

# Rx4 Drug List | Hillsborough County Public Schools

Effective January 1, 2021

**Level One** – Includes low-cost generic and brand medicines.

**Level Two** – Includes higher cost generic and brand medicines.

**Level Three** – Includes high-cost, mostly brand medicines and some self-administered injectables. These medicines may have generic or brand alternatives in Levels One or Two.

**Level Four** – Includes high technology medicines and self-administered injectable drugs, which are not available on other levels.

Listed below in alphabetical order, are commonly prescribed medicines for each level. This is not a complete list. If there is a prescription medicine that is not on this list, go to **Humana.com** or call the Customer Service phone number on the back of your Humana member ID card to see if it's covered and into what level it falls.

**Note:** Brand medicines are listed in UPPER CASE and generic medicines are listed in lower case.

QL = quantity limit, PA = prior authorization, ST = Step Therapy

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

**Prior authorization (PA):** Some medicines need to be approved in advance to be covered under your pharmacy plan. For these medicines to be covered, your health care provider must get approval from Humana. Your plan benefits won't cover this medicine without prior authorization. You may pay the entire cost of the medicine if you buy it without first getting a prior authorization.

**Quantity limits (QL):** You may have a limit on how much you can get of some medicines at one time. The quantity limit for each medicine is based on safety or health care concerns and whether your health care provider prescribes a supply for 30, 60, or 90 days. These limits help prevent misuse of medicines. If your prescription is over the limit there are two choices:

- You can get the amount of medicine that's covered by your plan.
- Or if your health care provider thinks you need more than the amount allowed, he or she can ask for prior authorization from Humana for the amount of the medicine that goes over the limit.

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

Talk to your healthcare provider if your medicine has an additional requirement. Ask your healthcare 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 healthcare provider can contact HCPR at **1-800-555-2546 (TTY: 711)**, Monday – Friday,

8 a.m. – 8 p.m. Eastern time, to request an approval. Please allow 24-72 hours for Humana to review and provide a response back to your healthcare provider.



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| 1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE                           | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE                           | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE                          | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE                          | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE                          | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE                      | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE                      | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE                     | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE                     | 1     |           | Y                       |                                     |
| 1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE                     | 1     |           | Y                       |                                     |
| 1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE                               | 1     |           | Y                       |                                     |
| 1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE                               | 1     |           | Y                       |                                     |
| 2-IN-1 LANCET DEVICE 30 GAUGE   | 1     |           | Y                       |                                     |
| 2TEK CONTROL (HIGH-NORMAL) SOLUTION                                       | 3     |           | Y                       |                                     |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT   | 3     |           | Y                       | ST                                  |
| abacavir 20 mg/ml solution  | 3     |           | Y                       | QL                                  |
| abacavir 300 mg tablet  | 3     |           | Y                       | QL                                  |
| abacavir-lamivudine 600-300 mg  | 3     |           | Y                       | QL                                  |
| abacavir-lamivudine-zidov tab   | 4     |           | Y                       | QL                                  |
| ABILIFY 10 MG TABLET  | 4     |           | Y                       | PA, QL                              |
| ABILIFY 15 MG TABLET  | 4     |           | Y                       | PA, QL                              |
| ABILIFY 2 MG TABLET   | 4     |           | Y                       | PA, QL                              |
| ABILIFY 20 MG TABLET  | 4     |           | Y                       | PA, QL                              |
| ABILIFY 30 MG TABLET  | 4     |           | Y                       | PA, QL                              |
| ABILIFY 5 MG TABLET   | 4     |           | Y                       | PA, QL                              |
| ABILIFY MAINTENA 300 MG INTRAMUSCULAR<br>SUSPENSION,EXTENDED RELEASE      | 4     | Y         | Y                       | QL                                  |
| ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL.<br>INTRAMUSCULAR SYRINGE | 4     | Y         | Y                       | QL                                  |
| ABILIFY MAINTENA 400 MG INTRAMUSCULAR<br>SUSPENSION,EXTENDED RELEASE      | 4     | Y         | Y                       | QL                                  |
| ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL.<br>INTRAMUSCULAR SYRINGE | 4     | Y         | Y                       | QL                                  |
| ABILIFY MYCITE 10 MG TABLET WITH SENSOR AND PATCH                         | 4     | Y         | Y                       | PA, QL                              |
| ABILIFY MYCITE 15 MG TABLET WITH SENSOR AND PATCH                         | 4     | Y         | Y                       | PA, QL                              |
| ABILIFY MYCITE 2 MG TABLET WITH SENSOR AND PATCH                          | 4     | Y         | Y                       | PA, QL                              |
| ABILIFY MYCITE 20 MG TABLET WITH SENSOR AND PATCH                         | 4     | Y         | Y                       | PA, QL                              |
| ABILIFY MYCITE 30 MG TABLET WITH SENSOR AND PATCH                         | 4     | Y         | Y                       | PA, QL                              |
| ABILIFY MYCITE 5 MG TABLET WITH SENSOR AND PATCH                          | 4     | Y         | Y                       | PA, QL                              |
| abiraterone acetate 250 mg tab  | 4     | Y         | Y                       | PA, QL                              |
| ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16"                                     | 1     |           | Y                       |                                     |
| ABOUTTIME PEN NEEDLE 31 GAUGE X 3/16"                                     | 1     |           | Y                       |                                     |
| ABOUTTIME PEN NEEDLE 31 GAUGE X 5/16"                                     | 1     |           | Y                       |                                     |
| ABOUTTIME PEN NEEDLE 32 GAUGE X 5/32"                                     | 1     |           | Y                       |                                     |

| Drug Name                                     | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ABSORICA 10 MG CAPSULE                        | 4     |           |                         | QL, ST                              |
| ABSORICA 20 MG CAPSULE                        | 4     |           |                         | QL, ST                              |
| ABSORICA 25 MG CAPSULE                        | 4     | Y         |                         | QL, ST                              |
| ABSORICA 30 MG CAPSULE                        | 4     |           |                         | QL, ST                              |
| ABSORICA 35 MG CAPSULE                        | 4     | Y         |                         | QL, ST                              |
| ABSORICA 40 MG CAPSULE                        | 4     |           |                         | QL, ST                              |
| ABSORICA LD 16 MG CAPSULE                     | 4     | Y         |                         | QL, ST                              |
| ABSORICA LD 24 MG CAPSULE                     | 4     | Y         |                         | QL, ST                              |
| ABSORICA LD 32 MG CAPSULE                     | 4     | Y         |                         | QL, ST                              |
| ABSORICA LD 8 MG CAPSULE                      | 4     | Y         |                         | QL, ST                              |
| ABSTRAL 100 MCG TAB SUBLINGUAL                | 4     | Y         |                         | PA, QL                              |
| ABSTRAL 200 MCG TAB SUBLINGUAL                | 4     | Y         |                         | PA, QL                              |
| ABSTRAL 300 MCG TAB SUBLINGUAL                | 4     | Y         |                         | PA, QL                              |
| ABSTRAL 400 MCG TAB SUBLINGUAL                | 4     | Y         |                         | PA, QL                              |
| ABSTRAL 600 MCG TAB SUBLINGUAL                | 4     | Y         |                         | PA, QL                              |
| ABSTRAL 800 MCG TAB SUBLINGUAL                | 4     | Y         |                         | PA, QL                              |
| acamprosate calc dr 333 mg tab                | 3     |           | Y                       | QL                                  |
| ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP      | 4     |           |                         | ST                                  |
| acarbose 100 mg tablet                        | 2     |           | Y                       |                                     |
| acarbose 25 mg tablet                         | 2     |           | Y                       |                                     |
| acarbose 50 mg tablet                         | 2     |           | Y                       |                                     |
| ACCOLATE 10 MG TABLET                         | 3     |           | Y                       | QL                                  |
| ACCOLATE 20 MG TABLET                         | 3     |           | Y                       | QL                                  |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION         | 3     |           | Y                       |                                     |
| ACCU-CHEK AVIVA PLUS METER                    | 1     |           | Y                       |                                     |
| ACCU-CHEK AVIVA PLUS TEST STRIPS              | 1     |           | Y                       | QL                                  |
| ACCU-CHEK COMPACT PLUS CONTROL                | 3     |           | Y                       |                                     |
| ACCU-CHEK COMPACT PLUS STRIPS                 | 1     |           | Y                       | QL                                  |
| ACCU-CHEK FASTCLIX LANCET DRUM                | 1     |           | Y                       |                                     |
| ACCU-CHEK FASTCLIX LANCING DEVICE KIT         | 1     |           | Y                       |                                     |
| ACCU-CHEK GUIDE GLUCOSE METER                 | 1     |           | Y                       |                                     |
| ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION        | 3     |           | Y                       |                                     |
| ACCU-CHEK GUIDE ME GLUCOSE METER              | 1     |           | Y                       |                                     |
| ACCU-CHEK GUIDE TEST STRIPS                   | 1     |           | Y                       | QL                                  |
| ACCU-CHEK MULTICLIX LANCET                    | 1     |           | Y                       |                                     |
| ACCU-CHEK MULTICLIX LANCET KIT                | 1     |           | Y                       |                                     |
| ACCU-CHEK NANO SMARTVIEW METER                | 1     |           | Y                       |                                     |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                 | 1     |           | Y                       |                                     |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE            | 1     |           | Y                       |                                     |
| ACCU-CHEK SMARTVIEW CONTROL SOLUTION          | 3     |           | Y                       |                                     |
| ACCU-CHEK SMARTVIEW TEST STRIPS               | 1     |           | Y                       | QL                                  |
| ACCU-CHEK SOFTCLIX LANCETS                    | 1     |           | Y                       |                                     |
| ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT | 1     |           | Y                       |                                     |
| ACCUPRIL 10 MG TABLET                         | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ACCUPRIL 20 MG TABLET   | 3     |           | Y                       |                                     |
| ACCUPRIL 40 MG TABLET   | 3     |           | Y                       |                                     |
| ACCUPRIL 5 MG TABLET  | 3     |           | Y                       |                                     |
| ACCURETIC 10 MG-12.5 MG TABLET                                  | 3     |           | Y                       |                                     |
| ACCURETIC 20 MG-12.5 MG TABLET                                  | 3     |           | Y                       |                                     |
| ACCURETIC 20 MG-25 MG TABLET                                    | 3     |           | Y                       |                                     |
| ACCUTREND GLUCOSE CONTROL SOLUTION                              | 3     |           | Y                       |                                     |
| ACCUTREND GLUCOSE TEST STRIPS                                   | 1     |           | Y                       | QL                                  |
| ACE AEROSOL CLOUD ENHANCER SPACER                               | 1     |           |                         |                                     |
| acebutolol 200 mg capsule                                       | 1     |           | Y                       |                                     |
| acebutolol 400 mg capsule                                       | 1     |           | Y                       |                                     |
| acetamin-caf-dihydrocodein 325                                  | 3     |           |                         | QL                                  |
| acetamin-codein 300-30 mg/12.5                                  | 2     |           |                         | QL                                  |
| acetaminop-codeine 120-12 mg/5                                  | 2     |           |                         | QL                                  |
| acetaminophen-cod #2 tablet                                     | 2     |           |                         | QL                                  |
| acetaminophen-cod #3 tablet                                     | 2     |           |                         | QL                                  |
| acetaminophen-cod #4 tablet                                     | 2     |           |                         | QL                                  |
| acetamn-caf-dihydrcodein 320.5                                  | 4     |           |                         | QL                                  |
| acetazolamide 125 mg tablet                                     | 3     |           | Y                       | QL                                  |
| acetazolamide 250 mg tablet                                     | 3     |           | Y                       | QL                                  |
| acetazolamide er 500 mg cap                                     | 3     |           | Y                       | QL                                  |
| acetic acid 2% ear solution                                     | 2     |           |                         |                                     |
| acetylcysteine 10% vial   | 3     |           |                         |                                     |
| acetylcysteine 20% vial   | 3     |           |                         |                                     |
| ACIPHEX 20 MG TABLET,DELAYED RELEASE                            | 3     |           | Y                       | QL, ST                              |
| ACIPHEX SPRINKLE 10 MG CAPSULE,DELAYED RELEASE                  | 3     |           | Y                       | QL, ST                              |
| ACIPHEX SPRINKLE 5 MG CAPSULE,DELAYED RELEASE                   | 3     |           | Y                       | QL, ST                              |
| acitretin 10 mg capsule   | 4     | Y         |                         | PA                                  |
| acitretin 17.5 mg capsule                                       | 4     | Y         |                         | PA                                  |
| acitretin 25 mg capsule   | 4     | Y         |                         | PA                                  |
| ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE                      | 4     | Y         | Y                       | PA, QL                              |
| ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR          | 4     | Y         | Y                       | PA, QL                              |
| ACTHAR 80 UNIT/ML INJECTION GEL                                 | 4     | Y         |                         | PA, QL                              |
| ACTICLATE 150 MG TABLET   | 4     |           |                         | QL, ST                              |
| ACTICLATE 75 MG TABLET  | 4     |           |                         | QL, ST                              |
| ACTIGALL 300 MG CAPSULE   | 4     |           | Y                       |                                     |
| ACTI-LANCE LANCETS 17 GAUGE                                     | 1     |           | Y                       |                                     |
| ACTI-LANCE LANCETS 23 GAUGE                                     | 1     |           | Y                       |                                     |
| ACTI-LANCE LANCETS 28 GAUGE                                     | 1     |           | Y                       |                                     |
| ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION | 4     | Y         |                         | PA, QL                              |
| ACTIQ 1,200 MCG LOZENGE ON A HANDLE                             | 4     |           |                         | PA, QL                              |
| ACTIQ 1,600 MCG LOZENGE ON A HANDLE                             | 4     |           |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ACTIQ 200 MCG LOZENGE ON A HANDLE                                      | 4     |           |                         | PA, QL                              |
| ACTIQ 400 MCG LOZENGE ON A HANDLE                                      | 4     |           |                         | PA, QL                              |
| ACTIQ 600 MCG LOZENGE ON A HANDLE                                      | 4     |           |                         | PA, QL                              |
| ACTIQ 800 MCG LOZENGE ON A HANDLE                                      | 4     |           |                         | PA, QL                              |
| ACTIVE FE 75 MG IRON-1,250 MCG TABLET                                  | 3     |           |                         |                                     |
| ACTIVELLA 0.5 MG-0.1 MG TABLET   | 3     |           | Y                       |                                     |
| ACTIVELLA 1 MG-0.5 MG TABLET   | 3     |           | Y                       |                                     |
| ACTONEL 150 MG TABLET  | 3     |           | Y                       | QL                                  |
| ACTONEL 35 MG TABLET   | 3     |           | Y                       | QL                                  |
| ACTONEL 5 MG TABLET  | 3     |           | Y                       | QL                                  |
| ACTOPLUS MET 15 MG-500 MG TABLET                                       | 4     |           | Y                       | QL, ST                              |
| ACTOPLUS MET 15 MG-850 MG TABLET                                       | 4     |           | Y                       | QL, ST                              |
| ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE                 | 4     |           | Y                       | QL, ST                              |
| ACTOPLUS MET XR 30-1,000 MG TB   | 4     |           | Y                       | QL, ST                              |
| ACTOS 15 MG TABLET   | 3     |           | Y                       | QL                                  |
| ACTOS 30 MG TABLET   | 3     |           | Y                       | QL                                  |
| ACTOS 45 MG TABLET   | 3     |           | Y                       | QL                                  |
| ACULAR 0.5 % EYE DROPS   | 3     |           |                         | ST                                  |
| ACULAR LS 0.4 % EYE DROPS  | 3     |           |                         | ST                                  |
| ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE                         | 3     |           |                         | ST                                  |
| acyclovir 200 mg capsule   | 2     |           | Y                       |                                     |
| acyclovir 200 mg/5 ml susp   | 3     |           | Y                       |                                     |
| acyclovir 400 mg tablet  | 2     |           | Y                       |                                     |
| acyclovir 5% cream   | 4     |           |                         | PA                                  |
| acyclovir 5% ointment  | 3     |           |                         | PA                                  |
| acyclovir 800 mg tablet  | 2     |           | Y                       |                                     |
| ACZONE 5 % TOPICAL GEL   | 4     |           |                         | ST                                  |
| ACZONE 7.5 % TOPICAL GEL WITH PUMP                                     | 4     |           |                         | ST                                  |
| ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE | 4     |           |                         |                                     |
| ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP  | 4     |           |                         |                                     |
| ADALAT CC 30 MG TABLET,EXTENDED RELEASE                                | 3     |           | Y                       | QL                                  |
| ADALAT CC 60 MG TABLET,EXTENDED RELEASE                                | 3     |           | Y                       | QL                                  |
| ADALAT CC 90 MG TABLET,EXTENDED RELEASE                                | 3     |           | Y                       | QL                                  |
| adapalene 0.1% cream   | 3     |           |                         |                                     |
| adapalene 0.1% gel   | 3     |           |                         |                                     |
| adapalene 0.1% lotion  | 3     |           |                         | ST                                  |
| adapalene 0.1% solution  | 4     | Y         |                         | ST                                  |
| adapalene 0.1% swab  | 4     |           |                         | QL, ST                              |
| adapalene 0.3% gel   | 3     |           |                         | ST                                  |
| adapalene 0.3% gel pump  | 3     |           |                         | ST                                  |
| adapalene-bnzy l perox 0.1-2.5%  | 3     |           |                         | ST                                  |
| ADASUVE 10 MG BREATH ACTIVATED   | 4     | Y         |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ADCIRCA 20 MG TABLET   | 4     |           | Y                       | PA, QL                              |
| adderall 10 mg tablet  | 4     |           | Y                       | QL, ST                              |
| ADDERALL 12.5 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| adderall 15 mg tablet  | 4     |           | Y                       | QL, ST                              |
| adderall 20 mg tablet  | 4     |           | Y                       | QL, ST                              |
| adderall 30 mg tablet  | 4     |           | Y                       | QL, ST                              |
| adderall 5 mg tablet   | 4     |           | Y                       | QL, ST                              |
| ADDERALL 7.5 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE                         | 3     |           | Y                       | QL, ST                              |
| ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE                         | 3     |           | Y                       | QL, ST                              |
| ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE                         | 3     |           | Y                       | QL, ST                              |
| ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE                         | 3     |           | Y                       | QL, ST                              |
| ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE                         | 3     |           | Y                       | QL, ST                              |
| ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE                          | 3     |           | Y                       | QL, ST                              |
| adefovir dipivoxil 10 mg tab                                       | 4     | Y         |                         |                                     |
| ADEMPAS 0.5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ADEMPAS 1 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ADEMPAS 1.5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ADEMPAS 2 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ADEMPAS 2.5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ADHANSIA XR 25 MG CAPSULE,EXTENDED RELEASE                         | 2     |           | Y                       | QL                                  |
| ADHANSIA XR 35 MG CAPSULE,EXTENDED RELEASE                         | 2     |           | Y                       | QL                                  |
| ADHANSIA XR 45 MG CAPSULE,EXTENDED RELEASE                         | 2     |           | Y                       | QL                                  |
| ADHANSIA XR 55 MG CAPSULE,EXTENDED RELEASE                         | 2     |           | Y                       | QL                                  |
| ADHANSIA XR 70 MG CAPSULE,EXTENDED RELEASE                         | 2     |           | Y                       | QL                                  |
| ADHANSIA XR 85 MG CAPSULE,EXTENDED RELEASE                         | 2     |           | Y                       | QL                                  |
| ADJUSTABLE LANCING DEVICE  | 3     |           |                         |                                     |
| ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR      | 3     |           |                         | QL, ST                              |
| ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR                    | 3     |           | Y                       | QL, ST                              |
| ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN | 3     |           | Y                       | ST                                  |
| ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION     | 3     |           | Y                       | QL, ST                              |
| ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION            | 3     |           | Y                       | QL, ST                              |
| ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION            | 3     |           | Y                       | QL, ST                              |
| ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION            | 3     |           | Y                       | QL, ST                              |
| ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER                | 2     |           | Y                       | QL                                  |
| ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER                | 2     |           | Y                       | QL                                  |
| ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER                 | 2     |           | Y                       | QL                                  |
| ADVANCED GLUCOSE METER   | 3     |           | Y                       | ST                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ADVANCED GLUCOSE METER TEST STRIPS                            | 3     |           | Y                       | QL, ST                              |
| ADVANCED LANCING DEVICE                                       | 1     |           |                         |                                     |
| ADVANCED LANCING DEVICE KIT                                   | 1     |           | Y                       |                                     |
| ADVANCED TRAVEL LANCETS 28 GAUGE                              | 1     |           | Y                       |                                     |
| ADVANCED TRAVEL LANCETS 30 GAUGE                              | 1     |           | Y                       |                                     |
| ADVOCATE BLOOD GLUCOSE MONITOR                                | 3     |           | Y                       | ST                                  |
| ADVOCATE CONTROL SOLUTION HIGH                                | 3     |           | Y                       |                                     |
| ADVOCATE DUO DEVICE   | 3     |           |                         | ST                                  |
| ADVOCATE DUO METER KIT  | 3     |           | Y                       | ST                                  |
| ADVOCATE LANCET 26 GAUGE                                      | 1     |           | Y                       |                                     |
| ADVOCATE LANCET 30 GAUGE                                      | 1     |           | Y                       |                                     |
| ADVOCATE LANCING DEVICE                                       | 1     |           |                         |                                     |
| ADVOCATE LOW CONTROL SOLUTION                                 | 3     |           | Y                       |                                     |
| ADVOCATE PEN NEEDLE 29 GAUGE X 1/2"                           | 1     |           | Y                       |                                     |
| ADVOCATE PEN NEEDLE 31 GAUGE X 3/16"                          | 1     |           | Y                       |                                     |
| ADVOCATE PEN NEEDLE 31 GAUGE X 5/16"                          | 1     |           | Y                       |                                     |
| ADVOCATE PEN NEEDLE 33 GAUGE X 5/32"                          | 1     |           | Y                       |                                     |
| ADVOCATE RAPID-SAFE LANCING DEVICE                            | 3     |           |                         |                                     |
| ADVOCATE REDI-CODE DUO METER                                  | 3     |           |                         | ST                                  |
| ADVOCATE REDI-CODE GLUCOSE MONITOR                            | 3     |           | Y                       | ST                                  |
| ADVOCATE REDI-CODE GLUCOSE MONITOR KIT                        | 3     |           | Y                       | ST                                  |
| ADVOCATE REDI-CODE PLUS                                       | 3     |           | Y                       | ST                                  |
| ADVOCATE REDI-CODE PLUS STRIPS                                | 3     |           | Y                       | QL, ST                              |
| ADVOCATE REDI-CODE STRIPS                                     | 3     |           | Y                       | QL, ST                              |
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION                        | 3     |           | Y                       |                                     |
| ADVOCATE REDI-CODE+ CTRL LOW SOLUTION                         | 3     |           | Y                       |                                     |
| ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2"                      | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16"                     | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16"                     | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2"                      | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16"                     | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16"                     | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2"                        | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16"                       | 1     |           | Y                       |                                     |
| ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16"                       | 1     |           | Y                       |                                     |
| ADVOCATE TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR       | 3     |           | Y                       | QL, ST                              |
| ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET | 3     |           | Y                       | QL, ST                              |
| ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET | 3     |           | Y                       | QL, ST                              |
| ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET | 3     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ADZENYS XR-ODT 3.1 MG EXTENDED RELEASE DISINTEGRATING TABLET           | 3     |           | Y                       | QL, ST                              |
| ADZENYS XR-ODT 6.3 MG EXTENDED RELEASE DISINTEGRATING TABLET           | 3     |           | Y                       | QL, ST                              |
| ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET           | 3     |           | Y                       | QL, ST                              |
| AEMCOLO 194 MG TABLET,DELAYED RELEASE                                  | 3     |           |                         | PA, QL                              |
| AEROCHAMBER MINI   | 1     |           |                         |                                     |
| AEROCHAMBER MV SPACER  | 1     |           |                         |                                     |
| AEROCHAMBER PLUS FLOW-VU   | 3     |           |                         |                                     |
| AEROCHAMBER PLUS FLOW-VU,LARGE MASK                                    | 1     |           |                         |                                     |
| AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK                                   | 1     |           |                         |                                     |
| AEROCHAMBER PLUS FLOW-VU,SMALL MASK                                    | 2     |           |                         |                                     |
| AEROCHAMBER PLUS Z STAT LARGE MASK                                     | 1     |           |                         |                                     |
| AEROCHAMBER PLUS Z STAT MEDIUM MASK                                    | 2     |           |                         |                                     |
| AEROCHAMBER PLUS Z STAT SMALL MASK                                     | 1     |           |                         |                                     |
| AEROCHAMBER PLUS Z STAT SPACER   | 1     |           |                         |                                     |
| AEROCHAMBER WITH FLOWSIGNAL  | 1     |           |                         |                                     |
| AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL                                    | 2     |           |                         |                                     |
| AEROGEAR ACTION ASTHMA KIT   | 1     |           |                         |                                     |
| AEROTRACH PLUS SPACER  | 1     |           |                         |                                     |
| AEROVENT PLUS SPACER   | 2     |           |                         |                                     |
| afeditab cr 30 mg tablet   | 2     |           | Y                       | QL                                  |
| afeditab cr 60 mg tablet   | 2     |           | Y                       | QL                                  |
| AFINITOR 10 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| AFINITOR 2.5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| AFINITOR 5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| AFINITOR 7.5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION                       | 4     | Y         | Y                       | PA, QL                              |
| AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION                       | 4     | Y         | Y                       | PA, QL                              |
| AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION                       | 4     | Y         | Y                       | PA, QL                              |
| afirmelle 0.1 mg-20 mcg tablet   | 1     |           | Y                       |                                     |
| AFLURIA QD 2020-21 (36 MOS UP)(PF)60 MCG (15 MCG X4)/0.5 ML IM SYRINGE | 3     |           |                         |                                     |
| AFLURIA QD 2020-21 (6-35 MOS)(PF) 30 MCG(7.5 MCGX4)/0.25 ML IM SYRINGE | 3     |           |                         |                                     |
| AFLURIA QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.  | 3     |           |                         |                                     |
| AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE,INHALER   | 4     |           | Y                       | PA, QL                              |
| AFREZZA 12 UNIT CARTRIDGE WITH INHALER                                 | 4     |           | Y                       | PA, QL                              |
| AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER    | 4     |           | Y                       | PA, QL                              |
| AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER                 | 4     |           | Y                       | PA, QL                              |
| AFREZZA 4 UNIT CARTRIDGE WITH INHALER                                  | 4     |           | Y                       | PA, QL                              |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| AFREZZA 8 UNIT CARTRIDGE WITH INHALER                       | 4     |           | Y                       | PA, QL                              |
| AGAMATRIX AMP GLUCOSE MONITORING SYSTEM                     | 3     |           | Y                       | ST                                  |
| AGAMATRIX AMP TEST STRIPS                                   | 3     |           | Y                       | QL, ST                              |
| AGAMATRIX CONTROL HIGH SOLUTION                             | 3     |           | Y                       |                                     |
| AGAMATRIX CONTROL NORM-HI SOLUTION                          | 3     |           | Y                       |                                     |
| AGAMATRIX PRESTO TEST STRIPS                                | 3     |           | Y                       | QL, ST                              |
| AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE             | 3     |           | Y                       | ST                                  |
| AGRYLIN 0.5 MG CAPSULE                                      | 4     |           | Y                       |                                     |
| AIMOVIG 140 MG DOSE-2 AUTOINJ                               | 3     |           | Y                       | PA, QL                              |
| AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR   | 3     |           | Y                       | PA, QL                              |
| AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR    | 3     |           | Y                       | PA, QL                              |
| AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED | 3     |           | Y                       | QL, ST                              |
| AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED | 3     |           | Y                       | QL, ST                              |
| AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED  | 3     |           | Y                       | QL, ST                              |
| AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR              | 4     |           | Y                       | PA, QL                              |
| AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS                    | 4     |           | Y                       | PA, QL                              |
| AKLIEF 0.005 % TOPICAL CREAM                                | 4     |           |                         | PA                                  |
| ak-poly-bac 500 unit-10,000 unit/gram eye ointment          | 2     |           |                         |                                     |
| AKTEN (PF) 3.5 % EYE GEL                                    | 3     |           |                         |                                     |
| AKTIPAK 3%-5% GEL POUCH                                     | 4     |           |                         |                                     |
| AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE                  | 4     |           |                         | PA, QL                              |
| ALA-CORT 1 % TOPICAL CREAM                                  | 3     |           |                         |                                     |
| ALA-SCALP 2 % LOTION  | 4     |           |                         |                                     |
| albendazole 200 mg tablet                                   | 4     |           |                         |                                     |
| ALBENZA 200 MG TABLET                                       | 4     |           |                         |                                     |
| albuterol 15 mg/3 ml solution                               | 1     |           | Y                       |                                     |
| albuterol 2.5 mg/0.5 ml sol                                 | 1     |           | Y                       |                                     |
| albuterol 20 mg/4 ml solution                               | 1     |           | Y                       |                                     |
| albuterol 5 mg/ml solution                                  | 1     |           | Y                       |                                     |
| albuterol hfa 90 mcg inhaler                                | 2     |           | Y                       | QL                                  |
| albuterol sul 0.63 mg/3 ml sol                              | 1     |           | Y                       |                                     |
| albuterol sul 1.25 mg/3 ml sol                              | 1     |           | Y                       |                                     |
| albuterol sul 2.5 mg/3 ml soln                              | 1     |           | Y                       |                                     |
| albuterol sulf 2 mg/5 ml syrup                              | 2     |           | Y                       |                                     |
| albuterol sulfate 2 mg tab                                  | 3     |           | Y                       |                                     |
| albuterol sulfate 4 mg tab                                  | 3     |           | Y                       |                                     |
| albuterol sulfate er 4 mg tab                               | 3     |           | Y                       |                                     |
| albuterol sulfate er 8 mg tab                               | 3     |           | Y                       |                                     |
| ALCAINE 0.5 % EYE DROPS                                     | 2     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| alclometasone dipr 0.05% oint                                 | 3     |           |                         |                                     |
| alclometasone dipro 0.05% crm                                 | 3     |           |                         |                                     |
| ALCOHOL 70% PREP PADS   | 3     |           |                         |                                     |
| ALCOHOL 70% SWABS   | 3     |           |                         |                                     |
| ALCOHOL 70% WIPES   | 3     |           |                         |                                     |
| ALCOHOL PADS  | 3     |           |                         |                                     |
| ALCOHOL PREP PADS   | 3     |           |                         |                                     |
| ALCOHOL SWAB  | 3     |           |                         |                                     |
| ALCOHOL SWABS   | 3     |           |                         |                                     |
| ALCOHOL WIPES   | 3     |           |                         |                                     |
| ALDACTAZIDE 25 MG-25 MG TABLET                                | 3     |           | Y                       |                                     |
| ALDACTAZIDE 50 MG-50 MG TABLET                                | 3     |           | Y                       |                                     |
| ALDACTONE 100 MG TABLET                                       | 3     |           | Y                       |                                     |
| ALDACTONE 25 MG TABLET  | 3     |           | Y                       |                                     |
| ALDACTONE 50 MG TABLET  | 3     |           | Y                       |                                     |
| ALDARA 5 % TOPICAL CREAM PACKET                               | 4     |           |                         | QL                                  |
| ALECENSA 150 MG CAPSULE                                       | 4     | Y         | Y                       | PA, QL                              |
| alendronate sod 70 mg/75 ml                                   | 3     |           | Y                       | QL                                  |
| alendronate sodium 10 mg tab                                  | 1     |           | Y                       | QL                                  |
| alendronate sodium 35 mg tab                                  | 1     |           | Y                       | QL                                  |
| alendronate sodium 40 mg tab                                  | 1     |           | Y                       | QL                                  |
| alendronate sodium 5 mg tablet                                | 1     |           | Y                       | QL                                  |
| alendronate sodium 70 mg tab                                  | 1     |           | Y                       | QL                                  |
| alfuzosin hcl er 10 mg tablet                                 | 1     |           | Y                       | QL                                  |
| ALINIA 100 MG/5 ML ORAL SUSPENSION                            | 4     | Y         |                         | QL                                  |
| ALINIA 500 MG TABLET  | 4     | Y         |                         | QL                                  |
| aliskiren 150 mg tablet                                       | 3     |           | Y                       | QL, ST                              |
| aliskiren 300 mg tablet                                       | 3     |           | Y                       | QL, ST                              |
| ALKERAN 2 MG TABLET   | 4     | Y         |                         | QL                                  |
| ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE                 | 1     |           |                         |                                     |
| ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE | 1     |           |                         |                                     |
| ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE | 1     |           |                         |                                     |
| ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE | 1     |           |                         |                                     |
| ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE     | 1     |           |                         |                                     |
| allopurinol 100 mg tablet                                     | 1     |           | Y                       |                                     |
| allopurinol 300 mg tablet                                     | 1     |           | Y                       |                                     |
| ALLZITAL 25 MG-325 MG TABLET                                  | 4     | Y         |                         | QL                                  |
| almotriptan malate 12.5 mg tab                                | 3     |           |                         | QL, ST                              |
| almotriptan malate 6.25 mg tab                                | 3     |           |                         | QL, ST                              |
| ALOCRI 2 % EYE DROPS  | 3     |           |                         | ST                                  |

| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| alogliptin 12.5 mg tablet                    | 3     |           | Y                       | PA, QL                              |
| alogliptin 25 mg tablet                      | 3     |           | Y                       | PA, QL                              |
| alogliptin 6.25 mg tablet                    | 3     |           | Y                       | PA, QL                              |
| alogliptin-metformin 12.5-1000               | 3     |           | Y                       | PA, QL                              |
| alogliptin-metformin 12.5-500                | 3     |           | Y                       | PA, QL                              |
| alogliptin-pioglit 12.5-15 mg                | 3     |           | Y                       | PA, QL                              |
| alogliptin-pioglit 12.5-30 mg                | 3     |           | Y                       | PA, QL                              |
| alogliptin-pioglit 12.5-45 mg                | 3     |           | Y                       | PA, QL                              |
| alogliptin-pioglit 25-15 mg tb               | 3     |           | Y                       | PA, QL                              |
| alogliptin-pioglit 25-30 mg tb               | 3     |           | Y                       | PA, QL                              |
| alogliptin-pioglit 25-45 mg tb               | 3     |           | Y                       | PA, QL                              |
| ALOMIDE 0.1 % EYE DROPS                      | 3     |           |                         | ST                                  |
| ALORA 0.025 MG/24 HR TRANSDERMAL PATCH       | 3     |           | Y                       | QL                                  |
| ALORA 0.05 MG/24 HR TRANSDERMAL PATCH        | 3     |           | Y                       | QL                                  |
| ALORA 0.075 MG/24 HR TRANSDERMAL PATCH       | 3     |           | Y                       | QL                                  |
| ALORA 0.1 MG/24 HR TRANSDERMAL PATCH         | 3     |           | Y                       | QL                                  |
| alose tron hcl 0.5 mg tablet                 | 4     | Y         |                         | PA, QL                              |
| alose tron hcl 1 mg tablet                   | 4     | Y         |                         | PA, QL                              |
| ALPHAGAN P 0.1 % EYE DROPS                   | 3     |           | Y                       | QL, ST                              |
| ALPHAGAN P 0.15 % EYE DROPS                  | 3     |           | Y                       | QL, ST                              |
| alprazolam 0.25 mg tablet                    | 2     |           |                         | QL                                  |
| alprazolam 0.5 mg tablet                     | 2     |           |                         | QL                                  |
| alprazolam 1 mg tablet                       | 2     |           |                         | QL                                  |
| alprazolam 2 mg tablet                       | 2     |           |                         | QL                                  |
| alprazolam er 0.5 mg tablet                  | 2     |           |                         | QL                                  |
| alprazolam er 1 mg tablet                    | 2     |           |                         | QL                                  |
| alprazolam er 2 mg tablet                    | 2     |           |                         | QL                                  |
| alprazolam er 3 mg tablet                    | 2     |           |                         | QL                                  |
| ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE | 3     |           |                         |                                     |
| alprazolam odt 0.25 mg tab                   | 3     |           |                         | QL                                  |
| alprazolam odt 0.5 mg tab                    | 3     |           |                         | QL                                  |
| alprazolam odt 1 mg tab                      | 3     |           |                         | QL                                  |
| alprazolam odt 2 mg tab                      | 3     |           |                         | QL                                  |
| alprazolam xr 0.5 mg tablet                  | 2     |           |                         | QL                                  |
| alprazolam xr 1 mg tablet                    | 2     |           |                         | QL                                  |
| alprazolam xr 2 mg tablet                    | 2     |           |                         | QL                                  |
| alprazolam xr 3 mg tablet                    | 2     |           |                         | QL                                  |
| ALREX 0.2 % EYE DROPS,SUSPENSION             | 3     |           |                         | ST                                  |
| ALTABAX 1 % TOPICAL OINTMENT                 | 3     |           |                         |                                     |
| ALTACE 1.25 MG CAPSULE                       | 3     |           | Y                       |                                     |
| ALTACE 10 MG CAPSULE                         | 3     |           | Y                       |                                     |
| ALTACE 2.5 MG CAPSULE                        | 3     |           | Y                       |                                     |
| ALTACE 5 MG CAPSULE                          | 3     |           | Y                       |                                     |
| altavera (28) 0.15 mg-0.03 mg tablet         | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ALTERNATE SITE LANCET 26 GAUGE                                     | 1     |           | Y                       |                                     |
| ALTERNATE SITE LANCING DEVICE                                      | 1     |           |                         |                                     |
| ALTOPREV 20 MG TABLET,EXTENDED RELEASE                             | 4     | Y         | Y                       | QL, ST                              |
| ALTOPREV 40 MG TABLET,EXTENDED RELEASE                             | 4     | Y         | Y                       | QL, ST                              |
| ALTOPREV 60 MG TABLET,EXTENDED RELEASE                             | 4     | Y         | Y                       | QL, ST                              |
| ALTRENO 0.05 % LOTION  | 3     |           |                         | PA                                  |
| ALUNBRIG 180 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| ALUNBRIG 30 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK              | 4     | Y         |                         | PA, QL                              |
| ALUNBRIG 90 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ALVESCO 160 MCG/ACTUATION AEROSOL INHALER                          | 3     |           | Y                       | QL, ST                              |
| ALVESCO 80 MCG/ACTUATION AEROSOL INHALER                           | 3     |           | Y                       | QL, ST                              |
| alyacen 1/35 (28) 1 mg-35 mcg tablet                               | 1     |           | Y                       |                                     |
| alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet               | 1     |           | Y                       |                                     |
| alyq 20 mg tablet  | 3     |           | Y                       | PA, QL                              |
| amabelz 0.5 mg-0.1 mg tablet                                       | 3     |           | Y                       |                                     |
| amabelz 1 mg-0.5 mg tablet   | 3     |           | Y                       |                                     |
| amantadine 100 mg capsule  | 2     |           | Y                       |                                     |
| amantadine 100 mg tablet   | 3     |           | Y                       |                                     |
| amantadine 100 mg/10 ml soln                                       | 1     |           | Y                       |                                     |
| amantadine 50 mg/5 ml solution                                     | 1     |           | Y                       |                                     |
| AMARYL 1 MG TABLET   | 3     |           | Y                       |                                     |
| AMARYL 2 MG TABLET   | 3     |           | Y                       |                                     |
| AMARYL 4 MG TABLET   | 3     |           | Y                       |                                     |
| AMBIEN 10 MG TABLET  | 3     |           |                         | QL, ST                              |
| AMBIEN 5 MG TABLET   | 3     |           |                         | QL, ST                              |
| AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE                          | 3     |           |                         | QL, ST                              |
| AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE                          | 3     |           |                         | QL, ST                              |
| ambrisentan 10 mg tablet   | 4     | Y         | Y                       | PA, QL                              |
| ambrisentan 5 mg tablet  | 4     | Y         | Y                       | PA, QL                              |
| amcinonide 0.1% cream  | 4     |           |                         |                                     |
| amcinonide 0.1% lotion   | 4     |           |                         |                                     |
| AMERGE 1 MG TABLET   | 4     |           |                         | QL, ST                              |
| AMERGE 2.5 MG TABLET   | 4     |           |                         | QL, ST                              |
| amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack    | 1     |           | Y                       | QL                                  |
| AMETHIA LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | 1     |           | Y                       | QL                                  |
| amethyst (28) 90 mcg-20 mcg tablet                                 | 3     |           | Y                       |                                     |
| AMICAR 1,000 MG TABLET   | 4     |           |                         |                                     |
| AMICAR 250 MG/ML (25 %) ORAL SOLUTION                              | 4     | Y         |                         |                                     |
| AMICAR 500 MG TABLET   | 4     |           |                         |                                     |
| amiloride hcl 5 mg tablet  | 2     |           | Y                       |                                     |
| amiloride hcl-hctz 5-50 mg tab                                     | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| aminocaproic acid 0.25 gram/ml                           | 4     | Y         |                         |                                     |
| aminocaproic acid 1,000 mg tab                           | 4     |           |                         |                                     |
| aminocaproic acid 500 mg tab                             | 4     |           |                         |                                     |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION      | 3     |           |                         |                                     |
| AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION    | 3     |           |                         |                                     |
| AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION | 3     |           |                         |                                     |
| AMINOSYN M 3.5 % INTRAVENOUS SOLUTION                    | 3     |           |                         |                                     |
| AMINOSYN-HBC 7% INTRAVENOUS SOLUTION                     | 3     |           |                         |                                     |
| amiodarone hcl 100 mg tablet                             | 2     |           | Y                       |                                     |
| amiodarone hcl 200 mg tablet                             | 1     |           | Y                       |                                     |
| amiodarone hcl 400 mg tablet                             | 2     |           | Y                       |                                     |
| AMITIZA 24 MCG CAPSULE                                   | 3     |           | Y                       | PA, QL                              |
| AMITIZA 8 MCG CAPSULE                                    | 3     |           | Y                       | PA, QL                              |
| amitriptyline hcl 10 mg tab                              | 1     |           | Y                       |                                     |
| amitriptyline hcl 100 mg tab                             | 1     |           | Y                       |                                     |
| amitriptyline hcl 150 mg tab                             | 1     |           | Y                       |                                     |
| amitriptyline hcl 25 mg tab                              | 1     |           | Y                       |                                     |
| amitriptyline hcl 50 mg tab                              | 1     |           | Y                       |                                     |
| amitriptyline hcl 75 mg tab                              | 1     |           | Y                       |                                     |
| amlodipine besylate 10 mg tab                            | 1     |           | Y                       | QL                                  |
| amlodipine besylate 2.5 mg tab                           | 1     |           | Y                       | QL                                  |
| amlodipine besylate 5 mg tab                             | 1     |           | Y                       | QL                                  |
| amlodipine-atorvast 10-10 mg                             | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 10-20 mg                             | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 10-40 mg                             | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 10-80 mg                             | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 2.5-10 mg                            | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 2.5-20 mg                            | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 2.5-40 mg                            | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 5-10 mg                              | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 5-20 mg                              | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 5-40 mg                              | 3     |           | Y                       | QL                                  |
| amlodipine-atorvast 5-80 mg                              | 3     |           | Y                       | QL                                  |
| amlodipine-benazepril 10-20 mg                           | 1     |           | Y                       | QL                                  |
| amlodipine-benazepril 10-40 mg                           | 1     |           | Y                       | QL                                  |
| amlodipine-benazepril 2.5-10                             | 1     |           | Y                       | QL                                  |
| amlodipine-benazepril 5-10 mg                            | 1     |           | Y                       | QL                                  |
| amlodipine-benazepril 5-20 mg                            | 1     |           | Y                       | QL                                  |
| amlodipine-benazepril 5-40 mg                            | 1     |           | Y                       | QL                                  |
| amlodipine-olmesartan 10-20 mg                           | 3     |           | Y                       | QL, ST                              |
| amlodipine-olmesartan 10-40 mg                           | 3     |           | Y                       | QL, ST                              |
| amlodipine-olmesartan 5-20 mg                            | 3     |           | Y                       | QL, ST                              |
| amlodipine-olmesartan 5-40 mg                            | 3     |           | Y                       | QL, ST                              |

