVICE KIT	
MICROSPACER	
midazolam hcl 2 mg/ml syrup	
midodrine hcl 10 mg tablet	
midodrine hcl 2.5 mg tablet	
midodrine hcl 5 mg tablet	
miglitol 100 mg tablet MM	
miglitol 25 mg tablet MM	
miglitol 50 mg tablet MM	
mili 0.25 mg-35 mcg tablet MM,ACA	
mimvey 1 mg-0.5 mg tablet MM	
mimvey lo 0.5 mg-0.1 mg tablet MM	
MINI LANCING DEVICE	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MM	
MINI WRIGHT PEAK FLOW METER	
MINI-WRIGHT PEAK FLOW METER	
MINIMED SYRINGE RESERVOIR 1.8 ML MM	
MINIMED SYRINGE RESERVOIR 3 ML MM	
minitran 0.1 mg/hr transdermal 24 hour patch MM	QL(30 per 30 days)
minitran 0.2 mg/hr transdermal 24 hour patch MM	QL(30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
minitran 0.6 mg/hr transdermal 24 hour patch MM	QL(30 per 30 days)
minocycline 100 mg capsule	
minocycline 50 mg capsule	
minocycline 75 mg capsule	
minoxidil 10 mg tablet MM	
minoxidil 2.5 mg tablet MM	
MIRENA 20 MCG/24 HR (5 YEARS) INTRAUTERINE DEVICE MM,SP,ACA,LD	
mirtazapine 15 mg odt MM	QL(30 per 30 days)
mirtazapine 15 mg tablet MM	QL(30 per 30 days)
mirtazapine 30 mg odt MM	QL(30 per 30 days)
mirtazapine 30 mg tablet MM	QL(30 per 30 days)
mirtazapine 45 mg odt MM	QL(30 per 30 days)
mirtazapine 45 mg tablet MM	QL(30 per 30 days)
MIRVASO 0.33 % TOPICAL GEL	ST
MIRVASO 0.33 % TOPICAL GEL WITH PUMP	ST
misoprostol 100 mcg tablet MM	
misoprostol 200 mcg tablet MM	
modafinil 100 mg tablet MM	PA,QL(60 per 30 days)
modafinil 200 mg tablet MM	PA,QL(60 per 30 days)
moexipril hcl 15 mg tablet MM	
moexipril hcl 7.5 mg tablet MM	
moexipril-hctz 15-12.5 mg tab MM	
moexipril-hctz 15-25 mg tablet MM	
moexipril-hctz 7.5-12.5 mg tab MM	
mometasone furoate 0.1% cream	
mometasone furoate 0.1% oint	
mometasone furoate 0.1% soln	
MONAGHAN Z STAT CHAMBER	
MONAGHAN Z STAT CHAMBER-LG MSK	
MONAGHAN Z STAT CHAMBER-MD MSK	
MONAGHAN Z STAT CHAMBER-SM MSK	
mondoxyne nl 100 mg capsule	QL(90 per 30 days)
mondoxyne nl 50 mg capsule	QL(60 per 30 days)
mono-linyah 0.25 mg-35 mcg tablet MM,ACA	
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 23 GAUGE X 1/2"	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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" MM	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
MONOJECT INSULIN SYRINGE 1 ML MM	
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" MM	
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
MONOJECT INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
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 SYRINGE TIP CAP	
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 MM	
MONOJECT SYRINGE 12 ML	
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 MM	
MONOLET LANCETS 21 GAUGE	
MONOLET THIN LANCETS 28 GAUGE	
mononessa (28) 0.25 mg-35 mcg tablet MM,ACA	
montelukast sod 10 mg tablet MM	QL(30 per 30 days)
montelukast sod 4 mg granules MM	QL(30 per 30 days)
montelukast sod 4 mg tab chew MM	QL(30 per 30 days)
montelukast sod 5 mg tab chew MM	QL(30 per 30 days)
MONUROL 3 GRAM ORAL PACKET	
morgidox 100 mg capsule	QL(90 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
morgidox 50 mg capsule	
morphine sulf 10 mg/5 ml soln	QL(2700 per 30 days)
morphine sulf 100 mg/5 ml soln	QL(600 per 30 days)
morphine sulf 20 mg/5 ml soln	QL(1350 per 30 days)
morphine sulf er 100 mg tablet	QL(180 per 30 days)
morphine sulf er 15 mg tablet	QL(120 per 30 days)
morphine sulf er 200 mg tablet	QL(90 per 30 days)
morphine sulf er 30 mg tablet	QL(120 per 30 days)
morphine sulf er 60 mg tablet	QL(120 per 30 days)
morphine sulfate ir 15 mg tab	QL(180 per 30 days)
morphine sulfate ir 30 mg tab	QL(180 per 30 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 hcl 400 mg tablet	
MULTAQ 400 MG TABLET MM,SP	QL(60 per 30 days)
MULTI-LANCET DEVICE 2 KIT	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	
mupirocin 2% cream	
mupirocin 2% ointment	
my choice 1.5 mg tablet ACA	
my way 1.5 mg tablet ACA	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(30 per 30 days)
MYCAMINE 100 MG INTRAVENOUS SOLUTION	
MYCAMINE 50 MG INTRAVENOUS SOLUTION	
mycophenolate 200 mg/ml susp MM	
mycophenolate 250 mg capsule MM	QL(360 per 30 days)
mycophenolate 500 mg tablet MM	QL(180 per 30 days)
mycophenolate 500 mg vial	
mycophenolic acid dr 180 mg tb MM	
mycophenolic acid dr 360 mg tb MM	
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR MM	QL(30 per 30 days)
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR MM	QL(30 per 30 days)
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR MM	QL(30 per 30 days)
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR MM	QL(30 per 30 days)
myferon 150 forte 150 mg-25 mcg-1 mg capsule	
MYFORTIC 180 MG TABLET,DELAYED RELEASE MM	
MYFORTIC 360 MG TABLET,DELAYED RELEASE MM	
MYGLUCOHEALTH CONTROL SOLUTION MM	
MYGLUCOHEALTH LANCETS 30 GAUGE	
MYLERAN 2 MG TABLET SP	QL(150 per 30 days)
MYNATAL 65 MG IRON-1 MG CAPSULE MM	
mynatal 90 mg-1 mg-50 mg tablet MM	
mynatal advance 90 mg-1 mg-50 mg tablet MM	
mynatal plus 65 mg iron-1 mg tablet MM	
mynatal-z 65 mg iron-1 mg tablet MM	
mynate 90 plus 90 mg iron-1 mg tablet,extended release MM	
MYOBLOC 10,000 UNIT/2 ML INTRAMUSCULAR SOLUTION SP	PA
MYOBLOC 2,500 UNIT/0.5 ML INTRAMUSCULAR SOLUTION SP	PA
MYOBLOC 5,000 UNIT/ML INTRAMUSCULAR SOLUTION SP	PA