| Drug Name                            | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--------------------------------------|-------|-----------|-------------------------|-------------------------------------|
| amlodipine-valsartan 10-160 mg       | 1     |           | Y                       | QL                                  |
| amlodipine-valsartan 10-320 mg       | 1     |           | Y                       | QL                                  |
| amlodipine-valsartan 5-160 mg        | 1     |           | Y                       | QL                                  |
| amlodipine-valsartan 5-320 mg        | 1     |           | Y                       | QL                                  |
| amlod-vals-hctz 10-160-12.5mg        | 3     |           | Y                       | QL, ST                              |
| amlod-vals-hctz 10-160-25 mg         | 3     |           | Y                       | QL, ST                              |
| amlod-vals-hctz 10-320-25 mg         | 3     |           | Y                       | QL, ST                              |
| amlod-vals-hctz 5-160-12.5 mg        | 3     |           | Y                       | QL, ST                              |
| amlod-vals-hctz 5-160-25 mg          | 3     |           | Y                       | QL, ST                              |
| ammonium lactate 12% cream           | 2     |           |                         |                                     |
| ammonium lactate 12% lotion          | 2     |           |                         |                                     |
| amneesteem 10 mg capsule             | 3     |           |                         | QL                                  |
| amneesteem 20 mg capsule             | 3     |           |                         | QL                                  |
| amneesteem 40 mg capsule             | 3     |           |                         | QL                                  |
| amoxapine 100 mg tablet              | 2     |           | Y                       |                                     |
| amoxapine 150 mg tablet              | 2     |           | Y                       |                                     |
| amoxapine 25 mg tablet               | 2     |           | Y                       |                                     |
| amoxapine 50 mg tablet               | 2     |           | Y                       |                                     |
| amox-clav 200-28.5 mg tab chew       | 2     |           |                         |                                     |
| amox-clav 200-28.5 mg/5 ml sus       | 2     |           |                         |                                     |
| amox-clav 250-125 mg tablet          | 2     |           |                         |                                     |
| amox-clav 250-62.5 mg/5 ml sus       | 2     |           |                         |                                     |
| amox-clav 400-57 mg tab chew         | 2     |           |                         |                                     |
| amox-clav 400-57 mg/5 ml susp        | 2     |           |                         |                                     |
| amox-clav 500-125 mg tablet          | 2     |           |                         |                                     |
| amox-clav 600-42.9 mg/5 ml sus       | 2     |           |                         |                                     |
| amox-clav 875-125 mg tablet          | 2     |           |                         |                                     |
| amox-clav er 1,000-62.5 mg tab       | 3     |           |                         |                                     |
| amoxicillin 125 mg tab chew          | 2     |           |                         |                                     |
| amoxicillin 125 mg/5 ml susp         | 2     |           |                         |                                     |
| amoxicillin 200 mg/5 ml susp         | 2     |           |                         |                                     |
| amoxicillin 250 mg capsule           | 2     |           |                         |                                     |
| amoxicillin 250 mg tab chew          | 2     |           |                         |                                     |
| amoxicillin 250 mg/5 ml susp         | 2     |           |                         |                                     |
| amoxicillin 400 mg/5 ml susp         | 2     |           |                         |                                     |
| amoxicillin 500 mg capsule           | 2     |           |                         |                                     |
| amoxicillin 500 mg tablet            | 2     |           |                         |                                     |
| amoxicillin 875 mg tablet            | 2     |           |                         |                                     |
| amphetamine er 1.25 mg/ml susp       | 3     |           | Y                       | QL, ST                              |
| amphetamine sulfate 10 mg tab        | 4     |           | Y                       | QL, ST                              |
| amphetamine sulfate 5 mg tab         | 4     |           | Y                       | QL, ST                              |
| ampicillin 250 mg capsule            | 2     |           |                         |                                     |
| ampicillin 500 mg capsule            | 2     |           |                         |                                     |
| AMPYRA 10 MG TABLET,EXTENDED RELEASE | 4     |           | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| AMRIX 15 MG CAPSULE,EXTENDED RELEASE                          | 4     | Y         |                         | PA, QL                              |
| AMRIX 30 MG CAPSULE,EXTENDED RELEASE                          | 4     | Y         |                         | PA, QL                              |
| AMZEEQ 4 % TOPICAL FOAM                                       | 4     |           |                         | PA                                  |
| ANAFRANIL 25 MG CAPSULE                                       | 4     |           | Y                       |                                     |
| ANAFRANIL 50 MG CAPSULE                                       | 4     |           | Y                       |                                     |
| ANAFRANIL 75 MG CAPSULE                                       | 4     |           | Y                       |                                     |
| anagrelide hcl 0.5 mg capsule                                 | 3     |           | Y                       |                                     |
| anagrelide hcl 1 mg capsule                                   | 3     |           | Y                       |                                     |
| ANALPRAM-HC 1 %-1 % RECTAL CREAM                              | 4     |           |                         |                                     |
| ANALPRAM-HC 2.5 %-1 % LOTION                                  | 3     |           |                         |                                     |
| ANAPROX DS 550 MG TABLET                                      | 3     |           | Y                       |                                     |
| ANASPAZ 0.125 MG DISINTEGRATING TABLET                        | 3     |           | Y                       |                                     |
| anastrozole 1 mg tablet                                       | 1     |           | Y                       | QL                                  |
| ANCOBON 250 MG CAPSULE  | 3     |           |                         |                                     |
| ANCOBON 500 MG CAPSULE  | 3     |           |                         |                                     |
| ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH              | 3     |           | Y                       | PA, QL                              |
| ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH                | 3     |           | Y                       | PA, QL                              |
| ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET          | 4     |           | Y                       | PA, QL                              |
| ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET            | 4     |           | Y                       | PA, QL                              |
| ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET   | 4     |           | Y                       | PA, QL                              |
| ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET     | 4     |           | Y                       | PA, QL                              |
| ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP     | 4     |           | Y                       | PA, QL                              |
| ANDROID 10 MG CAPSULE   | 4     | Y         | Y                       |                                     |
| ANGELIQ 0.25 MG-0.5 MG TABLET                                 | 3     |           | Y                       |                                     |
| ANGELIQ 0.5 MG-1 MG TABLET                                    | 3     |           | Y                       |                                     |
| ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING                  | 3     |           | Y                       | QL                                  |
| ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION | 2     |           | Y                       | QL                                  |
| ANTABUSE 250 MG TABLET  | 3     |           | Y                       |                                     |
| ANTABUSE 500 MG TABLET  | 3     |           | Y                       |                                     |
| ANTARA 30 MG CAPSULE  | 3     |           | Y                       | QL, ST                              |
| ANTARA 90 MG CAPSULE  | 3     |           | Y                       | QL, ST                              |
| anticoag sodium citrate 4% sol                                | 4     |           |                         |                                     |
| anusol-hc 2.5 % topical cream with perineal applicator        | 2     |           |                         |                                     |
| ANZEMET 100 MG TABLET   | 4     |           |                         | QL                                  |
| ANZEMET 50 MG TABLET  | 4     |           |                         | QL                                  |
| APADAZ 4.08 MG-325 MG TABLET                                  | 3     |           |                         | PA, QL                              |
| APADAZ 6.12 MG-325 MG TABLET                                  | 3     |           |                         | PA, QL                              |
| APADAZ 8.16 MG-325 MG TABLET                                  | 3     |           |                         | PA, QL                              |
| apexicon e 0.05 % topical cream                               | 4     |           |                         | ST                                  |
| APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML                     | 3     |           | Y                       | ST                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SUBCUTANEOUS PEN  |       |           |                         |                                     |
| APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION    | 3     |           | Y                       | ST                                  |
| APLENZIN 174 MG TABLET,EXTENDED RELEASE                   | 4     | Y         | Y                       | PA, QL                              |
| APLENZIN 348 MG TABLET,EXTENDED RELEASE                   | 4     | Y         | Y                       | PA, QL                              |
| APLENZIN 522 MG TABLET,EXTENDED RELEASE                   | 4     | Y         | Y                       | PA, QL                              |
| APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE                    | 4     | Y         | Y                       | QL                                  |
| apraclonidine hcl 0.5% drops                              | 3     |           |                         |                                     |
| aprepitant 125 mg capsule                                 | 3     |           |                         | PA, QL                              |
| aprepitant 125-80-80 mg pack                              | 3     |           |                         | PA, QL                              |
| aprepitant 40 mg capsule                                  | 3     |           |                         | PA, QL                              |
| aprepitant 80 mg capsule                                  | 3     |           |                         | PA, QL                              |
| apri 0.15 mg-0.03 mg tablet                               | 1     |           | Y                       |                                     |
| APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE                | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE       | 3     |           | Y                       | QL, ST                              |
| APTIOM 200 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| APTIOM 400 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| APTIOM 600 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| APTIOM 800 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION          | 4     | Y         | Y                       | QL                                  |
| APTIVUS 250 MG CAPSULE                                    | 4     | Y         | Y                       | QL                                  |
| AQUA LANCE LANCING DEVICE                                 | 1     |           |                         |                                     |
| ARAKODA 100 MG TABLET                                     | 3     |           |                         | QL                                  |
| aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet            | 1     |           | Y                       |                                     |
| ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE  | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION             | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION        | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION             | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION              | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION         | 4     | Y         | Y                       | PA, QL                              |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SYRINGE   |       |           |                         |                                     |
| ARANESP 300 MCG/ML (IN POLYSORBATE) INJECTION                     | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE          | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION                      | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE             | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE          | 4     | Y         | Y                       | PA, QL                              |
| ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION                      | 4     | Y         | Y                       | PA, QL                              |
| ARAVA 10 MG TABLET  | 4     |           | Y                       | QL                                  |
| ARAVA 20 MG TABLET  | 4     |           | Y                       | QL                                  |
| ARAZLO 0.045 % LOTION   | 3     |           |                         | PA                                  |
| ARCALYST 220 MG SUBCUTANEOUS SOLUTION                             | 4     | Y         | Y                       | PA, QL                              |
| ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE            | 3     |           | Y                       | QL, ST                              |
| ARICEPT 10 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| ARICEPT 23 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| ARICEPT 5 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION | 4     | Y         |                         | PA, QL                              |
| ARIMIDEX 1 MG TABLET  | 3     |           | Y                       | QL                                  |
| aripiprazole 1 mg/ml solution                                     | 3     |           | Y                       | QL                                  |
| aripiprazole 10 mg tablet   | 2     |           | Y                       | QL                                  |
| aripiprazole 15 mg tablet   | 2     |           | Y                       | QL                                  |
| aripiprazole 2 mg tablet  | 2     |           | Y                       | QL                                  |
| aripiprazole 20 mg tablet   | 2     |           | Y                       | QL                                  |
| aripiprazole 30 mg tablet   | 2     |           | Y                       | QL                                  |
| aripiprazole 5 mg tablet  | 2     |           | Y                       | QL                                  |
| aripiprazole odt 10 mg tablet                                     | 4     |           | Y                       | PA, QL                              |
| aripiprazole odt 15 mg tablet                                     | 4     |           | Y                       | PA, QL                              |
| ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE       | 4     | Y         | Y                       | QL                                  |
| ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE         | 4     | Y         | Y                       | QL                                  |
| ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE         | 4     | Y         | Y                       | QL                                  |
| ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE         | 4     | Y         | Y                       | QL                                  |
| ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE  | 4     | Y         |                         | QL                                  |
| ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE                | 4     | Y         |                         | QL                                  |
| ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE               | 4     | Y         |                         | QL                                  |
| ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE                 | 4     | Y         |                         | QL                                  |
| ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE               | 4     | Y         |                         | QL                                  |
| armodafinil 150 mg tablet   | 3     |           | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| armodafinil 200 mg tablet  | 3     |           | Y                       | PA, QL                              |
| armodafinil 250 mg tablet  | 3     |           | Y                       | PA, QL                              |
| armodafinil 50 mg tablet   | 3     |           | Y                       | PA, QL                              |
| ARMONAIR RESPICLICK 113 MCG  | 3     |           | Y                       | QL, ST                              |
| ARMONAIR RESPICLICK 232 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER  | 3     |           | Y                       | QL, ST                              |
| ARMONAIR RESPICLICK 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER   | 3     |           | Y                       | QL, ST                              |
| ARMOUR THYROID 120 MG TABLET   | 3     |           | Y                       |                                     |
| ARMOUR THYROID 15 MG TABLET  | 3     |           | Y                       |                                     |
| ARMOUR THYROID 180 MG TABLET   | 3     |           | Y                       |                                     |
| ARMOUR THYROID 240 MG TABLET   | 3     |           | Y                       |                                     |
| ARMOUR THYROID 30 MG TABLET  | 3     |           | Y                       |                                     |
| ARMOUR THYROID 300 MG TABLET   | 3     |           | Y                       |                                     |
| ARMOUR THYROID 60 MG TABLET  | 3     |           | Y                       |                                     |
| ARMOUR THYROID 90 MG TABLET  | 3     |           | Y                       |                                     |
| ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION                | 2     |           | Y                       | QL                                  |
| ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION                | 2     |           | Y                       | QL                                  |
| ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION                 | 2     |           | Y                       | QL                                  |
| AROMASIN 25 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED                             | 4     |           |                         | ST                                  |
| ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED                          | 4     |           |                         | ST                                  |
| ARYMO ER 15 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE                | 3     |           |                         | QL, ST                              |
| ARYMO ER 30 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE                | 3     |           |                         | QL, ST                              |
| ARYMO ER 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE                | 3     |           |                         | QL, ST                              |
| asa-butalb-caff-cod #3 capsule   | 3     |           |                         | QL                                  |
| ASACOL HD 800 MG TABLET,DELAYED RELEASE                                | 4     | Y         | Y                       | QL, ST                              |
| ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule                   | 3     |           |                         | QL                                  |
| ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack        | 1     |           | Y                       | QL                                  |
| ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER                          | 3     |           | Y                       | QL, ST                              |
| ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER                          | 3     |           | Y                       | QL, ST                              |
| ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER                           | 3     |           | Y                       | QL, ST                              |
| ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR | 3     |           | Y                       | QL, ST                              |
| ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR | 3     |           | Y                       | QL, ST                              |
| ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES)<br>BREATH ACTIVATED INHALR | 3     |           | Y                       | QL, ST                              |
| ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES)<br>BREATH ACTIVATED INHALR | 3     |           | Y                       | QL, ST                              |
| aspirin-dipyridam er 25-200 mg  | 3     |           | Y                       | ST                                  |
| aspirin-omeprazol dr 325-40 mg  | 3     |           | Y                       | PA, QL                              |
| aspirin-omeprazole dr 81-40 mg  | 3     |           | Y                       | PA, QL                              |
| ASSURE 4 CONTROL SOLUTION COMBO PACK                                      | 3     |           | Y                       |                                     |
| ASSURE 4 STRIPS   | 3     |           | Y                       | QL, ST                              |
| ASSURE COMFORT 28G LANCETS  | 1     |           | Y                       |                                     |
| ASSURE COMFORT 30G LANCETS  | 1     |           | Y                       |                                     |
| ASSURE DOSE NORMAL CONTROL SOLUTION                                       | 3     |           | Y                       |                                     |
| ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION                                  | 3     |           | Y                       |                                     |
| ASSURE HAEMOLANCE PLUS 18 GAUGE   | 3     |           | Y                       |                                     |
| ASSURE HAEMOLANCE PLUS 21 GAUGE   | 3     |           | Y                       |                                     |
| ASSURE HAEMOLANCE PLUS 25 GAUGE   | 3     |           | Y                       |                                     |
| ASSURE HAEMOLANCE PLUS 28 GAUGE   | 3     |           | Y                       |                                     |
| ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE                              | 1     |           | Y                       |                                     |
| ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE                              | 1     |           | Y                       |                                     |
| ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE                   | 2     |           | Y                       |                                     |
| ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE                 | 2     |           | Y                       |                                     |
| ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE                     | 2     |           | Y                       |                                     |
| ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE                   | 2     |           | Y                       |                                     |
| ASSURE ID PEN NEEDLE 30 GAUGE X 3/16"                                     | 1     |           | Y                       |                                     |
| ASSURE ID PEN NEEDLE 30 GAUGE X 5/16"                                     | 1     |           | Y                       |                                     |
| ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"                                     | 1     |           | Y                       |                                     |
| ASSURE LANCE 25 GAUGE   | 3     |           | Y                       |                                     |
| ASSURE LANCE 28 GAUGE   | 3     |           | Y                       |                                     |
| ASSURE LANCE PLUS 21 GAUGE  | 3     |           | Y                       |                                     |
| ASSURE LANCE PLUS 25 GAUGE  | 3     |           | Y                       |                                     |
| ASSURE LANCE PLUS 30 GAUGE  | 3     |           | Y                       |                                     |
| ASSURE PLATINUM GLUCOSE METER   | 3     |           | Y                       | ST                                  |
| ASSURE PLATINUM TEST STRIP  | 3     |           | Y                       | QL, ST                              |
| ASSURE PRISM CONTROL 1-2 SOLUTION   | 3     |           | Y                       |                                     |
| ASSURE PRISM MULTI METER  | 3     |           | Y                       | ST                                  |
| ASSURE PRISM MULTI STRIP  | 3     |           | Y                       | QL, ST                              |
| ASTAGRAF XL 0.5 MG CAPSULE,EXTENDED RELEASE                               | 4     |           | Y                       |                                     |
| ASTAGRAF XL 1 MG CAPSULE,EXTENDED RELEASE                                 | 4     |           | Y                       |                                     |
| ASTAGRAF XL 5 MG CAPSULE,EXTENDED RELEASE                                 | 4     |           | Y                       |                                     |
| ASTEPRO 0.15% NASAL SPRAY   | 4     |           | Y                       | QL, ST                              |
| ASTHMAPACK CHILDREN'S KIT   | 1     |           |                         |                                     |
| ATACAND 16 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| ATACAND 32 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| ATACAND 4 MG TABLET   | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ATACAND 8 MG TABLET                                   | 3     |           | Y                       | QL, ST                              |
| ATACAND HCT 16 MG-12.5 MG TABLET                      | 3     |           | Y                       | QL, ST                              |
| ATACAND HCT 32 MG-12.5 MG TABLET                      | 3     |           | Y                       | QL, ST                              |
| ATACAND HCT 32 MG-25 MG TABLET                        | 3     |           | Y                       | QL, ST                              |
| atazanavir sulfate 150 mg cap                         | 3     |           | Y                       | QL                                  |
| atazanavir sulfate 200 mg cap                         | 3     |           | Y                       | QL                                  |
| atazanavir sulfate 300 mg cap                         | 3     |           | Y                       | QL                                  |
| ATELVIA 35 MG TABLET,DELAYED RELEASE                  | 3     |           | Y                       | QL                                  |
| atenolol 100 mg tablet                                | 1     |           | Y                       |                                     |
| atenolol 25 mg tablet                                 | 1     |           | Y                       |                                     |
| atenolol 50 mg tablet                                 | 1     |           | Y                       |                                     |
| atenolol-chlorthalidone 100-25                        | 1     |           | Y                       |                                     |
| atenolol-chlorthalidone 50-25                         | 1     |           | Y                       |                                     |
| ATIVAN 0.5 MG TABLET                                  | 4     |           |                         | QL                                  |
| ATIVAN 1 MG TABLET                                    | 4     |           |                         | QL                                  |
| ATIVAN 2 MG TABLET                                    | 4     |           |                         | QL                                  |
| atomoxetine hcl 10 mg capsule                         | 2     |           | Y                       | QL                                  |
| atomoxetine hcl 100 mg capsule                        | 2     |           | Y                       | QL                                  |
| atomoxetine hcl 18 mg capsule                         | 2     |           | Y                       | QL                                  |
| atomoxetine hcl 25 mg capsule                         | 2     |           | Y                       | QL                                  |
| atomoxetine hcl 40 mg capsule                         | 2     |           | Y                       | QL                                  |
| atomoxetine hcl 60 mg capsule                         | 2     |           | Y                       | QL                                  |
| atomoxetine hcl 80 mg capsule                         | 2     |           | Y                       | QL                                  |
| atorvastatin 10 mg tablet                             | 1     |           | Y                       |                                     |
| atorvastatin 20 mg tablet                             | 1     |           | Y                       |                                     |
| atorvastatin 40 mg tablet                             | 1     |           | Y                       |                                     |
| atorvastatin 80 mg tablet                             | 1     |           | Y                       |                                     |
| atovaquone 750 mg/5 ml susp                           | 4     | Y         |                         | QL                                  |
| atovaquone-proguanil 250-100                          | 3     |           |                         | QL                                  |
| atovaquone-proguanil 62.5-25                          | 3     |           |                         | QL                                  |
| ATRALIN 0.05 % TOPICAL GEL                            | 4     |           |                         | PA                                  |
| ATRIPLA 600 MG-200 MG-300 MG TABLET                   | 4     | Y         | Y                       | QL                                  |
| atropine 1% eye drops                                 | 2     |           | Y                       |                                     |
| ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER         | 3     |           | Y                       | QL, ST                              |
| AUBAGIO 14 MG TABLET                                  | 4     | Y         | Y                       | PA, QL                              |
| AUBAGIO 7 MG TABLET                                   | 4     | Y         | Y                       | PA, QL                              |
| aubra 0.1 mg-20 mcg tablet                            | 1     |           | Y                       |                                     |
| aubra eq 0.1 mg-20 mcg tablet                         | 1     |           | Y                       |                                     |
| AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION        | 4     |           |                         |                                     |
| AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION         | 4     |           |                         |                                     |
| AUGMENTIN 500 MG-125 MG TABLET                        | 3     |           |                         |                                     |
| AUGMENTIN 875 MG-125 MG TABLET                        | 3     |           |                         |                                     |
| AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION  | 4     |           |                         |                                     |
| AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet                          | 1     |           | Y                       |                                     |
| aurovela 1/20 (21) 1 mg-20 mcg tablet                              | 1     |           | Y                       |                                     |
| aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet                   | 1     |           | Y                       |                                     |
| aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet        | 1     |           | Y                       |                                     |
| aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet            | 1     |           | Y                       |                                     |
| AURYXIA 210 MG IRON TABLET   | 4     | Y         | Y                       | PA, QL                              |
| AUSTEDO 12 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| AUSTEDO 6 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| AUSTEDO 9 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN               | 3     |           | Y                       |                                     |
| AUTO-LANCET MINI   | 1     |           |                         |                                     |
| AUTOLET IMPRESSION LANCING DEVICE KIT                              | 3     |           | Y                       |                                     |
| AUTOLET LANCING DEVICE   | 1     |           |                         |                                     |
| AUTOLET PLUS LANCING DEVICE  | 3     |           |                         |                                     |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS                                 | 3     |           | Y                       |                                     |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS                                 | 3     |           | Y                       |                                     |
| AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR                       | 3     |           |                         | PA, QL                              |
| AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS) | 3     |           |                         | PA, QL                              |
| AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR                      | 3     |           |                         | PA, QL                              |
| AVALIDE 150 MG-12.5 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| AVALIDE 300 MG-12.5 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| AVANDIA 2 MG TABLET  | 3     |           | Y                       | QL                                  |
| AVANDIA 4 MG TABLET  | 3     |           | Y                       | QL                                  |
| AVAPRO 150 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| AVAPRO 300 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| AVAPRO 75 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| AVC 15% CREAM  | 4     |           |                         |                                     |
| AVELOX 400 MG TABLET   | 3     |           |                         |                                     |
| aviane 0.1 mg-20 mcg tablet  | 1     |           | Y                       |                                     |
| avidoxy 100 mg tablet  | 2     |           |                         |                                     |
| AVITA 0.025 % TOPICAL CREAM  | 4     |           |                         | PA                                  |
| AVITA 0.025 % TOPICAL GEL  | 4     |           |                         | PA                                  |
| AVODART 0.5 MG CAPSULE   | 3     |           | Y                       | QL, ST                              |
| AVONEX 30 MCG VIAL KIT   | 4     | Y         | Y                       | PA, QL                              |
| AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT                         | 4     | Y         | Y                       | PA, QL                              |
| AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT                     | 4     | Y         | Y                       | PA, QL                              |
| AXIRON 30 MG/ACTUATION SOLN  | 3     |           | Y                       | PA, QL                              |
| AYGESTIN 5 MG TABLET   | 3     |           | Y                       |                                     |
| ayuna 0.15 mg-0.03 mg tablet                                       | 1     |           | Y                       |                                     |
| AYVAKIT 100 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| AYVAKIT 200 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| AYVAKIT 300 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| AZASAN 100 MG TABLET   | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| AZASAN 75 MG TABLET  | 3     |           | Y                       |                                     |
| AZASITE 1 % EYE DROPS  | 3     |           |                         | QL, ST                              |
| azathioprine 50 mg tablet  | 2     |           | Y                       |                                     |
| azelaic acid 15% gel   | 3     |           |                         | ST                                  |
| azelastine 0.1% (137 mcg) spry   | 2     |           | Y                       | QL                                  |
| azelastine 0.15% nasal spray   | 3     |           | Y                       | QL                                  |
| azelastine hcl 0.05% drops   | 2     |           |                         |                                     |
| azelastin-flutic 137-50mcg spr   | 3     |           |                         | QL, ST                              |
| AZELEX 20 % TOPICAL CREAM  | 4     |           |                         |                                     |
| AZILECT 0.5 MG TABLET  | 4     |           | Y                       | ST                                  |
| AZILECT 1 MG TABLET  | 4     |           | Y                       | ST                                  |
| azithromycin 1 gm pwd packet   | 2     |           |                         |                                     |
| azithromycin 100 mg/5 ml susp  | 2     |           |                         |                                     |
| azithromycin 200 mg/5 ml susp  | 2     |           |                         |                                     |
| azithromycin 250 mg tablet   | 2     |           |                         |                                     |
| azithromycin 500 mg tablet   | 2     |           |                         |                                     |
| azithromycin 600 mg tablet   | 2     |           |                         | QL                                  |
| AZOPT 1 % EYE DROPS,SUSPENSION   | 3     |           | Y                       | QL, ST                              |
| AZOR 10 MG-20 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| AZOR 10 MG-40 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| AZOR 5 MG-20 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| AZOR 5 MG-40 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| AZULFIDINE 500 MG TABLET   | 3     |           | Y                       | QL                                  |
| AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE                       | 3     |           | Y                       | QL                                  |
| azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                  | 1     |           | Y                       |                                     |
| bacitracin 500 unit/gm ophth   | 3     |           |                         |                                     |
| bacitracin-polymyxin eye oint  | 2     |           |                         |                                     |
| baclofen 10 mg tablet  | 2     |           | Y                       | QL                                  |
| baclofen 20 mg tablet  | 2     |           | Y                       | QL                                  |
| baclofen 5 mg tablet   | 2     |           | Y                       | QL                                  |
| BACTRIM 400 MG-80 MG TABLET  | 3     |           |                         |                                     |
| BACTRIM DS 800 MG-160 MG TABLET  | 3     |           |                         |                                     |
| BACTROBAN 2% CREAM   | 3     |           |                         |                                     |
| BACTROBAN NASAL 2% OINTMENT  | 3     |           |                         |                                     |
| bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release          | 3     |           | Y                       |                                     |
| BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TABLET,CAPSULE,DELAY REL | 3     |           | Y                       |                                     |
| BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET                         | 3     |           | Y                       |                                     |
| balsalazide disodium 750 mg cp   | 3     |           |                         | QL                                  |
| BALVERSA 3 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| BALVERSA 4 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| BALVERSA 5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| balziva (28) 0.4 mg-35 mcg tablet                                      | 1     |           | Y                       |                                     |
| BANZEL 200 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| BANZEL 40 MG/ML ORAL SUSPENSION                                 | 4     | Y         | Y                       | PA, QL                              |
| BANZEL 400 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| BAQSIMI 3 MG/ACTUATION NASAL SPRAY                              | 2     |           |                         |                                     |
| BARACLUDE 0.05 MG/ML ORAL SOLUTION                              | 4     | Y         | Y                       | QL                                  |
| BARACLUDE 0.5 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| BARACLUDE 1 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS  | 3     |           | Y                       | ST                                  |
| BAXDELA 450 MG TABLET   | 3     |           |                         | QL                                  |
| BD 1 ML SYRINGE-NEEDLE 25GX5/8                                  | 1     |           |                         |                                     |
| BD ALCOHOL SWABS  | 3     |           |                         |                                     |
| BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE        | 1     |           |                         |                                     |
| BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE              | 1     |           |                         |                                     |
| BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"                    | 1     |           |                         |                                     |
| BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"                   | 1     |           | Y                       |                                     |
| BD BLUNT NEEDLE 18GX1-1/2"                                      | 1     |           |                         |                                     |
| BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE                | 2     |           | Y                       |                                     |
| BD ECLIPSE NEEDLE 18GX1 1/2"                                    | 1     |           |                         |                                     |
| BD ECLIPSE SYRINGE 3 ML 22GX1"                                  | 1     |           |                         |                                     |
| BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"                           | 1     |           |                         |                                     |
| BD INSULIN SYR 1 ML 28GX1/2"                                    | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"                       | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"                       | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"                         | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 1 ML 25 X 1"                                 | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 1 ML 26 X 1/2"                               | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"                         | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"                         | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"                         | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE SLIP TIP 1 ML                                | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"               | 2     |           |                         |                                     |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"            | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16"           | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"            | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16"           | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"                           | 1     |           |                         |                                     |
| BD LANCETS 33G  | 1     |           | Y                       |                                     |
| BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE         | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE                 | 2     |           | Y                       |                                     |
| BD LUER-LOK 5 ML SYRINGE   | 1     |           |                         |                                     |
| BD LUER-LOK SYRINGE 1 ML   | 1     |           | Y                       |                                     |
| BD MICROTAINER LANCET 21 GAUGE                                       | 1     |           | Y                       |                                     |
| BD MICROTAINER LANCET 30 GAUGE                                       | 1     |           | Y                       |                                     |
| BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"                          | 1     |           | Y                       |                                     |
| BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE                 | 1     |           |                         |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"              | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"              | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"                  | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"                | 2     |           | Y                       |                                     |
| BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"                          | 2     |           | Y                       |                                     |
| BD SLIP TIP 5 ML SYRINGE   | 1     |           |                         |                                     |
| BD SYRINGE 30 ML   | 1     |           |                         |                                     |
| BD SYRINGE GLASS 3 ML  | 1     |           |                         |                                     |
| BD ULTRA FINE LANCETS 33 GAUGE                                       | 1     |           | Y                       |                                     |
| BD ULTRA-FINE II LANCETS 30 GAUGE                                    | 1     |           | Y                       |                                     |
| BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4"                       | 1     |           | Y                       |                                     |
| BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16"                       | 1     |           | Y                       |                                     |
| BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32"                       | 1     |           | Y                       |                                     |
| BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2"                    | 1     |           | Y                       |                                     |
| BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16"                      | 1     |           | Y                       |                                     |
| BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" | 2     |           | Y                       |                                     |
| BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"           | 2     |           | Y                       |                                     |
| BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"             | 2     |           | Y                       |                                     |
| BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"           | 2     |           | Y                       |                                     |
| BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY                             | 3     |           | Y                       | QL, ST                              |
| bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                 | 1     |           | Y                       |                                     |
| BELBUCA 150 MCG BUCCAL FILM  | 4     |           |                         | QL, ST                              |
| BELBUCA 300 MCG BUCCAL FILM  | 4     |           |                         | QL, ST                              |
| BELBUCA 450 MCG BUCCAL FILM  | 4     |           |                         | QL, ST                              |
| BELBUCA 600 MCG BUCCAL FILM  | 4     |           |                         | QL, ST                              |
| BELBUCA 75 MCG BUCCAL FILM   | 4     |           |                         | QL, ST                              |
| BELBUCA 750 MCG BUCCAL FILM  | 4     |           |                         | QL, ST                              |
| BELBUCA 900 MCG BUCCAL FILM  | 4     |           |                         | QL, ST                              |
| BELSOMRA 10 MG TABLET  | 3     |           |                         | QL, ST                              |
| BELSOMRA 15 MG TABLET  | 3     |           |                         | QL, ST                              |
| BELSOMRA 20 MG TABLET  | 3     |           |                         | QL, ST                              |



| Drug Name                                     | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| BELSOMRA 5 MG TABLET                          | 3     |           |                         | QL, ST                              |
| benazepril hcl 10 mg tablet                   | 1     |           | Y                       |                                     |
| benazepril hcl 20 mg tablet                   | 1     |           | Y                       |                                     |
| benazepril hcl 40 mg tablet                   | 1     |           | Y                       |                                     |
| benazepril hcl 5 mg tablet                    | 1     |           | Y                       |                                     |
| benazepril-hctz 10-12.5 mg tab                | 2     |           | Y                       |                                     |
| benazepril-hctz 20-12.5 mg tab                | 2     |           | Y                       |                                     |
| benazepril-hctz 20-25 mg tab                  | 2     |           | Y                       |                                     |
| benazepril-hctz 5-6.25 mg tab                 | 2     |           | Y                       |                                     |
| BENICAR 20 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| BENICAR 40 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| BENICAR 5 MG TABLET                           | 3     |           | Y                       | QL, ST                              |
| BENICAR HCT 20 MG-12.5 MG TABLET              | 3     |           | Y                       | QL, ST                              |
| BENICAR HCT 40 MG-12.5 MG TABLET              | 3     |           | Y                       | QL, ST                              |
| BENICAR HCT 40 MG-25 MG TABLET                | 3     |           | Y                       | QL, ST                              |
| BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE       | 4     | Y         | Y                       | PA, QL                              |
| BENZAACLIN 1 %-5 % TOPICAL GEL                | 4     |           |                         |                                     |
| BENZAACLIN PUMP 1 %-5 % TOPICAL GEL           | 4     |           |                         |                                     |
| BENZAMYCIN 3 %-5 % TOPICAL GEL                | 4     |           |                         |                                     |
| benzhydrocod-acetamin 4.08-325                | 3     |           |                         | PA, QL                              |
| benzhydrocod-acetamin 6.12-325                | 3     |           |                         | PA, QL                              |
| benzhydrocod-acetamin 8.16-325                | 3     |           |                         | PA, QL                              |
| benznidazole 100 mg tablet                    | 4     |           |                         | QL                                  |
| benznidazole 12.5 mg tablet                   | 4     |           |                         | QL                                  |
| benzonatate 100 mg capsule                    | 3     |           |                         |                                     |
| benzonatate 150 mg capsule                    | 3     |           |                         |                                     |
| benzonatate 200 mg capsule                    | 3     |           |                         |                                     |
| benzonatate perle 100 mg cap                  | 3     |           |                         |                                     |
| benztropine mes 0.5 mg tab                    | 1     |           | Y                       |                                     |
| benztropine mes 1 mg tablet                   | 1     |           | Y                       |                                     |
| benztropine mes 2 mg tablet                   | 1     |           | Y                       |                                     |
| BEPREVE 1.5 % EYE DROPS                       | 3     |           |                         | QL, ST                              |
| beser 0.05 % lotion                           | 4     |           |                         | ST                                  |
| BESIVANCE 0.6 % EYE DROPS,SUSPENSION          | 3     |           |                         | ST                                  |
| BETADINE OPHTHALMIC PREP 5 % SOLUTION         | 3     |           |                         |                                     |
| betamethasone dp 0.05% crm                    | 3     |           |                         |                                     |
| betamethasone dp 0.05% lot                    | 2     |           |                         |                                     |
| betamethasone dp 0.05% oint                   | 3     |           |                         |                                     |
| betamethasone dp aug 0.05% crm                | 1     |           |                         |                                     |
| betamethasone dp aug 0.05% gel                | 3     |           |                         |                                     |
| betamethasone dp aug 0.05% lot                | 3     |           |                         |                                     |
| betamethasone dp aug 0.05% oin                | 3     |           |                         |                                     |
| betamethasone va 0.1% cream                   | 2     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| betamethasone va 0.1% lotion                              | 3     |           |                         |                                     |
| betamethasone valer 0.1% ointm                            | 2     |           |                         |                                     |
| betamethasone valer 0.12% foam                            | 3     |           |                         | ST                                  |
| BETAPACE 120 MG TABLET                                    | 4     |           | Y                       |                                     |
| BETAPACE 160 MG TABLET                                    | 4     |           | Y                       |                                     |
| BETAPACE 240 MG TABLET                                    | 4     |           | Y                       |                                     |
| BETAPACE 80 MG TABLET                                     | 4     |           | Y                       |                                     |
| BETAPACE AF 120 MG TABLET                                 | 4     |           | Y                       |                                     |
| BETAPACE AF 160 MG TABLET                                 | 4     |           | Y                       |                                     |
| BETAPACE AF 80 MG TABLET                                  | 4     |           | Y                       |                                     |
| BETASERON 0.3 MG SUBCUTANEOUS KIT                         | 4     | Y         | Y                       | PA, QL                              |
| BETASERON 0.3 MG SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA, QL                              |
| betaxolol 10 mg tablet                                    | 2     |           | Y                       |                                     |
| betaxolol 20 mg tablet                                    | 2     |           | Y                       |                                     |
| betaxolol hcl 0.5% eye drop                               | 3     |           | Y                       |                                     |
| bethanechol 10 mg tablet                                  | 2     |           | Y                       |                                     |
| bethanechol 25 mg tablet                                  | 2     |           | Y                       |                                     |
| bethanechol 5 mg tablet                                   | 2     |           | Y                       |                                     |
| bethanechol 50 mg tablet                                  | 2     |           | Y                       |                                     |
| BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION             | 4     | Y         | Y                       | PA, QL                              |
| BETIMOL 0.25 % EYE DROPS                                  | 3     |           | Y                       | ST                                  |
| BETIMOL 0.5 % EYE DROPS                                   | 3     |           | Y                       | ST                                  |
| BETOPTIC S 0.25 % EYE DROPS,SUSPENSION                    | 3     |           | Y                       | ST                                  |
| BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER      | 3     |           | Y                       | QL, ST                              |
| BEVYXXA 40 MG CAPSULE                                     | 4     |           |                         | PA, QL                              |
| BEVYXXA 80 MG CAPSULE                                     | 4     |           |                         | PA, QL                              |
| bexarotene 75 mg capsule                                  | 4     | Y         | Y                       | PA, QL                              |
| BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET | 3     |           | Y                       |                                     |
| bicalutamide 50 mg tablet                                 | 1     |           | Y                       | QL                                  |
| BIDIL 20 MG-37.5 MG TABLET                                | 3     |           | Y                       | QL, ST                              |
| BIFERA RX TABLET  | 3     |           |                         |                                     |
| BIJUVA 1 MG-100 MG CAPSULE                                | 3     |           | Y                       | QL                                  |
| BIKTARVY 50 MG-200 MG-25 MG TABLET                        | 4     | Y         | Y                       | QL                                  |
| BILTRICIDE 600 MG TABLET                                  | 3     |           |                         |                                     |
| bimatoprost 0.03% eye drops                               | 3     |           | Y                       | QL                                  |
| BINOSTO 70 MG EFFERVESCENT TABLET                         | 3     |           | Y                       | QL, ST                              |
| BIONIME RIGHTEST GM300 SYSTEM KIT                         | 3     |           | Y                       | ST                                  |
| BIONIME RIGHTEST TEST STRIPS                              | 3     |           | Y                       | QL, ST                              |
| bisoprolol fumarate 10 mg tab                             | 2     |           | Y                       |                                     |
| bisoprolol fumarate 5 mg tab                              | 2     |           | Y                       |                                     |
| bisoprolol-hctz 10-6.25 mg tab                            | 1     |           | Y                       |                                     |
| bisoprolol-hctz 2.5-6.25 mg tb                            | 1     |           | Y                       |                                     |
| bisoprolol-hctz 5-6.25 mg tab                             | 1     |           | Y                       |                                     |
| BLEPH-10 10 % EYE DROPS                                   | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION                           | 3     |           |                         |                                     |
| BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT                            | 3     |           |                         |                                     |
| blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet                      | 1     |           | Y                       |                                     |
| blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet           | 1     |           | Y                       |                                     |
| blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet               | 1     |           | Y                       |                                     |
| BLOOD GLUCOSE CONTROL SOLUTION                                       | 3     |           | Y                       |                                     |
| BLOOD GLUCOSE MONITORING KIT   | 3     |           | Y                       | ST                                  |
| BLOOD GLUCOSE MONITORING SYST  | 3     |           | Y                       | ST                                  |
| BLOOD GLUCOSE TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| BLOOD LANCETS 30G  | 1     |           | Y                       |                                     |
| BONIVA 150 MG TABLET   | 3     |           | Y                       | QL                                  |
| BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE              | 3     |           |                         | QL                                  |
| BOOST SOOTHE 0.04 GRAM-1.27 KCAL/ML ORAL LIQUID                      | 3     |           |                         |                                     |
| BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION | 4     |           |                         |                                     |
| BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE    | 4     |           |                         |                                     |
| bosentan 125 mg tablet   | 4     | Y         | Y                       | PA, QL                              |
| bosentan 62.5 mg tablet  | 4     | Y         | Y                       | PA, QL                              |
| BOSULIF 100 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| BOSULIF 400 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| BOSULIF 500 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| BRAFTOVI 50 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| BRAFTOVI 75 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| BREATHERITE MDI SPACER   | 1     |           |                         |                                     |
| BREATHERITE SPACER AND MASK, ADULT                                   | 1     |           |                         |                                     |
| BREATHERITE SPACER AND MASK, CHILD                                   | 1     |           |                         |                                     |
| BREATHERITE SPACER AND MASK, INFANT                                  | 1     |           |                         |                                     |
| BREATHERITE SPACER AND MASK, NEONATE                                 | 1     |           |                         |                                     |
| BREATHERITE SPACER AND MASK, SMALL CHILD                             | 1     |           |                         |                                     |
| BREATHERITE VALVED MDI CHAMBER SPACER                                | 1     |           |                         |                                     |
| BREATHERITE VALVED MDI SPACER  | 1     |           |                         |                                     |
| BREEZE 2 CONTROL SOLUTION, HIGH                                      | 3     |           | Y                       |                                     |
| BREEZE 2 CONTROL SOLUTION, LOW                                       | 3     |           | Y                       |                                     |
| BREEZE 2 CONTROL SOLUTION, NORMAL                                    | 3     |           | Y                       |                                     |
| BREEZE 2 TEST STRIPS   | 3     |           | Y                       | QL, ST                              |
| BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION               | 2     |           | Y                       | QL                                  |
| BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION               | 2     |           | Y                       | QL                                  |
| briellyn 0.4 mg-35 mcg tablet  | 1     |           | Y                       |                                     |
| BRILINTA 60 MG TABLET  | 2     |           | Y                       | QL                                  |
| BRILINTA 90 MG TABLET  | 2     |           | Y                       | QL                                  |

| Drug Name                                     | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| brimonidine 0.2% eye drop                     | 1     |           | Y                       | QL                                  |
| brimonidine tartrate 0.15% drp                | 3     |           | Y                       | QL                                  |
| BRISDELLE 7.5 MG CAPSULE                      | 4     |           | Y                       | QL, ST                              |
| BRIVIACT 10 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| BRIVIACT 10 MG/ML ORAL SOLUTION               | 4     | Y         | Y                       | PA, QL                              |
| BRIVIACT 100 MG TABLET                        | 4     | Y         | Y                       | PA, QL                              |
| BRIVIACT 25 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| BRIVIACT 50 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| BRIVIACT 75 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup   | 3     |           |                         |                                     |
| bromfenac sodium 0.09% eye drp                | 3     |           |                         | QL, ST                              |
| bromocriptine 2.5 mg tablet                   | 3     |           | Y                       |                                     |
| bromocriptine 5 mg capsule                    | 3     |           | Y                       |                                     |
| bromphen-pse-dm 2-30-10 mg/5ml                | 3     |           |                         |                                     |
| BROMSITE 0.075 % EYE DROPS                    | 3     |           |                         | QL, ST                              |
| BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION | 4     | Y         | Y                       | PA, QL                              |
| BRUKINSA 80 MG CAPSULE                        | 4     | Y         | Y                       | PA, QL                              |
| BRYHALI 0.01 % LOTION                         | 4     |           |                         | ST                                  |
| budesonide 0.25 mg/2 ml susp                  | 3     |           | Y                       | QL                                  |
| budesonide 0.5 mg/2 ml susp                   | 3     |           | Y                       | QL                                  |
| budesonide 1 mg/2 ml inh susp                 | 3     |           | Y                       | QL                                  |
| budesonide ec 3 mg capsule                    | 4     |           |                         |                                     |
| budesonide er 9 mg tablet                     | 4     | Y         |                         | PA, QL                              |
| budesonide-formoterol 160-4.5                 | 3     |           | Y                       | PA, QL                              |
| budesonide-formoterol 80-4.5                  | 3     |           | Y                       | PA, QL                              |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE         | 1     |           | Y                       |                                     |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE         | 1     |           | Y                       |                                     |
| BULLSEYE MINI SAFETY LANCETS 28 GAUGE         | 1     |           | Y                       |                                     |
| bumetanide 0.5 mg tablet                      | 2     |           | Y                       |                                     |
| bumetanide 1 mg tablet                        | 2     |           | Y                       |                                     |
| bumetanide 2 mg tablet                        | 2     |           | Y                       |                                     |
| BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM            | 3     |           | Y                       | PA, QL                              |
| BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM            | 3     |           | Y                       | PA, QL                              |
| BUNAVAIL 6.3 MG-1 MG BUCCAL FILM              | 3     |           | Y                       | PA, QL                              |
| bupap 50 mg-300 mg tablet                     | 4     | Y         |                         | QL                                  |
| BUPHENYL 0.94 GRAM/GRAM ORAL POWDER           | 4     | Y         | Y                       |                                     |
| BUPHENYL 500 MG TABLET                        | 4     | Y         | Y                       |                                     |
| bupreno-nalox 2-0.5 mg sl film                | 2     |           | Y                       | QL                                  |
| buprenor-nalox 12-3 mg sl film                | 2     |           | Y                       | QL                                  |
| buprenorphine 10 mcg/hr patch                 | 2     |           |                         | QL                                  |
| buprenorphine 15 mcg/hr patch                 | 2     |           |                         | QL                                  |
| buprenorphine 2 mg tablet sl                  | 2     |           |                         | QL                                  |
| buprenorphine 20 mcg/hr patch                 | 2     |           |                         | QL                                  |
| buprenorphine 5 mcg/hr patch                  | 2     |           |                         | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| buprenorphine 7.5 mcg/hr patch                                    | 2     |           |                         | QL                                  |
| buprenorphine 8 mg tablet sl                                      | 2     |           |                         | QL                                  |
| buprenorphin-naloxon 8-2 mg sl                                    | 3     |           | Y                       | PA, QL                              |
| buprenorphn-naloxn 2-0.5 mg sl                                    | 3     |           | Y                       | PA, QL                              |
| buprenorp-nalox 4-1 mg sl film                                    | 2     |           | Y                       | QL                                  |
| buprenorp-nalox 8-2 mg sl film                                    | 2     |           | Y                       | QL                                  |
| bupropion hcl 100 mg tablet                                       | 2     |           | Y                       | QL                                  |
| bupropion hcl 75 mg tablet  | 2     |           | Y                       | QL                                  |
| bupropion hcl sr 100 mg tablet                                    | 2     |           | Y                       | QL                                  |
| bupropion hcl sr 150 mg tablet                                    | 2     |           | Y                       | QL                                  |
| bupropion hcl sr 150 mg tablet                                    | 2     |           |                         | QL                                  |
| bupropion hcl sr 200 mg tablet                                    | 2     |           | Y                       | QL                                  |
| bupropion hcl xl 150 mg tablet                                    | 2     |           | Y                       | QL                                  |
| bupropion hcl xl 300 mg tablet                                    | 2     |           | Y                       | QL                                  |
| bupropion hcl xl 450 mg tablet                                    | 4     |           | Y                       | PA, QL                              |
| bupirone hcl 10 mg tablet   | 1     |           | Y                       |                                     |
| bupirone hcl 15 mg tablet   | 1     |           | Y                       |                                     |
| bupirone hcl 30 mg tablet   | 1     |           | Y                       |                                     |
| bupirone hcl 5 mg tablet  | 1     |           | Y                       |                                     |
| bupirone hcl 7.5 mg tablet  | 1     |           | Y                       |                                     |
| butalb-acetamin-caff 50-300-40                                    | 3     |           |                         | QL                                  |
| butalb-acetamin-caff 50-325-40                                    | 2     |           |                         | QL                                  |
| butalb-acetamin-caff 50-325-40                                    | 3     |           |                         | QL                                  |
| butalb-acetaminoph-caff-codein                                    | 3     |           |                         | QL                                  |
| butalb-aspirin-caffe 50-325-40                                    | 3     |           |                         | QL                                  |
| butalb-caff-acetaminoph-codein                                    | 3     |           |                         | QL                                  |
| butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule | 3     |           |                         | QL                                  |
| butalbital-acetaminophn 25-325                                    | 4     | Y         |                         | QL                                  |
| butalbital-acetaminophn 50-300                                    | 4     | Y         |                         | QL                                  |
| butalbital-acetaminophn 50-300                                    | 4     |           |                         | QL                                  |
| butalbital-acetaminophn 50-325                                    | 2     |           |                         | QL                                  |
| butalbital-asa-caffeine cap                                       | 3     |           |                         | QL                                  |
| BUTISOL SODIUM 30 MG TABLET                                       | 3     |           |                         |                                     |
| butorphanol 10 mg/ml spray  | 3     |           |                         | QL                                  |
| BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH                             | 3     |           |                         | QL, ST                              |
| BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH                             | 3     |           |                         | QL, ST                              |
| BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH                             | 3     |           |                         | QL, ST                              |
| BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH                              | 3     |           |                         | QL, ST                              |
| BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH                            | 3     |           |                         | QL, ST                              |
| BYDUREON 2 MG VIAL  | 3     |           | Y                       | QL, ST                              |
| BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR                   | 4     |           | Y                       | QL, ST                              |
| BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR            | 4     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR | 4     |           | Y                       | QL, ST                              |
| BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR | 4     |           | Y                       | QL, ST                              |
| BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR                | 4     |           | Y                       | PA                                  |
| BYSTOLIC 10 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| BYSTOLIC 2.5 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| BYSTOLIC 20 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| BYSTOLIC 5 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| BYVALSON 5 MG-80 MG TABLET                                     | 3     |           | Y                       | QL, ST                              |
| CA INS SYR 0.3 ML 30GX5/16"                                    | 2     |           | Y                       |                                     |
| CA INS SYR 0.3 ML 31GX5/16"                                    | 2     |           | Y                       |                                     |
| CA INS SYR 0.5 ML 30GX5/16"                                    | 2     |           | Y                       |                                     |
| CA INS SYR 0.5 ML 31GX5/16"                                    | 2     |           | Y                       |                                     |
| CA INSULIN SYR 0.3 ML 29GX1/2"                                 | 2     |           | Y                       |                                     |
| CA INSULIN SYR 0.5 ML 29GX1/2"                                 | 2     |           | Y                       |                                     |
| CA INSULIN SYR 1 ML 29GX1/2"                                   | 2     |           | Y                       |                                     |
| CA INSULIN SYR 1 ML 30GX5/16"                                  | 2     |           | Y                       |                                     |
| CA INSULIN SYR 1 ML 31GX5/16"                                  | 2     |           | Y                       |                                     |
| cabergoline 0.5 mg tablet                                      | 3     |           | Y                       | QL                                  |
| CABLIVI 11 MG INJECTION KIT                                    | 4     | Y         |                         | PA, QL                              |
| CABOMETYX 20 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| CABOMETYX 40 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| CABOMETYX 60 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE                      | 3     |           | Y                       |                                     |
| CADUET 10 MG-10 MG TABLET                                      | 3     |           | Y                       | QL                                  |
| CADUET 10 MG-20 MG TABLET                                      | 3     |           | Y                       | QL                                  |
| CADUET 10 MG-40 MG TABLET                                      | 3     |           | Y                       | QL                                  |
| CADUET 10 MG-80 MG TABLET                                      | 3     |           | Y                       | QL                                  |
| CADUET 5 MG-10 MG TABLET                                       | 3     |           | Y                       | QL                                  |
| CADUET 5 MG-20 MG TABLET                                       | 3     |           | Y                       | QL                                  |
| CADUET 5 MG-40 MG TABLET                                       | 3     |           | Y                       | QL                                  |
| CADUET 5 MG-80 MG TABLET                                       | 3     |           | Y                       | QL                                  |
| CAFERGOT 1 MG-100 MG TABLET                                    | 3     |           |                         |                                     |
| caffeine cit 60 mg/3 ml oral                                   | 4     |           |                         |                                     |
| CALAN 120 MG TABLET  | 3     |           | Y                       | QL                                  |
| CALAN SR 120 MG TABLET,EXTENDED RELEASE                        | 3     |           | Y                       | QL                                  |
| CALAN SR 180 MG TABLET,EXTENDED RELEASE                        | 3     |           | Y                       | QL                                  |
| CALAN SR 240 MG TABLET,EXTENDED RELEASE                        | 3     |           | Y                       | QL                                  |
| calcipotriene 0.005% cream                                     | 3     |           |                         | PA, QL                              |
| calcipotriene 0.005% foam                                      | 4     | Y         |                         | QL                                  |
| calcipotriene 0.005% ointment                                  | 4     |           |                         | PA                                  |
| calcipotriene 0.005% solution                                  | 3     |           |                         | PA, QL                              |
| calcipotriene-betameth dp oint                                 | 4     |           |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| calcipotriene-betameth dp susp                                     | 4     | Y         |                         | PA, QL                              |
| calcitonin-salmon 200 units sp                                     | 2     |           | Y                       | QL                                  |
| calcitrene 0.005% ointment   | 4     |           |                         | PA                                  |
| calcitriol 0.25 mcg capsule  | 2     |           | Y                       |                                     |
| calcitriol 0.5 mcg capsule   | 2     |           | Y                       |                                     |
| calcitriol 1 mcg/ml solution                                       | 3     |           | Y                       |                                     |
| calcitriol 3 mcg/g ointment  | 4     |           |                         | PA, QL                              |
| calcium acetate 667 mg capsule                                     | 2     |           | Y                       |                                     |
| calcium acetate 667 mg gelcap                                      | 2     |           | Y                       |                                     |
| calcium acetate 667 mg tablet                                      | 2     |           | Y                       |                                     |
| CALQUENCE 100 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| CAMBIA 50 MG ORAL POWDER PACKET                                    | 4     | Y         |                         | QL, ST                              |
| camila 0.35 mg tablet  | 1     |           | Y                       |                                     |
| CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK    | 1     |           | Y                       | QL                                  |
| CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | 1     |           | Y                       | QL                                  |
| CANASA 1,000 MG RECTAL SUPPOSITORY                                 | 3     |           | Y                       | QL, ST                              |
| candesartan cilexetil 16 mg tb                                     | 3     |           | Y                       | QL, ST                              |
| candesartan cilexetil 32 mg tb                                     | 3     |           | Y                       | QL, ST                              |
| candesartan cilexetil 4 mg tab                                     | 3     |           | Y                       | QL, ST                              |
| candesartan cilexetil 8 mg tab                                     | 3     |           | Y                       | QL, ST                              |
| candesartan-hctz 16-12.5 mg tb                                     | 3     |           | Y                       | QL, ST                              |
| candesartan-hctz 32-12.5 mg tb                                     | 3     |           | Y                       | QL, ST                              |
| candesartan-hctz 32-25 mg tab                                      | 3     |           | Y                       | QL, ST                              |
| capecitabine 150 mg tablet   | 3     |           |                         | PA, QL                              |
| capecitabine 500 mg tablet   | 3     |           |                         | PA, QL                              |
| CAPEX 0.01 % SHAMPOO   | 3     |           |                         |                                     |
| CAPLYTA 42 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| CAPRELSA 100 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| CAPRELSA 300 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| captopril 100 mg tablet  | 3     |           | Y                       |                                     |
| captopril 12.5 mg tablet   | 3     |           | Y                       |                                     |
| captopril 25 mg tablet   | 3     |           | Y                       |                                     |
| captopril 50 mg tablet   | 3     |           | Y                       |                                     |
| captopril-hctz 25-15 mg tablet                                     | 3     |           | Y                       |                                     |
| captopril-hctz 25-25 mg tablet                                     | 3     |           | Y                       |                                     |
| captopril-hctz 50-15 mg tablet                                     | 3     |           | Y                       |                                     |
| captopril-hctz 50-25 mg tablet                                     | 3     |           | Y                       |                                     |
| CARAC 0.5 % TOPICAL CREAM  | 4     |           |                         |                                     |
| CARAFATE 1 GRAM TABLET   | 3     |           | Y                       |                                     |
| CARAFATE 100 MG/ML ORAL SUSPENSION                                 | 3     |           | Y                       |                                     |
| CARBAGLU 200 MG DISPERSIBLE TABLET                                 | 4     | Y         | Y                       | PA                                  |
| carbamazepine 100 mg tab chew                                      | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| carbamazepine 100 mg/5 ml susp                      | 3     |           | Y                       |                                     |
| carbamazepine 200 mg tablet                         | 2     |           | Y                       |                                     |
| carbamazepine er 100 mg cap                         | 3     |           | Y                       |                                     |
| carbamazepine er 100 mg tablet                      | 3     |           | Y                       | QL                                  |
| carbamazepine er 200 mg cap                         | 3     |           | Y                       |                                     |
| carbamazepine er 200 mg tablet                      | 3     |           | Y                       | QL                                  |
| carbamazepine er 300 mg cap                         | 3     |           | Y                       |                                     |
| carbamazepine er 400 mg tablet                      | 3     |           | Y                       | QL                                  |
| CARBATROL 100 MG CAPSULE, EXTENDED RELEASE          | 3     |           | Y                       |                                     |
| CARBATROL 200 MG CAPSULE, EXTENDED RELEASE          | 3     |           | Y                       |                                     |
| CARBATROL 300 MG CAPSULE, EXTENDED RELEASE          | 3     |           | Y                       |                                     |
| carbidopa 25 mg tablet                              | 4     |           | Y                       |                                     |
| carbidopa-levo 10-100 mg odt                        | 3     |           | Y                       |                                     |
| carbidopa-levo 25-100 mg odt                        | 3     |           | Y                       |                                     |
| carbidopa-levo 25-250 mg odt                        | 3     |           | Y                       |                                     |
| carbidopa-levo er 25-100 tab                        | 2     |           | Y                       |                                     |
| carbidopa-levo er 50-200 tab                        | 2     |           | Y                       |                                     |
| carbidopa-levodopa 100 mg-enta                      | 3     |           | Y                       |                                     |
| carbidopa-levodopa 10-100 tab                       | 1     |           | Y                       |                                     |
| carbidopa-levodopa 125 mg-enta                      | 3     |           | Y                       |                                     |
| carbidopa-levodopa 150 mg-enta                      | 3     |           | Y                       |                                     |
| carbidopa-levodopa 200 mg-enta                      | 3     |           | Y                       |                                     |
| carbidopa-levodopa 25-100 tab                       | 1     |           | Y                       |                                     |
| carbidopa-levodopa 25-250 tab                       | 1     |           | Y                       |                                     |
| carbidopa-levodopa 50 mg-enta                       | 3     |           | Y                       |                                     |
| carbidopa-levodopa 75 mg-enta                       | 3     |           | Y                       |                                     |
| carbinoxamine 4 mg/5 ml liquid                      | 3     |           |                         |                                     |
| carbinoxamine maleate 4 mg tab                      | 3     |           |                         |                                     |
| carbinoxamine maleate 6 mg tab                      | 3     |           |                         | QL, ST                              |
| CARDIOVID PLUS 600 MG-20 MG-500 MCG-800 MCG CAPSULE | 3     |           |                         |                                     |
| CARDIZEM 120 MG TABLET                              | 4     |           | Y                       |                                     |
| CARDIZEM 30 MG TABLET                               | 4     |           | Y                       |                                     |
| CARDIZEM 60 MG TABLET                               | 4     |           | Y                       |                                     |
| CARDIZEM CD 120 MG CAPSULE,EXTENDED RELEASE         | 4     |           | Y                       | QL                                  |
| CARDIZEM CD 180 MG CAPSULE,EXTENDED RELEASE         | 4     |           | Y                       | QL                                  |
| CARDIZEM CD 240 MG CAPSULE,EXTENDED RELEASE         | 4     |           | Y                       | QL                                  |
| CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE         | 4     |           | Y                       | QL                                  |
| CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE         | 4     |           | Y                       | QL                                  |
| CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |
| CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |
| CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |
| CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |
| CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |
| CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| CARDURA 1 MG TABLET                               | 3     |           | Y                       |                                     |
| CARDURA 2 MG TABLET                               | 3     |           | Y                       |                                     |
| CARDURA 4 MG TABLET                               | 3     |           | Y                       |                                     |
| CARDURA 8 MG TABLET                               | 3     |           | Y                       |                                     |
| CARDURA XL 4 MG TABLET,EXTENDED RELEASE           | 3     |           | Y                       | QL                                  |
| CARDURA XL 8 MG TABLET,EXTENDED RELEASE           | 3     |           | Y                       | QL                                  |
| CAREFINE PEN NEEDLE 29 GAUGE X 1/2"               | 1     |           | Y                       |                                     |
| CAREFINE PEN NEEDLE 30 GAUGE X 5/16"              | 1     |           | Y                       |                                     |
| CAREFINE PEN NEEDLE 31 GAUGE X 1/4"               | 1     |           | Y                       |                                     |
| CAREFINE PEN NEEDLE 31 GAUGE X 5/16"              | 1     |           | Y                       |                                     |
| CAREFINE PEN NEEDLE 32 GAUGE X 1/4"               | 1     |           | Y                       |                                     |
| CAREFINE PEN NEEDLE 32 GAUGE X 3/16"              | 1     |           | Y                       |                                     |
| CAREFINE PEN NEEDLE 32 GAUGE X 5/32"              | 1     |           | Y                       |                                     |
| CARELANCE ULTIMATE COMFORT LANCING DEVICE         | 3     |           |                         |                                     |
| CAREONE GLUCOSE MONITORING SYS                    | 3     |           | Y                       | ST                                  |
| CAREONE LANCING DEVICE                            | 1     |           |                         |                                     |
| CAREONE SYR 0.3 ML 30GX1/2"                       | 2     |           | Y                       |                                     |
| CAREONE SYR 0.3 ML 31GX5/16"                      | 2     |           | Y                       |                                     |
| CAREONE SYR 0.5 ML 30GX1/2"                       | 2     |           | Y                       |                                     |
| CAREONE SYR 0.5 ML 31GX5/16"                      | 2     |           | Y                       |                                     |
| CAREONE SYR 1 ML 30GX1/2"                         | 2     |           | Y                       |                                     |
| CAREONE SYR 1 ML 31GX5/16"                        | 2     |           | Y                       |                                     |
| CAREONE THIN LANCET                               | 1     |           | Y                       |                                     |
| CAREONE ULTRA THIN LANCET                         | 1     |           | Y                       |                                     |
| CARESENS CONTROL A AND B SOLUTION                 | 3     |           | Y                       |                                     |
| CARESENS CONTROL A NORMAL SOLUTION                | 3     |           | Y                       |                                     |
| CARESENS LANCETS 30 GAUGE                         | 3     |           | Y                       |                                     |
| CARESENS N  | 3     |           | Y                       | ST                                  |
| CARESENS N KIT                                    | 3     |           | Y                       | ST                                  |
| CARESENS N TEST STRIPS                            | 3     |           | Y                       | QL, ST                              |
| CARESENS N VOICE                                  | 3     |           | Y                       | ST                                  |
| CARESENS N VOICE KIT                              | 3     |           | Y                       | ST                                  |
| CARESENS PREMIUM COMFORT LANCING DEVICE           | 3     |           |                         |                                     |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS           | 3     |           |                         |                                     |
| CARETOUCH GLUCOSE MONITORING SYSTEM KIT           | 3     |           | Y                       | ST                                  |
| CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| CARETOUCH KETONE-GLUCOSE MONITOR                  | 3     |           | Y                       | ST                                  |
| CARETOUCH LANCING DEVICE                          | 1     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| CARETOUCH PEN NEEDLE 31 GAUGE X 1/4"               | 1     |           | Y                       |                                     |
| CARETOUCH PEN NEEDLE 31 GAUGE X 3/16"              | 1     |           | Y                       |                                     |
| CARETOUCH PEN NEEDLE 31 GAUGE X 5/16"              | 1     |           | Y                       |                                     |
| CARETOUCH PEN NEEDLE 32 GAUGE X 3/16"              | 1     |           | Y                       |                                     |
| CARETOUCH PEN NEEDLE 32 GAUGE X 5/32"              | 1     |           | Y                       |                                     |
| CARETOUCH SAFETY LANCETS 26 GAUGE                  | 1     |           | Y                       |                                     |
| CARETOUCH SAFETY LANCETS 28 GAUGE                  | 1     |           | Y                       |                                     |
| CARETOUCH TEST STRIP                               | 3     |           | Y                       | QL, ST                              |
| CARETOUCH TWIST LANCET 28 GAUGE                    | 1     |           | Y                       |                                     |
| CARETOUCH TWIST LANCET 30 GAUGE                    | 1     |           | Y                       |                                     |
| CARETOUCH TWIST LANCET 33 GAUGE                    | 1     |           | Y                       |                                     |
| carisoprodol-aspirin 200-325 mg                    | 3     |           |                         |                                     |
| carisoprodol 250 mg tablet                         | 3     |           |                         | QL                                  |
| carisoprodol 350 mg tablet                         | 2     |           |                         | QL                                  |
| carisoprodol compound tab                          | 3     |           |                         |                                     |
| carisoprodol-aspirin-codein tb                     | 3     |           |                         | QL                                  |
| CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION      | 3     |           | Y                       |                                     |
| CARNITOR 100 MG/ML ORAL SOLUTION                   | 3     |           | Y                       |                                     |
| CARNITOR 330 MG TABLET                             | 3     |           | Y                       |                                     |
| CAROSPIR 25 MG/5 ML ORAL SUSPENSION                | 4     | Y         | Y                       | PA, QL                              |
| carteolol hcl 1% eye drops                         | 1     |           | Y                       |                                     |
| cartia xt 120 mg capsule,extended release          | 2     |           | Y                       | QL                                  |
| cartia xt 180 mg capsule,extended release          | 2     |           | Y                       | QL                                  |
| cartia xt 240 mg capsule,extended release          | 2     |           | Y                       | QL                                  |
| cartia xt 300 mg capsule,extended release          | 2     |           | Y                       | QL                                  |
| carvedilol 12.5 mg tablet                          | 1     |           | Y                       |                                     |
| carvedilol 25 mg tablet                            | 1     |           | Y                       |                                     |
| carvedilol 3.125 mg tablet                         | 1     |           | Y                       |                                     |
| carvedilol 6.25 mg tablet                          | 1     |           | Y                       |                                     |
| carvedilol er 10 mg capsule                        | 3     |           | Y                       | QL, ST                              |
| carvedilol er 20 mg capsule                        | 3     |           | Y                       | QL, ST                              |
| carvedilol er 40 mg capsule                        | 3     |           | Y                       | QL, ST                              |
| carvedilol er 80 mg capsule                        | 3     |           | Y                       | QL, ST                              |
| CASODEX 50 MG TABLET                               | 4     |           | Y                       | QL, ST                              |
| CATAPRES 0.1 MG TABLET                             | 3     |           | Y                       |                                     |
| CATAPRES 0.2 MG TABLET                             | 3     |           | Y                       |                                     |
| CATAPRES 0.3 MG TABLET                             | 3     |           | Y                       |                                     |
| CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH      | 3     |           | Y                       | QL                                  |
| CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH      | 3     |           | Y                       | QL                                  |
| CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH      | 3     |           | Y                       | QL                                  |
| CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM       | 4     |           |                         |                                     |
| CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION         | 4     | Y         |                         | PA, QL                              |
| caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet | 1     |           | Y                       |                                     |
| cefaclor 125 mg/5 ml susp                          | 3     |           |                         |                                     |