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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)
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MM,ACA	
nabumetone 500 mg tablet	
nabumetone 750 mg tablet	
nadolol 20 mg tablet MM	
nadolol 40 mg tablet MM	
nadolol 80 mg tablet MM	
nadolol-bendroflu 40-5 mg tab MM	
nadolol-bendroflu 80-5 mg tab MM	
naftifine hcl 1% cream	
naftifine hcl 2% cream	
naloxone 0.4 mg/ml carpuject	
naloxone 0.4 mg/ml vial	
naloxone 2 mg/2 ml syringe	
naltrexone 50 mg tablet	
naproxen 125 mg/5 ml suspen MM	
naproxen 250 mg tablet MM	
naproxen 375 mg tablet MM	
naproxen 500 mg tablet MM	
naproxen dr 375 mg tablet MM	
naproxen dr 500 mg tablet MM	
naproxen sodium 275 mg tab MM	
naproxen sodium 550 mg tab MM	
naratriptan hcl 1 mg tablet	QL(9 per 30 days)
naratriptan hcl 2.5 mg tablet	QL(9 per 30 days)
NARCAN 2 MG NASAL SPRAY	QL(2 per 30 days)
NARCAN 4 MG/ACTUATION NASAL SPRAY	QL(2 per 30 days)
NASCOBAL 500 MCG/SPRAY NASAL SPRAY MM	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MM	
NATACYN 5 % EYE DROPS,SUSPENSION	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MM,ACA	
nateglinide 120 mg tablet MM	
nateglinide 60 mg tablet MM	
NATELLE ONE CAPSULE MM	
NATURE-THROID 113.75 MG TABLET MM	
NATURE-THROID 130 MG TABLET MM	
NATURE-THROID 146.25 MG TABLET MM	
NATURE-THROID 16.25 MG TABLET MM	
NATURE-THROID 162.5 MG TABLET MM	
NATURE-THROID 195 MG TABLET MM	
NATURE-THROID 260 MG TABLET MM	
NATURE-THROID 32.5 MG TABLET MM	
NATURE-THROID 325 MG TABLET MM	
NATURE-THROID 48.75 MG TABLET MM	
NATURE-THROID 65 MG TABLET MM	
NATURE-THROID 81.25 MG TABLET MM	
NATURE-THROID 97.5 MG TABLET MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
NEBUPENT 300 MG SOLUTION FOR INHALATION MM	
nebusal 3 % solution for nebulization	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MM,ACA	
necon 1-35-28 tablet MM,ACA	
necon 1-50-28 tablet MM,ACA	
necon 10-11-28 tablet MM,ACA	
necon 7-7-7-28 tablet MM	
NEEVODHA (WITH ALGAL OIL) 27 MG IRON-1.13 MG-581.92 MG CAPSULE MM	
nefazodone hcl 100 mg tablet MM	ST
nefazodone hcl 150 mg tablet MM	ST
nefazodone hcl 200 mg tablet MM	ST
nefazodone hcl 250 mg tablet MM	ST
nefazodone hcl 50 mg tablet MM	ST
neo-bacit-poly-hc eye ointment	
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	
neomyc-bacit-polymix eye oint	
neomyc-polym-dexamet eye ointm	
neomyc-polym-dexameth eye drop	
neomyc-polym-gramicid eye drop	
neomycin 500 mg tablet	
neomycin-poly-hc eye drops	
neomycin-polymyxin-hc ear soln	
neomycin-polymyxin-hc ear susp	
NEORAL 100 MG CAPSULE MM	QL(720 per 30 days)
NEORAL 100 MG/ML ORAL SOLUTION MM	
NEORAL 25 MG CAPSULE MM	
neosporin eye drops	
neostigmine 10 mg/10 ml vial	
neostigmine 5 mg/10 ml vial	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION	
NEPHRON FA 66.6 MG-75 MG-1 MG TABLET	
NESTABS 32 MG-1,000 MCG TABLET MM	
NESTABS ABC 32 MG IRON-1 MG-120 MG-180 MG ORAL PACK MM	
NESTABS ONE 38 MG-1 MG-225 MG CAPSULE MM,ACA	
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE SP	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION SP	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE SP	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION SP	PA,QL(22.4 per 30 days)
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MM,SP	PA,QL(30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MM,SP	PA,QL(30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MM,SP	PA,QL(30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MM,SP	PA,QL(30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MM,SP	PA,QL(30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MM,SP	PA,QL(30 per 30 days)
nevirapine 200 mg tablet MM	QL(60 per 30 days)
nevirapine 50 mg/5 ml susp MM	QL(1200 per 30 days)
nevirapine er 100 mg tablet MM	QL(120 per 30 days)
nevirapine er 400 mg tablet MM	QL(30 per 30 days)
new day 1.5 mg tablet ACA	
newgen 32 mg-1,000 mcg tablet MM	
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
NEXAVAR 200 MG TABLET SP,LD	PA,QL(120 per 30 days)
NEXPLANON 68 MG SUBDERMAL IMPLANT SP,ACA,LD	
niacin er 1,000 mg tablet MM	PA
niacin er 500 mg tablet MM	PA
niacin er 750 mg tablet MM	PA
niacin-azelaic ac-turmer-fa-b6-zn-cu 700 mg-500 mcg-8 mg-12 mg tablet	
niacor 500 mg tablet MM	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET	
nicardipine 20 mg capsule MM	
nicardipine 30 mg capsule MM	
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET	
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET	
NICOTROL 10 MG INHALATION CARTRIDGE ACA	
NICOTROL NS 10 MG/ML NASAL SPRAY ACA	
nifedical xl 30 mg tablet MM	QL(60 per 30 days)
nifedical xl 60 mg tablet MM	QL(60 per 30 days)
nifedipine 10 mg capsule MM	
nifedipine 20 mg capsule MM	
nifedipine er 30 mg tablet MM	QL(60 per 30 days)
nifedipine er 30 mg tablet MM	QL(60 per 30 days)
nifedipine er 60 mg tablet MM	QL(60 per 30 days)
nifedipine er 60 mg tablet MM	QL(60 per 30 days)
nifedipine er 90 mg tablet MM	QL(60 per 30 days)
nifedipine er 90 mg tablet MM	QL(60 per 30 days)
nikki (28) 3 mg-0.02 mg tablet MM,ACA	
nilutamide 150 mg tablet MM,SP	QL(60 per 30 days)
nimodipine 30 mg capsule SP	
nisoldipine er 17 mg tablet MM	QL(30 per 30 days)
nisoldipine er 20 mg tablet MM	QL(30 per 30 days)
nisoldipine er 25.5 mg tablet MM	QL(60 per 30 days)
nisoldipine er 30 mg tablet MM	QL(60 per 30 days)
nisoldipine er 34 mg tablet MM	QL(30 per 30 days)
nisoldipine er 40 mg tablet MM	QL(30 per 30 days)
nisoldipine er 8.5 mg tablet MM	QL(30 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT MM	
nitrofurantoin 25 mg/5 ml susp	QL(2400 per 30 days)
nitrofurantoin mcr 100 mg cap	
nitrofurantoin mcr 25 mg cap	
nitrofurantoin mcr 50 mg cap	
nitrofurantoin mono-mcr 100 mg	
nitroglycerin 0.1 mg/hr patch MM	QL(30 per 30 days)
nitroglycerin 0.2 mg/hr patch MM	QL(30 per 30 days)
nitroglycerin 0.3 mg tablet sl MM	
nitroglycerin 0.4 mg tablet sl MM	
nitroglycerin 0.4 mg/hr patch MM	QL(60 per 30 days)
nitroglycerin 0.6 mg tablet sl MM	
nitroglycerin 0.6 mg/hr patch MM	QL(30 per 30 days)
nitroglycerin 400 mcg spray MM	
nitroglycerin lingual 0.4 mg MM	
NITROSTAT 0.3 MG SUBLINGUAL TABLET MM	
NITROSTAT 0.4 MG SUBLINGUAL TABLET MM	
NITROSTAT 0.6 MG SUBLINGUAL TABLET MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
NITYR 10 MG TABLET MM,SP	QL(60 per 30 days)
NITYR 2 MG TABLET MM,SP	QL(300 per 30 days)
NITYR 5 MG TABLET MM,SP	QL(120 per 30 days)
nizatidine 15 mg/ml solution MM	
nizatidine 150 mg capsule MM	
nizatidine 300 mg capsule MM	
nora-be 0.35 mg tablet MM	
noret-estr-fe 0.4-0.035(21)-75 MM,ACA	
noreth-estrad-fe 1-0.02(21)-75 MM,ACA	
noreth-estrad-fe 1-0.02(24)-75 MM,ACA	
noreth-estrad-fe 1-0.02(24)-75 MM,ACA	
norethin-estra-fe 0.8-0.025 mg MM,ACA	
norethin-eth estrad 1 mg-5 mcg MM	
norethind-eth estrad 0.5-2.5 MM	
norethind-eth estrad 1-0.02 mg MM,ACA	
norethindrone 0.35 mg tablet MM,ACA	
norethindrone 5 mg tablet MM	
norg-ee 0.18-0.215-0.25/0.025 MM,ACA	
norg-ee 0.18-0.215-0.25/0.035 MM,ACA	
norg-ethin estra 0.25-0.035 mg MM,ACA	
norlyda 0.35 mg tablet MM,ACA	
norlyroc 0.35 mg tablet MM,ACA	
NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE MM	
NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE MM	
NORTHERA 100 MG CAPSULE MM,SP,LD	PA,QL(90 per 30 days)
NORTHERA 200 MG CAPSULE MM,SP,LD	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE MM,SP,LD	PA,QL(180 per 30 days)
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MM,ACA	
nortrel 1/35 (21) 1 mg-35 mcg tablet MM,ACA	
nortrel 1/35 (28) 1 mg-35 mcg tablet MM,ACA	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MM,ACA	
nortriptyline 10 mg/5 ml soln MM	
nortriptyline hcl 10 mg cap MM	
nortriptyline hcl 25 mg cap MM	
nortriptyline hcl 50 mg cap MM	
nortriptyline hcl 75 mg cap MM	
NORVIR 100 MG CAPSULE MM	QL(360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET MM,SP	QL(360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MM	QL(480 per 30 days)
NOVA MAX GLUCOSE CONTROL SOLUTION MM	
NOVA SAFETY LANCETS 23 GAUGE	
NOVA SAFETY LANCETS 28 GAUGE	
NOVA SUREFLEX LANCETS	
NOVOFINE 30G X 1/3" NEEDLES MM	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MM	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MM	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP MM	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MM	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MM	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG MM	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE MM	
NOXAFIL 100 MG TABLET,DELAYED RELEASE SP	PA,QL(93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION SP	PA,QL(840 per 28 days)
np thyroid 120 mg tablet MM	
np thyroid 15 mg tablet MM	
np thyroid 30 mg tablet MM	
np thyroid 60 mg tablet MM	
np thyroid 90 mg tablet MM	
nulev 0.125 mg disintegrating tablet MM	
NULOJIX 250 MG INTRAVENOUS SOLUTION MM,SP	PA,QL(20 per 30 days)
NUPLAZID 10 MG TABLET MM,SP	PA,QL(30 per 30 days)
NUPLAZID 17 MG TABLET MM,SP	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE MM,SP	PA,QL(30 per 30 days)
NUTRESTORE 5 GRAM ORAL POWDER PACKET	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MM,ACA	QL(1 per 28 days)
nyamyc 100,000 unit/gram topical powder	
nyata 100,000 unit/gm powder	
nystatin 100,000 unit/gm cream	
nystatin 100,000 unit/gm oint	
nystatin 100,000 unit/gm powd	
nystatin 100,000 unit/ml susp	
nystatin 150,000,000 units pwd	QL(30 per 30 days)
nystatin 500,000 unit oral tab	
nystatin 500,000,000 units pwd	QL(30 per 30 days)
nystatin-triamcinolone cream	
nystatin-triamcinolone ointm	
nystop 100,000 unit/gram topical powder	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MM	
OB COMPLETE GOLD 27.5 MG IRON-1 MG CAPSULE MM	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MM	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MM	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MM	
OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE MM	
obstetrix dha 29 mg iron-1 mg-50 mg tablet-capsule,delayed release MM	
OBSTETRIX EC 29 MG IRON-1 MG-50 MG TABLET,DELAYED RELEASE MM	
obstetrix one 38 mg iron-1 mg-25 mg-225 mg capsule MM	
ocella 3 mg-0.03 mg tablet MM	
octreotide 1,000 mcg/ml vial MM,SP	PA
octreotide acet 0.05 mg/ml vl MM,SP	PA
octreotide acet 100 mcg/ml syr MM,SP	PA
octreotide acet 100 mcg/ml vl MM,SP	PA
octreotide acet 200 mcg/ml vl MM,SP	PA
octreotide acet 50 mcg/ml syr MM,SP	PA
octreotide acet 500 mcg/ml syr MM,SP	PA
octreotide acet 500 mcg/ml vl MM,SP	PA
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET MM	ST,QL(30 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET MM,SP	QL(30 per 30 days)
ODOMZO 200 MG CAPSULE MM,SP	PA,QL(30 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
OFEV 100 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
OFEV 150 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
ofloxacin 0.3% ear drops	
ofloxacin 0.3% eye drops	
ofloxacin 300 mg tablet	
ofloxacin 400 mg tablet	
ogestrel (28) 0.5 mg-50 mcg tablet MM,ACA	
okebo 100 mg capsule	QL(90 per 30 days)
olanzapine 10 mg tablet MM	QL(30 per 30 days)
olanzapine 15 mg tablet MM	QL(60 per 30 days)
olanzapine 2.5 mg tablet MM	QL(30 per 30 days)
olanzapine 20 mg tablet MM	QL(60 per 30 days)
olanzapine 5 mg tablet MM	QL(30 per 30 days)
olanzapine 7.5 mg tablet MM	QL(30 per 30 days)
olanzapine odt 10 mg tablet MM	QL(30 per 30 days)
olanzapine odt 15 mg tablet MM	QL(60 per 30 days)
olanzapine odt 20 mg tablet MM	QL(60 per 30 days)
olanzapine odt 5 mg tablet MM	QL(30 per 30 days)
olmesartan medoxomil 20 mg tab MM	QL(30 per 30 days)
olmesartan medoxomil 40 mg tab MM	QL(30 per 30 days)
olmesartan medoxomil 5 mg tab MM	QL(30 per 30 days)
olmesartan-hctz 20-12.5 mg tab MM	QL(30 per 30 days)
olmesartan-hctz 40-12.5 mg tab MM	QL(30 per 30 days)
olmesartan-hctz 40-25 mg tab MM	QL(30 per 30 days)
olopatadine 665 mcg nasal spry	ST,QL(30.5 per 30 days)
olopatadine hcl 0.1% eye drops	
olopatadine hcl 0.2% eye drop	
omega-3 ethyl esters 1 gm cap MM	PA,QL(120 per 30 days)
omeprazole dr 10 mg capsule MM	QL(60 per 30 days)
omeprazole dr 20 mg capsule MM	QL(60 per 30 days)
omeprazole dr 40 mg capsule MM	QL(60 per 30 days)