| Drug Name                          | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|------------------------------------|-------|-----------|-------------------------|-------------------------------------|
| cefaclor 250 mg capsule            | 3     |           |                         |                                     |
| cefaclor 250 mg/5 ml susp          | 3     |           |                         |                                     |
| cefaclor 375 mg/5 ml suspen        | 3     |           |                         |                                     |
| cefaclor 500 mg capsule            | 3     |           |                         |                                     |
| cefaclor er 500 mg tablet          | 3     |           |                         |                                     |
| cefadroxil 1 gm tablet             | 3     |           |                         |                                     |
| cefadroxil 250 mg/5 ml susp        | 2     |           |                         |                                     |
| cefadroxil 500 mg capsule          | 2     |           |                         |                                     |
| cefadroxil 500 mg/5 ml susp        | 2     |           |                         |                                     |
| cefdinir 125 mg/5 ml susp          | 2     |           |                         |                                     |
| cefdinir 250 mg/5 ml susp          | 2     |           |                         |                                     |
| cefdinir 300 mg capsule            | 2     |           |                         |                                     |
| cefditoren pivoxil 200 mg tab      | 3     |           |                         |                                     |
| cefditoren pivoxil 400 mg tab      | 3     |           |                         |                                     |
| cefixime 100 mg/5 ml susp          | 3     |           |                         |                                     |
| cefixime 200 mg/5 ml susp          | 3     |           |                         |                                     |
| cefixime 400 mg capsule            | 3     |           |                         |                                     |
| cefpodoxime 100 mg tablet          | 3     |           |                         |                                     |
| cefpodoxime 100 mg/5 ml susp       | 3     |           |                         |                                     |
| cefpodoxime 200 mg tablet          | 3     |           |                         |                                     |
| cefpodoxime 50 mg/5 ml susp        | 3     |           |                         |                                     |
| cefprozil 125 mg/5 ml susp         | 2     |           |                         |                                     |
| cefprozil 250 mg tablet            | 2     |           |                         |                                     |
| cefprozil 250 mg/5 ml susp         | 2     |           |                         |                                     |
| cefprozil 500 mg tablet            | 2     |           |                         |                                     |
| cefuroxime axetil 250 mg tab       | 2     |           |                         |                                     |
| cefuroxime axetil 500 mg tab       | 2     |           |                         |                                     |
| CELEBREX 100 MG CAPSULE            | 3     |           | Y                       | QL, ST                              |
| CELEBREX 200 MG CAPSULE            | 3     |           | Y                       | QL, ST                              |
| CELEBREX 400 MG CAPSULE            | 3     |           | Y                       | QL, ST                              |
| CELEBREX 50 MG CAPSULE             | 3     |           | Y                       | QL, ST                              |
| celecoxib 100 mg capsule           | 2     |           | Y                       | QL                                  |
| celecoxib 200 mg capsule           | 2     |           | Y                       | QL                                  |
| celecoxib 400 mg capsule           | 2     |           | Y                       | QL                                  |
| celecoxib 50 mg capsule            | 2     |           | Y                       | QL                                  |
| CELEXA 10 MG TABLET                | 4     |           | Y                       | QL, ST                              |
| CELEXA 20 MG TABLET                | 4     |           | Y                       | QL, ST                              |
| CELEXA 40 MG TABLET                | 4     |           | Y                       | QL, ST                              |
| CELLCEPT 200 MG/ML ORAL SUSPENSION | 4     |           | Y                       |                                     |
| CELLCEPT 250 MG CAPSULE            | 4     |           | Y                       | QL                                  |
| CELLCEPT 500 MG TABLET             | 4     |           | Y                       | QL                                  |
| CELONTIN 300 MG CAPSULE            | 3     |           | Y                       |                                     |
| CENTANY 2 % TOPICAL OINTMENT       | 3     |           |                         |                                     |
| centratex 106 mg iron-1 mg capsule | 1     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| cephalexin 125 mg/5 ml susp                                | 2     |           |                         |                                     |
| cephalexin 250 mg capsule                                  | 2     |           |                         |                                     |
| cephalexin 250 mg tablet                                   | 2     |           |                         |                                     |
| cephalexin 250 mg/5 ml susp                                | 2     |           |                         |                                     |
| cephalexin 500 mg capsule                                  | 2     |           |                         |                                     |
| cephalexin 500 mg tablet                                   | 2     |           |                         |                                     |
| cephalexin 750 mg capsule                                  | 3     |           |                         |                                     |
| CEQUA 0.09 % EYE DROPS IN A DROPPERETTE                    | 4     |           | Y                       | PA, QL                              |
| CERDELGA 84 MG CAPSULE                                     | 4     | Y         | Y                       | PA                                  |
| CESAMET 1 MG CAPSULE                                       | 3     |           |                         | PA, QL                              |
| cetirizine hcl 1 mg/ml soln                                | 3     |           |                         | QL                                  |
| cetirizine hcl 1 mg/ml syrup                               | 3     |           |                         | QL                                  |
| CETRAXAL 0.2 % EAR DROPS IN A DROPPERETTE                  | 3     |           |                         | ST                                  |
| cevimeline hcl 30 mg capsule                               | 3     |           | Y                       |                                     |
| charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet | 2     |           | Y                       |                                     |
| chateal (28) 0.15 mg-0.03 mg tablet                        | 1     |           | Y                       |                                     |
| chateal eq (28) 0.15 mg-0.03 mg tablet                     | 1     |           | Y                       |                                     |
| CHEMET 100 MG CAPSULE                                      | 4     |           |                         |                                     |
| CHEMSTRIP 10 MD  | 2     |           |                         |                                     |
| CHENODAL 250 MG TABLET                                     | 4     | Y         |                         |                                     |
| chlordiazepo-amitriptyl 5-12.5                             | 3     |           | Y                       |                                     |
| chlordiazepox-amitriptyl 10-25                             | 3     |           | Y                       |                                     |
| chlordiazepoxide 10 mg capsule                             | 2     |           |                         | QL                                  |
| chlordiazepoxide 25 mg capsule                             | 2     |           |                         | QL                                  |
| chlordiazepoxide 5 mg capsule                              | 2     |           |                         | QL                                  |
| chlordiazepoxide-clidinium cap                             | 4     |           |                         |                                     |
| chlorhexidine 0.12% rinse                                  | 2     |           |                         |                                     |
| chloroquine ph 250 mg tablet                               | 3     |           |                         |                                     |
| chloroquine ph 500 mg tablet                               | 3     |           |                         |                                     |
| chlorothiazide 250 mg tablet                               | 2     |           | Y                       |                                     |
| chlorothiazide 500 mg tablet                               | 2     |           | Y                       |                                     |
| chlorpromazine 10 mg tablet                                | 3     |           | Y                       |                                     |
| chlorpromazine 100 mg tablet                               | 3     |           | Y                       |                                     |
| chlorpromazine 200 mg tablet                               | 3     |           | Y                       |                                     |
| chlorpromazine 25 mg tablet                                | 3     |           | Y                       |                                     |
| chlorpromazine 50 mg tablet                                | 3     |           | Y                       |                                     |
| chlorpropamide 100 mg tablet                               | 3     |           | Y                       |                                     |
| chlorpropamide 250 mg tablet                               | 3     |           | Y                       |                                     |
| chlorthalidone 25 mg tablet                                | 1     |           | Y                       |                                     |
| chlorthalidone 50 mg tablet                                | 1     |           | Y                       |                                     |
| chlorzoxazone 250 mg tablet                                | 4     |           |                         | QL, ST                              |
| chlorzoxazone 375 mg tablet                                | 3     |           |                         | QL, ST                              |
| chlorzoxazone 500 mg tablet                                | 3     |           |                         | QL, ST                              |
| chlorzoxazone 750 mg tablet                                | 3     |           |                         | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| CHOICE DM CLARUS NORMAL CONTROL SOLUTION                               | 3     |           | Y                       |                                     |
| CHOICEDM CLARUS  | 3     |           | Y                       | ST                                  |
| CHOICEDM CLARUS STRIPS   | 3     |           | Y                       | QL, ST                              |
| CHOLBAM 250 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| CHOLBAM 50 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| cholestyramine light 4 gram oral powder                                | 3     |           | Y                       |                                     |
| cholestyramine light 4 gram powder for susp in a packet                | 3     |           | Y                       |                                     |
| cholestyramine packet  | 3     |           | Y                       |                                     |
| cholestyramine powder  | 3     |           | Y                       |                                     |
| choline mag trisal liquid  | 1     |           |                         |                                     |
| ciclodan 0.77 % topical cream  | 2     |           |                         |                                     |
| ciclopirox 0.77% cream   | 2     |           |                         |                                     |
| ciclopirox 0.77% gel   | 3     |           |                         |                                     |
| ciclopirox 0.77% topical susp  | 3     |           |                         |                                     |
| ciclopirox 1% shampoo  | 3     |           |                         |                                     |
| cilostazol 100 mg tablet   | 1     |           | Y                       |                                     |
| cilostazol 50 mg tablet  | 1     |           | Y                       |                                     |
| CILOXAN 0.3 % EYE DROPS  | 3     |           |                         |                                     |
| CILOXAN 0.3 % EYE OINTMENT   | 3     |           |                         |                                     |
| CIMDUO 300 MG-300 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| cimetidine 200 mg tablet   | 3     |           | Y                       |                                     |
| cimetidine 300 mg tablet   | 3     |           | Y                       |                                     |
| cimetidine 300 mg/5 ml soln  | 1     |           | Y                       |                                     |
| cimetidine 400 mg tablet   | 3     |           | Y                       |                                     |
| cimetidine 800 mg tablet   | 3     |           | Y                       |                                     |
| CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT            | 4     | Y         | Y                       | PA, QL                              |
| CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT | 4     | Y         | Y                       | PA, QL                              |
| cinacalcet hcl 30 mg tablet  | 4     |           | Y                       | QL                                  |
| cinacalcet hcl 60 mg tablet  | 4     |           | Y                       | QL                                  |
| cinacalcet hcl 90 mg tablet  | 4     |           | Y                       | QL                                  |
| CINQAIR 10 MG/ML INTRAVENOUS SOLUTION                                  | 4     | Y         | Y                       | PA                                  |
| CIPRO 250 MG TABLET  | 3     |           |                         |                                     |
| CIPRO 250 MG/5 ML ORAL SUSPENSION                                      | 3     |           |                         |                                     |
| CIPRO 500 MG TABLET  | 3     |           |                         |                                     |
| CIPRO 500 MG/5 ML ORAL SUSPENSION                                      | 3     |           |                         |                                     |
| CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION                                | 3     |           |                         | ST                                  |
| CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION                              | 3     |           |                         |                                     |
| ciprofloxacin 0.2% otic soln   | 3     |           |                         |                                     |
| ciprofloxacin 0.3% eye drop  | 2     |           |                         |                                     |
| ciprofloxacin 250 mg/5 ml susp   | 3     |           |                         |                                     |
| ciprofloxacin 500 mg/5 ml susp   | 3     |           |                         |                                     |
| ciprofloxacin er 1,000 mg tab  | 3     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ciprofloxacin er 500 mg tablet                                  | 3     |           |                         |                                     |
| ciprofloxacin hcl 100 mg tab                                    | 2     |           |                         |                                     |
| ciprofloxacin hcl 250 mg tab                                    | 2     |           |                         |                                     |
| ciprofloxacin hcl 500 mg tab                                    | 2     |           |                         |                                     |
| ciprofloxacin hcl 750 mg tab                                    | 2     |           |                         |                                     |
| ciproflox-fluocinln 0.3-0.025%                                  | 3     |           |                         | ST                                  |
| citalopram hbr 10 mg tablet                                     | 1     |           | Y                       | QL                                  |
| citalopram hbr 10 mg/5 ml soln                                  | 2     |           | Y                       |                                     |
| citalopram hbr 20 mg tablet                                     | 1     |           | Y                       | QL                                  |
| citalopram hbr 20 mg/10 ml sol                                  | 2     |           | Y                       |                                     |
| citalopram hbr 40 mg tablet                                     | 1     |           | Y                       | QL                                  |
| CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS | 3     |           | Y                       |                                     |
| claravis 10 mg capsule  | 3     |           |                         | QL                                  |
| claravis 20 mg capsule  | 3     |           |                         | QL                                  |
| claravis 30 mg capsule  | 3     |           |                         | QL                                  |
| claravis 40 mg capsule  | 3     |           |                         | QL                                  |
| CLARINEX 0.5 MG/ML (2.5 MG/5)                                   | 3     |           | Y                       | QL, ST                              |
| CLARINEX 5 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE        | 3     |           |                         | QL, ST                              |
| clarithromycin 125 mg/5 ml sus                                  | 3     |           |                         |                                     |
| clarithromycin 250 mg tablet                                    | 2     |           |                         |                                     |
| clarithromycin 250 mg/5 ml sus                                  | 3     |           |                         |                                     |
| clarithromycin 500 mg tablet                                    | 2     |           |                         |                                     |
| clarithromycin er 500 mg tab                                    | 3     |           |                         |                                     |
| clemastine fum 2.68 mg tab                                      | 3     |           |                         |                                     |
| CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION             | 3     |           |                         | ST                                  |
| CLEOCIN 100 MG VAGINAL SUPPOSITORY                              | 3     |           |                         |                                     |
| CLEOCIN 2 % VAGINAL CREAM                                       | 3     |           |                         |                                     |
| CLEOCIN HCL 150 MG CAPSULE                                      | 3     |           |                         |                                     |
| CLEOCIN HCL 300 MG CAPSULE                                      | 3     |           |                         |                                     |
| CLEOCIN HCL 75 MG CAPSULE                                       | 3     |           |                         |                                     |
| CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION                      | 3     |           |                         |                                     |
| CLEOCIN T 1 % LOTION  | 3     |           |                         |                                     |
| CLEOCIN T 1 % SOLUTION  | 3     |           |                         |                                     |
| CLEOCIN T 1 % TOPICAL GEL                                       | 3     |           |                         |                                     |
| CLEOCIN T 1% PLEDGETS   | 3     |           |                         |                                     |
| CLEVER CHEK BLOOD GLUCOSE                                       | 3     |           | Y                       | ST                                  |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT                              | 3     |           | Y                       | ST                                  |
| CLEVER CHEK LANCETS 30 GAUGE                                    | 1     |           | Y                       |                                     |
| CLEVER CHOICE BLOOD GLUCOSE SYSTEM                              | 3     |           | Y                       | ST                                  |
| CLEVER CHOICE HOLDING CHAMBER-LARGE MASK                        | 3     |           |                         |                                     |
| CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK                       | 3     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| CLEVER CHOICE HOLDING CHAMBER-SMALL MASK              | 3     |           |                         |                                     |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION                | 3     |           | Y                       |                                     |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION                | 3     |           | Y                       |                                     |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION                | 3     |           | Y                       |                                     |
| CLEVER CHOICE MICRO                                   | 3     |           | Y                       | ST                                  |
| CLEVER CHOICE MICRO TEST STRIP                        | 3     |           | Y                       | QL, ST                              |
| CLEVER CHOICE MINI BLOOD GLUCOSE MONITOR              | 3     |           | Y                       | ST                                  |
| CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR               | 3     |           | Y                       | ST                                  |
| CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS        | 3     |           | Y                       | QL, ST                              |
| CLEVER CHOICE TALK BLOOD GLUCOSE SYSTEM               | 3     |           | Y                       | ST                                  |
| CLEVER CHOICE TALK TEST STRIPS                        | 3     |           | Y                       | QL, ST                              |
| CLEVER CHOICE TEST STRIPS                             | 3     |           | Y                       | QL, ST                              |
| CLEVER CHOICE VOICE+ TEST STRIPS                      | 3     |           | Y                       | QL, ST                              |
| CLICKFINE PEN NEEDLE 31 GAUGE X 1/4"                  | 1     |           | Y                       |                                     |
| CLICKFINE PEN NEEDLE 31 GAUGE X 5/16"                 | 1     |           | Y                       |                                     |
| CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"                 | 1     |           | Y                       |                                     |
| CLIMARA 0.025 MG/24 HR TRANSDERMAL PATCH              | 3     |           | Y                       | QL                                  |
| CLIMARA 0.0375 MG/24 HR TRANSDERMAL PATCH             | 3     |           | Y                       | QL                                  |
| CLIMARA 0.05 MG/24 HR TRANSDERMAL PATCH               | 3     |           | Y                       | QL                                  |
| CLIMARA 0.06 MG/24 HR TRANSDERMAL PATCH               | 3     |           | Y                       | QL                                  |
| CLIMARA 0.075 MG/24 HR TRANSDERMAL PATCH              | 3     |           | Y                       | QL                                  |
| CLIMARA 0.1 MG/24 HR TRANSDERMAL PATCH                | 3     |           | Y                       | QL                                  |
| CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH | 3     |           | Y                       | QL                                  |
| clind ph-benzoyl pero 1.2-2.5%                        | 3     |           |                         | ST                                  |
| clind ph-benzoyl perox 1.2-5%                         | 3     |           |                         |                                     |
| clinda-benzoyl perox 1-5% pump                        | 3     |           |                         |                                     |
| clindacin etz 1 % topical swab                        | 2     |           |                         |                                     |
| clindacin p 1 % topical swab                          | 2     |           |                         |                                     |
| CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY                 | 4     | Y         |                         | PA                                  |
| clindamycin 2% vaginal cream                          | 3     |           |                         |                                     |
| clindamycin 75 mg/5 ml soln                           | 3     |           |                         |                                     |
| clindamycin hcl 150 mg capsule                        | 2     |           |                         |                                     |
| clindamycin hcl 300 mg capsule                        | 2     |           |                         |                                     |
| clindamycin hcl 75 mg capsule                         | 2     |           |                         |                                     |
| clindamycin pediatric 75 mg/5 ml oral solution        | 3     |           |                         |                                     |
| clindamycin ph 1% gel                                 | 3     |           |                         | PA                                  |
| clindamycin ph 1% solution                            | 3     |           |                         |                                     |
| clindamycin phos 1% pledget                           | 2     |           |                         |                                     |
| clindamycin phosp 1% lotion                           | 3     |           |                         |                                     |
| clindamycin phosphate 1% foam                         | 3     |           |                         | ST                                  |
| clindamycin phosphate 1% gel                          | 4     | Y         |                         | PA                                  |
| clindamycin-benzoyl perox 1-5%                        | 3     |           |                         |                                     |
| clinda-tretinoin 1.2%-0.025%                          | 3     |           |                         | ST                                  |
| CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE          | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| CLINIMIX 2.75%-5% SOLUTION   | 3     |           |                         |                                     |
| CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION   | 3     |           |                         |                                     |
| CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION | 3     |           |                         |                                     |
| CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION    | 3     |           |                         |                                     |
| CLINIMIX 4.25%-20% SOLUTION  | 3     |           |                         |                                     |
| CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION      | 3     |           |                         |                                     |
| CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION    | 3     |           |                         |                                     |
| CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION      | 3     |           |                         |                                     |
| CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION  | 3     |           |                         |                                     |
| CLINIMIX E 2.75%-10% SOLUTION  | 3     |           |                         |                                     |
| CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION | 3     |           |                         |                                     |
| CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION  | 3     |           |                         |                                     |
| CLINIMIX E 4.25%-25% SOLUTION  | 3     |           |                         |                                     |
| CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION    | 3     |           |                         |                                     |
| CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION    | 3     |           |                         |                                     |
| CLINIMIX E 5%-25% SOLUTION   | 3     |           |                         |                                     |
| clobazam 10 mg tablet  | 3     |           | Y                       | PA, QL                              |
| clobazam 2.5 mg/ml suspension  | 3     |           | Y                       | PA, QL                              |
| clobazam 20 mg tablet  | 3     |           | Y                       | PA, QL                              |
| clobetasol 0.05% cream   | 3     |           |                         |                                     |
| clobetasol 0.05% gel   | 3     |           |                         |                                     |
| clobetasol 0.05% ointment  | 3     |           |                         |                                     |
| clobetasol 0.05% shampoo   | 3     |           |                         |                                     |
| clobetasol 0.05% solution  | 2     |           |                         |                                     |
| clobetasol 0.05% topical lotn  | 3     |           |                         |                                     |
| clobetasol emollient 0.05% crm                                       | 3     |           |                         |                                     |
| clobetasol emollnt 0.05% foam  | 3     |           |                         | ST                                  |
| clobetasol emulsion 0.05% foam                                       | 3     |           |                         | ST                                  |
| clobetasol prop 0.05% foam   | 3     |           |                         | ST                                  |
| clobetasol prop 0.05% spray  | 3     |           |                         | ST                                  |
| CLOBEX 0.05 % LOTION   | 4     |           |                         | ST                                  |
| CLOBEX 0.05 % SHAMPOO  | 4     |           |                         | ST                                  |
| CLOBEX 0.05 % TOPICAL SPRAY  | 4     |           |                         | ST                                  |
| clocortolone 0.1% cream pump   | 3     |           |                         | ST                                  |



| Drug Name                      | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--------------------------------|-------|-----------|-------------------------|-------------------------------------|
| clocortolone pivalate 0.1% crm | 3     |           |                         | ST                                  |
| clodan 0.05 % shampoo          | 3     |           |                         |                                     |
| CLODERM 0.1 % TOPICAL CREAM    | 4     |           |                         | ST                                  |
| clomipramine 25 mg capsule     | 4     |           | Y                       |                                     |
| clomipramine 50 mg capsule     | 4     |           | Y                       |                                     |
| clomipramine 75 mg capsule     | 4     |           | Y                       |                                     |
| clonazepam 0.125 mg dis tab    | 2     |           | Y                       |                                     |
| clonazepam 0.125 mg odt        | 2     |           | Y                       |                                     |
| clonazepam 0.25 mg odt         | 2     |           | Y                       |                                     |
| clonazepam 0.5 mg dis tablet   | 2     |           | Y                       |                                     |
| clonazepam 0.5 mg odt          | 2     |           | Y                       |                                     |
| clonazepam 0.5 mg tablet       | 2     |           | Y                       |                                     |
| clonazepam 1 mg dis tablet     | 2     |           | Y                       |                                     |
| clonazepam 1 mg odt            | 2     |           | Y                       |                                     |
| clonazepam 1 mg tablet         | 2     |           | Y                       |                                     |
| clonazepam 2 mg odt            | 2     |           | Y                       |                                     |
| clonazepam 2 mg tablet         | 2     |           | Y                       |                                     |
| clonidine 0.1 mg/day patch     | 3     |           | Y                       | QL                                  |
| clonidine 0.2 mg/day patch     | 3     |           | Y                       | QL                                  |
| clonidine 0.3 mg/day patch     | 3     |           | Y                       | QL                                  |
| clonidine hcl 0.1 mg tablet    | 1     |           | Y                       |                                     |
| clonidine hcl 0.2 mg tablet    | 1     |           | Y                       |                                     |
| clonidine hcl 0.3 mg tablet    | 1     |           | Y                       |                                     |
| clonidine hcl er 0.1 mg tablet | 3     |           | Y                       | QL, ST                              |
| clopidogrel 300 mg tablet      | 3     |           |                         | QL                                  |
| clopidogrel 75 mg tablet       | 1     |           | Y                       | QL                                  |
| clorazepate 15 mg tablet       | 3     |           |                         |                                     |
| clorazepate 3.75 mg tablet     | 3     |           |                         |                                     |
| clorazepate 7.5 mg tablet      | 3     |           |                         |                                     |
| clotrimazole 1% solution       | 2     |           |                         |                                     |
| clotrimazole 1% topical cream  | 2     |           |                         |                                     |
| clotrimazole 10 mg troche      | 2     |           |                         |                                     |
| clotrimazole-betamethasone crm | 2     |           |                         |                                     |
| clotrimazole-betamethasone lot | 3     |           |                         |                                     |
| clovique 250 mg capsule        | 4     | Y         |                         | PA                                  |
| clozapine 100 mg tablet        | 2     |           | Y                       |                                     |
| clozapine 200 mg tablet        | 2     |           | Y                       |                                     |
| clozapine 25 mg tablet         | 2     |           | Y                       |                                     |
| clozapine 50 mg tablet         | 2     |           | Y                       |                                     |
| clozapine odt 100 mg tablet    | 3     |           | Y                       |                                     |
| clozapine odt 12.5 mg tablet   | 3     |           | Y                       |                                     |
| clozapine odt 150 mg tablet    | 3     |           | Y                       |                                     |
| clozapine odt 200 mg tablet    | 3     |           | Y                       |                                     |
| clozapine odt 25 mg tablet     | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| CLOZARIL 100 MG TABLET  | 4     |           | Y                       |                                     |
| CLOZARIL 200 MG TABLET  | 4     |           | Y                       |                                     |
| CLOZARIL 25 MG TABLET   | 4     |           | Y                       |                                     |
| CLOZARIL 50 MG TABLET   | 4     |           | Y                       |                                     |
| c-nate dha 28 mg iron-1 mg-200 mg capsule                           | 3     |           | Y                       |                                     |
| COAGUCHEK LANCETS   | 1     |           | Y                       |                                     |
| COARTEM 20 MG-120 MG TABLET   | 3     |           |                         | QL                                  |
| codeine sulfate 15 mg tablet  | 3     |           |                         | QL                                  |
| codeine sulfate 30 mg tablet  | 3     |           |                         | QL                                  |
| codeine sulfate 60 mg tablet  | 3     |           |                         | QL                                  |
| COLAZAL 750 MG CAPSULE  | 4     |           |                         | QL, ST                              |
| colchicine 0.6 mg capsule   | 3     |           | Y                       | QL, ST                              |
| colchicine 0.6 mg tablet  | 2     |           | Y                       | QL                                  |
| COLCRYS 0.6 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| colesevelam 625 mg tablet   | 3     |           | Y                       | PA                                  |
| colesevelam hcl 3.75 g packet                                       | 4     |           | Y                       | PA                                  |
| COLESTID 1 GRAM TABLET  | 3     |           | Y                       |                                     |
| COLESTID 5 GRAM ORAL GRANULES                                       | 3     |           | Y                       |                                     |
| COLESTID 5 GRAM ORAL PACKET   | 3     |           | Y                       |                                     |
| COLESTID FLAVORED 5 GRAM ORAL GRANULES                              | 3     |           | Y                       |                                     |
| COLESTID FLAVORED 7.5 GRAM PACKET                                   | 3     |           | Y                       |                                     |
| colestipol hcl 1 gm tablet  | 2     |           | Y                       |                                     |
| colestipol hcl granules   | 3     |           | Y                       |                                     |
| colestipol hcl granules packet                                      | 3     |           | Y                       |                                     |
| colestipol micronized 1 gm tab                                      | 2     |           | Y                       |                                     |
| colocort 100 mg/60 ml enema   | 3     |           |                         |                                     |
| COLOR LANCETS 21 GAUGE  | 1     |           | Y                       |                                     |
| COLY-MYCIN S OTIC SUSP DROP   | 3     |           |                         |                                     |
| COLYTE WITH FLAVOR PACKETS  | 3     |           |                         | ST                                  |
| COMBIGAN 0.2 %-0.5 % EYE DROPS                                      | 2     |           | Y                       | QL                                  |
| COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL                        | 3     |           | Y                       | QL                                  |
| COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL                        | 3     |           | Y                       | QL                                  |
| COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION | 3     |           | Y                       | QL, ST                              |
| COMBIVIR 150 MG-300 MG TABLET                                       | 4     |           | Y                       | QL                                  |
| COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES                  | 4     | Y         | Y                       | PA, QL                              |
| COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES                  | 4     | Y         | Y                       | PA, QL                              |
| COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES                         | 4     | Y         | Y                       | PA, QL                              |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"                   | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"                   | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"                  | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"                  | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"                   | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"                   | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"    | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"    | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"       | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"       | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"       | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"      | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"      | 2     |           | Y                       |                                     |
| COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"     | 2     |           | Y                       |                                     |
| COMFORT EZ LANCETS 21 GAUGE                           | 2     |           | Y                       |                                     |
| COMFORT EZ LANCETS 23 GAUGE                           | 2     |           | Y                       |                                     |
| COMFORT EZ LANCETS 28 GAUGE                           | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"                | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4"                | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4"                | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"               | 2     |           | Y                       |                                     |
| COMFORT LANCETS                                       | 3     |           | Y                       |                                     |
| COMFORT POINT PEN NDL 29GX1/2"                        | 1     |           | Y                       |                                     |
| COMFORT POINT PEN NDL 31GX1/3"                        | 1     |           | Y                       |                                     |
| COMFORT POINT PEN NDL 31GX1/4"                        | 1     |           | Y                       |                                     |
| COMFORT POINT PEN NDL 31GX1/6"                        | 2     |           | Y                       |                                     |
| COMPACT SPACE CHAMBER                                 | 1     |           |                         |                                     |
| COMPACT SPACE CHAMBER PLUS                            | 2     |           |                         |                                     |
| COMPACT SPACE CHAMBER-LRG MASK                        | 1     |           |                         |                                     |
| COMPACT SPACE CHAMBER-MED MASK                        | 1     |           |                         |                                     |
| COMPACT SPACE CHAMBER-SM MASK                         | 1     |           |                         |                                     |
| COMPAZINE 10 MG TABLET                                | 3     |           |                         |                                     |
| COMPAZINE 25 MG RECTAL SUPPOSITORY                    | 3     |           |                         |                                     |
| COMPAZINE 5 MG TABLET                                 | 3     |           |                         |                                     |
| COMPLERA 200 MG-25 MG-300 MG TABLET                   | 4     | Y         | Y                       | QL                                  |
| complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack | 2     |           |                         |                                     |
| completenate 29 mg iron-1 mg chewable tablet          | 1     |           | Y                       |                                     |
| compro 25 mg rectal suppository                       | 3     |           |                         |                                     |
| COMTAN 200 MG TABLET                                  | 3     |           | Y                       | QL                                  |
| CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE                 | 3     |           | Y                       |                                     |
| CONCEPT OB 85 MG-1 MG CAPSULE                         | 3     |           | Y                       |                                     |
| CONCERTA 18 MG TABLET,EXTENDED RELEASE                | 3     |           | Y                       | QL, ST                              |

| Drug Name                               | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| CONCERTA 27 MG TABLET,EXTENDED RELEASE  | 3     |           | Y                       | QL, ST                              |
| CONCERTA 36 MG TABLET,EXTENDED RELEASE  | 3     |           | Y                       | QL, ST                              |
| CONCERTA 54 MG TABLET,EXTENDED RELEASE  | 3     |           | Y                       | QL, ST                              |
| CONDYLOX 0.5 % TOPICAL GEL              | 4     |           |                         |                                     |
| CONSENSI 10 MG-200 MG TABLET            | 4     | Y         | Y                       | PA, QL                              |
| CONSENSI 2.5 MG-200 MG TABLET           | 4     | Y         | Y                       | PA, QL                              |
| CONSENSI 5 MG-200 MG TABLET             | 4     | Y         | Y                       | PA, QL                              |
| constulose 10 gram/15 ml oral solution  | 1     |           | Y                       |                                     |
| CONTOUR CONTROL SOLUTION, HIGH          | 3     |           | Y                       |                                     |
| CONTOUR CONTROL SOLUTION, LOW           | 3     |           | Y                       |                                     |
| CONTOUR CONTROL SOLUTION, NORMAL        | 3     |           | Y                       |                                     |
| CONTOUR LINK KIT                        | 3     |           | Y                       | ST                                  |
| CONTOUR METER                           | 3     |           | Y                       | ST                                  |
| CONTOUR METER KIT                       | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT EZ METER                   | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT EZ METER KIT               | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT LEVEL 1 CONTROL SOLUTION   | 3     |           | Y                       |                                     |
| CONTOUR NEXT LEVEL 2 CONTROL SOLUTION   | 3     |           | Y                       |                                     |
| CONTOUR NEXT LINK 2.4 KIT               | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT LINK KIT                   | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT METER                      | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT ONE METER                  | 3     |           | Y                       | ST                                  |
| CONTOUR NEXT TEST STRIPS                | 3     |           | Y                       | QL, ST                              |
| CONTOUR TEST STRIPS                     | 3     |           | Y                       | QL, ST                              |
| CONTROL AST MONITORING SYSTEM           | 3     |           | Y                       | ST                                  |
| CONZIP 100 MG CAPSULE,EXTENDED RELEASE  | 3     |           |                         | QL, ST                              |
| CONZIP 200 MG CAPSULE,EXTENDED RELEASE  | 3     |           |                         | QL, ST                              |
| CONZIP 300 MG CAPSULE, EXTENDED RELEASE | 3     |           |                         | QL, ST                              |
| COOL BLOOD GLUCOSE METER                | 3     |           | Y                       | ST                                  |
| COOL BLOOD GLUCOSE METER KIT            | 3     |           | Y                       | ST                                  |
| COOL CONTROL A SOLUTION                 | 3     |           | Y                       |                                     |
| COOL CONTROL B SOLUTION                 | 3     |           | Y                       |                                     |
| COOL GLUCOSE TEST STRIP                 | 3     |           | Y                       | QL, ST                              |
| COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE  | 4     | Y         | Y                       | PA, QL                              |
| COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE  | 4     | Y         | Y                       | PA, QL                              |
| COPIKTRA 15 MG CAPSULE                  | 4     | Y         | Y                       | PA, QL                              |
| COPIKTRA 25 MG CAPSULE                  | 4     | Y         | Y                       | PA, QL                              |
| CORDRAN 0.025 % TOPICAL CREAM           | 4     |           |                         | ST                                  |
| CORDRAN 0.05 % LOTION                   | 4     | Y         |                         | ST                                  |
| CORDRAN 0.05 % TOPICAL CREAM            | 4     |           |                         | ST                                  |
| CORDRAN 0.05 % TOPICAL OINTMENT         | 4     | Y         |                         | ST                                  |
| COREG 12.5 MG TABLET                    | 3     |           | Y                       |                                     |
| COREG 25 MG TABLET                      | 3     |           | Y                       |                                     |
| COREG 3.125 MG TABLET                   | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| COREG 6.25 MG TABLET  | 3     |           | Y                       |                                     |
| COREG CR 10 MG CAPSULE, EXTENDED RELEASE                        | 3     |           | Y                       | QL, ST                              |
| COREG CR 20 MG CAPSULE, EXTENDED RELEASE                        | 3     |           | Y                       | QL, ST                              |
| COREG CR 40 MG CAPSULE, EXTENDED RELEASE                        | 3     |           | Y                       | QL, ST                              |
| COREG CR 80 MG CAPSULE, EXTENDED RELEASE                        | 3     |           | Y                       | QL, ST                              |
| coremino 135 mg tablet,extended release                         | 4     |           |                         | QL, ST                              |
| coremino 45 mg tablet,extended release                          | 4     |           |                         | QL, ST                              |
| coremino 90 mg tablet,extended release                          | 4     |           |                         | QL, ST                              |
| CORGARD 20 MG TABLET  | 3     |           | Y                       |                                     |
| CORGARD 40 MG TABLET  | 3     |           | Y                       |                                     |
| CORGARD 80 MG TABLET  | 3     |           | Y                       |                                     |
| CORLANOR 5 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| CORLANOR 5 MG/5 ML ORAL SOLUTION                                | 3     |           | Y                       | PA, QL                              |
| CORLANOR 7.5 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| cormax 0.05% solution   | 4     |           |                         |                                     |
| CORTEF 10 MG TABLET   | 3     |           | Y                       |                                     |
| CORTEF 20 MG TABLET   | 3     |           | Y                       |                                     |
| CORTEF 5 MG TABLET  | 3     |           | Y                       |                                     |
| CORTENEMA 100 MG/60 ML  | 3     |           |                         |                                     |
| CORTIFOAM 10 % (80 MG) RECTAL                                   | 4     |           |                         |                                     |
| cortisone 25 mg tablet  | 3     |           |                         |                                     |
| CORTISPORIN 1 % TOPICAL OINTMENT                                | 3     |           |                         |                                     |
| CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM          | 3     |           |                         |                                     |
| CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION | 3     |           |                         |                                     |
| corvita 150 150 mg-1.25 mg-120 mg-10 mg tablet                  | 2     |           |                         |                                     |
| CORVITE 150 150 MG IRON-1 MG TABLET                             | 3     |           |                         |                                     |
| CORVITE FE 150 MG IRON-1 MG TABLET                              | 3     |           |                         |                                     |
| CORZIDE 40-5 TABLET   | 3     |           | Y                       |                                     |
| CORZIDE 80-5 TABLET   | 3     |           | Y                       |                                     |
| COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE                         | 4     | Y         | Y                       | PA, QL                              |
| COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS             | 4     | Y         | Y                       | PA, QL                              |
| COSENTYX PEN 150 MG/ML SUBCUTANEOUS                             | 4     | Y         | Y                       | PA, QL                              |
| COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS             | 4     | Y         | Y                       | PA, QL                              |
| COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE                | 3     |           | Y                       | QL, ST                              |
| COSOPT 22.3 MG-6.8 MG/ML EYE DROPS                              | 3     |           | Y                       | QL, ST                              |
| COTELLIC 20 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET  | 3     |           | Y                       | QL, ST                              |
| COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET  | 3     |           | Y                       | QL, ST                              |
| COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET   | 3     |           | Y                       | QL, ST                              |
| COUMADIN 1 MG TABLET  | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| COUMADIN 10 MG TABLET   | 3     |           | Y                       |                                     |
| COUMADIN 2 MG TABLET  | 3     |           | Y                       |                                     |
| COUMADIN 2.5 MG TABLET  | 3     |           | Y                       |                                     |
| COUMADIN 3 MG TABLET  | 3     |           | Y                       |                                     |
| COUMADIN 4 MG TABLET  | 3     |           | Y                       |                                     |
| COUMADIN 5 MG TABLET  | 3     |           | Y                       |                                     |
| COUMADIN 6 MG TABLET  | 3     |           | Y                       |                                     |
| COUMADIN 7.5 MG TABLET  | 3     |           | Y                       |                                     |
| covaryx 1.25 mg-2.5 mg tablet                                       | 3     |           | Y                       |                                     |
| covaryx h.s. 0.625 mg-1.25 mg tablet                                | 3     |           | Y                       |                                     |
| CO-VERATROL CAPSULE   | 3     |           |                         |                                     |
| COZAAR 100 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| COZAAR 25 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| COZAAR 50 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE             | 2     |           | Y                       |                                     |
| CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE            | 2     |           | Y                       |                                     |
| CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE     | 2     |           | Y                       |                                     |
| CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE | 2     |           | Y                       |                                     |
| CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE              | 2     |           | Y                       |                                     |
| CRESEMBA 186 MG CAPSULE   | 4     | Y         |                         | PA                                  |
| CRESTOR 10 MG TABLET  | 3     |           | Y                       | ST                                  |
| CRESTOR 20 MG TABLET  | 3     |           | Y                       | ST                                  |
| CRESTOR 40 MG TABLET  | 3     |           | Y                       | ST                                  |
| CRESTOR 5 MG TABLET   | 3     |           | Y                       | ST                                  |
| CRINONE 4 % VAGINAL GEL   | 3     |           |                         | QL                                  |
| CRIXIVAN 200 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| CRIXIVAN 400 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| cromolyn 100 mg/5 ml oral conc                                      | 4     | Y         |                         |                                     |
| cromolyn 20 mg/2 ml neb soln  | 4     | Y         | Y                       |                                     |
| cromolyn 4% eye drops   | 1     |           |                         |                                     |
| croton 10 % lotion  | 4     | Y         |                         | PA                                  |
| cryselle (28) 0.3 mg-30 mcg tablet                                  | 1     |           | Y                       |                                     |
| CUPRIMINE 250 MG CAPSULE  | 4     | Y         | Y                       | PA                                  |
| CURITY ALCOHOL SWABS  | 3     |           |                         |                                     |
| CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSPENSION                     | 4     |           |                         |                                     |
| CUROSURF 240 MG/3 ML INTRATRACHEAL SUSPENSION                       | 4     |           |                         |                                     |
| CUTAQUIG 16.5 % SUBCUTANEOUS SOLUTION                               | 4     | Y         | Y                       | PA                                  |
| CUTIVATE 0.05 % LOTION  | 4     |           |                         | ST                                  |
| CUTIVATE 0.05 % TOPICAL CREAM                                       | 3     |           |                         |                                     |
| CUVITRU 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA                                  |
| CUVITRU 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION                  | 4     | Y         | Y                       | PA                                  |
| CUVITRU 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION                   | 4     | Y         | Y                       | PA                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| CUVITRU 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION     | 4     | Y         | Y                       | PA                                  |
| CUVITRU 8 GRAM/40 ML (20 %) SUBCUTANEOUS SOLUTION     | 4     | Y         | Y                       | PA                                  |
| CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION           | 3     |           | Y                       |                                     |
| cyanocobalamin 1,000 mcg/ml                           | 1     |           | Y                       | QL                                  |
| cyanocobalamin 10,000 mcg/10                          | 1     |           | Y                       | QL                                  |
| cyanocobalamin 30,000 mcg/30                          | 1     |           | Y                       | QL                                  |
| cyclafem 1/35 (28) 1 mg-35 mcg tablet                 | 1     |           | Y                       |                                     |
| cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet | 1     |           | Y                       |                                     |
| cyclobenzaprine 10 mg tablet                          | 1     |           |                         |                                     |
| cyclobenzaprine 5 mg tablet                           | 1     |           |                         |                                     |
| cyclobenzaprine 7.5 mg tablet                         | 3     |           |                         | PA, QL                              |
| cyclobenzaprine er 15 mg cap                          | 4     | Y         |                         | PA, QL                              |
| cyclobenzaprine er 30 mg cap                          | 4     | Y         |                         | PA, QL                              |
| CYCLOGYL 0.5 % EYE DROPS                              | 3     |           |                         |                                     |
| CYCLOGYL 1 % EYE DROPS                                | 3     |           |                         |                                     |
| CYCLOGYL 2 % EYE DROPS                                | 3     |           |                         |                                     |
| CYCLOMYDRIL 0.2 %-1 % EYE DROPS                       | 3     |           |                         |                                     |
| cyclopentolate 0.5% eye drops                         | 1     |           |                         |                                     |
| cyclopentolate 1% eye drop                            | 1     |           |                         |                                     |
| cyclopentolate 1% eye drops                           | 1     |           |                         |                                     |
| cyclopentolate hcl 2% drops                           | 1     |           |                         |                                     |
| cyclophosphamide 25 mg capsule                        | 4     | Y         |                         | QL                                  |
| cyclophosphamide 50 mg capsule                        | 4     | Y         |                         | QL                                  |
| cycloserine 250 mg capsule                            | 4     |           |                         |                                     |
| CYCLOSET 0.8 MG TABLET                                | 3     |           | Y                       | QL, ST                              |
| cyclosporine 100 mg capsule                           | 3     |           | Y                       | QL                                  |
| cyclosporine 25 mg capsule                            | 3     |           | Y                       |                                     |
| cyclosporine modified 100 mg                          | 3     |           | Y                       | QL                                  |
| cyclosporine modified 100mg/ml                        | 3     |           | Y                       |                                     |
| cyclosporine modified 25 mg                           | 3     |           | Y                       |                                     |
| cyclosporine modified 50 mg                           | 3     |           | Y                       |                                     |
| CYMBALTA 20 MG CAPSULE,DELAYED RELEASE                | 3     |           | Y                       | QL, ST                              |
| CYMBALTA 30 MG CAPSULE,DELAYED RELEASE                | 3     |           | Y                       | QL, ST                              |
| CYMBALTA 60 MG CAPSULE,DELAYED RELEASE                | 3     |           | Y                       | QL, ST                              |
| cyproheptadine 2 mg/5 ml soln                         | 2     |           |                         |                                     |
| cyproheptadine 2 mg/5 ml syrup                        | 2     |           |                         |                                     |
| cyproheptadine 4 mg tablet                            | 2     |           |                         |                                     |
| cyproheptadine 4 mg/10 ml syr                         | 2     |           |                         |                                     |
| cyred 0.15 mg-0.03 mg tablet                          | 1     |           | Y                       |                                     |
| cyred eq 0.15 mg-0.03 mg tablet                       | 1     |           | Y                       |                                     |
| CYSTADANE 1 GRAM/1.7 ML ORAL POWDER                   | 4     | Y         | Y                       |                                     |
| CYSTAGON 150 MG CAPSULE                               | 4     |           | Y                       |                                     |
| CYSTAGON 50 MG CAPSULE                                | 4     |           | Y                       |                                     |
| CYSTARAN 0.44 % EYE DROPS                             | 4     | Y         | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| CYTOMEL 25 MCG TABLET  | 3     |           | Y                       |                                     |
| CYTOMEL 5 MCG TABLET   | 3     |           | Y                       |                                     |
| CYTOMEL 50 MCG TABLET  | 3     |           | Y                       |                                     |
| CYTOTEC 100 MCG TABLET   | 3     |           | Y                       |                                     |
| CYTOTEC 200 MCG TABLET   | 3     |           | Y                       |                                     |
| CYTRA-K CRYSTALS PACKET  | 3     |           |                         |                                     |
| D.H.E.45 1 MG/ML INJECTION SOLUTION                            | 4     | Y         |                         |                                     |
| DAKLINZA 30 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| DAKLINZA 60 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| DAKLINZA 90 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| dalfampridine er 10 mg tablet                                  | 3     |           | Y                       | PA, QL                              |
| DALIRESP 250 MCG TABLET  | 3     |           | Y                       | QL                                  |
| DALIRESP 500 MCG TABLET  | 3     |           | Y                       | QL                                  |
| danazol 100 mg capsule   | 3     |           |                         |                                     |
| danazol 200 mg capsule   | 3     |           |                         |                                     |
| danazol 50 mg capsule  | 3     |           |                         |                                     |
| DANTRIUM 25 MG CAPSULE   | 3     |           | Y                       |                                     |
| DANTRIUM 50 MG CAPSULE   | 3     |           | Y                       |                                     |
| dantrolene sodium 100 mg cap                                   | 3     |           | Y                       |                                     |
| dantrolene sodium 25 mg cap                                    | 3     |           | Y                       |                                     |
| dantrolene sodium 50 mg cap                                    | 3     |           | Y                       |                                     |
| dapsone 100 mg tablet  | 3     |           | Y                       |                                     |
| dapsone 25 mg tablet   | 3     |           | Y                       |                                     |
| dapsone 5% gel   | 4     |           |                         | ST                                  |
| dapsone 7.5% gel pump  | 4     |           |                         | ST                                  |
| DARAPRIM 25 MG TABLET  | 4     | Y         |                         | ST                                  |
| darifenacin er 15 mg tablet                                    | 3     |           | Y                       | QL, ST                              |
| darifenacin er 7.5 mg tablet                                   | 3     |           | Y                       | QL, ST                              |
| DARIO 100 STERILE LANCETS                                      | 1     |           | Y                       |                                     |
| DARIO BLOOD GLUCOSE MONITOR                                    | 3     |           | Y                       | ST                                  |
| DARIO BLOOD GLUCOSE TEST STRIP                                 | 3     |           | Y                       | QL, ST                              |
| dasetta 1/35 (28) 1 mg-35 mcg tablet                           | 1     |           | Y                       |                                     |
| dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet  | 1     |           | Y                       |                                     |
| DAURISMO 100 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| DAURISMO 25 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| DAXBIA 333 MG CAPSULE  | 3     |           |                         |                                     |
| DAYPRO 600 MG TABLET   | 3     |           |                         |                                     |
| daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack | 1     |           | Y                       | QL                                  |
| DAYTRANA 10 MG/9 HR DAILY PATCH                                | 3     |           | Y                       | QL, ST                              |
| DAYTRANA 15 MG/9 HR DAILY PATCH                                | 3     |           | Y                       | QL, ST                              |
| DAYTRANA 20 MG/9 HR DAILY PATCH                                | 3     |           | Y                       | QL, ST                              |
| DAYTRANA 30 MG/9 HR DAILY PATCH                                | 3     |           | Y                       | QL, ST                              |
| DAYVIGO 10 MG TABLET   | 3     |           |                         | QL, ST                              |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| DAYVIGO 5 MG TABLET                                       | 3     |           |                         | QL, ST                              |
| DDAVP 0.1 MG TABLET                                       | 4     |           | Y                       | QL                                  |
| DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION              | 4     |           | Y                       | QL                                  |
| DDAVP 0.2 MG TABLET                                       | 4     |           | Y                       | QL                                  |
| DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY WITH PUMP         | 4     |           | Y                       | QL                                  |
| DDAVP 4 MCG/ML INJECTION SOLUTION                         | 4     | Y         |                         |                                     |
| deblitane 0.35 mg tablet                                  | 1     |           | Y                       |                                     |
| decadron 0.5 mg tablet                                    | 3     |           |                         |                                     |
| decadron 0.5 mg/5 ml elixir                               | 2     |           |                         |                                     |
| decadron 0.75 mg tablet                                   | 3     |           |                         |                                     |
| decadron 4 mg tablet                                      | 3     |           |                         |                                     |
| decadron 6 mg tablet                                      | 3     |           |                         |                                     |
| deferasirox 125 mg tb for susp                            | 4     | Y         | Y                       | PA, QL                              |
| deferasirox 180 mg tablet                                 | 4     | Y         | Y                       | PA, QL                              |
| deferasirox 250 mg tb for susp                            | 4     | Y         | Y                       | PA, QL                              |
| deferasirox 360 mg tablet                                 | 4     | Y         | Y                       | PA, QL                              |
| deferasirox 500 mg tb for susp                            | 4     | Y         | Y                       | PA, QL                              |
| deferasirox 90 mg tablet                                  | 4     | Y         | Y                       | PA, QL                              |
| DELSTRIGO 100 MG-300 MG-300 MG TABLET                     | 4     | Y         | Y                       | QL                                  |
| DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE)               | 4     |           | Y                       | QL, ST                              |
| DEMADEX 10 MG TABLET                                      | 3     |           | Y                       |                                     |
| demeclocycline 150 mg tablet                              | 3     |           |                         |                                     |
| demeclocycline 300 mg tablet                              | 3     |           |                         |                                     |
| DEMEROL 100 MG TABLET                                     | 3     |           |                         | QL                                  |
| DEMSER 250 MG CAPSULE                                     | 4     |           |                         |                                     |
| DENAVIR 1 % TOPICAL CREAM                                 | 4     | Y         |                         | PA                                  |
| DEPAKENE 250 MG CAPSULE                                   | 4     |           | Y                       |                                     |
| DEPAKENE 250 MG/5 ML SOLUTION                             | 4     |           | Y                       |                                     |
| DEPAKOTE 125 MG TABLET,DELAYED RELEASE                    | 3     |           | Y                       |                                     |
| DEPAKOTE 250 MG TABLET,DELAYED RELEASE                    | 3     |           | Y                       |                                     |
| DEPAKOTE 500 MG TABLET,DELAYED RELEASE                    | 3     |           | Y                       |                                     |
| DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE                | 3     |           | Y                       |                                     |
| DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE                | 3     |           | Y                       |                                     |
| DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE         | 3     |           | Y                       |                                     |
| DEPEN TITRATABS 250 MG TABLET                             | 4     | Y         | Y                       | PA                                  |
| DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION           | 3     |           | Y                       | QL                                  |
| DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE              | 3     |           | Y                       | QL                                  |
| DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE | 3     |           | Y                       | QL                                  |
| DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL             | 3     |           | Y                       | QL                                  |
| DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL             | 3     |           | Y                       | QL                                  |
| DERMA-SMOOTH/FS BODY OIL 0.01 %                           | 3     |           |                         | ST                                  |
| DERMA-SMOOTH/FS SCALP OIL 0.01 %                          | 3     |           |                         | ST                                  |
| DERMATOP 0.1% OINTMENT                                    | 4     |           |                         |                                     |

| Drug Name                      | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--------------------------------|-------|-----------|-------------------------|-------------------------------------|
| DERMOTIC OIL 0.01 % EAR DROPS  | 3     |           |                         |                                     |
| DESCOVY 200 MG-25 MG TABLET    | 4     | Y         | Y                       | QL                                  |
| desflurane inhalation liquid   | 4     |           |                         |                                     |
| desipramine 10 mg tablet       | 3     |           | Y                       |                                     |
| desipramine 100 mg tablet      | 3     |           | Y                       |                                     |
| desipramine 150 mg tablet      | 3     |           | Y                       |                                     |
| desipramine 25 mg tablet       | 3     |           | Y                       |                                     |
| desipramine 50 mg tablet       | 3     |           | Y                       |                                     |
| desipramine 75 mg tablet       | 3     |           | Y                       |                                     |
| desloratadine 2.5 mg odt       | 3     |           | Y                       | QL, ST                              |
| desloratadine 5 mg odt         | 3     |           | Y                       | QL, ST                              |
| desloratadine 5 mg tablet      | 2     |           | Y                       | QL                                  |
| desmopressin 0.01% solution    | 3     |           | Y                       | QL                                  |
| desmopressin 0.01% spray       | 3     |           | Y                       | QL                                  |
| desmopressin 10 mcg/0.1 ml spr | 3     |           | Y                       | QL                                  |
| desmopressin 40 mcg/10 ml vial | 4     | Y         |                         |                                     |
| desmopressin ac 4 mcg/ml ampul | 4     | Y         |                         |                                     |
| desmopressin ac 4 mcg/ml vial  | 4     | Y         |                         |                                     |
| desmopressin acetate 0.1 mg tb | 3     |           | Y                       | QL                                  |
| desmopressin acetate 0.2 mg tb | 3     |           | Y                       | QL                                  |
| desogest-eth estra 0.15-0.03mg | 1     |           | Y                       |                                     |
| desogestr-eth estrad eth estra | 1     |           | Y                       |                                     |
| DESONATE 0.05 % TOPICAL GEL    | 4     |           |                         |                                     |
| desonide 0.05% cream           | 3     |           |                         |                                     |
| desonide 0.05% gel             | 4     |           |                         |                                     |
| desonide 0.05% lotion          | 3     |           |                         |                                     |
| desonide 0.05% ointment        | 3     |           |                         |                                     |
| DESOWEN 0.05 % LOTION          | 4     |           |                         |                                     |
| DESOWEN 0.05 % TOPICAL CREAM   | 4     |           |                         |                                     |
| desoximetasone 0.05% cream     | 3     |           |                         |                                     |
| desoximetasone 0.05% gel       | 3     |           |                         |                                     |
| desoximetasone 0.05% ointment  | 3     |           |                         |                                     |
| desoximetasone 0.25% cream     | 2     |           |                         |                                     |
| desoximetasone 0.25% ointment  | 3     |           |                         |                                     |
| desoximetasone 0.25% spray     | 4     |           |                         | ST                                  |
| DESOXYN 5 MG TABLET            | 4     |           | Y                       | QL                                  |
| desvenlafaxine er 100 mg tab   | 3     |           | Y                       | QL, ST                              |
| desvenlafaxine er 50 mg tab    | 3     |           | Y                       | QL, ST                              |
| desvenlafaxine er 50 mg tablet | 3     |           | Y                       | QL, ST                              |
| desvenlafaxine succnt er 100mg | 2     |           | Y                       | QL                                  |
| desvenlafaxine succnt er 25 mg | 2     |           | Y                       | QL                                  |
| desvenlafaxine succnt er 50 mg | 2     |           | Y                       | QL                                  |
| DETROL 1 MG TABLET             | 3     |           | Y                       | QL                                  |
| DETROL 2 MG TABLET             | 3     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| DETROL LA 2 MG CAPSULE,EXTENDED RELEASE            | 3     |           | Y                       | QL                                  |
| DETROL LA 4 MG CAPSULE,EXTENDED RELEASE            | 3     |           | Y                       | QL                                  |
| dexabliss 1.5 mg (39 tabs) tablets in a dose pack  | 3     |           |                         |                                     |
| dexamethasone 0.1% eye drop                        | 2     |           |                         |                                     |
| dexamethasone 0.5 mg tablet                        | 1     |           |                         |                                     |
| dexamethasone 0.5 mg/5 ml elx                      | 2     |           |                         |                                     |
| dexamethasone 0.5 mg/5 ml liq                      | 2     |           |                         |                                     |
| dexamethasone 0.75 mg tablet                       | 1     |           |                         |                                     |
| dexamethasone 1 mg tablet                          | 1     |           |                         |                                     |
| dexamethasone 1.5 mg tablet                        | 1     |           |                         |                                     |
| dexamethasone 10 day 1.5 mg tb                     | 4     |           |                         |                                     |
| dexamethasone 13 day 1.5 mg tb                     | 4     |           |                         |                                     |
| dexamethasone 2 mg tablet                          | 1     |           |                         |                                     |
| dexamethasone 4 mg tablet                          | 1     |           |                         |                                     |
| dexamethasone 6 day 1.5 mg tab                     | 4     |           |                         |                                     |
| dexamethasone 6 mg tablet                          | 1     |           |                         |                                     |
| DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) | 3     |           |                         |                                     |
| dexchlorpheniramine 2 mg/5 ml                      | 3     |           |                         | PA                                  |
| DEXCOM G4 RECEIVER                                 | 4     |           | Y                       | PA                                  |
| DEXCOM G4 RECEIVER PEDIATRIC                       | 4     |           | Y                       | PA                                  |
| DEXCOM G4 RECEIVER WITH SHARE (PEDIATRIC)          | 4     |           | Y                       | PA                                  |
| DEXCOM G4 RECEIVER WITH SHARE KIT                  | 4     |           | Y                       | PA                                  |
| DEXCOM G4 TRANSMITTER DEVICE                       | 4     |           | Y                       | PA                                  |
| DEXCOM G5 RECEIVER                                 | 4     |           | Y                       | PA                                  |
| DEXCOM G5 TRANSMITTER DEVICE                       | 4     |           | Y                       | PA                                  |
| DEXCOM G5-G4 SENSOR DEVICE                         | 4     |           | Y                       | PA                                  |
| DEXCOM G6 RECEIVER MISC                            | 4     |           | Y                       | PA                                  |
| DEXCOM G6 SENSOR DEVICE                            | 4     |           | Y                       | PA                                  |
| DEXCOM G6 TRANSMITTER DEVICE                       | 4     |           | Y                       | PA                                  |
| DEXCOM RECEIVER                                    | 4     |           | Y                       | PA                                  |
| DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE  | 4     |           | Y                       | QL, ST                              |
| DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE  | 4     |           | Y                       | QL, ST                              |
| DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE   | 4     |           | Y                       | QL, ST                              |
| DEXILANT 30 MG CAPSULE, DELAYED RELEASE            | 3     |           | Y                       | QL, ST                              |
| DEXILANT 60 MG CAPSULE, DELAYED RELEASE            | 3     |           | Y                       | QL, ST                              |
| dexmethylphenidate 10 mg tab                       | 2     |           | Y                       | QL                                  |
| dexmethylphenidate 2.5 mg tab                      | 2     |           | Y                       | QL                                  |
| dexmethylphenidate 5 mg tab                        | 2     |           | Y                       | QL                                  |
| dexmethylphenidate er 10 mg cp                     | 3     |           | Y                       | QL                                  |
| dexmethylphenidate er 15 mg cp                     | 3     |           | Y                       | QL                                  |
| dexmethylphenidate er 20 mg cp                     | 3     |           | Y                       | QL                                  |
| dexmethylphenidate er 25 mg cp                     | 3     |           | Y                       | QL                                  |
| dexmethylphenidate er 30 mg cp                     | 3     |           | Y                       | QL                                  |
| dexmethylphenidate er 35 mg cp                     | 3     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| dexmethylphenidate er 40 mg cp                         | 3     |           | Y                       | QL                                  |
| dexmethylphenidate er 5 mg cap                         | 3     |           | Y                       | QL                                  |
| DEXPAK 10 DAY 1.5 MG TABLET                            | 4     |           |                         |                                     |
| DEXPAK 13 DAY 1.5 MG TABLET                            | 4     |           |                         |                                     |
| DEXPAK 6 DAY 1.5 MG TABLET                             | 4     |           |                         |                                     |
| dextroamp-amphet er 10 mg cap                          | 2     |           | Y                       | QL                                  |
| dextroamp-amphet er 15 mg cap                          | 2     |           | Y                       | QL                                  |
| dextroamp-amphet er 20 mg cap                          | 2     |           | Y                       | QL                                  |
| dextroamp-amphet er 25 mg cap                          | 2     |           | Y                       | QL                                  |
| dextroamp-amphet er 30 mg cap                          | 2     |           | Y                       | QL                                  |
| dextroamp-amphet er 5 mg cap                           | 2     |           | Y                       | QL                                  |
| dextroamp-amphetam 12.5 mg tab                         | 2     |           | Y                       | QL                                  |
| dextroamp-amphetam 7.5 mg tab                          | 2     |           | Y                       | QL                                  |
| dextroamp-amphetamin 10 mg tab                         | 2     |           | Y                       | QL                                  |
| dextroamp-amphetamin 15 mg tab                         | 2     |           | Y                       | QL                                  |
| dextroamp-amphetamin 20 mg tab                         | 2     |           | Y                       | QL                                  |
| dextroamp-amphetamin 30 mg tab                         | 2     |           | Y                       | QL                                  |
| dextroamp-amphetamine 5 mg tab                         | 2     |           | Y                       | QL                                  |
| dextroamphetamine 10 mg tab                            | 3     |           | Y                       | QL                                  |
| dextroamphetamine 5 mg tab                             | 3     |           | Y                       | QL                                  |
| dextroamphetamine 5 mg/5 ml                            | 4     |           | Y                       | QL, ST                              |
| dextroamphetamine er 10 mg cap                         | 3     |           | Y                       | QL, ST                              |
| dextroamphetamine er 15 mg cap                         | 3     |           | Y                       | QL, ST                              |
| dextroamphetamine er 5 mg cap                          | 3     |           | Y                       | QL, ST                              |
| DIACOMIT 250 MG CAPSULE                                | 4     | Y         | Y                       | PA, QL                              |
| DIACOMIT 250 MG ORAL POWDER PACKET                     | 4     | Y         | Y                       | PA, QL                              |
| DIACOMIT 500 MG CAPSULE                                | 4     | Y         | Y                       | PA, QL                              |
| DIACOMIT 500 MG ORAL POWDER PACKET                     | 4     | Y         | Y                       | PA, QL                              |
| DIASTAT 2.5 MG RECTAL KIT                              | 4     |           |                         |                                     |
| DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT | 4     |           |                         |                                     |
| DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT           | 4     |           |                         |                                     |
| DIATRUE CONTROL SOLUTION HIGH                          | 3     |           | Y                       |                                     |
| DIATRUE CONTROL SOLUTION LOW                           | 3     |           | Y                       |                                     |
| DIATRUE CONTROL SOLUTION NORMAL                        | 3     |           | Y                       |                                     |
| DIATRUE PLUS BLOOD GLUCOSE METER SYSTEM                | 3     |           | Y                       | ST                                  |
| DIATRUE PLUS TEST STRIP                                | 3     |           | Y                       | QL, ST                              |
| diazepam 10 mg rectal gel syst                         | 3     |           |                         |                                     |
| diazepam 10 mg tablet                                  | 2     |           |                         | QL                                  |
| diazepam 2 mg tablet                                   | 2     |           |                         | QL                                  |
| diazepam 2.5 mg rectal gel sys                         | 3     |           |                         |                                     |
| diazepam 20 mg rectal gel syst                         | 3     |           |                         |                                     |
| diazepam 5 mg tablet                                   | 2     |           |                         | QL                                  |
| diazepam 5 mg/5 ml solution                            | 2     |           |                         | QL                                  |
| diazepam 5 mg/ml oral conc                             | 2     |           |                         | QL                                  |