ON CALL EXPRESS CONTROL SOLUTION MM	
ON CALL LANCET 30 GAUGE	
ON CALL LANCING DEVICE	
ON CALL PLUS CONTROL SOLUTION MM	
ON CALL PLUS LANCET 30 GAUGE	
ON CALL PLUS LANCING DEVICE	
ON CALL VIVID CONTROL SOLUTION MM	
ON-THE-GO LANCETS 30 GAUGE	
ondansetron 4 mg/5 ml solution	QL(450 per 30 days)
ondansetron hcl 24 mg tablet	QL(30 per 30 days)
ondansetron hcl 4 mg tablet	QL(90 per 30 days)
ondansetron hcl 8 mg tablet	QL(90 per 30 days)
ondansetron odt 4 mg tablet	QL(90 per 30 days)
ondansetron odt 8 mg tablet	QL(90 per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE	
ONETOUCH DELICA LANCETS 33 GAUGE	
ONETOUCH DELICA LANCING DEVICE KIT	
ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE	
ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE	
ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE	
ONETOUCH ULTRA CONTROL SOLUTION MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ONETOUCH ULTRASOFT LANCETS	
ONETOUCH VERIO HIGH CONTROL SOLUTION MM	
ONETOUCH VERIO MID CONTROL SOLUTION MM	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP	
ONFI 10 MG TABLET MM,SP	PA,QL(60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION MM,SP	PA,QL(480 per 30 days)
ONFI 20 MG TABLET MM,SP	PA,QL(60 per 30 days)
opium tincture 10 mg/ml	QL(180 per 30 days)
OPSUMIT 10 MG TABLET MM,SP,LD	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 ACA	
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET LD	ST,QL(30 per 30 days)
ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET LD	ST,QL(30 per 30 days)
ORALAIR 300 IR SUBLINGUAL TABLET MM,LD	ST,QL(30 per 30 days)
oralone 0.1 % dental paste	
ORAVIG 50 MG BUCCAL TABLET SP	QL(14 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET MM,SP	PA,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET MM,SP	PA,QL(112 per 28 days)
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET MM,SP	PA,QL(56 per 28 days)
ORKAMBI 200 MG-125 MG TABLET MM,SP,LD	PA,QL(112 per 28 days)
orphenadrine er 100 mg tablet	
orsythia 0.1 mg-20 mcg tablet MM,ACA	
oscimin 0.125 mg disintegrating tablet MM	
oscimin 0.125 mg tablet MM	
oscimin sl 0.125 mg sublingual tablet MM	
oscimin sr 0.375 mg tablet,extended release MM	
oseltamivir 6 mg/ml suspension	QL(1440 per 365 days)
oseltamivir phos 30 mg capsule	QL(224 per 365 days)
oseltamivir phos 45 mg capsule	QL(112 per 365 days)
oseltamivir phos 75 mg capsule	QL(112 per 365 days)
OTEZLA 30 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK SP,LD	PA,QL(27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK SP,LD	PA,QL(55 per 28 days)
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION	ST
oxandrolone 10 mg tablet MM	PA,QL(60 per 30 days)
oxandrolone 2.5 mg tablet MM	PA,QL(120 per 30 days)
oxaprozin 600 mg caplet	
OXAYDO 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) SP	PA,QL(360 per 30 days)
OXAYDO 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES) SP	PA,QL(360 per 30 days)
oxcarbazepine 150 mg tablet MM	
oxcarbazepine 300 mg tablet MM	
oxcarbazepine 300 mg/5 ml susp MM	
oxcarbazepine 600 mg tablet MM	
oxiconazole nitrate 1% cream	ST
oxybutynin 5 mg tablet MM	
oxybutynin 5 mg/5 ml syrup MM	
oxybutynin cl er 10 mg tablet MM	QL(60 per 30 days)
oxybutynin cl er 15 mg tablet MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
oxybutynin cl er 5 mg tablet MM	QL(60 per 30 days)
oxycodon 10 mg/0.5 ml oral syr	QL(270 per 30 days)
oxycodon-acetaminophen 2.5-325	QL(360 per 30 days)
oxycodon-acetaminophen 7.5-325	QL(360 per 30 days)
oxycodone hcl 10 mg tablet	QL(360 per 30 days)
oxycodone hcl 100 mg/5 ml soln	QL(270 per 30 days)
oxycodone hcl 15 mg tablet	QL(360 per 30 days)
oxycodone hcl 20 mg tablet	QL(360 per 30 days)
oxycodone hcl 30 mg tablet	QL(360 per 30 days)
oxycodone hcl 5 mg capsule	QL(360 per 30 days)
oxycodone hcl 5 mg tablet	QL(360 per 30 days)
oxycodone hcl 5 mg/5 ml soln	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325	QL(360 per 30 days)
oxycodone-acetaminophen 5-325	QL(360 per 30 days)
oxycodone-acetaminophn 5-325/5	QL(1830 per 30 days)
oxycodone-ibuprofen 5-400 tab	QL(240 per 30 days)
oxymorphone hcl 10 mg tablet	QL(360 per 30 days)
oxymorphone hcl 5 mg tablet	QL(360 per 30 days)
oxymorphone hcl er 10 mg tab	ST,QL(60 per 30 days)
oxymorphone hcl er 15 mg tab	ST,QL(60 per 30 days)
oxymorphone hcl er 20 mg tab	ST,QL(60 per 30 days)
oxymorphone hcl er 30 mg tab	ST,QL(60 per 30 days)
oxymorphone hcl er 40 mg tab	ST,QL(60 per 30 days)
oxymorphone hcl er 5 mg tablet	ST,QL(60 per 30 days)
oxymorphone hcl er 7.5 mg tab	ST,QL(60 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MM	QL(1.5 per 28 days)
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MM	QL(3 per 28 days)
PACERONE 100 MG TABLET MM	
pacerone 200 mg tablet MM	
PACERONE 400 MG TABLET MM	
paliperidone er 1.5 mg tablet MM	PA,QL(30 per 30 days)
paliperidone er 3 mg tablet MM	PA,QL(30 per 30 days)
paliperidone er 6 mg tablet MM	PA,QL(60 per 30 days)
paliperidone er 9 mg tablet MM	PA,QL(30 per 30 days)
palonosetron 0.25 mg/2 ml vial	PA,QL(20 per 28 days)
palonosetron 0.25 mg/5 ml vial	PA,QL(20 per 28 days)
palonosetron hcl 0.25 mg/5 ml	PA,QL(20 per 28 days)
PANRETIN 0.1 % TOPICAL GEL SP	
pantoprazole sod dr 20 mg tab MM	QL(60 per 30 days)
pantoprazole sod dr 40 mg tab MM	QL(60 per 30 days)
pantoprazole sodium 40 mg vial	
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE MM,SP,ACA,LD	
paregoric liquid	
paricalcitol 1 mcg capsule MM	QL(30 per 30 days)
paricalcitol 2 mcg capsule MM	QL(30 per 30 days)
paricalcitol 4 mcg capsule MM	QL(12 per 30 days)
paroex oral rinse 0.12 % mouthwash	
paromomycin 250 mg capsule	
paroxetine hcl 10 mg tablet MM	QL(30 per 30 days)
paroxetine hcl 20 mg tablet MM	QL(30 per 30 days)
paroxetine hcl 30 mg tablet MM	QL(60 per 30 days)
paroxetine hcl 40 mg tablet MM	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine mesylate 7.5 mg cap MM	ST,QL(30 per 30 days)
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET	
PEDIASURE HARVEST 0.04 GRAM-1 KCAL/ML LIQUID FOR TUBE FEED	
peg 3350 electrolyte soln ACA	
peg 3350-electrolyte solution ACA	
peg-3350 and electrolytes soln ACA	
PEGANONE 250 MG TABLET MM	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION SP	PA,QL(4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	PA,QL(2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	PA,QL(2 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT SP	PA,QL(4 per 28 days)
PEGINTRON REDIPEN 120 MCG SP	PA,QL(4 per 28 days)
PEGINTRON REDIPEN 150 MCG SP	PA,QL(4 per 28 days)
PEGINTRON REDIPEN 50 MCG SP	PA,QL(4 per 28 days)
PEN NEEDLE 29 GAUGE X 1/2" MM	
PEN NEEDLE 30 GAUGE X 5/16" MM	
PEN NEEDLE 31 GAUGE X 1/4" MM	
PEN NEEDLE 31 GAUGE X 3/16" MM	
PEN NEEDLE 31 GAUGE X 5/16" MM	
PEN NEEDLE 32 GAUGE X 5/32" MM	
PEN NEEDLE 32G X 3/16" MM	
PEN NEEDLE 32G X 5/32" MM	
PEN NEEDLES 6MM 31G MM	
penicillin vk 125 mg/5 ml soln	
penicillin vk 250 mg tablet	
penicillin vk 250 mg/5 ml soln	
penicillin vk 500 mg tablet	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT ACA	
PENTACEL ACTHIB COMPONENT (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION ACA	
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML IM SUSP ACA	
PENTIPS 29 GAUGE X 1/2" NEEDLE MM	
PENTIPS 31 GAUGE X 1/4" NEEDLE MM	
PENTIPS 31 GAUGE X 3/16" NEEDLE MM	
PENTIPS 31 GAUGE X 5/16" NEEDLE MM	
PENTIPS 32 GAUGE X 5/32" NEEDLE MM	
pentoxifylline er 400 mg tab MM	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MM,SP	PA,QL(120 per 30 days)
perindopril erbumine 2 mg tab MM	
perindopril erbumine 4 mg tab MM	
perindopril erbumine 8 mg tab MM	
periogard 0.12 % mouthwash	
permethrin 5% cream	
perphen-amitrip 2 mg-10 mg tab MM	
perphen-amitrip 2 mg-25 mg tab MM	
perphen-amitrip 4 mg-10 mg tab MM	
perphen-amitrip 4 mg-25 mg tab MM	
perphen-amitrip 4 mg-50 mg tab MM	
perphenazine 16 mg tablet MM	
perphenazine 2 mg tablet MM	
perphenazine 4 mg tablet MM	
perphenazine 8 mg tablet MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PHARMACIST CHOICE 30G LANCETS	
PHASEAL PROTECTOR 13 MM DEVICE	
PHASEAL PROTECTOR 20 MM DEVICE	
PHASEAL PROTECTOR 28 MM DEVICE	
phenadoz 12.5 mg rectal suppository	
phenadoz 25 mg rectal suppository	
phenazopyridine 100 mg tab	
phenazopyridine 200 mg tab	
phenelzine sulfate 15 mg tab MM	
phenobarbital 100 mg tablet MM	QL(90 per 30 days)
phenobarbital 15 mg tablet MM	QL(120 per 30 days)
phenobarbital 16.2 mg tablet MM	QL(90 per 30 days)
phenobarbital 20 mg/5 ml elix MM	QL(1500 per 30 days)
phenobarbital 30 mg tablet MM	QL(300 per 30 days)
phenobarbital 32.4 mg tablet MM	QL(90 per 30 days)
phenobarbital 60 mg tablet MM	QL(120 per 30 days)
phenobarbital 64.8 mg tablet MM	QL(90 per 30 days)
phenobarbital 97.2 mg tablet MM	QL(90 per 30 days)
phenoxybenzamine hcl 10 mg cap SP	
phenylephrine 10% eye drops	
phenylephrine 2.5% eye drop	
phenytoin 100 mg/4 ml susp MM	
phenytoin 125 mg/5 ml susp MM	
phenytoin 50 mg tablet chew MM	
phenytoin sod ext 100 mg cap MM	
phenytoin sod ext 200 mg cap MM	
phenytoin sod ext 300 mg cap MM	
philith 0.4 mg-35 mcg tablet MM,ACA	
phospha 250 neutral 250 mg tablet	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MM	
PHYSICIANS EZ USE B-12 1,000 MCG/ML INJECTION KIT	
phytonadione 1 mg/0.5 ml syr	
PICATO 0.015 % TOPICAL GEL	QL(3 per 30 days)
PICATO 0.05 % TOPICAL GEL	QL(2 per 30 days)
PIFELTRO 100 MG TABLET SP	QL(60 per 30 days)
pilocarpine 1% eye drops MM	
pilocarpine 2% eye drops MM	
pilocarpine 4% eye drops MM	
pilocarpine hcl 5 mg tablet MM	
pilocarpine hcl 7.5 mg tablet MM	
pimozide 1 mg tablet MM	
pimozide 2 mg tablet MM	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM,ACA	
pindolol 10 mg tablet MM	
pindolol 5 mg tablet MM	
pioglitazone hcl 15 mg tablet MM	QL(30 per 30 days)
pioglitazone hcl 30 mg tablet MM	QL(30 per 30 days)
pioglitazone hcl 45 mg tablet MM	QL(30 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet MM,ACA	
pirmella 1 mg-35 mcg tablet MM,ACA	
piroxicam 10 mg capsule	
piroxicam 20 mg capsule	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PNEUMOVAX 23 25 MCG/0.5 ML INJECTION SOLUTION ACA	
PNEUMOVAX 23 25 MCG/0.5 ML INJECTION SYRINGE ACA	
pnv 29-1 29 mg iron-1 mg tablet MM	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MM	
pnv-dha + docusate 27 mg-1.25 mg-55 mg-300 mg capsule MM	
pnv-dha 27 mg iron-1 mg-300 mg capsule MM	
pnv-ferrous fumarate 29 mg-docu 25 mg-fa 1 mg tablet MM	
pnv-omega 28 mg-1 mg-300 mg capsule MM	
pnv-select 27 mg-1 mg tablet MM	
pnv-vp-u 106.5 mg-1 mg capsule MM	
POCKET CHAMBER SPACER	
podofilox 0.5% topical soln	
polocaine-mpf 10 mg/ml (1 %) injection solution	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule	
polycin 500 unit-10,000 unit/gram eye ointment	
polyethylene glycol 3350 powd ACA	QL(1054 per 30 days)
polyethylene glycol 3350 powd ACA	QL(36 per 30 days)
polymyxin b sulfate vial	
polymyxin b-tmp eye drops	
POMALYST 1 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
POMALYST 2 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
POMALYST 3 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
POMALYST 4 MG CAPSULE MM,SP,LD	PA,QL(21 per 28 days)
portia 0.15 mg-0.03 mg tablet MM,ACA	
pot citrate-citric acid packet	
POTABA 500 MG CAPSULE MM	
potassium 25 meq tablet eff MM	
potassium acet 100 meq/50 ml	
potassium citrate er 10 meq tb MM	
potassium citrate er 15 meq tb MM	
potassium citrate er 5 meq tab MM	
potassium cl 10 meq/100 ml sol	
potassium cl 10 meq/50 ml sol	
potassium cl 10% (20 meq/15ml) MM	
potassium cl 20 meq-0.45% nacl	
potassium cl 20 meq/10 ml conc SP	
potassium cl 20 meq/100 ml sol	
potassium cl 20 meq/50 ml sol	
potassium cl 20% (40 meq/15ml) MM	
potassium cl 25 meq tab eff MM	
potassium cl 30 meq/100 ml sol	
potassium cl 40 meq/100 ml sol	
potassium cl er 10 meq capsule MM	
potassium cl er 10 meq tablet MM	
potassium cl er 10 meq tablet MM	
potassium cl er 20 meq tablet MM	
potassium cl er 20 meq tablet MM	
potassium cl er 8 meq capsule MM	
potassium cl er 8 meq tablet MM	
POTIGA 200 MG TABLET MM,SP	PA
POTIGA 300 MG TABLET MM,SP	PA
POTIGA 400 MG TABLET MM,SP	PA

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
POTIGA 50 MG TABLET MM,SP	PA
pr natal 400 29 mg-1 mg-400 mg oral pack MM	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release MM	
pr natal 430 29 mg iron-1 mg-430 mg oral pack MM	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release MM	
PRADAXA 110 MG CAPSULE MM	QL(60 per 30 days)
PRADAXA 150 MG CAPSULE MM	QL(60 per 30 days)
PRADAXA 75 MG CAPSULE MM	QL(60 per 30 days)
PRALUENT 150 MG/ML SYRINGE MM,SP	PA,QL(2 per 28 days)
PRALUENT 75 MG/ML SYRINGE MM,SP	PA,QL(2 per 28 days)
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(2 per 28 days)
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(2 per 28 days)
pramipexole 0.125 mg tablet MM	
pramipexole 0.25 mg tablet MM	
pramipexole 0.5 mg tablet MM	
pramipexole 0.75 mg tablet MM	
pramipexole 1 mg tablet MM	
pramipexole 1.5 mg tablet MM	
pramipexole er 0.375 mg tablet MM	PA,QL(30 per 30 days)
pramipexole er 0.75 mg tablet MM	PA,QL(30 per 30 days)
pramipexole er 1.5 mg tablet MM	PA,QL(30 per 30 days)
pramipexole er 2.25 mg tablet MM	PA,QL(30 per 30 days)
pramipexole er 3 mg tablet MM	PA,QL(30 per 30 days)
pramipexole er 3.75 mg tablet MM	PA,QL(30 per 30 days)
pramipexole er 4.5 mg tablet MM	PA,QL(30 per 30 days)
prasugrel 10 mg tablet MM	QL(30 per 30 days)
prasugrel 5 mg tablet MM	QL(30 per 30 days)
pravastatin sodium 10 mg tab MM	QL(30 per 30 days)
pravastatin sodium 20 mg tab MM	QL(30 per 30 days)
pravastatin sodium 40 mg tab MM	QL(60 per 30 days)
pravastatin sodium 80 mg tab MM	QL(30 per 30 days)
praziquantel 600 mg tablet	
prazosin 1 mg capsule MM	
prazosin 2 mg capsule MM	
prazosin 5 mg capsule MM	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK MM	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK MM	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT	
prednicarbate 0.1% cream	
prednicarbate 0.1% ointment	
prednisolone 15 mg/5 ml soln	
prednisolone 15 mg/5 ml syrup	
prednisolone 5 mg/5 ml soln	
prednisolone ac 1% eye drop	
prednisolone sod 1% eye drop	
prednisolone sod ph 25 mg/5 ml	
prednisone 1 mg tablet	
prednisone 10 mg tab dose pack	
prednisone 10 mg tablet	
prednisone 2.5 mg tablet	
prednisone 20 mg tablet	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone 5 mg tab dose pack	
prednisone 5 mg tablet	
prednisone 5 mg/5 ml solution	
prednisone 50 mg tablet	
prednisone intensol 5 mg/ml oral concentrate	
PREFERRED PLUS SYRINGE 0.5 ML MM	
PREFERRED PLUS SYRINGE 1 ML MM	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET MM	
PREMARIN 0.3 MG TABLET MM	
PREMARIN 0.45 MG TABLET MM	
PREMARIN 0.625 MG TABLET MM	
PREMARIN 0.9 MG TABLET MM	
PREMARIN 1.25 MG TABLET MM	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MM	
PREMPRO 0.3 MG-1.5 MG TABLET MM	
PREMPRO 0.45 MG-1.5 MG TABLET MM	
PREMPRO 0.625 MG-2.5 MG TABLET MM	
PREMPRO 0.625 MG-5 MG TABLET MM	
prena1 pearl 30 mg-1.4 mg-200 mg capsule,immediate - delay release MM	
prena1 true 30 mg iron-1.4 mg-300 mg oral pack MM	
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule MM	
prenaissance next tablet MM	
prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule MM	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MM	
prenatal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet MM	
prenatal 19 29 mg iron-1 mg chewable tablet MM	
prenatal low iron 27 mg iron-1 mg tablet MM	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MM	
prenatal plus 29 mg iron-1 mg tablet MM	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack MM	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet MM	
prenatal-u 106.5 mg-1 mg capsule MM	
PRENATE AM 1 MG-500 MG TABLET MM	
PRENATE CHEWABLE 1 MG TABLET MM	
PRENATE DHA (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAPSULE MM	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MM	
PRENATE ELITE (IRON ASPARTO GLYCINATE) 20 MG IRON-1 MG TABLET MM	
PRENATE ELITE 26 MG IRON-1 MG TABLET MM	
PRENATE ENHANCE 28 MG IRON-1 MG-400 MG CAPSULE MM	
PRENATE ESSENTIAL (IRON ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAP MM	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MM	
PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG-1 MG-350 MG CAPSULE MM	
PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE MM	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE MM	
PRENATE STAR 20 MG IRON-1 MG TABLET MM	
preplus 27 mg iron-1 mg tablet MM	
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET ACA	ST
PREQUE 10 TABLET MM,ACA	
PRESSURE ACTIVATED LANCETS 21 GAUGE	
PRESSURE ACTIVATED LANCETS 28 GAUGE	
pretab 29 mg-1 mg tablet MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
prevalite 4 gram oral powder MM	
prevalite 4 gram powder for susp in a packet MM	
previfem 0.25 mg-35 mcg tablet MM,ACA	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE ACA	
PREZCOBIX 800 MG-150 MG TABLET MM,SP	QL(30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION MM,SP	QL(360 per 30 days)
PREZISTA 150 MG TABLET MM,SP	QL(240 per 30 days)
PREZISTA 600 MG TABLET MM,SP	QL(60 per 30 days)
PREZISTA 75 MG TABLET MM,SP	QL(480 per 30 days)
PREZISTA 800 MG TABLET MM,SP	QL(30 per 30 days)
PRIFTIN 150 MG TABLET	
primaquine 26.3 mg tablet	
PRIMEAIRE SPACER	
primidone 250 mg tablet MM	
primidone 50 mg tablet MM	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	
PRO COMFORT ALCOHOL PADS	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" MM	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
PRO COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 1/2" MM	
PRO COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
PRO COMFORT LANCET 30 GAUGE	
PRO COMFORT LANCET 31 GAUGE	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16"	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4" MM	
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16" MM	
probenecid 500 mg tablet MM	
probenecid-colchicine tabs MM	
PROCALAMINE 3% INTRAVENOUS SOLUTION	
PROCHAMBER	
prochlorperazine 10 mg tab	
prochlorperazine 25 mg supp	
prochlorperazine 5 mg tablet	
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION MM,SP	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
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 MM	
PRODIGY CONTROL SOLUTION,HIGH MM	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
PRODIGY LANCETS 26 GAUGE	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
PRODIGY LANCETS 28 GAUGE	
PRODIGY LANCING DEVICE	
PRODIGY TWIST TOP LANCET 28 GAUGE	
PROFERRIN-FORTE 12 MG-1 MG TABLET	
progesterone 100 mg capsule MM	
progesterone 200 mg capsule MM	
progesterone in oil 50 mg/ml intramuscular	
progesterone oil 50 mg/ml vl	
PROGLYCEM 50 MG/ML ORAL SUSPENSION MM,SP	
PROGRAF 0.5 MG CAPSULE MM	
PROGRAF 1 MG CAPSULE MM	
PROGRAF 5 MG CAPSULE MM	QL(180 per 30 days)
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION	
PROMACTA 12.5 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
PROMACTA 25 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
promethazine 12.5 mg suppos	
promethazine 12.5 mg tablet	
promethazine 25 mg suppository	
promethazine 25 mg tablet	
promethazine 50 mg suppository	
promethazine 50 mg tablet	
promethazine 6.25 mg/5 ml syrp	
promethazine vc 6.25 mg-5 mg/5 ml syrup	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml syrup	
promethazine-codeine syrup	
promethazine-dm solution	
promethazine-pe-codeine syrup	
promethazine-phenylephrine syr	
promethegan 12.5 mg rectal suppository	
promethegan 25 mg rectal suppository	
promethegan 50 mg rectal suppository	
propafenone hcl 150 mg tablet MM	
propafenone hcl 225 mg tab MM	
propafenone hcl 300 mg tab MM	
propafenone hcl er 225 mg cap MM	
propafenone hcl er 325 mg cap MM	
propafenone hcl er 425 mg cap MM	
propantheline 15 mg tablet	
proparacaine 0.5% eye drops	
propranolol 10 mg tablet MM	
propranolol 20 mg tablet MM	
propranolol 20 mg/5 ml soln MM	
propranolol 40 mg tablet MM	
propranolol 40 mg/5 ml soln MM	
propranolol 60 mg tablet MM	
propranolol 80 mg tablet MM	
propranolol er 120 mg capsule MM	
propranolol er 160 mg capsule MM	
propranolol er 60 mg capsule MM	
propranolol er 80 mg capsule MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol-hctz 40-25 mg tab MM	
propranolol-hctz 80-25 mg tab MM	
propylthiouracil 50 mg tablet MM	
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION ACA	
protriptyline hcl 10 mg tablet MM	
protriptyline hcl 5 mg tablet MM	
PROVIDA DHA 32 MG-1.25 MG-110 MG CAPSULE MM	
PROVIDA OB 40 MG IRON-1.25 MG CAPSULE MM	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION MM,SP	QL(150 per 30 days)
PUREFE OB PLUS 106 MG IRON-1 MG CAPSULE MM	
PUREFE PLUS 106 MG IRON-1 MG CAPSULE	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	
PYLERA 140 MG-125 MG-125 MG CAPSULE	QL(144 per 30 days)
pyrazinamide 500 mg tablet	
pyridostigmine br 60 mg tablet MM	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ACA	
quasense 0.15 mg-30 mcg tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
quetiapine er 150 mg tablet MM	PA,QL(90 per 30 days)
quetiapine er 200 mg tablet MM	PA,QL(30 per 30 days)
quetiapine er 300 mg tablet MM	PA,QL(60 per 30 days)
quetiapine er 400 mg tablet MM	PA,QL(60 per 30 days)
quetiapine er 50 mg tablet MM	PA,QL(120 per 30 days)
quetiapine fumarate 100 mg tab MM	QL(90 per 30 days)
quetiapine fumarate 200 mg tab MM	QL(120 per 30 days)
quetiapine fumarate 25 mg tab MM	QL(120 per 30 days)
quetiapine fumarate 300 mg tab MM	QL(90 per 30 days)
quetiapine fumarate 400 mg tab MM	QL(90 per 30 days)
quetiapine fumarate 50 mg tab MM	QL(120 per 30 days)
quinapril 10 mg tablet MM	
quinapril 20 mg tablet MM	
quinapril 40 mg tablet MM	
quinapril 5 mg tablet MM	
quinapril-hctz 10-12.5 mg tab MM	
quinapril-hctz 20-12.5 mg tab MM	
quinapril-hctz 20-25 mg tab MM	
quinidine gluc er 324 mg tab MM	
quinidine sulfate 200 mg tab MM	
quinidine sulfate 300 mg tab MM	
quinine sulfate 324 mg capsule	PA,QL(42 per 7 days)
r-natal ob 20 mg iron-1 mg-320 mg capsule MM	
rabeprazole sod dr 20 mg tab MM	QL(30 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MM	ST,QL(30 per 30 days)
rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet MM,ACA	
raloxifene hcl 60 mg tablet MM,ACA	QL(30 per 30 days)
ramipril 1.25 mg capsule MM	
ramipril 10 mg capsule MM	
ramipril 2.5 mg capsule MM	
ramipril 5 mg capsule MM	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE MM	ST,QL(120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE MM	ST,QL(120 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ranitidine 15 mg/ml syrup MM	
ranitidine 150 mg capsule MM	
ranitidine 150 mg tablet MM	
ranitidine 300 mg capsule MM	
ranitidine 300 mg tablet MM	
ranitidine hcl 150 mg/6 ml vl	
ranitidine hcl 50 mg/2 ml vial	
RAPAFLO 4 MG CAPSULE MM	ST,QL(30 per 30 days)
RAPAFLO 8 MG CAPSULE MM	ST,QL(30 per 30 days)
RAPAMUNE 0.5 MG TABLET MM	
RAPAMUNE 1 MG TABLET MM	QL(300 per 30 days)
RAPAMUNE 1 MG/ML ORAL SOLUTION MM	
RAPAMUNE 2 MG TABLET MM	QL(150 per 30 days)
rasagiline mesylate 0.5 mg tab MM	PA
rasagiline mesylate 1 mg tab MM	PA
READYLANCE SAFETY LANCETS 21 GAUGE	
READYLANCE SAFETY LANCETS 23 GAUGE	
READYLANCE SAFETY LANCETS 26 GAUGE	
READYLANCE SAFETY LANCETS 28 GAUGE	
READYLANCE SAFETY LANCETS 30 GAUGE	
reclipsen (28) 0.15 mg-0.03 mg tablet MM,ACA	
RECTIV 0.4 % (W/W) OINTMENT	QL(30 per 30 days)
REFUAH PLUS GLUCOSE CONTROL SOLUTION MM	
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	QL(60 per 180 days)
RELI-ON INSULIN 0.3 ML SYR MM	
RELI-ON INSULIN 1 ML SYR MM	
RELIAMED LANCET 23 GAUGE	
RELIAMED LANCET 28 GAUGE	
RELIAMED LANCET 30 GAUGE	
RELIAMED MINI LANCING DEVICE	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	
RELION INS SYR 0.3 ML 29GX1/2" MM	
RELION INS SYR 0.3 ML 30GX5/16 MM	
RELION INS SYR 0.3 ML 31GX6MM MM	
RELION INS SYR 0.5 ML 31GX6MM MM	
RELION INS SYR 1 ML 29GX1/2" MM	
RELION INS SYR 1 ML 30GX5/16" MM	
RELION INS SYR 1 ML 31GX15/64" MM	
RELION LANCING DEVICE	
RELION NEEDLES 31 GAUGE X 1/4" MM	
RELION PEN NEEDLES 32 GAUGE X 5/32" MM	
RELION SYR 0.5 ML 30GX5/16" MM	
RELION THIN 26G LANCETS	
RELION THIN LANCETS 26 GAUGE	
RELION ULTRA THIN PLUS LANCETS	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION SP	PA,QL(21.6 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE SP	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET SP	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE SP	PA,QL(4.8 per 30 days)
relnate dha prenatal softgel MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
REMICADE 100 MG INTRAVENOUS SOLUTION MM,SP	PA
REMODULIN 1 MG/ML INJECTION SOLUTION SP,LD	PA
REMODULIN 10 MG/ML INJECTION SOLUTION SP,LD	PA
REMODULIN 2.5 MG/ML INJECTION SOLUTION SP,LD	PA
REMODULIN 5 MG/ML INJECTION SOLUTION SP,LD	PA
reno caps 1 mg capsule	
repaglinide 0.5 mg tablet MM	
repaglinide 1 mg tablet MM	
repaglinide 2 mg tablet MM	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR MM,SP	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(3 per 28 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET MM	QL(360 per 30 days)
RESCRIPTOR 200 MG TABLET MM	QL(180 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MM	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MM	QL(5.5 per 25 days)
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION MM,SP	PA,QL(14 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION	
REVATIO 10 MG/ML ORAL SUSPENSION MM,SP	PA,QL(180 per 30 days)
REVLIMID 10 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
REVLIMID 15 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
REVLIMID 2.5 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
REVLIMID 20 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
REVLIMID 25 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
REVLIMID 5 MG CAPSULE MM,SP,LD	PA,QL(28 per 28 days)