| Drug Name                                   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| diazepam intensol 5 mg/ml oral concentrate  | 2     |           |                         | QL                                  |
| diazoxide 50 mg/ml oral susp                | 4     | Y         | Y                       |                                     |
| DIBENZYLIN 10 MG CAPSULE                    | 4     | Y         |                         |                                     |
| DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE | 3     |           |                         | QL, ST                              |
| diclofenac 0.1% eye drops                   | 1     |           |                         | QL                                  |
| diclofenac 1.5% topical soln                | 4     |           | Y                       | PA                                  |
| diclofenac epolamine 1.3% ptch              | 4     | Y         |                         | PA, QL                              |
| diclofenac pot 50 mg tablet                 | 3     |           |                         |                                     |
| diclofenac sod dr 25 mg tab                 | 2     |           |                         |                                     |
| diclofenac sod dr 50 mg tab                 | 2     |           |                         |                                     |
| diclofenac sod dr 75 mg tab                 | 2     |           |                         |                                     |
| diclofenac sod ec 25 mg tab                 | 2     |           |                         |                                     |
| diclofenac sod ec 50 mg tab                 | 2     |           |                         |                                     |
| diclofenac sod ec 75 mg tab                 | 2     |           |                         |                                     |
| diclofenac sod er 100 mg tab                | 2     |           |                         |                                     |
| diclofenac sodium 1% gel                    | 2     |           | Y                       |                                     |
| diclofenac sodium 3% gel                    | 4     |           |                         | PA                                  |
| diclofenac-misoprost 50-0.2 tb              | 3     |           |                         | ST                                  |
| diclofenac-misoprost 50-200 tb              | 3     |           |                         | ST                                  |
| diclofenac-misoprost 75-0.2 tb              | 3     |           |                         | ST                                  |
| diclofenac-misoprost 75-200 tb              | 3     |           |                         | ST                                  |
| dicloxacillin 250 mg capsule                | 2     |           |                         |                                     |
| dicloxacillin 500 mg capsule                | 2     |           |                         |                                     |
| dicyclomine 10 mg capsule                   | 1     |           | Y                       |                                     |
| dicyclomine 10 mg/5 ml soln                 | 3     |           | Y                       |                                     |
| dicyclomine 20 mg tablet                    | 1     |           | Y                       |                                     |
| didanosine dr 125 mg capsule                | 3     |           | Y                       | QL                                  |
| didanosine dr 200 mg capsule                | 3     |           | Y                       | QL                                  |
| didanosine dr 250 mg capsule                | 3     |           | Y                       | QL                                  |
| didanosine dr 400 mg capsule                | 3     |           | Y                       | QL                                  |
| DIFFERIN 0.1 % LOTION                       | 4     |           |                         | ST                                  |
| DIFFERIN 0.1 % TOPICAL CREAM                | 4     |           |                         | ST                                  |
| DIFFERIN 0.1 % TOPICAL GEL                  | 4     |           |                         | ST                                  |
| DIFFERIN 0.3 % TOPICAL GEL                  | 4     |           |                         | ST                                  |
| DIFFERIN 0.3 % TOPICAL GEL WITH PUMP        | 4     |           |                         | ST                                  |
| DIFICID 200 MG TABLET                       | 4     | Y         |                         | QL, ST                              |
| diflorasone 0.05% cream                     | 4     | Y         |                         | PA                                  |
| diflorasone 0.05% ointment                  | 4     |           |                         | PA                                  |
| DIFLUCAN 10 MG/ML ORAL SUSPENSION           | 3     |           |                         |                                     |
| DIFLUCAN 100 MG TABLET                      | 4     |           |                         |                                     |
| DIFLUCAN 150 MG TABLET                      | 4     |           |                         |                                     |
| DIFLUCAN 200 MG TABLET                      | 4     |           |                         |                                     |
| DIFLUCAN 40 MG/ML ORAL SUSPENSION           | 3     |           |                         |                                     |
| DIFLUCAN 50 MG TABLET                       | 4     |           |                         |                                     |

| Drug Name                                   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| diflunisal 500 mg tablet                    | 3     |           |                         |                                     |
| digitek 125 mcg (0.125 mg) tablet           | 2     |           | Y                       | QL                                  |
| digitek 250 mcg (0.25 mg) tablet            | 2     |           | Y                       | QL                                  |
| digox 125 mcg (0.125 mg) tablet             | 2     |           | Y                       | QL                                  |
| digox 250 mcg (0.25 mg) tablet              | 2     |           | Y                       | QL                                  |
| digoxin 0.05 mg/ml solution                 | 3     |           | Y                       |                                     |
| digoxin 0.125 mg tablet                     | 2     |           | Y                       | QL                                  |
| digoxin 0.25 mg tablet                      | 2     |           | Y                       | QL                                  |
| digoxin 125 mcg tablet                      | 2     |           | Y                       | QL                                  |
| digoxin 250 mcg tablet                      | 2     |           | Y                       | QL                                  |
| dihydroergotamine 1 mg/ml amp               | 4     | Y         |                         |                                     |
| dihydroergotamine 4 mg/ml spry              | 4     | Y         |                         | QL                                  |
| dilantin 30 mg capsule                      | 3     |           | Y                       |                                     |
| dilantin extended 100 mg capsule            | 3     |           | Y                       |                                     |
| DILANTIN INFATABS 50 MG CHEWABLE TABLET     | 3     |           | Y                       |                                     |
| DILANTIN-125 125 MG/5 ML ORAL SUSPENSION    | 3     |           | Y                       |                                     |
| DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE | 3     |           | Y                       |                                     |
| DILAUDID 1 MG/ML ORAL LIQUID                | 3     |           |                         | QL                                  |
| DILAUDID 2 MG TABLET                        | 3     |           |                         | QL                                  |
| DILAUDID 4 MG TABLET                        | 3     |           |                         | QL                                  |
| DILAUDID 8 MG TABLET                        | 3     |           |                         | QL                                  |
| diltiazem 120 mg tablet                     | 1     |           | Y                       |                                     |
| diltiazem 12hr er 120 mg cap                | 3     |           | Y                       | QL                                  |
| diltiazem 12hr er 60 mg cap                 | 3     |           | Y                       | QL                                  |
| diltiazem 12hr er 90 mg cap                 | 3     |           | Y                       | QL                                  |
| diltiazem 24h er(cd) 120 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(cd) 180 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(cd) 240 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(cd) 300 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(cd) 360 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(la) 180 mg tb              | 3     |           | Y                       | QL                                  |
| diltiazem 24h er(la) 240 mg tb              | 3     |           | Y                       | QL                                  |
| diltiazem 24h er(la) 300 mg tb              | 3     |           | Y                       | QL                                  |
| diltiazem 24h er(la) 360 mg tb              | 3     |           | Y                       | QL                                  |
| diltiazem 24h er(la) 420 mg tb              | 3     |           | Y                       | QL                                  |
| diltiazem 24h er(xr) 120 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(xr) 180 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24h er(xr) 240 mg cp              | 2     |           | Y                       | QL                                  |
| diltiazem 24hr er 120 mg cap                | 2     |           | Y                       | QL                                  |
| diltiazem 24hr er 180 mg cap                | 2     |           | Y                       | QL                                  |
| diltiazem 24hr er 240 mg cap                | 2     |           | Y                       | QL                                  |
| diltiazem 24hr er 300 mg cap                | 2     |           | Y                       | QL                                  |
| diltiazem 24hr er 360 mg cap                | 2     |           | Y                       | QL                                  |
| diltiazem 24hr er 420 mg cap                | 2     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| diltiazem 30 mg tablet                                   | 1     |           | Y                       |                                     |
| diltiazem 60 mg tablet                                   | 1     |           | Y                       |                                     |
| diltiazem 90 mg tablet                                   | 1     |           | Y                       |                                     |
| dilt-xr 120 mg capsule, extended release                 | 2     |           | Y                       | QL                                  |
| dilt-xr 180 mg capsule, extended release                 | 2     |           | Y                       | QL                                  |
| dilt-xr 240 mg capsule, extended release                 | 2     |           | Y                       | QL                                  |
| DIOVAN 160 MG TABLET                                     | 3     |           | Y                       | QL, ST                              |
| DIOVAN 320 MG TABLET                                     | 3     |           | Y                       | QL, ST                              |
| DIOVAN 40 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| DIOVAN 80 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| DIOVAN HCT 160 MG-12.5 MG TABLET                         | 3     |           | Y                       | QL, ST                              |
| DIOVAN HCT 160 MG-25 MG TABLET                           | 3     |           | Y                       | QL, ST                              |
| DIOVAN HCT 320 MG-12.5 MG TABLET                         | 3     |           | Y                       | QL, ST                              |
| DIOVAN HCT 320 MG-25 MG TABLET                           | 3     |           | Y                       | QL, ST                              |
| DIOVAN HCT 80 MG-12.5 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| DIPENTUM 250 MG CAPSULE                                  | 4     |           | Y                       | QL, ST                              |
| DIPHEN 12.5 MG/5 ML ORAL ELIXIR                          | 4     |           |                         | ST                                  |
| diphenhydramine 12.5 mg/5 ml                             | 3     |           |                         |                                     |
| diphenhydramine 25 mg/10 ml                              | 3     |           |                         |                                     |
| diphenoxylat-atrop 2.5-0.025/5                           | 2     |           |                         |                                     |
| diphenoxylate-atrop 2.5-0.025                            | 2     |           |                         |                                     |
| DIPROLENE 0.05 % TOPICAL OINTMENT                        | 3     |           |                         |                                     |
| dipyridamole 25 mg tablet                                | 2     |           | Y                       |                                     |
| dipyridamole 50 mg tablet                                | 2     |           | Y                       |                                     |
| dipyridamole 75 mg tablet                                | 2     |           | Y                       |                                     |
| DISKETS 40 MG SOLUBLE TABLET                             | 2     |           |                         | QL                                  |
| disopyramide 100 mg capsule                              | 3     |           | Y                       |                                     |
| disopyramide 150 mg capsule                              | 3     |           | Y                       |                                     |
| disulfiram 250 mg tablet                                 | 2     |           | Y                       |                                     |
| disulfiram 500 mg tablet                                 | 2     |           | Y                       |                                     |
| DITHOL 1.5 %-10 % TOPICAL COMBO PACK                     | 4     | Y         |                         | PA                                  |
| DITROPAN XL 10 MG TABLET,EXTENDED RELEASE                | 3     |           | Y                       | QL                                  |
| DITROPAN XL 15 MG TABLET                                 | 3     |           | Y                       | QL                                  |
| DITROPAN XL 5 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | QL                                  |
| DIURIL 250 MG/5 ML ORAL SUSPENSION                       | 3     |           | Y                       |                                     |
| divalproex dr 125 mg cap sprnk                           | 3     |           | Y                       |                                     |
| divalproex sod dr 125 mg tab                             | 1     |           | Y                       |                                     |
| divalproex sod dr 250 mg tab                             | 1     |           | Y                       |                                     |
| divalproex sod dr 500 mg tab                             | 1     |           | Y                       |                                     |
| divalproex sod er 250 mg tab                             | 2     |           | Y                       |                                     |
| divalproex sod er 500 mg tab                             | 2     |           | Y                       |                                     |
| DIVIGEL 0.25 MG/0.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET | 3     |           | Y                       |                                     |
| DIVIGEL 0.5 MG/0.5 GRAM (0.1 %) TRANSDERMAL GEL PACKET   | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| DIVIGEL 0.75 MG/0.75 GRAM (0.1%) TRANSDERMAL GEL PACKET  | 3     |           | Y                       |                                     |
| DIVIGEL 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET         | 3     |           | Y                       |                                     |
| DIVIGEL 1.25 MG/1.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET | 3     |           | Y                       |                                     |
| dofetilide 125 mcg capsule                               | 3     |           | Y                       | QL                                  |
| dofetilide 250 mcg capsule                               | 3     |           | Y                       | QL                                  |
| dofetilide 500 mcg capsule                               | 3     |           | Y                       | QL                                  |
| DOJOLVI 8.3 KCAL/ML ORAL LIQUID                          | 3     |           |                         | PA                                  |
| DOLOPHINE 10 MG TABLET                                   | 3     |           |                         | QL                                  |
| DOLOPHINE 5 MG TABLET                                    | 3     |           |                         | QL                                  |
| donepezil hcl 10 mg tablet                               | 1     |           | Y                       | QL                                  |
| donepezil hcl 23 mg tablet                               | 3     |           | Y                       | QL                                  |
| donepezil hcl 5 mg tablet                                | 1     |           | Y                       | QL                                  |
| donepezil hcl odt 10 mg tablet                           | 1     |           | Y                       | QL                                  |
| donepezil hcl odt 5 mg tablet                            | 1     |           | Y                       | QL                                  |
| DOPTELET (10 TAB PACK) 20 MG TABLET                      | 4     | Y         |                         | PA, QL                              |
| DOPTELET (15 TAB PACK) 20 MG TABLET                      | 4     | Y         |                         | PA, QL                              |
| DOPTELET (30 TAB PACK) 20 MG TABLET                      | 4     | Y         |                         | PA, QL                              |
| DORAL 15 MG TABLET                                       | 3     |           |                         | QL                                  |
| DORYX 200 MG TABLET,DELAYED RELEASE                      | 4     | Y         |                         | QL, ST                              |
| DORYX 50 MG TABLET,DELAYED RELEASE                       | 4     | Y         |                         | QL, ST                              |
| DORYX MPC 120 MG TABLET, DELAYED RELEASE                 | 4     |           |                         | QL, ST                              |
| dorzolamide hcl 2% eye drops                             | 1     |           | Y                       | QL                                  |
| dorzolamide-timolol 2%-0.5%                              | 3     |           | Y                       | QL, ST                              |
| dorzolamide-timolol eye drops                            | 2     |           | Y                       | QL                                  |
| dotti 0.025 mg/24 hr transdermal patch                   | 3     |           | Y                       | QL                                  |
| dotti 0.0375 mg/24 hr transdermal patch                  | 3     |           | Y                       | QL                                  |
| dotti 0.05 mg/24 hr transdermal patch                    | 3     |           | Y                       | QL                                  |
| dotti 0.075 mg/24 hr transdermal patch                   | 3     |           | Y                       | QL                                  |
| dotti 0.1 mg/24 hr transdermal patch                     | 3     |           | Y                       | QL                                  |
| DOVATO 50 MG-300 MG TABLET                               | 4     | Y         | Y                       | QL                                  |
| DOVONEX 0.005 % TOPICAL CREAM                            | 4     |           |                         | PA, QL                              |
| doxazosin mesylate 1 mg tab                              | 1     |           | Y                       |                                     |
| doxazosin mesylate 2 mg tab                              | 1     |           | Y                       |                                     |
| doxazosin mesylate 4 mg tab                              | 1     |           | Y                       |                                     |
| doxazosin mesylate 8 mg tab                              | 1     |           | Y                       |                                     |
| doxepin 10 mg capsule                                    | 2     |           | Y                       |                                     |
| doxepin 10 mg/ml oral conc                               | 2     |           | Y                       |                                     |
| doxepin 100 mg capsule                                   | 2     |           | Y                       |                                     |
| doxepin 150 mg capsule                                   | 2     |           | Y                       |                                     |
| doxepin 25 mg capsule                                    | 2     |           | Y                       |                                     |
| doxepin 5% cream   | 4     | Y         |                         | PA, QL                              |
| doxepin 50 mg capsule                                    | 2     |           | Y                       |                                     |
| doxepin 75 mg capsule                                    | 2     |           | Y                       |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| doxepin hcl 3 mg tablet                          | 4     |           |                         | QL, ST                              |
| doxepin hcl 6 mg tablet                          | 4     |           |                         | QL, ST                              |
| doxercalciferol 0.5 mcg cap                      | 4     |           | Y                       |                                     |
| doxercalciferol 1 mcg capsule                    | 4     |           | Y                       |                                     |
| doxercalciferol 2.5 mcg cap                      | 4     |           | Y                       |                                     |
| doxycycline 25 mg/5 ml susp                      | 3     |           |                         |                                     |
| doxycycline 50 mg tablet                         | 4     | Y         |                         | QL, ST                              |
| doxycycline hyc dr 100 mg tab                    | 4     |           |                         | QL, ST                              |
| doxycycline hyc dr 150 mg tab                    | 4     |           |                         | QL, ST                              |
| doxycycline hyc dr 200 mg tab                    | 4     | Y         |                         | QL, ST                              |
| doxycycline hyc dr 50 mg tab                     | 4     | Y         |                         | QL, ST                              |
| doxycycline hyc dr 75 mg tab                     | 4     |           |                         | QL, ST                              |
| doxycycline hyc dr 80 mg tab                     | 4     | Y         |                         | QL, ST                              |
| doxycycline hyclate 100 mg cap                   | 2     |           |                         | QL                                  |
| doxycycline hyclate 100 mg tab                   | 2     |           |                         |                                     |
| doxycycline hyclate 150 mg tab                   | 4     |           |                         | QL, ST                              |
| doxycycline hyclate 20 mg tab                    | 2     |           |                         |                                     |
| doxycycline hyclate 50 mg cap                    | 2     |           |                         |                                     |
| doxycycline hyclate 75 mg tab                    | 4     |           |                         | QL, ST                              |
| doxycycline ir-dr 40 mg cap                      | 4     | Y         |                         | QL, ST                              |
| doxycycline mono 100 mg cap                      | 2     |           |                         | QL                                  |
| doxycycline mono 100 mg tablet                   | 2     |           |                         |                                     |
| doxycycline mono 150 mg cap                      | 4     |           |                         | QL, ST                              |
| doxycycline mono 150 mg tablet                   | 3     |           |                         | ST                                  |
| doxycycline mono 50 mg cap                       | 2     |           |                         | QL                                  |
| doxycycline mono 50 mg tablet                    | 2     |           |                         |                                     |
| doxycycline mono 75 mg capsule                   | 4     |           |                         | QL, ST                              |
| doxycycline mono 75 mg tablet                    | 3     |           |                         | ST                                  |
| doxylamine-pyridoxine 10-10 mg                   | 3     |           |                         | QL                                  |
| DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE          | 3     |           | Y                       |                                     |
| DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE  | 3     |           | Y                       | QL, ST                              |
| DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE  | 3     |           | Y                       | QL, ST                              |
| DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE  | 3     |           | Y                       | QL, ST                              |
| DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE  | 3     |           | Y                       | QL, ST                              |
| dronabinol 10 mg capsule                         | 3     |           |                         | PA, QL                              |
| dronabinol 2.5 mg capsule                        | 3     |           |                         | PA, QL                              |
| dronabinol 5 mg capsule                          | 3     |           |                         | PA, QL                              |
| DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64" | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"  | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"  | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"     | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"               | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"             | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"              | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"             | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"              | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16"  | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" | 2     |           | Y                       |                                     |
| DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16"  | 2     |           | Y                       |                                     |
| DROPLET LANCETS 30 GAUGE                                   | 1     |           | Y                       |                                     |
| DROPLET LANCING DEVICE                                     | 3     |           |                         |                                     |
| DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"                 | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 29 GAUGE X 1/2"                         | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 29 GAUGE X 3/8"                         | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 30 GAUGE X 5/16"                        | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 31 GAUGE X 1/4"                         | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 31 GAUGE X 3/16"                        | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 31 GAUGE X 5/16"                        | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 32 GAUGE X 1/4"                         | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 32 GAUGE X 3/16"                        | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 32 GAUGE X 5/16"                        | 1     |           | Y                       |                                     |
| DROPLET PEN NEEDLE 32 GAUGE X 5/32"                        | 1     |           | Y                       |                                     |
| DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"                        | 1     |           | Y                       |                                     |
| DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"                       | 1     |           | Y                       |                                     |
| drosp-ee-levomef 3-0.02-0.451                              | 1     |           | Y                       |                                     |
| drosp-ee-levomef 3-0.03-0.451                              | 2     |           | Y                       |                                     |
| drospirenone-ee 3-0.02 mg tab                              | 1     |           | Y                       |                                     |
| drospirenone-ee 3-0.03 mg tab                              | 1     |           | Y                       |                                     |
| DROXIA 200 MG CAPSULE                                      | 2     |           | Y                       |                                     |
| DROXIA 300 MG CAPSULE                                      | 2     |           | Y                       |                                     |
| DROXIA 400 MG CAPSULE                                      | 2     |           | Y                       |                                     |
| drug mart glucose 4 gm tab chw                             | 1     |           |                         |                                     |
| DUAC 1.2-5% GEL  | 3     |           |                         |                                     |
| DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED | 4     |           | Y                       | QL, ST                              |
| DUAVEE 0.45 MG-20 MG TABLET                                | 3     |           | Y                       | PA, QL                              |
| DUET DHA BALANCED 25 MG IRON-1 MG-267 MG-233 MG ORAL PACK  | 3     |           | Y                       |                                     |
| DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK     | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| DUETACT 30 MG-2 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| DUETACT 30 MG-4 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER           | 3     |           | Y                       | QL, ST                              |
| DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER           | 3     |           | Y                       | QL, ST                              |
| DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER            | 3     |           | Y                       | QL, ST                              |
| duloxetine hcl dr 20 mg cap                                  | 1     |           | Y                       | QL                                  |
| duloxetine hcl dr 30 mg cap                                  | 1     |           | Y                       | QL                                  |
| duloxetine hcl dr 40 mg cap                                  | 3     |           | Y                       | QL                                  |
| duloxetine hcl dr 60 mg cap                                  | 1     |           | Y                       | QL                                  |
| DUOBRII 0.01 %-0.045 % LOTION                                | 4     | Y         |                         | PA, QL                              |
| DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE                 | 4     | Y         | Y                       | PA, QL                              |
| DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR               | 4     |           | Y                       | PA, QL                              |
| DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE                    | 4     | Y         | Y                       | PA, QL                              |
| DURAGESIC 100 MCG/HR TRANSDERMAL PATCH                       | 4     |           |                         | QL                                  |
| DURAGESIC 12 MCG/HR TRANSDERMAL PATCH                        | 4     |           |                         | QL                                  |
| DURAGESIC 25 MCG/HR TRANSDERMAL PATCH                        | 4     |           |                         | QL                                  |
| DURAGESIC 50 MCG/HR TRANSDERMAL PATCH                        | 4     |           |                         | QL                                  |
| DURAGESIC 75 MCG/HR TRANSDERMAL PATCH                        | 4     |           |                         | QL                                  |
| DUREZOL 0.05 % EYE DROPS                                     | 3     |           |                         | ST                                  |
| DURLAZA 162.5 MG CAPSULE,EXTENDED RELEASE                    | 3     |           | Y                       | PA, QL                              |
| dutasteride 0.5 mg capsule                                   | 2     |           | Y                       | QL                                  |
| dutasteride-tamsulosin 0.5-0.4                               | 3     |           | Y                       | QL, ST                              |
| DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE              | 3     |           | Y                       | QL                                  |
| DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE               | 3     |           | Y                       | QL                                  |
| DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE               | 3     |           | Y                       | QL                                  |
| DUZALLO 200 MG-200 MG TABLET                                 | 3     |           | Y                       | PA, QL                              |
| DUZALLO 200 MG-300 MG TABLET                                 | 3     |           | Y                       | PA, QL                              |
| dvorah 325 mg-30 mg-16 mg tablet                             | 3     |           |                         | QL                                  |
| DXEVO 1.5 MG (39 TABS) TABLETS IN A DOSE PACK                | 3     |           |                         |                                     |
| DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION | 3     |           | Y                       | QL, ST                              |
| DYAZIDE 37.5 MG-25 MG CAPSULE                                | 3     |           | Y                       |                                     |
| DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY                     | 3     |           |                         | QL, ST                              |
| DYRENIUM 100 MG CAPSULE                                      | 3     |           | Y                       |                                     |
| DYRENIUM 50 MG CAPSULE                                       | 3     |           | Y                       |                                     |
| E.E.S. 400 MG TABLET   | 4     |           |                         |                                     |
| E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION                  | 4     |           |                         |                                     |
| EASIVENT HOLDING CHAMBER                                     | 3     |           |                         |                                     |
| EASIVENT MASK LARGE  | 3     |           |                         |                                     |
| EASIVENT MASK MEDIUM   | 3     |           |                         |                                     |
| EASIVENT MASK SMALL  | 3     |           |                         |                                     |
| EASY CLICK LANCING DEVICE                                    | 1     |           |                         |                                     |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS                        | 3     |           |                         |                                     |
| EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"         | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| EASY COMFORT LANCETS 30 GAUGE                        | 1     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"             | 2     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"            | 1     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"            | 2     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"            | 3     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4"             | 1     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16"            | 1     |           | Y                       |                                     |
| EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32"            | 1     |           | Y                       |                                     |
| EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"  | 2     |           | Y                       |                                     |
| EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"    | 2     |           | Y                       |                                     |
| EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"  | 2     |           | Y                       |                                     |
| EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32"               | 1     |           | Y                       |                                     |
| EASY GLUCO G2 STRIPS                                 | 3     |           | Y                       | QL, ST                              |
| EASY MINI EJECT LANCING DEVICE                       | 3     |           |                         |                                     |
| EASY PLUS II BLOOD GLUCOSE METER                     | 3     |           | Y                       | ST                                  |
| EASY PLUS II HIGH CONTROL SOLUTION                   | 3     |           | Y                       |                                     |
| EASY PLUS II LOW CONTROL SOLUTION                    | 3     |           | Y                       |                                     |
| EASY PLUS II TEST STRIPS                             | 3     |           | Y                       | QL, ST                              |
| EASY STEP BLOOD GLUCOSE METER                        | 3     |           | Y                       | ST                                  |
| EASY STEP GLUCOSE SYSTEM KIT                         | 3     |           | Y                       | ST                                  |
| EASY STEP HIGH CONTROL SOLUTION                      | 3     |           | Y                       |                                     |
| EASY STEP LOW CONTROL SOLUTION                       | 3     |           | Y                       |                                     |
| EASY STEP NORMAL CONTROL SOLN SOLUTION               | 3     |           | Y                       |                                     |
| EASY STEP STRIPS                                     | 3     |           | Y                       | QL, ST                              |
| EASY TALK BLOOD GLUCOSE METER                        | 3     |           | Y                       | ST                                  |
| EASY TALK GLUCOSE TEST STRIPS                        | 3     |           | Y                       | QL, ST                              |
| EASY TALK HIGH CONTROL SOLUTION                      | 3     |           | Y                       |                                     |
| EASY TALK LOW CONTROL SOLUTION                       | 3     |           | Y                       |                                     |
| EASY TOUCH 29 GAUGE X 1/2" NEEDLE                    | 1     |           | Y                       |                                     |
| EASY TOUCH 31 GAUGE X 1/4" NEEDLE                    | 1     |           | Y                       |                                     |
| EASY TOUCH 31 GAUGE X 3/16" NEEDLE                   | 1     |           | Y                       |                                     |
| EASY TOUCH 31 GAUGE X 5/16" NEEDLE                   | 1     |           | Y                       |                                     |
| EASY TOUCH 32 GAUGE X 1/4" NEEDLE                    | 1     |           | Y                       |                                     |
| EASY TOUCH 32 GAUGE X 3/16" NEEDLE                   | 1     |           | Y                       |                                     |
| EASY TOUCH 32 GAUGE X 5/32" NEEDLE                   | 3     |           | Y                       |                                     |
| EASY TOUCH ALCOHOL PREP PADS                         | 3     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE    | 2     |           | Y                       |                                     |
| EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE   | 2     |           | Y                       |                                     |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| EASY TOUCH GLUCOSE MONITOR                                  | 3     |           | Y                       | ST                                  |
| EASY TOUCH HIGH-LOW CONTROL SOLUTION                        | 3     |           | Y                       |                                     |
| EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"      | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2"      | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"          | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"          | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"          | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"          | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"             | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"             | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"             | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"             | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"            | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"            | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| EASY TOUCH LANCETS 26 GAUGE                                 | 3     |           | Y                       |                                     |
| EASY TOUCH LANCETS 28 GAUGE                                 | 1     |           | Y                       |                                     |
| EASY TOUCH LANCETS 30 GAUGE                                 | 3     |           | Y                       |                                     |
| EASY TOUCH LANCETS 32 GAUGE                                 | 3     |           | Y                       |                                     |
| EASY TOUCH LANCING DEVICE                                   | 3     |           |                         |                                     |
| EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE                   | 2     |           | Y                       |                                     |
| EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16"                      | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY LANCETS 21 GAUGE                          | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY LANCETS 23 GAUGE                          | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY LANCETS 26 GAUGE                          | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY LANCETS 28 GAUGE                          | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY LANCETS 30 GAUGE                          | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY LANCETS 32 GAUGE                          | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"               | 1     |           | Y                       |                                     |
| EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"               | 1     |           | Y                       |                                     |
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE  | 2     |           | Y                       |                                     |
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE | 2     |           | Y                       |                                     |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| EASY TOUCH TEST STRIP                                       | 3     |           | Y                       | QL, ST                              |
| EASY TOUCH TWIST LANCETS 26 GAUGE                           | 1     |           | Y                       |                                     |
| EASY TOUCH TWIST LANCETS 28 GAUGE                           | 1     |           | Y                       |                                     |
| EASY TOUCH TWIST LANCETS 30 GAUGE                           | 1     |           | Y                       |                                     |
| EASY TOUCH TWIST LANCETS 32 GAUGE                           | 1     |           | Y                       |                                     |
| EASY TOUCH TWIST LANCETS 33 GAUGE                           | 1     |           | Y                       |                                     |
| EASY TOUCH UNI-SLIP 1 ML SYRINGE                            | 4     |           | Y                       |                                     |
| EASY TRAK BLOOD GLUCOSE METER                               | 3     |           | Y                       | ST                                  |
| EASY TRAK GLUCOSE TEST STRIPS                               | 3     |           | Y                       | QL, ST                              |
| EASY TRAK HIGH CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| EASY TRAK LOW CONTROL SOLUTION                              | 3     |           | Y                       |                                     |
| EASY TWIST AND CAP LANCETS 28 GAUGE                         | 1     |           | Y                       |                                     |
| EASYGLUCO METER KIT   | 3     |           | Y                       | ST                                  |
| EASYGLUCO MONITORING SYSTEM KIT                             | 3     |           | Y                       | ST                                  |
| EASYGLUCO PLUS NORMAL CONTROL SOLUTION                      | 3     |           | Y                       |                                     |
| EASYGLUCO PLUS STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| EASYGLUCO TEST STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| EASYMAX 15 LEVEL 1 SOLUTION                                 | 3     |           | Y                       |                                     |
| EASYMAX 15 LEVEL 2 SOLUTION                                 | 3     |           | Y                       |                                     |
| EASYMAX 15 TEST STRIPS                                      | 3     |           | Y                       | QL, ST                              |
| EASYMAX L BLOOD GLUCOSE METER                               | 3     |           | Y                       | ST                                  |
| EASYMAX LOW CONTROL SOLUTION                                | 3     |           | Y                       |                                     |
| EASYMAX NG KIT  | 3     |           | Y                       | ST                                  |
| EASYMAX NG METER  | 3     |           | Y                       | ST                                  |
| EASYMAX NORMAL CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| EASYMAX STRIPS  | 3     |           | Y                       | QL, ST                              |
| EASYMAX V SPEAKING BLOOD GLUCOSE SYSTEM                     | 3     |           | Y                       | ST                                  |
| EASYMAX V2 BLOOD GLUCOSE METER                              | 3     |           | Y                       | ST                                  |
| EASY-TOUCH BLOOD GLUCOSE METER                              | 3     |           | Y                       | ST                                  |
| ECLIPSE NEEDLE 23 GAUGE X 1"                                | 1     |           |                         |                                     |
| ECLIPSE NEEDLE 25 X 5/8"                                    | 1     |           |                         |                                     |
| ECLIPSE NEEDLE 27 GAUGE X 1/2"                              | 1     |           |                         |                                     |
| ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"                          | 1     |           |                         |                                     |
| ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"                          | 1     |           |                         |                                     |
| EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE                   | 3     |           | Y                       |                                     |
| EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE                   | 3     |           | Y                       |                                     |
| ec-naproxen 375 mg tablet,delayed release                   | 2     |           | Y                       |                                     |
| ec-naproxen 500 mg tablet,delayed release                   | 2     |           | Y                       |                                     |
| econazole nitrate 1% cream                                  | 3     |           |                         |                                     |
| ECOZA 1 % TOPICAL FOAM                                      | 4     | Y         |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| EDARBI 40 MG TABLET                                       | 3     |           | Y                       | QL, ST                              |
| EDARBI 80 MG TABLET                                       | 3     |           | Y                       | QL, ST                              |
| EDARBYCLOR 40 MG-12.5 MG TABLET                           | 3     |           | Y                       | QL, ST                              |
| EDARBYCLOR 40 MG-25 MG TABLET                             | 3     |           | Y                       | QL, ST                              |
| EDECIN 25 MG TABLET                                       | 4     | Y         | Y                       |                                     |
| EDLUAR 10 MG SUBLINGUAL TABLET                            | 3     |           |                         | QL, ST                              |
| EDLUAR 5 MG SUBLINGUAL TABLET                             | 3     |           |                         | QL, ST                              |
| ed-spaz 0.125 mg disintegrating tablet                    | 2     |           | Y                       |                                     |
| EDURANT 25 MG TABLET                                      | 4     | Y         | Y                       | QL                                  |
| eemt 1.25 mg-2.5 mg tablet                                | 3     |           | Y                       |                                     |
| eemt hs 0.625 mg-1.25 mg tablet                           | 3     |           | Y                       |                                     |
| efavirenz 200 mg capsule                                  | 4     |           | Y                       | QL                                  |
| efavirenz 50 mg capsule                                   | 4     |           | Y                       | QL                                  |
| efavirenz 600 mg tablet                                   | 4     |           | Y                       | QL                                  |
| EFFER-K 10 MEQ EFFERVESCENT TABLET                        | 3     |           | Y                       |                                     |
| EFFER-K 20 MEQ EFFERVESCENT TABLET                        | 3     |           | Y                       |                                     |
| effer-k 25 meq effervescent tablet                        | 3     |           | Y                       |                                     |
| EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE                | 4     |           | Y                       | QL, ST                              |
| EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE               | 4     |           | Y                       | QL, ST                              |
| EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE                 | 4     |           | Y                       | QL, ST                              |
| EFFIENT 10 MG TABLET                                      | 4     |           | Y                       | QL, ST                              |
| EFFIENT 5 MG TABLET                                       | 4     |           | Y                       | QL, ST                              |
| EFUDEX 5 % TOPICAL CREAM                                  | 4     |           |                         |                                     |
| EGATEN 250 MG TABLET                                      | 4     |           |                         |                                     |
| EGRIFTA 1 MG VIAL   | 4     | Y         | Y                       | PA, QL                              |
| EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION                     | 4     | Y         | Y                       | PA, QL                              |
| ELCYS 50 MG/ML INTRAVENOUS SOLUTION                       | 3     |           |                         |                                     |
| ELEMENT COMPACT GLUCOSE METER                             | 3     |           | Y                       | ST                                  |
| ELEMENT COMPACT HIGH CONTROL SOLUTION                     | 3     |           | Y                       |                                     |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION                   | 3     |           | Y                       |                                     |
| ELEMENT COMPACT TEST STRIPS                               | 3     |           | Y                       | QL, ST                              |
| ELEMENT COMPACT V GLUCOSE METER                           | 3     |           | Y                       | ST                                  |
| ELEMENT HIGH CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| ELEMENT LOW CONTROL SOLUTION                              | 3     |           | Y                       |                                     |
| ELEMENT NORMAL CONTROL SOLUTION                           | 3     |           | Y                       |                                     |
| ELEMENT PLUS BLOOD GLUCOSE KIT                            | 3     |           | Y                       | ST                                  |
| ELEMENT TEST STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| ELESTAT 0.05% EYE DROPS                                   | 3     |           |                         | QL, ST                              |
| ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP | 3     |           | Y                       | QL, ST                              |
| eletriptan hbr 20 mg tablet                               | 3     |           |                         | QL, ST                              |
| eletriptan hbr 40 mg tablet                               | 3     |           |                         | QL, ST                              |
| ELIDEL 1 % TOPICAL CREAM                                  | 4     |           |                         |                                     |
| ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE            | 4     | Y         | Y                       | PA, QL                              |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE                           | 4     | Y         | Y                       | PA, QL                              |
| ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE                           | 4     | Y         | Y                       | PA, QL                              |
| ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE                          | 4     | Y         | Y                       | PA, QL                              |
| ELIMITE 5 % TOPICAL CREAM  | 3     |           |                         |                                     |
| elinest 0.3 mg-30 mcg tablet   | 1     |           | Y                       |                                     |
| ELIQUIS 2.5 MG TABLET  | 2     |           | Y                       | QL                                  |
| ELIQUIS 5 MG TABLET  | 2     |           | Y                       | QL                                  |
| ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK | 2     |           |                         | QL                                  |
| ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR                                   | 4     |           | Y                       |                                     |
| ELLA 30 MG TABLET  | 2     |           |                         | QL                                  |
| ELMIRON 100 MG CAPSULE   | 4     | Y         |                         | QL                                  |
| ELOCON 0.1% CREAM  | 3     |           |                         |                                     |
| ELOCON 0.1% OINTMENT   | 3     |           |                         |                                     |
| eluryng 0.12 mg-0.015 mg/24 hr vaginal ring                            | 3     |           | Y                       | QL                                  |
| EMADINE 0.05% EYE DROPS  | 3     |           |                         | ST                                  |
| EMBEDA ER 100-4 MG CAPSULE   | 3     |           |                         | QL, ST                              |
| EMBEDA ER 20-0.8 MG CAPSULE  | 3     |           |                         | QL, ST                              |
| EMBEDA ER 30-1.2 MG CAPSULE  | 3     |           |                         | QL, ST                              |
| EMBEDA ER 50-2 MG CAPSULE  | 3     |           |                         | QL, ST                              |
| EMBEDA ER 60-2.4 MG CAPSULE  | 3     |           |                         | QL, ST                              |
| EMBEDA ER 80-3.2 MG CAPSULE  | 3     |           |                         | QL, ST                              |
| EMBRACE BLOOD GLUCOSE KIT  | 3     |           | Y                       | ST                                  |
| EMBRACE BLOOD GLUCOSE SYSTEM   | 3     |           | Y                       | ST                                  |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIPS                                    | 3     |           | Y                       | QL, ST                              |
| EMBRACE EVO BLOOD GLUCOSE KIT  | 3     |           | Y                       | ST                                  |
| EMBRACE EVO LEVEL 1 SOLUTION   | 3     |           | Y                       |                                     |
| EMBRACE EVO TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| EMBRACE GLUCOSE CONTROL HIGH SOLUTION                                  | 3     |           | Y                       |                                     |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION                                   | 3     |           | Y                       |                                     |
| EMBRACE LANCETS 30 GAUGE   | 3     |           | Y                       |                                     |
| EMBRACE PRO BLOOD GLUCOSE METER  | 3     |           | Y                       | ST                                  |
| EMBRACE PRO SOLUTION   | 3     |           | Y                       |                                     |
| EMBRACE PRO TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT                       | 3     |           | Y                       | ST                                  |
| EMBRACE TALK CONTROL-HIGH (L2) SOLUTION                                | 3     |           | Y                       |                                     |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION                                 | 3     |           | Y                       |                                     |
| EMBRACE TALK GLUCOSE MONITOR   | 3     |           | Y                       | ST                                  |
| EMBRACE TALK TEST STRIPS   | 3     |           | Y                       | QL, ST                              |
| EMCYT 140 MG CAPSULE   | 3     |           |                         | QL                                  |
| EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK                     | 4     |           |                         | PA, QL                              |
| EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION                    | 3     |           |                         | PA, QL                              |
| EMEND 125 MG CAPSULE   | 4     |           |                         | PA, QL                              |
| EMEND 40 MG CAPSULE  | 4     |           |                         | PA, QL                              |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| EMEND 80 MG CAPSULE  | 4     |           |                         | PA, QL                              |
| EMFLAZA 18 MG TABLET                                       | 4     | Y         | Y                       | PA                                  |
| EMFLAZA 22.75 MG/ML ORAL SUSPENSION                        | 4     | Y         | Y                       | PA                                  |
| EMFLAZA 30 MG TABLET                                       | 4     | Y         | Y                       | PA                                  |
| EMFLAZA 36 MG TABLET                                       | 4     | Y         | Y                       | PA                                  |
| EMFLAZA 6 MG TABLET  | 4     | Y         | Y                       | PA                                  |
| EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE                    | 3     |           | Y                       | PA, QL                              |
| EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE  | 4     |           |                         | PA, QL                              |
| EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR           | 3     |           | Y                       | PA, QL                              |
| emoquette 0.15 mg-0.03 mg tablet                           | 1     |           | Y                       |                                     |
| EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH                | 4     | Y         | Y                       | PA, QL                              |
| EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH                 | 4     | Y         | Y                       | PA, QL                              |
| EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH                 | 4     | Y         | Y                       | PA, QL                              |
| EMTRIVA 10 MG/ML ORAL SOLUTION                             | 3     |           | Y                       | QL                                  |
| EMTRIVA 200 MG CAPSULE                                     | 3     |           | Y                       | QL                                  |
| emverm 100 mg chewable tablet                              | 4     | Y         |                         |                                     |
| ENABLEX 15 MG TABLET                                       | 3     |           | Y                       | QL, ST                              |
| ENABLEX 7.5 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| enalapril maleate 10 mg tab                                | 1     |           | Y                       |                                     |
| enalapril maleate 2.5 mg tab                               | 1     |           | Y                       |                                     |
| enalapril maleate 20 mg tab                                | 1     |           | Y                       |                                     |
| enalapril maleate 5 mg tablet                              | 1     |           | Y                       |                                     |
| enalapril-hctz 10-25 mg tablet                             | 1     |           | Y                       |                                     |
| enalapril-hctz 5-12.5 mg tab                               | 1     |           | Y                       |                                     |
| ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION       | 4     | Y         | Y                       | PA, QL                              |
| ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE          | 4     | Y         | Y                       | PA, QL                              |
| ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION                  | 4     | Y         |                         | PA, QL                              |
| ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE                | 4     | Y         | Y                       | PA, QL                              |
| ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE         | 4     | Y         | Y                       | PA, QL                              |
| ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| ENDARI 5 GRAM ORAL POWDER PACKET                           | 4     |           | Y                       | PA                                  |
| endocet 10 mg-325 mg tablet                                | 2     |           |                         | QL                                  |
| endocet 2.5 mg-325 mg tablet                               | 2     |           |                         | QL                                  |
| endocet 5 mg-325 mg tablet                                 | 2     |           |                         | QL                                  |
| endocet 7.5 mg-325 mg tablet                               | 2     |           |                         | QL                                  |
| ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION          | 4     |           |                         |                                     |
| ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE             | 4     |           |                         |                                     |
| ENLITE GLUCOSE SENSOR DEVICE                               | 3     |           | Y                       | PA                                  |
| ENLITE SYSTEM  | 3     |           | Y                       | PA                                  |
| enoxaparin 100 mg/ml syringe                               | 3     |           |                         | QL                                  |
| enoxaparin 120 mg/0.8 ml syr                               | 3     |           |                         | QL                                  |
| enoxaparin 150 mg/ml syringe                               | 3     |           |                         | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| enoxaparin 30 mg/0.3 ml syr                            | 3     |           |                         | QL                                  |
| enoxaparin 300 mg/3 ml vial                            | 3     |           |                         | QL                                  |
| enoxaparin 40 mg/0.4 ml syr                            | 3     |           |                         | QL                                  |
| enoxaparin 60 mg/0.6 ml syr                            | 3     |           |                         | QL                                  |
| enoxaparin 80 mg/0.8 ml syr                            | 3     |           |                         | QL                                  |
| enpresse 50-30 (6)/75-40(5)/125-30(10) tablet          | 1     |           | Y                       |                                     |
| enskyce 0.15 mg-0.03 mg tablet                         | 1     |           | Y                       |                                     |
| ENSTILAR 0.005 %-0.064 % TOPICAL FOAM                  | 4     | Y         |                         | PA, QL                              |
| entacapone 200 mg tablet                               | 3     |           | Y                       | QL                                  |
| entecavir 0.5 mg tablet                                | 3     |           | Y                       | QL                                  |
| entecavir 1 mg tablet                                  | 3     |           | Y                       | QL                                  |
| ENTEREG 12 MG CAPSULE                                  | 4     |           |                         | QL                                  |
| ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE      | 4     |           |                         |                                     |
| ENTRESTO 24 MG-26 MG TABLET                            | 2     |           | Y                       | QL                                  |
| ENTRESTO 49 MG-51 MG TABLET                            | 2     |           | Y                       | QL                                  |
| ENTRESTO 97 MG-103 MG TABLET                           | 2     |           | Y                       | QL                                  |
| enulose 10 gram/15 ml oral solution                    | 1     |           | Y                       |                                     |
| ENVARUSUS XR 0.75 MG TABLET,EXTENDED RELEASE           | 4     |           | Y                       | PA                                  |
| ENVARUSUS XR 1 MG TABLET,EXTENDED RELEASE              | 4     |           | Y                       | PA                                  |
| ENVARUSUS XR 4 MG TABLET,EXTENDED RELEASE              | 4     |           | Y                       | PA                                  |
| EPANED 1 MG/ML ORAL SOLUTION                           | 3     |           | Y                       |                                     |
| EPCLUSA 400 MG-100 MG TABLET                           | 4     | Y         |                         | PA, QL                              |
| EPIDIOLEX 100 MG/ML ORAL SOLUTION                      | 4     | Y         | Y                       | PA                                  |
| EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP               | 4     |           |                         | ST                                  |
| EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP         | 4     |           |                         | ST                                  |
| EPIFOAM 1 %-1 % TOPICAL                                | 4     |           |                         |                                     |
| epinastine hcl 0.05% eye drops                         | 3     |           |                         | QL                                  |
| epinephrine 0.15 mg auto-injct                         | 2     |           |                         | QL                                  |
| epinephrine 0.3 mg auto-inject                         | 2     |           |                         | QL                                  |
| EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR          | 3     |           |                         | QL, ST                              |
| EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR    | 3     |           |                         | QL, ST                              |
| EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR       | 3     |           |                         | QL, ST                              |
| EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR | 3     |           |                         | QL, ST                              |
| epitol 200 mg tablet                                   | 2     |           | Y                       |                                     |
| EPIVIR 10 MG/ML ORAL SOLUTION                          | 3     |           | Y                       | QL                                  |
| EPIVIR 150 MG TABLET                                   | 3     |           | Y                       | QL                                  |
| EPIVIR 300 MG TABLET                                   | 3     |           | Y                       | QL                                  |
| EPIVIR HBV 100 MG TABLET                               | 4     |           | Y                       | QL                                  |
| EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION          | 4     |           | Y                       | QL                                  |
| eplerenone 25 mg tablet                                | 3     |           | Y                       |                                     |
| eplerenone 50 mg tablet                                | 3     |           | Y                       |                                     |
| EPOGEN 10,000 UNIT/ML INJECTION SOLUTION               | 4     | Y         | Y                       | PA, QL                              |
| EPOGEN 2,000 UNIT/ML INJECTION SOLUTION                | 4     | Y         | Y                       | PA, QL                              |
| EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION             | 4     | Y         | Y                       | PA, QL                              |