REXULTI 0.25 MG TABLET MM,SP	PA,QL(30 per 30 days)
REXULTI 0.5 MG TABLET MM,SP	PA,QL(30 per 30 days)
REXULTI 1 MG TABLET MM,SP	PA,QL(30 per 30 days)
REXULTI 2 MG TABLET MM,SP	PA,QL(30 per 30 days)
REXULTI 3 MG TABLET MM,SP	PA,QL(30 per 30 days)
REXULTI 4 MG TABLET MM,SP	PA,QL(30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET MM,SP	
ribavirin 200 mg capsule	QL(168 per 28 days)
ribavirin 200 mg tablet	QL(168 per 28 days)
ribavirin 6 gm inhalation vial	QL(8 per 30 days)
RIDAURA 3 MG CAPSULE MM	
rifabutin 150 mg capsule SP	
RIFAMATE 300 MG-150 MG CAPSULE	
rifampin 150 mg capsule	
rifampin 300 mg capsule	
RIFATER 50 MG-120 MG-300 MG TABLET	
RIGHTEST CONTROL SOLUTION HIGH MM	
RIGHTEST CONTROL SOLUTION NORMAL MM	
RIGHTEST GC250S CONTROL SOLUTION NORMAL MM	
RIGHTEST GD500 LANCING DEVICE	
RIGHTEST GL300 LANCETS 30 GAUGE	
riluzole 50 mg tablet MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
rimantadine hcl 100 mg tablet	
ringer's iv solution	
ringers irrigation solution	
RIOMET 500 MG/5 ML ORAL SOLUTION MM,SP	QL(750 per 30 days)
risedronate sod dr 35 mg tab MM	QL(4 per 28 days)
risedronate sodium 150 mg tab MM	QL(1 per 30 days)
risperidone 0.25 mg odt MM	QL(60 per 30 days)
risperidone 0.25 mg tablet MM	QL(60 per 30 days)
risperidone 0.5 mg odt MM	QL(120 per 30 days)
risperidone 0.5 mg tablet MM	QL(120 per 30 days)
risperidone 1 mg odt MM	QL(60 per 30 days)
risperidone 1 mg tablet MM	QL(60 per 30 days)
risperidone 1 mg/ml solution MM	
risperidone 2 mg odt MM	QL(60 per 30 days)
risperidone 2 mg tablet MM	QL(60 per 30 days)
risperidone 3 mg odt MM	QL(60 per 30 days)
risperidone 3 mg tablet MM	QL(60 per 30 days)
risperidone 4 mg odt MM	QL(60 per 30 days)
risperidone 4 mg tablet MM	QL(60 per 30 days)
RITEFLO AEROCHAMBER	
ritonavir 100 mg tablet MM	QL(360 per 30 days)
rivastigmine 1.5 mg capsule MM	QL(90 per 30 days)
rivastigmine 13.3 mg/24hr ptch MM	QL(30 per 30 days)
rivastigmine 3 mg capsule MM	QL(90 per 30 days)
rivastigmine 4.5 mg capsule MM	QL(60 per 30 days)
rivastigmine 4.6 mg/24hr patch MM	QL(30 per 30 days)
rivastigmine 6 mg capsule MM	QL(60 per 30 days)
rivastigmine 9.5 mg/24hr patch MM	QL(30 per 30 days)
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MM	QL(91 per 90 days)
rizatriptan 10 mg odt	QL(12 per 30 days)
rizatriptan 10 mg tablet	QL(12 per 30 days)
rizatriptan 5 mg odt	QL(12 per 30 days)
rizatriptan 5 mg tablet	QL(12 per 30 days)
ropinirole hcl 0.25 mg tablet MM	QL(180 per 30 days)
ropinirole hcl 0.5 mg tablet MM	QL(90 per 30 days)
ropinirole hcl 1 mg tablet MM	QL(90 per 30 days)
ropinirole hcl 2 mg tablet MM	QL(90 per 30 days)
ropinirole hcl 3 mg tablet MM	QL(180 per 30 days)
ropinirole hcl 4 mg tablet MM	QL(180 per 30 days)
ropinirole hcl 5 mg tablet MM	QL(120 per 30 days)
ropinirole hcl er 12 mg tablet MM	ST,QL(90 per 30 days)
ropinirole hcl er 2 mg tablet MM	ST,QL(90 per 30 days)
ropinirole hcl er 4 mg tablet MM	ST,QL(90 per 30 days)
ropinirole hcl er 6 mg tablet MM	ST,QL(90 per 30 days)
ropinirole hcl er 8 mg tablet MM	ST,QL(90 per 30 days)
rosadan 0.75 % topical cream	
rosuvastatin calcium 10 mg tab MM	QL(30 per 30 days)
rosuvastatin calcium 20 mg tab MM	QL(30 per 30 days)
rosuvastatin calcium 40 mg tab MM	QL(30 per 30 days)
rosuvastatin calcium 5 mg tab MM	QL(30 per 30 days)
roweepra 1,000 mg tablet MM	
roweepra 500 mg tablet MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
roweepra 750 mg tablet MM	
roweepra xr 500 mg tablet,extended release MM	
roweepra xr 750 mg tablet,extended release MM	
ROZEREM 8 MG TABLET	ST,QL(30 per 30 days)
RUBRACA 200 MG TABLET MM,SP	PA,QL(120 per 30 days)
RUBRACA 250 MG TABLET MM,SP	PA,QL(120 per 30 days)
RUBRACA 300 MG TABLET MM,SP	PA,QL(120 per 30 days)
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION SP,LD	PA,QL(8 per 28 days)
rulavite dha softgel MM	
RYDAPT 25 MG CAPSULE MM,SP	PA,QL(224 per 28 days)
SABRIL 500 MG TABLET MM,SP,LD	PA,QL(180 per 30 days)
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" MM	
SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
SAFETY LANCETS 21 GAUGE	
SAFETY LANCETS 26 GAUGE	
SAFETY LANCETS 28 GAUGE	
SAFETY SEAL LANCETS 28 GAUGE	
SAFETY SEAL LANCETS 30 GAUGE	
SAFETY-LET LANCETS 30 GAUGE	
SAMSCA 15 MG TABLET SP,LD	QL(60 per 30 days)
SAMSCA 30 MG TABLET SP,LD	QL(60 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	QL(4 per 30 days)
SANDIMMUNE 100 MG CAPSULE MM	QL(720 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION MM	
SANDIMMUNE 25 MG CAPSULE MM	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT	
SAPHRIS 10 MG SUBLINGUAL TABLET MM,SP	PA,QL(60 per 30 days)
SAPHRIS 2.5 MG SUBLINGUAL TABLET MM,SP	PA,QL(60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET MM,SP	PA,QL(60 per 30 days)
SAVELLA 100 MG TABLET MM	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	PA,QL(60 per 30 days)
SAVELLA 12.5 MG TABLET MM	PA,QL(60 per 30 days)
SAVELLA 25 MG TABLET MM	PA,QL(60 per 30 days)
SAVELLA 50 MG TABLET MM	PA,QL(60 per 30 days)
scopolamine 1 mg/3 day patch	QL(10 per 30 days)
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet MM	
se-natal 19 29 mg iron-1 mg chewable tablet MM	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET MM	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MM	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET MM	
selegiline hcl 5 mg capsule MM	
selegiline hcl 5 mg tablet MM	
selenium sulfide 2.5% lotion	
SELZENTRY 150 MG TABLET MM,SP	QL(240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION MM,SP	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MM,SP	QL(240 per 30 days)
SELZENTRY 300 MG TABLET MM,SP	QL(120 per 30 days)
SELZENTRY 75 MG TABLET MM,SP	QL(120 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
SEMPREX-D 8 MG-60 MG CAPSULE	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MM	QL(60 per 30 days)
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(28 per 28 days)
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(28 per 28 days)
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(28 per 28 days)
sertraline 20 mg/ml oral conc MM	QL(60 per 30 days)
sertraline hcl 100 mg tablet MM	QL(60 per 30 days)
sertraline hcl 25 mg tablet MM	QL(90 per 30 days)
sertraline hcl 50 mg tablet MM	QL(90 per 30 days)
setlakin 0.15 mg-30 mcg tablets,3 month dose pack MM,ACA	QL(91 per 90 days)
sevelamer 0.8 gm powder packet MM	QL(540 per 30 days)
sevelamer 2.4 gm powder packet MM	QL(180 per 30 days)
sevelamer carbonate 800 mg tab MM	QL(540 per 30 days)
sf 1.1 % dental gel MM	
sf 5000 plus 1.1 % dental cream MM	
sharobel 0.35 mg tablet MM,ACA	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT ACA	QL(2 per 365 days)
SIDEKICK BLOOD GLUCOSE SYSTEM KIT MM	
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
sildenafil 20 mg tablet MM	PA,QL(90 per 30 days)
SILICONE MASK - INFANT	
silver sulfadiazine 1% cream	
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION MM	ST,QL(16 per 30 days)
SIMULECT 10 MG INTRAVENOUS SOLUTION SP	
SIMULECT 20 MG INTRAVENOUS SOLUTION SP	
simvastatin 10 mg tablet MM,ACA	QL(30 per 30 days)
simvastatin 20 mg tablet MM,ACA	QL(30 per 30 days)
simvastatin 40 mg tablet MM,ACA	QL(30 per 30 days)
simvastatin 5 mg tablet MM,ACA	QL(30 per 30 days)
simvastatin 80 mg tablet MM,ACA	QL(30 per 30 days)
SINGLE-LET MISC	
sirolimus 0.5 mg tablet MM	
sirolimus 1 mg tablet MM	QL(300 per 30 days)
sirolimus 2 mg tablet MM	QL(150 per 30 days)
SIRTURO 100 MG TABLET	PA,QL(68 per 28 days)
SIVEXTRO 200 MG TABLET	QL(6 per 28 days)
SKLICE 0.5 % LOTION	
SKYLA 14 MCG/24 HOUR (3 YEARS) INTRAUTERINE DEVICE MM,SP,ACA,LD	
SM LANCETS 21G	
SMART SENSE LANCETS 21 GAUGE	
SMART SENSE LANCETS 26 GAUGE	
SMART SENSE LANCETS 33 GAUGE	
SMARTDIABETES VANTAGE	
SMARTEST CONTROL SOLUTION MM	
SMARTEST LANCET	
sodium acetate 4 meq/ml vial	
sodium acetate 40 meq/20 ml vl	
sodium bicarb 4.2% abbjct	
sodium bicarb 4.2% vial	
sodium bicarb 7.5% abboject	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
sodium bicarb 8.4% abboject	
sodium bicarb 8.4% abboject	
sodium bicarb 8.4% vial	
sodium chloride 0.9% inhal vl	
sodium chloride 0.9% irrig.	
sodium chloride 10% vial	
sodium chloride 3% vial	
sodium chloride 7% vial	
sodium lactate 5 meq/ml vial	
sodium phenylbutyrate powder MM,SP	
sodium phosphate 3mm/ml vial	
sodium polystyrene sulf powder	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp	
SOFT TOUCH LANCETS	
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MM	ST,QL(15 per 24 days)
SOLUS V2 CONTROL SOLUTION, LOW MM	
SOLUS V2 CONTROL SOLUTION,HIGH MM	
SOLUS V2 LANCETS 28 GAUGE	
SOLUS V2 LANCETS 30 GAUGE	
SOLUS V2 LANCING DEVICE KIT	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE MM,SP,LD	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE MM,SP,LD	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE MM,SP,LD	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(60 per 30 days)
SOMAVERT 25 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(30 per 30 days)
SOMAVERT 30 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(30 per 30 days)
SORILUX 0.005 % TOPICAL FOAM SP	QL(120 per 28 days)
sorine 120 mg tablet MM	
sorine 160 mg tablet MM	
sorine 240 mg tablet MM	
sorine 80 mg tablet MM	
sotalol 120 mg tablet MM	
sotalol 160 mg tablet MM	
sotalol 240 mg tablet MM	
sotalol 80 mg tablet MM	
sotalol af 120 mg tablet MM	
sotalol af 160 mg tablet MM	
sotalol af 80 mg tablet MM	
SPACE CHAMBER PLUS	
spinosad 0.9% topical susp	QL(240 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION MM	QL(4 per 28 days)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MM	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MM	QL(30 per 30 days)
spironolactone 100 mg tablet MM	
spironolactone 25 mg tablet MM	
spironolactone 50 mg tablet MM	
spironolactone-hctz 25-25 tab MM	
SPORANOX 10 MG/ML ORAL SOLUTION SP	QL(150 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MM,ACA	
SPRIX 15.75 MG/SPRAY NASAL SPRAY SP	PA,QL(5 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
SPRYCEL 100 MG TABLET MM,SP	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET MM,SP	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET MM,SP	PA,QL(90 per 30 days)
SPRYCEL 50 MG TABLET MM,SP	PA,QL(60 per 30 days)
SPRYCEL 70 MG TABLET MM,SP	PA,QL(60 per 30 days)
SPRYCEL 80 MG TABLET MM,SP	PA,QL(60 per 30 days)
sps 30 gm/120 ml enema	
sps 50 gm/200 ml enema	
sronyx 0.1 mg-20 mcg tablet MM,ACA	
sski 1 gram/ml oral solution	
stavudine 15 mg capsule MM	QL(120 per 30 days)
stavudine 20 mg capsule MM	QL(120 per 30 days)
stavudine 30 mg capsule MM	QL(60 per 30 days)
stavudine 40 mg capsule MM	QL(60 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION MM,SP	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE MM,SP	PA,QL(3 per 84 days)
STERILANCE TL 30 GAUGE	
STERILANCE TL 32 GAUGE	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MM,SP,LD	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MM	QL(4 per 28 days)
STIVARGA 40 MG TABLET SP,LD	PA,QL(84 per 28 days)
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(10.8 per 28 days)
streptomycin sulf 1 gm vial	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MM	QL(4 per 30 days)
strong iodine 5 % oral solution	
subvenite 100 mg tablet MM	
subvenite 150 mg tablet MM	
subvenite 200 mg tablet MM	
subvenite 25 mg tablet MM	
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 MM,SP,LD	
sucralfate 1 gm tablet MM	
sulf-pred 10-0.23% eye drops	
sulfacetamide 10% eye drops	
sulfacetamide 10% eye ointment	
sulfacetamide sod 10% top susp	
sulfadiazine 500 mg tablet	
sulfamethoxazole-tmp ds tablet	
sulfamethoxazole-tmp ss tablet	
sulfamethoxazole-tmp susp	
SULFAMYLON 85 MG/G TOPICAL CREAM	
sulfasalazine 500 mg tablet MM	QL(240 per 30 days)
sulfasalazine dr 500 mg tab MM	QL(240 per 30 days)
sulindac 150 mg tablet	
sulindac 200 mg tablet	
sumatriptan 20 mg nasal spray	QL(12 per 30 days)
sumatriptan 4 mg/0.5 ml cart	QL(6 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan 4 mg/0.5 ml inject	QL(6 per 30 days)
sumatriptan 5 mg nasal spray	QL(12 per 30 days)
sumatriptan 6 mg/0.5 ml inject	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml refill	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng	QL(3 per 30 days)
sumatriptan 6 mg/0.5 ml vial	QL(6 per 30 days)
sumatriptan succ 100 mg tablet	QL(9 per 30 days)
sumatriptan succ 25 mg tablet	QL(9 per 30 days)
sumatriptan succ 50 mg tablet	QL(9 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR SP	ST,QL(6 per 30 days)
SUMAVEL DOSEPRO 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR SP	ST,QL(3 per 30 days)
SUPER THIN LANCETS	
SUPER THIN LANCETS 28 GAUGE	
SUPER THIN LANCETS 30 GAUGE	
SUPPRELIN LA 50 MG (65 MCG/DAY) IMPLANT KIT MM,SP,LD	QL(1 per 365 days)
SUPRAX 100 MG CHEWABLE TABLET	
SUPRAX 200 MG CHEWABLE TABLET	
SUPRAX 400 MG CAPSULE	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION ACA	
SURE COMFORT ALCOHOL PREP PADS	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" MM	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" MM	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" MM	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" MM	
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" MM	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 1/2" MM	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" MM	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MM	
SURE COMFORT LANCETS 18 GAUGE	
SURE COMFORT LANCETS 21 GAUGE	
SURE COMFORT LANCETS 23 GAUGE	
SURE COMFORT LANCETS 28 GAUGE	
SURE COMFORT LANCETS 30 GAUGE	
SURE COMFORT LANCING PEN	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2" 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-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	

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

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	
SUTENT 12.5 MG CAPSULE SP,LD	PA,QL(28 per 28 days)
SUTENT 25 MG CAPSULE SP,LD	PA,QL(28 per 28 days)
SUTENT 37.5 MG CAPSULE SP,LD	PA,QL(28 per 28 days)
SUTENT 50 MG CAPSULE SP,LD	PA,QL(28 per 28 days)
syeda 3 mg-0.03 mg tablet MM,ACA	
SYLATRON 200 MCG SUBCUTANEOUS KIT MM,SP,LD	PA,QL(4 per 28 days)
SYLATRON 300 MCG SUBCUTANEOUS KIT MM,SP,LD	PA,QL(4 per 28 days)
SYLATRON 600 MCG SUBCUTANEOUS KIT MM,SP,LD	PA,QL(4 per 28 days)
SYLVANT 100 MG INTRAVENOUS SOLUTION MM,SP,LD	PA,QL(13 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION MM,SP,LD	PA,QL(4 per 30 days)
symax fastabs 0.125 mg disintegrating tablet MM	
symax-sl 0.125 mg sublingual tablet MM	
symax-sr 0.375 mg tablet,extended release MM	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MM	QL(10.2 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MM	QL(10.2 per 30 days)
SYMFI 600 MG-300 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MM,SP	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MM,SP	QL(10.5 per 28 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET MM,SP	QL(30 per 30 days)
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION SP,LD	PA,QL(2 per 30 days)
SYNAGIS 50 MG/0.5 ML INTRAMUSCULAR SOLUTION SP,LD	PA,QL(1 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	PA,QL(32 per 25 days)
SYNJARDY 12.5 MG-1,000 MG TABLET MM	QL(60 per 30 days)
SYNJARDY 12.5 MG-500 MG TABLET MM	QL(60 per 30 days)
SYNJARDY 5 MG-1,000 MG TABLET MM	QL(60 per 30 days)
SYNJARDY 5 MG-500 MG TABLET MM	QL(60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(30 per 30 days)
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MM	QL(60 per 30 days)
SYNTHROID 100 MCG TABLET MM	
SYNTHROID 112 MCG TABLET MM	
SYNTHROID 125 MCG TABLET MM	
SYNTHROID 137 MCG TABLET MM	
SYNTHROID 150 MCG TABLET MM	
SYNTHROID 175 MCG TABLET MM	
SYNTHROID 200 MCG TABLET MM	
SYNTHROID 25 MCG TABLET MM	
SYNTHROID 300 MCG TABLET MM	
SYNTHROID 50 MCG TABLET MM	
SYNTHROID 75 MCG TABLET MM	
SYNTHROID 88 MCG TABLET MM	
TABLOID 40 MG TABLET	QL(360 per 30 days)
tacrolimus 0.03% ointment	
tacrolimus 0.1% ointment	
tacrolimus 0.5 mg capsule MM	
tacrolimus 1 mg capsule MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
tacrolimus 5 mg capsule MM	QL(180 per 30 days)
tadalafil 2.5 mg tablet MM	PA,QL(30 per 30 days)
tadalafil 20 mg tablet SP	PA,QL(60 per 30 days)
tadalafil 5 mg tablet MM	PA,QL(30 per 30 days)
TAFINLAR 50 MG CAPSULE MM,SP,LD	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE MM,SP,LD	PA,QL(120 per 30 days)
TAGRISSO 40 MG TABLET SP,LD	PA,QL(30 per 30 days)
TAGRISSO 80 MG TABLET SP,LD	PA,QL(30 per 30 days)
tamoxifen 10 mg tablet MM,ACA	
tamoxifen 20 mg tablet MM,ACA	
tamsulosin hcl 0.4 mg capsule MM	QL(60 per 30 days)
TARCEVA 100 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
TARCEVA 150 MG TABLET MM,SP,LD	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET MM,SP,LD	PA,QL(90 per 30 days)
TARGRETIN 1 % TOPICAL GEL SP	PA
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM,ACA	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM,ACA	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule	
taron-c dha 35 mg-1 mg-200 mg capsule MM	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MM	
TASIGNA 150 MG CAPSULE MM,SP	PA,QL(120 per 30 days)
TASIGNA 200 MG CAPSULE MM,SP	PA,QL(120 per 30 days)
TASIGNA 50 MG CAPSULE MM,SP	PA,QL(120 per 30 days)
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MM,ACA	
tazarotene 0.1% cream	PA
TAZORAC 0.05 % TOPICAL CREAM	PA
TAZORAC 0.05 % TOPICAL GEL	PA
TAZORAC 0.1 % TOPICAL GEL	PA
taztia xt 120 mg capsule,extended release MM	QL(60 per 30 days)
taztia xt 180 mg capsule,extended release MM	QL(60 per 30 days)
taztia xt 240 mg capsule,extended release MM	QL(60 per 30 days)
taztia xt 300 mg capsule,extended release MM	QL(30 per 30 days)
taztia xt 360 mg capsule,extended release MM	QL(30 per 30 days)
TD GOLD LEVEL 1 CONTROL SOLUTION MM	
TD GOLD LEVEL 2 CONTROL SOLUTION MM	
TD GOLD LEVEL 3 CONTROL SOLUTION MM	
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE SP,LD	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE MM,SP,LD	PA,QL(14 per 30 days)
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE MM,SP,LD	PA,QL(60 per 30 days)
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" MM	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" MM	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" MM	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 1/2" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2" MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" MM	
TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16" MM	
TECHLITE LANCETS 25 GAUGE	
TECHLITE LANCETS 28 GAUGE	
TECHLITE LANCETS 30 GAUGE	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" MM	
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" MM	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" MM	
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" MM	
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" MM	
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" MM	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" MM	
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" MM	
TEKTURNA 150 MG TABLET MM	QL(30 per 30 days)
TEKTURNA 300 MG TABLET MM	QL(30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET MM	QL(30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET MM	QL(30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET MM	QL(30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET MM	QL(30 per 30 days)
TELCARE CONTROL SOLUTION MM	
TELCARE LANCETS 30 GAUGE	
telmisartan 20 mg tablet MM	QL(30 per 30 days)
telmisartan 40 mg tablet MM	QL(30 per 30 days)
telmisartan 80 mg tablet MM	QL(60 per 30 days)
telmisartan-amlodipine 40-10 MM	ST,QL(30 per 30 days)
telmisartan-amlodipine 40-5 mg MM	ST,QL(30 per 30 days)
telmisartan-amlodipine 80-10 MM	ST,QL(30 per 30 days)
telmisartan-amlodipine 80-5 mg MM	ST,QL(30 per 30 days)
telmisartan-hctz 40-12.5 mg tb MM	ST,QL(30 per 30 days)
telmisartan-hctz 80-12.5 mg tb MM	ST,QL(60 per 30 days)
telmisartan-hctz 80-25 mg tab MM	ST,QL(30 per 30 days)
temazepam 15 mg capsule	QL(30 per 30 days)
temazepam 30 mg capsule	QL(30 per 30 days)
temozolomide 100 mg capsule SP	PA,QL(60 per 30 days)
temozolomide 140 mg capsule SP	PA,QL(60 per 30 days)
temozolomide 180 mg capsule SP	PA,QL(60 per 30 days)
temozolomide 20 mg capsule SP	PA,QL(270 per 30 days)
temozolomide 250 mg capsule SP	PA,QL(10 per 30 days)
temozolomide 5 mg capsule SP	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 ACA	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE ACA	
tenofovir disop fum 300 mg tb MM,SP	QL(30 per 30 days)
terazosin 1 mg capsule MM	
terazosin 10 mg capsule MM	
terazosin 2 mg capsule MM	
terazosin 5 mg capsule MM	
terbinafine hcl 250 mg tablet	QL(90 per 365 days)
terbutaline sulfate 2.5 mg tab MM	
terbutaline sulfate 5 mg tab MM	
terconazole 0.4% cream	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
terconazole 0.8% cream	
terconazole 80 mg suppository	
TERUMO INS SYRINGE U100-1 ML MM	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" MM	
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" MM	
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" MM	
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" MM	
testosteron cyp 1,000 mg/10 ml MM	QL(24 per 90 days)
testosterone cyp 200 mg/ml MM	QL(24 per 90 days)
testosterone enan 200 mg/ml	QL(24 per 90 days)
tetanus diphtheria toxoids ACA	
tetrabenazine 12.5 mg tablet MM,SP	PA,QL(240 per 30 days)
tetrabenazine 25 mg tablet MM,SP	PA,QL(120 per 30 days)
tetracycline 250 mg capsule	
tetracycline 500 mg capsule	
THALOMID 100 MG CAPSULE MM,SP,LD	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
THALOMID 200 MG CAPSULE MM,SP,LD	PA,QL(30 per 30 days)
THALOMID 50 MG CAPSULE MM,SP,LD	PA,QL(30 per 30 days)
THEO-24 100 MG CAPSULE,EXTENDED RELEASE MM	
THEO-24 200 MG CAPSULE,EXTENDED RELEASE MM	
THEO-24 300 MG CAPSULE,EXTENDED RELEASE MM	
THEO-24 400 MG CAPSULE,EXTENDED RELEASE MM	
theochron 100 mg tablet,extended release MM	
theochron 200 mg tablet,extended release MM	
theochron 300 mg tablet,extended release MM	
theophylline 80 mg/15 ml soln MM	
theophylline 80 mg/15 ml soln	
theophylline er 100 mg tablet MM	
theophylline er 200 mg tablet MM	
theophylline er 300 mg tab MM	
theophylline er 400 mg tablet MM	
theophylline er 450 mg tab MM	
theophylline er 600 mg tablet MM	
thiamine 200 mg/2 ml vial	
THIN LANCETS 26 GAUGE	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" MM	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" MM	
THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" MM	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" MM	
THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	
THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8" MM	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" MM	
THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" MM	
THINSET 1.8 ML RESERVOIR MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
THINSET 3 ML RESERVOIR MM	
THIOLA 100 MG TABLET SP	
thioridazine 10 mg tablet MM	
thioridazine 100 mg tablet MM	
thioridazine 25 mg tablet MM	
thioridazine 50 mg tablet MM	
thiothixene 1 mg capsule MM	
thiothixene 10 mg capsule MM	
thiothixene 2 mg capsule MM	
thiothixene 5 mg capsule MM	
THRESHOLD IMT TRAINER DEVICE	
THRESHOLD PEP DEVICE	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION SP	PA,QL(84 per 30 days)
thyroid 120 mg tablet MM	
thyroid 15 mg tablet MM	
thyroid 30 mg tablet MM	
thyroid 60 mg tablet MM	
thyroid 90 mg tablet MM	
THYROLAR-1 12.5 MCG-50 MCG TABLET MM	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MM	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MM	
THYROLAR-2 25 MCG-100 MCG TABLET MM	
THYROLAR-3 37.5 MCG-150 MCG TABLET MM	
tiagabine hcl 12 mg tablet MM	QL(140 per 30 days)
tiagabine hcl 16 mg tablet MM	QL(105 per 30 days)
tiagabine hcl 2 mg tablet MM	QL(840 per 30 days)
tiagabine hcl 4 mg tablet MM	QL(120 per 30 days)
TIBSOVO 250 MG TABLET MM,SP	PA,QL(60 per 30 days)
ticlopidine 250 mg tablet MM	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MM,ACA	
timolol 0.25% gel-solution MM	
timolol 0.5% gel-solution MM	
timolol maleate 0.25% eye drop MM	
timolol maleate 0.5% eye drops MM	
timolol maleate 10 mg tablet MM	
timolol maleate 20 mg tablet MM	
timolol maleate 5 mg tablet MM	
tinidazole 250 mg tablet	
tinidazole 500 mg tablet	
TIROSINT 100 MCG CAPSULE MM	
TIROSINT 112 MCG CAPSULE MM	
TIROSINT 125 MCG CAPSULE MM	
TIROSINT 13 MCG CAPSULE MM	
TIROSINT 137 MCG CAPSULE MM	
TIROSINT 150 MCG CAPSULE MM	
TIROSINT 25 MCG CAPSULE MM	
TIROSINT 50 MCG CAPSULE MM	
TIROSINT 75 MCG CAPSULE MM	
TIROSINT 88 MCG CAPSULE MM	
TIVICAY 10 MG TABLET MM,SP	QL(60 per 30 days)
TIVICAY 25 MG TABLET MM,SP	QL(60 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TIVICAY 50 MG TABLET MM,SP	QL(60 per 30 days)
tizanidine hcl 2 mg tablet MM	
tizanidine hcl 4 mg tablet MM	
tl icon 110 mg-0.5 mg capsule	
tl-hem 150 caplet	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE MM,SP,LD	PA,QL(224 per 28 days)
TOBI PODHALER 28 MG CAPSULES FOR INHALATION MM,SP,LD	PA,QL(224 per 28 days)
TOBRADEX 0.3 %-0.1 % EYE OINTMENT	
tobramycin 0.3% eye drop	
tobramycin 300 mg/5 ml ampule MM,SP	PA,QL(280 per 28 days)
tobramycin-dexameth ophth susp	
TOBREX 0.3 % EYE OINTMENT	
tolazamide 250 mg tablet MM	
tolazamide 500 mg tablet MM	
tolbutamide 500 mg tablet MM	
tolcapone 100 mg tablet MM	PA,QL(90 per 30 days)
tolmetin sodium 200 mg tab	
tolmetin sodium 400 mg cap	
tolmetin sodium 600 mg tab	
tolterodine tart er 2 mg cap MM	QL(30 per 30 days)
tolterodine tart er 4 mg cap MM	QL(30 per 30 days)
tolterodine tartrate 1 mg tab MM	QL(60 per 30 days)
tolterodine tartrate 2 mg tab MM	QL(60 per 30 days)
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE MM	
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE MM	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE MM	
TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE MM	
TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE MM	
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE MM	
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE MM	
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE MM	
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE MM	
TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE MM	
TOPCARE ULTRA COMFORT 1/2 ML 30 GAUGE X 5/16" SYRINGE MM	
TOPCARE UNIVERSAL1 LANCET	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE	
topiramate 100 mg tablet MM	QL(120 per 30 days)
topiramate 15 mg sprinkle cap MM	QL(120 per 30 days)
topiramate 200 mg tablet MM	QL(120 per 30 days)
topiramate 25 mg sprinkle cap MM	QL(180 per 30 days)
topiramate 25 mg tablet MM	QL(90 per 30 days)
topiramate 50 mg tablet MM	QL(120 per 30 days)
topiramate er 100 mg capsule MM	ST,QL(30 per 30 days)
topiramate er 150 mg capsule MM	ST,QL(60 per 30 days)
topiramate er 200 mg capsule MM	ST,QL(60 per 30 days)
topiramate er 25 mg capsule MM	ST,QL(90 per 30 days)
topiramate er 50 mg capsule MM	ST,QL(30 per 30 days)
torsemide 10 mg tablet MM	
torsemide 100 mg tablet MM	
torsemide 20 mg tablet MM	
torsemide 5 mg tablet MM	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN MM	
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MM	QL(30 per 30 days)
TRADJENTA 5 MG TABLET MM	QL(30 per 30 days)
tramadol hcl 50 mg tablet	QL(240 per 30 days)
tramadol hcl er 100 mg tablet	QL(30 per 30 days)
tramadol hcl er 200 mg tablet	QL(30 per 30 days)
tramadol hcl er 300 mg tablet	QL(30 per 30 days)
tramadol-acetaminophn 37.5-325	QL(240 per 30 days)
trandolapril 1 mg tablet MM	
trandolapril 2 mg tablet MM	
trandolapril 4 mg tablet MM	
tranexamic acid 650 mg tablet MM	QL(30 per 5 days)
tranylcypromine sulf 10 mg tab MM	QL(270 per 30 days)
TRAVATAN Z 0.004 % EYE DROPS MM	QL(2.5 per 25 days)
trazodone 100 mg tablet MM	
trazodone 150 mg tablet MM	
trazodone 300 mg tablet MM	
trazodone 50 mg tablet MM	
TRECATOR 250 MG TABLET	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MM	QL(60 per 30 days)
TRELSTAR 11.25 MG INTRAMUSCULAR SUSPENSION SP	PA,QL(1 per 84 days)
TRELSTAR 11.25 MG/2 ML INTRAMUSCULAR SYRINGE MM,SP	PA,QL(1 per 84 days)
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MM,SP	PA,QL(1 per 168 days)
TRELSTAR 22.5 MG/2 ML INTRAMUSCULAR SYRINGE MM,SP	PA,QL(1 per 168 days)
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION MM,SP	PA,QL(1 per 28 days)
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE MM,SP	PA,QL(1 per 28 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MM	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN MM	
tretinoin 0.01% gel	PA
tretinoin 0.025% cream	PA
tretinoin 0.025% gel	PA
tretinoin 0.05% cream	PA
tretinoin 0.05% gel	PA
tretinoin 0.1% cream	PA
tretinoin 10 mg capsule SP	PA,QL(360 per 30 days)
TREXALL 10 MG TABLET MM	QL(30 per 30 days)
TREXALL 15 MG TABLET MM	QL(30 per 30 days)
TREXALL 5 MG TABLET MM	QL(30 per 30 days)
TREXALL 7.5 MG TABLET MM	QL(30 per 30 days)
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MM,ACA	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MM,ACA	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MM,ACA	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MM,ACA	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
triamcinolone 0.025% cream	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
triamcinolone 0.025% lotion	
triamcinolone 0.025% oint	
triamcinolone 0.1% cream	
triamcinolone 0.1% lotion	
triamcinolone 0.1% ointment	
triamcinolone 0.1% paste	
triamcinolone 0.5% cream	
triamcinolone 0.5% ointment	
triamterene-hctz 37.5-25 mg cp MM	
triamterene-hctz 37.5-25 mg tb MM	
triamterene-hctz 50-25 mg cap MM	
triamterene-hctz 75-50 mg tab MM	
TRICARE 27 MG IRON-1 MG TABLET MM	
TRICARE PRENATAL CHEWABLE TAB MM	
TRICARE PRENATAL WITH DHA PACK MM	
tricon 110 mg-0.5 mg capsule	
triderm 0.1 % topical cream	
triderm 0.5 % topical cream	
trientine hcl 250 mg capsule SP	
trifluoperazine 1 mg tablet MM	
trifluoperazine 10 mg tablet MM	
trifluoperazine 2 mg tablet MM	
trifluoperazine 5 mg tablet MM	
trifluridine 1% eye drops	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	
trihexyphenidyl 2 mg tablet MM	
trihexyphenidyl 2 mg/5 ml elx MM	
trihexyphenidyl 5 mg tablet MM	
triklo 1 gram capsule MM	PA,QL(120 per 30 days)
trilyte with flavor packets 420 gram oral solution ACA	
trimethobenzamide 300 mg cap	
trimethoprim 100 mg tablet	
trimipramine maleate 100 mg cp MM	
trimipramine maleate 25 mg cap MM	
trimipramine maleate 50 mg cap MM	
trinatal rx 1 60 mg iron-1 mg tablet MM	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM,ACA	
trinessa lo tablet MM	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MM	
TRIUMEQ 600 MG-50 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
triveen-duo dha 29 mg-1 mg-400 mg oral pack MM	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MM,ACA	
TROPHAMINE 10 % INTRAVENOUS SOLUTION	
TROPHAMINE 6% INTRAVENOUS SOLUTION	
tropicamide 0.5% eye drop	
tropicamide 1% eye drops	
trospium chloride 20 mg tablet MM	QL(60 per 30 days)
trospium chloride er 60 mg cap MM	QL(30 per 30 days)
TRUE METRIX AIR GLUCOSE METER	
TRUE METRIX AIR GLUCOSE METER KIT	
TRUE METRIX GLUCOSE METER	
TRUE METRIX GLUCOSE TEST STRIP MM	QL(150 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TRUE METRIX GO GLUCOSE METER	
TRUE METRIX LEVEL 1 SOLUTION MM	
TRUE METRIX LEVEL 2 SOLUTION MM	
TRUE METRIX LEVEL 3 SOLUTION MM	
TRUE METRIX PRO TEST STRIP MM	QL(150 per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	
TRUECONTROL LEVEL 0 SOLUTION MM	
TRUECONTROL LEVEL 1 SOLUTION MM	
TRUEDRAW LANCING DEVICE	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE MM	
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE MM	
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE MM	
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE MM	
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE MM	
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE MM	
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE MM	
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE MM	
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE MM	
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE MM	
TRUEPLUS INSULIN 1/2 ML 30 GAUGE X 5/16" SYRINGE MM	
TRUEPLUS LANCETS 26 GAUGE	
TRUEPLUS LANCETS 28 GAUGE	
TRUEPLUS LANCETS 30 GAUGE	
TRUEPLUS LANCETS 33 GAUGE	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2" MM	
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4" MM	
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16" MM	
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" MM	
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" MM	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	
TRUETEST CONTROL SOLN HIGH MM	
TRUETEST CONTROL SOLN NORMAL MM	
TRUETEST CONTROL SOLUTION LOW MM	
TRUETEST TEST STRIPS MM	QL(150 per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	
TRUETRACK TEST STRIPS MM	QL(150 per 30 days)
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MM	QL(2 per 28 days)
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MM	QL(2 per 28 days)
trust natal dha 29 mg-1 mg-250 mg oral pack MM	
TRUVADA 100 MG-150 MG TABLET MM,SP	QL(30 per 30 days)
TRUVADA 133 MG-200 MG TABLET MM,SP	QL(30 per 30 days)
TRUVADA 167 MG-250 MG TABLET MM,SP	QL(30 per 30 days)
TRUVADA 200 MG-300 MG TABLET MM,SP	QL(30 per 30 days)
TRUZONE PEAK FLOW METER	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MM	QL(1 per 30 days)
tulana 0.35 mg tablet MM,ACA	
TWIST LANCETS 30 GAUGE	
TWIST LANCETS 32 GAUGE	
TYBOST 150 MG TABLET MM	QL(30 per 30 days)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet MM,ACA	
TYKERB 250 MG TABLET MM,SP,LD	PA,QL(150 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR MM,SP	PA,QL(1.56 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION MM,SP,LD	PA,QL(28 per 28 days)
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION SP,LD	PA,QL(28 per 28 days)
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION MM,SP,LD	PA,QL(28 per 28 days)
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION SP,LD	PA,QL(28 per 28 days)
TYZEKA 600 MG TABLET MM,SP	QL(30 per 30 days)
TYZINE 0.1 % NASAL DROPS	
TYZINE 0.1 % NASAL SPRAY	
ULESFIA 5 % LOTION	
ULORIC 40 MG TABLET MM	ST,QL(30 per 30 days)
ULORIC 80 MG TABLET MM	ST,QL(30 per 30 days)
ULTI-LANCE KIT	
ULTI-LANCE MISC	
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE MM	
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE MM	
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE MM	
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE MM	
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE MM	
ULTICARE 1.5 ML 22 GAUGE X 1 1/2" SYRINGE	
ULTICARE 1/2 ML 30 GAUGE X 1/2" SYRINGE MM	
ULTICARE INS SYR 1 ML 28GX1/2" MM	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" MM	
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" MM	
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" MM	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MM	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2" MM	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4" MM	
ULTICARE PEN NEEDLE 31 GAUGE X 3/16" MM	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16" MM	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32" MM	
ULTICARE SYR 0.3 ML 29GX1/2" MM	
ULTICARE SYR 0.3 ML 30GX5/16" MM	
ULTICARE SYR 0.5 ML 29GX1/2" MM	
ULTICARE SYR 0.5 ML 29GX1/2" MM	
ULTICARE SYR 0.5 ML 30GX5/16" MM	
ULTICARE SYR 1 ML 30GX5/16" MM	
ULTICARE SYRIN 0.5 ML 28GX1/2" MM	
ULTICARE SYRINGE 1 ML 29GX1/2" MM	
ULTILET ALCOHOL SWAB	
ULTILET BASIC LANCETS 30 GAUGE	
ULTILET CLASSIC LANCETS	
ULTILET CLASSIC LANCETS 28 GAUGE	
ULTILET CLASSIC LANCETS 30 GAUGE	
ULTILET CLASSIC LANCETS 33 GAUGE	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE MM	
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 31 GAUGE X 5/16" MM	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE MM	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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 MM	
ULTILET INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
ULTILET LANCETS 28 GAUGE	
ULTILET LANCETS 30 GAUGE	
ULTILET LANCETS 33 GAUGE	
ULTILET PEN NEEDLE 29 GAUGE MM	
ULTILET PEN NEEDLE 32 GAUGE X 5/32" MM	
ULTILET SAFETY LANCETS 23 GAUGE	
ultimatecare one capsule MM	
ultimatecare one nf capsule MM	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 MM	
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 31 GAUGE X 5/16" MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" MM	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE MM	
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 MM	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" MM	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MM	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE MM	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2" MM	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" MM	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" MM	
ULTRA FINE LANCETS 30 GAUGE	
ULTRA THIN II LANCETS 30 GAUGE	
ULTRA THIN LANCETS	
ULTRA THIN LANCETS 28 GAUGE	
ULTRA THIN LANCETS 30 GAUGE	
ULTRA THIN LANCETS 31 GAUGE	
ULTRA THIN LANCETS 33 GAUGE	
ULTRA THIN PLUS LANCETS 33 GAUGE	
ULTRA TLC LANCETS	
ULTRA-CARE LANCETS 30 GAUGE	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" 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 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) INSULIN SYRINGE 1/2 ML 30 GAUGE X 5/16" MM	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MM	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MM	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
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 26 GAUGE	
ULTRA-THIN II LANCETS 28 GAUGE	
ULTRALANCE LANCETS 26 GAUGE	
ULTRALANCE LANCETS 28 GAUGE	
ULTRATRAK HIGH-LOW CONTROL SOLUTION MM	
ULTRATRAK NORMAL CONTROL SOLUTION MM	
UNIFINE PENTIPS 29 GAUGE NEEDLE MM	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE MM	
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE MM	
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE MM	
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE MM	
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE	
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE MM	
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE MM	
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE MM	
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE MM	
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE MM	
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE MM	
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE	
UNILET COMFORTOUCH LANCET	
UNILET COMFORTOUCH LANCET 26 GAUGE	
UNILET EXCELITE II LANCET	
UNILET EXCELITE LANCET	
UNILET LANCET 28 GAUGE	
UNILET LANCET 33 GAUGE	
UNILET LANCETS 30 GAUGE	
UNILET SUPER THIN LANCETS 30 GAUGE	
UNISTIK 2 EXTRA KIT	
UNISTIK 2 NORMAL LANCET AND DEVICE KIT	
UNISTIK 3 COMFORT LANCET	
UNISTIK 3 EXTRA LANCET 21 GAUGE	
UNISTIK 3 GENTLE 30 GAUGE	
UNISTIK 3 LANCETS 21 GAUGE	
UNISTIK 3 NORMAL LANCET 23 GAUGE	
UNISTIK CZT LANCET 23 GAUGE	
UNISTIK CZT LANCET 28 GAUGE	
UNISTIK PRO LANCET 21 GAUGE	
UNISTIK PRO LANCET 25 GAUGE	
UNISTIK PRO LANCET 28 GAUGE	
UNISTIK SAFETY 28 GAUGE	
UNISTIK SAFETY 30 GAUGE	
UNISTIK TOUCH LANCETS 21 GAUGE	
UNISTIK TOUCH LANCETS 23 GAUGE	
UNISTIK TOUCH LANCETS 28 GAUGE	
UNISTIK TOUCH LANCETS 30 GAUGE	
UNISTRIP HIGH CONTROL SOLUTION MM	
UNISTRIP LOW CONTROL SOLUTION MM	
UNITHROID 100 MCG TABLET MM	
UNITHROID 112 MCG TABLET MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
UNITHROID 125 MCG TABLET MM	
UNITHROID 137 MCG TABLET MM	
UNITHROID 150 MCG TABLET MM	
UNITHROID 175 MCG TABLET MM	
UNITHROID 200 MCG TABLET MM	
UNITHROID 25 MCG TABLET MM	
UNITHROID 300 MCG TABLET MM	
UNITHROID 50 MCG TABLET MM	
UNITHROID 75 MCG TABLET MM	
UNITHROID 88 MCG TABLET MM	
UNIVERSAL 1 LANCETS 21 GAUGE	
UNIVERSAL 1 LANCETS 26 GAUGE	
UNIVERSAL 1 LANCETS 30 GAUGE	
UNIVERSAL 1 LANCETS 33 GAUGE	
ursodiol 250 mg tablet MM	
ursodiol 500 mg tablet MM	
valacyclovir hcl 1 gram tablet MM	QL(90 per 30 days)
valacyclovir hcl 500 mg tablet MM	QL(90 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL MM,SP,LD	PA,QL(60 per 28 days)
valganciclovir 450 mg tablet MM,SP	QL(120 per 30 days)
valganciclovir hcl 50 mg/ml MM	QL(1056 per 30 days)
valproate sod 500 mg/5 ml vl	
valproic acid 250 mg capsule MM	
valproic acid 250 mg/5 ml soln MM	
valproic acid 250 mg/5 ml soln MM	
valproic acid 500 mg/10 ml sol MM	
valsartan 160 mg tablet MM	QL(60 per 30 days)
valsartan 320 mg tablet MM	QL(60 per 30 days)
valsartan 40 mg tablet MM	QL(60 per 30 days)
valsartan 80 mg tablet MM	QL(60 per 30 days)
valsartan-hctz 160-12.5 mg tab MM	QL(30 per 30 days)
valsartan-hctz 160-25 mg tab MM	QL(30 per 30 days)
valsartan-hctz 320-12.5 mg tab MM	QL(30 per 30 days)
valsartan-hctz 320-25 mg tab MM	QL(30 per 30 days)
valsartan-hctz 80-12.5 mg tab MM	QL(30 per 30 days)
vancomycin hcl 125 mg capsule	QL(120 per 30 days)
vancomycin hcl 250 mg capsule	QL(240 per 30 days)
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2" MM	
VANISHPOINT SYRINGE 1/2 ML 30 GAUGE X 1/2" MM	
VASCEPA 0.5 GRAM CAPSULE MM	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MM	QL(120 per 30 days)
VASOFLEX HD 150 MG-150 MG-150 MG-500 MG TABLET	
vecamyl 2.5 mg tablet LD	QL(300 per 30 days)
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MM,ACA	
VELPHORO 500 MG CHEWABLE TABLET MM	ST
vemavite-prx 2 capsule MM	
VEMLIDY 25 MG TABLET MM,SP	QL(30 per 30 days)
VENCLEXTA 10 MG TABLET MM,SP,LD	PA,QL(28 per 28 days)
VENCLEXTA 100 MG TABLET MM,SP,LD	PA,QL(120 per 30 days)
VENCLEXTA 50 MG TABLET MM,SP,LD	PA,QL(14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK SP,LD	PA,QL(42 per 28 days)
venlafaxine hcl 100 mg tablet MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine hcl 25 mg tablet MM	
venlafaxine hcl 37.5 mg tablet MM	
venlafaxine hcl 50 mg tablet MM	
venlafaxine hcl 75 mg tablet MM	
venlafaxine hcl er 150 mg cap MM	QL(60 per 30 days)
venlafaxine hcl er 37.5 mg cap MM	QL(30 per 30 days)
venlafaxine hcl er 75 mg cap MM	QL(90 per 30 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION MM,SP,LD	PA,QL(270 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION MM,SP,LD	PA,QL(270 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MM	QL(36 per 30 days)
verapamil 120 mg tablet MM	QL(120 per 30 days)
verapamil 360 mg cap pellet MM	QL(60 per 30 days)
verapamil 40 mg tablet MM	QL(180 per 30 days)
verapamil 80 mg tablet MM	QL(180 per 30 days)
verapamil er 120 mg capsule MM	QL(60 per 30 days)
verapamil er 120 mg tablet MM	QL(60 per 30 days)
verapamil er 180 mg capsule MM	QL(60 per 30 days)
verapamil er 180 mg tablet MM	QL(60 per 30 days)
verapamil er 240 mg capsule MM	QL(60 per 30 days)
verapamil er 240 mg tablet MM	QL(60 per 30 days)
verapamil er pm 100 mg capsule MM	QL(30 per 30 days)
verapamil er pm 200 mg capsule MM	QL(60 per 30 days)
verapamil er pm 300 mg capsule MM	QL(30 per 30 days)
VERASENS CONTROL SOLUTION-LEVEL 1 MM	
verdrocet 2.5 mg-325 mg tablet	QL(360 per 30 days)
VEREGEN 15 % TOPICAL OINTMENT SP	QL(30 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MM	ST,QL(540 per 30 days)
VERZENIO 100 MG TABLET MM,SP	PA,QL(60 per 30 days)
VERZENIO 150 MG TABLET MM,SP	PA,QL(60 per 30 days)
VERZENIO 200 MG TABLET MM,SP	PA,QL(60 per 30 days)
VERZENIO 50 MG TABLET MM	PA,QL(60 per 30 days)
VESICARE 10 MG TABLET MM	ST,QL(30 per 30 days)
VESICARE 5 MG TABLET MM	ST,QL(30 per 30 days)
vestura 3 mg-0.02 mg tablet MM,ACA	
VGO 20 DEVICE MM	
VGO 30 DEVICE MM	
VGO 40 DEVICE MM	
VIBATIV 250 MG VIAL	
VIBRAMYCIN 50 MG/5 ML SYRUP	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MM	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MM	QL(9 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MM	QL(1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MM	QL(1200 per 30 days)
vienva 0.1 mg-20 mcg tablet MM,ACA	
vigabatrin 500 mg powder packt MM,SP	PA,QL(180 per 30 days)
vigadrone 500 mg oral powder packet MM,SP	PA,QL(180 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	ST,QL(30 per 30 days)
VIIBRYD 10 MG TABLET MM	ST,QL(30 per 30 days)
VIIBRYD 20 MG TABLET MM	ST,QL(30 per 30 days)
VIIBRYD 40 MG TABLET MM	ST,QL(30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MM,SP	PA,QL(1395 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
VIMPAT 100 MG TABLET MM,SP	PA
VIMPAT 150 MG TABLET MM,SP	PA
VIMPAT 200 MG TABLET MM,SP	PA
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK SP	PA
VIMPAT 50 MG TABLET MM,SP	PA
VINATE CARE 40 MG IRON-1 MG CHEWABLE TABLET MM	
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE MM	
vinate m 27 mg iron-1 mg tablet MM	
vinate one 60 mg iron-1 mg tablet MM	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM,ACA	
VIOS AEROSOL DELIVERY SYSTEM	
VIRACEPT 250 MG TABLET MM,SP	QL(300 per 30 days)
VIRACEPT 625 MG TABLET MM,SP	QL(120 per 30 days)
VIREAD 150 MG TABLET MM,SP	QL(30 per 30 days)
VIREAD 200 MG TABLET MM,SP	QL(30 per 30 days)
VIREAD 250 MG TABLET MM,SP	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER MM,SP	QL(240 per 30 days)
virt-advance 90 mg-1 mg-50 mg tablet MM	
virt-c dha 35 mg-1 mg-200 mg capsule MM	
virt-nate dha 28 mg iron-1 mg-200 mg capsule MM	
virt-nate tablet MM	
virt-phos 250 neutral 250 mg tablet	
virt-pn 27 mg-1 mg tablet MM	
virt-pn dha 27 mg iron-1 mg-300 mg capsule MM	
virt-pn plus 28 mg-1 mg-300 mg capsule MM	
virt-select 29 mg-1.25 mg-55 mg-325 mg capsule MM	
virt-vite gt 90 mg-1 mg-50 mg tablet MM	
virtprex 26 mg-1.2 mg-55 mg-300 mg capsule MM	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET SP,LD	QL(20 per 365 days)
vit d2 1.25 mg (50,000 unit) MM	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE MM	
VITAFOL NANO 18 MG IRON-1 MG TABLET MM	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE MM	
VITAFOL-OB 65 MG-1 MG TABLET MM	
vitamin d2 50,000 unit capsule MM	
vitamin k 1 mg/0.5 ml injection solution	
vitamin k1 10 mg/ml injection solution	
VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK MM	
VITEKTA 150 MG TABLET MM,SP	QL(30 per 30 days)
VITEKTA 85 MG TABLET MM,SP	QL(30 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SP	QL(1 per 28 days)
VIZIMPRO 15 MG TABLET SP	PA,QL(30 per 30 days)
VIZIMPRO 30 MG TABLET SP	PA,QL(30 per 30 days)
VIZIMPRO 45 MG TABLET SP	PA,QL(30 per 30 days)
VOCAL POINT CONTROL SOLN HIGH MM	
VOCALPOINT GLUCOSE CONTROL SOL MM	
voriconazole 200 mg tablet	PA,QL(120 per 30 days)
voriconazole 40 mg/ml susp	PA,QL(400 per 30 days)
voriconazole 50 mg tablet	PA,QL(120 per 30 days)
VORTEX HOLDING CHAMBER	
VORTEX HOLDING CHAMBER WITH CHILD MASK	
VORTEX HOLDING CHAMBER WITH TODDLER MASK	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
VORTEX VHC FROG MASK-CHILD	
VORTEX VHC LADYBUG MASK-TODDLER	
VOTRIENT 200 MG TABLET MM,SP,LD	PA,QL(120 per 30 days)
vp-ch plus 29 mg iron-1 mg-50 mg-265 mg capsule MM	
vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule MM	
vp-ggr-b6 tablet MM	
vp-heme ob tablet MM	
vp-heme one softgel MM	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MM	
vp-zel tablet	
vyfemla (28) 0.4 mg-35 mcg tablet MM,ACA	
vylibra 0.25 mg-35 mcg tablet MM,ACA	
VYVANSE 10 MG CAPSULE MM	QL(30 per 30 days)
VYVANSE 10 MG CHEWABLE TABLET MM	QL(30 per 30 days)
VYVANSE 20 MG CAPSULE MM	QL(30 per 30 days)
VYVANSE 20 MG CHEWABLE TABLET MM	QL(30 per 30 days)
VYVANSE 30 MG CAPSULE MM	QL(30 per 30 days)
VYVANSE 30 MG CHEWABLE TABLET MM	QL(30 per 30 days)
VYVANSE 40 MG CAPSULE MM	QL(30 per 30 days)
VYVANSE 40 MG CHEWABLE TABLET MM	QL(30 per 30 days)
VYVANSE 50 MG CAPSULE MM	QL(30 per 30 days)
VYVANSE 50 MG CHEWABLE TABLET MM	QL(30 per 30 days)
VYVANSE 60 MG CAPSULE MM	QL(30 per 30 days)
VYVANSE 60 MG CHEWABLE TABLET MM	QL(30 per 30 days)
VYVANSE 70 MG CAPSULE MM	QL(30 per 30 days)
warfarin sodium 1 mg tablet MM	
warfarin sodium 10 mg tablet MM	
warfarin sodium 2 mg tablet MM	
warfarin sodium 2.5 mg tablet MM	
warfarin sodium 3 mg tablet MM	
warfarin sodium 4 mg tablet MM	
warfarin sodium 5 mg tablet MM	
warfarin sodium 6 mg tablet MM	
warfarin sodium 7.5 mg tablet MM	
WAVESENSE CONTROL SOLUTION MM	
WEBCOL TOPICAL PADS	
wera (28) 0.5 mg-35 mcg tablet MM,ACA	
WESTHROID 130 MG TABLET MM	
WESTHROID 195 MG TABLET MM	
WESTHROID 32.5 MG TABLET MM	
WESTHROID 65 MG TABLET MM	
WESTHROID 97.5 MG TABLET MM	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL ACA	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL ACA	
WP THYROID 113.75 MG TABLET MM	

DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
WP THYROID 130 MG TABLET MM	
WP THYROID 16.25 MG TABLET MM	
WP THYROID 32.5 MG TABLET MM	
WP THYROID 48.75 MG TABLET MM	
WP THYROID 65 MG TABLET MM	
WP THYROID 81.25 MG TABLET MM	
WP THYROID 97.5 MG TABLET MM	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MM,ACA	
XALKORI 200 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
XALKORI 250 MG CAPSULE MM,SP,LD	PA,QL(60 per 30 days)
XARELTO 10 MG TABLET MM	QL(30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK	QL(51 per 30 days)
XARELTO 15 MG TABLET MM	QL(60 per 30 days)
XARELTO 20 MG TABLET MM	QL(30 per 30 days)
XARTEMIS XR 7.5-325 MG TABLET	ST,QL(240 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION MM,SP	PA,QL(120 per 28 days)
XIFAXAN 200 MG TABLET	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET MM	PA,QL(84 per 28 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(6 per 28 days)
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE	QL(60 per 30 days)
XTAMPZA ER 18 MG CAPSULE SPRINKLE	QL(60 per 30 days)
XTAMPZA ER 27 MG CAPSULE SPRINKLE	QL(60 per 30 days)
XTAMPZA ER 36 MG CAPSULE SPRINKLE	QL(60 per 30 days)
XTAMPZA ER 9 MG CAPSULE SPRINKLE	QL(60 per 30 days)
XTANDI 40 MG CAPSULE MM,SP,LD	PA,QL(120 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch MM,ACA	QL(3 per 28 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MM	ST,QL(15 per 30 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET MM,SP	PA,QL(120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION SP,LD	PA,QL(540 per 30 days)
zafirlukast 10 mg tablet MM	QL(60 per 30 days)
zafirlukast 20 mg tablet MM	QL(60 per 30 days)
zaleplon 10 mg capsule	QL(60 per 30 days)
zaleplon 5 mg capsule	QL(30 per 30 days)
zarah 3 mg-0.03 mg tablet MM,ACA	
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE SP	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE SP	PA,QL(11.2 per 30 days)
zatean-ch capsule MM	
zatean-pn dha 27 mg iron-1 mg-300 mg capsule MM	
zatean-pn plus 28 mg-1 mg-300 mg capsule MM	
ZEJULA 100 MG CAPSULE MM,SP	PA,QL(90 per 30 days)
ZELBORAF 240 MG TABLET MM,SP,LD	PA,QL(240 per 30 days)
zenchent (28) 0.4 mg-35 mcg tablet MM,ACA	
zenchent fe tablet chewable MM,ACA	
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE MM	
ZENPEP DR 10,000 UNIT CAPSULE MM	
ZENPEP DR 15,000 UNIT CAPSULE MM	

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ZENPEP DR 20,000 UNIT CAPSULE MM	
ZENPEP DR 25,000 UNIT CAPSULE MM	
ZENPEP DR 3,000 UNIT CAPSULE MM	
ZENPEP DR 40,000 UNIT CAPSULE MM	
ZENPEP DR 5,000 UNIT CAPSULE MM	
zidovudine 100 mg capsule MM	QL(180 per 30 days)
zidovudine 300 mg tablet MM	QL(60 per 30 days)
zidovudine 50 mg/5 ml syrup MM	QL(1680 per 28 days)
zileuton er 600 mg tablet MM,SP	ST,QL(120 per 30 days)
zinc 50 mg capsule	
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet MM	
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE MM	ST,QL(30 per 30 days)
ziprasidone hcl 20 mg capsule MM	QL(60 per 30 days)
ziprasidone hcl 40 mg capsule MM	QL(60 per 30 days)
ziprasidone hcl 60 mg capsule MM	QL(60 per 30 days)
ziprasidone hcl 80 mg capsule MM	QL(60 per 30 days)
ZIRGAN 0.15 % EYE GEL	QL(5 per 30 days)
ZMAX 2 G/60 ML ORAL SUSPENSION	QL(60 per 30 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT SP	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT SP	PA,QL(1 per 28 days)
ZOLINZA 100 MG CAPSULE SP,LD	PA,QL(120 per 30 days)
zolmitriptan 2.5 mg odt	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg tablet	ST,QL(9 per 30 days)
zolmitriptan 5 mg odt	ST,QL(9 per 30 days)
zolmitriptan 5 mg tablet	ST,QL(9 per 30 days)
zolpidem tart 1.75 mg tab sl	ST,QL(30 per 30 days)
zolpidem tart 3.5 mg tablet sl	ST,QL(30 per 30 days)
zolpidem tart er 12.5 mg tab	QL(30 per 30 days)
zolpidem tart er 6.25 mg tab	QL(30 per 30 days)
zolpidem tartrate 10 mg tablet	QL(30 per 30 days)
zolpidem tartrate 5 mg tablet	QL(30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	ST,QL(23.1 per 365 days)
zonisamide 100 mg capsule MM	
zonisamide 25 mg capsule MM	
zonisamide 50 mg capsule MM	
ZONTIVITY 2.08 MG TABLET MM	PA,QL(30 per 30 days)
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION MM,SP,LD	PA,QL(28 per 30 days)
ZORTRESS 0.25 MG TABLET MM	PA,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET MM	PA,QL(120 per 30 days)
ZORTRESS 0.75 MG TABLET MM	PA,QL(60 per 30 days)
ZORVOLEX 18 MG CAPSULE	ST,QL(90 per 30 days)
ZORVOLEX 35 MG CAPSULE	ST,QL(90 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION ACA	QL(1 per 365 days)
zovia 1-50e tablet MM,ACA	
zovia 1/35e (28) 1 mg-35 mcg tablet MM,ACA	
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET MM	QL(90 per 30 days)
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET MM	QL(90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MM	QL(30 per 30 days)
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET MM	QL(90 per 30 days)
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MM	QL(90 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MM	QL(60 per 30 days)
ZYBAN 150 MG TABLET,EXTENDED RELEASE ACA	QL(90 per 30 days)

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DRUG NAME	UTILIZATION MANAGEMENT REQUIREMENTS
ZYDELIG 100 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
ZYDELIG 150 MG TABLET MM,SP,LD	PA,QL(60 per 30 days)
ZYFLO 600 MG TABLET MM,SP	ST,QL(120 per 30 days)
ZYKADIA 150 MG CAPSULE MM,SP,LD	PA,QL(150 per 30 days)
ZYTIGA 250 MG TABLET MM,SP,LD	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET MM,SP	PA,QL(60 per 30 days)

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Notes

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Discrimination is Against the Law

Humana Inc. and its subsidiaries ("Humana") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.
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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call the number on your ID card 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 the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

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

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

فارسی (Farsi):
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee néé ho'dólzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).

If your insurance is issued through the states of GA, IL, or MI, your coverage may include medicines in the following drug classes: obesity and infertility. To get more information around these state-mandated coverages, log in to MyHumana through **Humana.com** or call Customer Service at 1-800-833-6917.

If your insurance is issued through the state of KS, your coverage may include medicines in the following drug classes: Infertility. To get more information around these state-mandated coverages, log in to My Humana through **Humana.com** or call Customer Service at 1-800-833-6917.

If your insurance is issued through the state of IN, your coverage may include medicines in the following drug classes: sexual dysfunction. To get more information around these state-mandated coverages, log in to MyHumana through **Humana.com** or call Customer Service at 1-800-833-6917.

If your insurance is issued through the state of NV, your coverage may include medicines in the following drug classes: hormone replacement therapy. To get more information around these state-mandated coverages, log in to MyHumana through **Humana.com** or call Customer Service at the number on the back of your Humana ID card.

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

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

For Commercial Fully-Insured and Individual policies issued in Texas, Louisiana, Illinois, or Puerto Rico:
Drug List changes are effective on a plan's renewal date.

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License #00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

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.

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

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

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

ASO products are administered by Humana Insurance Company or Humana Health Plan, Inc.

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