| Drug Name                                | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| EPOGEN 20,000 UNIT/ML INJECTION SOLUTION | 4     | Y         | Y                       | PA, QL                              |
| EPOGEN 3,000 UNIT/ML INJECTION SOLUTION  | 4     | Y         | Y                       | PA, QL                              |
| EPOGEN 4,000 UNIT/ML INJECTION SOLUTION  | 4     | Y         | Y                       | PA, QL                              |
| eprosartan mesylate 600 mg tab           | 3     |           | Y                       | QL, ST                              |
| EPZICOM 600 MG-300 MG TABLET             | 4     |           | Y                       | QL                                  |
| EQUETRO 100 MG CAPSULE, EXTENDED RELEASE | 3     |           | Y                       | PA                                  |
| EQUETRO 200 MG CAPSULE, EXTENDED RELEASE | 3     |           | Y                       | PA                                  |
| EQUETRO 300 MG CAPSULE, EXTENDED RELEASE | 3     |           | Y                       | PA                                  |
| ergoloid mesylates 1 mg tab              | 4     |           | Y                       |                                     |
| ERGOMAR 2 MG SUBLINGUAL TABLET           | 4     |           |                         |                                     |
| ergotamine-caffeine 1-100mg tb           | 3     |           |                         |                                     |
| ERIVEDGE 150 MG CAPSULE                  | 4     | Y         | Y                       | PA, QL                              |
| ERLEADA 60 MG TABLET                     | 4     | Y         | Y                       | PA, QL                              |
| erlotinib hcl 100 mg tablet              | 4     | Y         | Y                       | PA, QL                              |
| erlotinib hcl 150 mg tablet              | 4     | Y         | Y                       | PA, QL                              |
| erlotinib hcl 25 mg tablet               | 4     | Y         | Y                       | PA, QL                              |
| errin 0.35 mg tablet                     | 1     |           | Y                       |                                     |
| ERTACZO 2 % TOPICAL CREAM                | 4     |           |                         | ST                                  |
| ery pads 2 % topical swab                | 3     |           |                         |                                     |
| ERYGEL 2 % TOPICAL                       | 3     |           |                         |                                     |
| ERYPED 200 200 MG/5 ML ORAL SUSPENSION   | 4     |           |                         |                                     |
| ERYPED 400 MG/5 ML ORAL SUSPENSION       | 4     |           |                         |                                     |
| ERY-TAB 250 MG TABLET,DELAYED RELEASE    | 4     |           |                         |                                     |
| ERY-TAB 333 MG TABLET,DELAYED RELEASE    | 4     |           |                         |                                     |
| ERY-TAB 500 MG TABLET,DELAYED RELEASE    | 4     |           |                         |                                     |
| ERYTHROCIN (AS STEARATE) 250 MG TABLET   | 4     |           |                         |                                     |
| erythromycin 0.5% eye ointment           | 2     |           |                         |                                     |
| erythromycin 2% gel                      | 3     |           |                         |                                     |
| erythromycin 2% pledgets                 | 3     |           |                         |                                     |
| erythromycin 2% solution                 | 2     |           |                         |                                     |
| erythromycin 200 mg/5 ml susp            | 4     |           |                         |                                     |
| erythromycin 250 mg filmtab              | 4     |           |                         |                                     |
| erythromycin 400 mg/5 ml susp            | 4     |           |                         |                                     |
| erythromycin 500 mg filmtab              | 4     |           |                         |                                     |
| erythromycin dr 250 mg cap               | 4     |           |                         |                                     |
| erythromycin dr 250 mg tablet            | 4     |           |                         |                                     |
| erythromycin dr 333 mg tablet            | 4     |           |                         |                                     |
| erythromycin dr 500 mg tablet            | 4     |           |                         |                                     |
| erythromycin es 400 mg tab               | 4     |           |                         |                                     |
| erythromycin-benzoyl gel                 | 3     |           |                         |                                     |
| ESBRIET 267 MG CAPSULE                   | 4     | Y         | Y                       | PA, QL                              |
| ESBRIET 267 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| ESBRIET 801 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| escitalopram 10 mg tablet                | 1     |           | Y                       | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| escitalopram 20 mg tablet                                 | 1     |           | Y                       | QL                                  |
| escitalopram 5 mg tablet                                  | 1     |           | Y                       | QL                                  |
| escitalopram oxalate 5 mg/5 ml                            | 3     |           | Y                       | QL                                  |
| ESGIC 50 MG-325 MG-40 MG CAPSULE                          | 3     |           |                         | QL                                  |
| ESGIC 50 MG-325 MG-40 MG TABLET                           | 3     |           |                         | QL                                  |
| esomeprazole dr 10 mg packet                              | 3     |           | Y                       | QL                                  |
| esomeprazole dr 20 mg packet                              | 3     |           | Y                       | QL                                  |
| esomeprazole dr 40 mg packet                              | 3     |           | Y                       | QL                                  |
| esomeprazole dr 49.3 mg cap                               | 3     |           | Y                       | QL, ST                              |
| esomeprazole mag dr 20 mg cap                             | 2     |           | Y                       | QL                                  |
| esomeprazole mag dr 40 mg cap                             | 2     |           | Y                       | QL                                  |
| estarylla 0.25 mg-35 mcg tablet                           | 1     |           | Y                       |                                     |
| estazolam 1 mg tablet                                     | 2     |           |                         | QL                                  |
| estazolam 2 mg tablet                                     | 2     |           |                         | QL                                  |
| ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM                 | 3     |           | Y                       |                                     |
| ESTRACE 0.5 MG TABLET                                     | 3     |           | Y                       |                                     |
| ESTRACE 1 MG TABLET                                       | 3     |           | Y                       |                                     |
| ESTRACE 2 MG TABLET                                       | 3     |           | Y                       |                                     |
| estradiol 0.01% cream                                     | 3     |           | Y                       |                                     |
| estradiol 0.025 mg patch                                  | 3     |           | Y                       | QL                                  |
| estradiol 0.0375 mg patch                                 | 3     |           | Y                       | QL                                  |
| estradiol 0.0375 mg/day patch                             | 2     |           | Y                       | QL                                  |
| estradiol 0.05 mg patch                                   | 3     |           | Y                       | QL                                  |
| estradiol 0.06 mg/day patch                               | 2     |           | Y                       | QL                                  |
| estradiol 0.075 mg patch                                  | 3     |           | Y                       | QL                                  |
| estradiol 0.075 mg/day patch                              | 2     |           | Y                       | QL                                  |
| estradiol 0.1 mg patch                                    | 3     |           | Y                       | QL                                  |
| estradiol 0.5 mg tablet                                   | 1     |           | Y                       |                                     |
| estradiol 1 mg tablet                                     | 1     |           | Y                       |                                     |
| estradiol 10 mcg vaginal insrt                            | 3     |           | Y                       |                                     |
| estradiol 2 mg tablet                                     | 1     |           | Y                       |                                     |
| estradiol tds 0.025 mg/day                                | 2     |           | Y                       | QL                                  |
| estradiol tds 0.0375 mg/day                               | 2     |           | Y                       | QL                                  |
| estradiol tds 0.05 mg/day                                 | 2     |           | Y                       | QL                                  |
| estradiol tds 0.06 mg/day                                 | 2     |           | Y                       | QL                                  |
| estradiol tds 0.075 mg/day                                | 2     |           | Y                       | QL                                  |
| estradiol tds 0.1 mg/day                                  | 2     |           | Y                       | QL                                  |
| estradiol-noreth 0.5-0.1 mg tb                            | 3     |           | Y                       |                                     |
| estradiol-noreth 1-0.5 mg tab                             | 3     |           | Y                       |                                     |
| ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING               | 3     |           | Y                       | QL                                  |
| ESTROGEL 1.25 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP | 3     |           | Y                       | QL, ST                              |
| estrogen-methyltestos f.s. tab                            | 3     |           | Y                       |                                     |
| estrogen-methyltestos h.s. tab                            | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| estropipate 0.625(0.75 mg) tab                       | 1     |           | Y                       |                                     |
| ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET | 3     |           | Y                       |                                     |
| eszopiclone 1 mg tablet                              | 1     |           |                         | QL                                  |
| eszopiclone 2 mg tablet                              | 1     |           |                         | QL                                  |
| eszopiclone 3 mg tablet                              | 1     |           |                         | QL                                  |
| ethacrynic acid 25 mg tablet                         | 4     | Y         | Y                       |                                     |
| ethambutol hcl 100 mg tablet                         | 2     |           |                         |                                     |
| ethambutol hcl 400 mg tablet                         | 2     |           |                         |                                     |
| ethosuximide 250 mg capsule                          | 3     |           | Y                       |                                     |
| ethosuximide 250 mg/5 ml soln                        | 3     |           | Y                       |                                     |
| ethynodiol-eth estra 1mg-35mcg                       | 1     |           | Y                       |                                     |
| ethynodiol-eth estra 1mg-50mcg                       | 1     |           | Y                       |                                     |
| etidronate disodium 200 mg tab                       | 3     |           | Y                       |                                     |
| etidronate disodium 400 mg tab                       | 3     |           | Y                       |                                     |
| etodolac 200 mg capsule                              | 3     |           | Y                       |                                     |
| etodolac 300 mg capsule                              | 3     |           | Y                       |                                     |
| etodolac 400 mg tablet                               | 2     |           | Y                       |                                     |
| etodolac 500 mg tablet                               | 2     |           | Y                       |                                     |
| etodolac er 400 mg tablet                            | 2     |           | Y                       |                                     |
| etodolac er 500 mg tablet                            | 2     |           | Y                       |                                     |
| etodolac er 600 mg tablet                            | 2     |           | Y                       |                                     |
| etonogestrel-ee vaginal ring                         | 3     |           | Y                       | QL                                  |
| etoposide 50 mg capsule                              | 4     | Y         |                         | QL                                  |
| EUCRISA 2 % TOPICAL OINTMENT                         | 4     | Y         |                         | PA                                  |
| EURAX 10 % LOTION                                    | 4     | Y         |                         | PA                                  |
| EURAX 10 % TOPICAL CREAM                             | 4     | Y         |                         | PA                                  |
| EUTHYROX 100 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 112 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 125 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 137 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 150 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 175 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 200 MCG TABLET                              | 2     |           | Y                       |                                     |
| EUTHYROX 25 MCG TABLET                               | 2     |           | Y                       |                                     |
| EUTHYROX 50 MCG TABLET                               | 2     |           | Y                       |                                     |
| EUTHYROX 75 MCG TABLET                               | 2     |           | Y                       |                                     |
| EUTHYROX 88 MCG TABLET                               | 2     |           | Y                       |                                     |
| EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY      | 3     |           | Y                       |                                     |
| EVEKEO 10 MG TABLET                                  | 4     |           | Y                       | QL, ST                              |
| EVEKEO 5 MG TABLET                                   | 4     |           | Y                       | QL, ST                              |
| EVEKEO ODT 10 MG DISINTEGRATING TABLET               | 4     |           | Y                       | QL, ST                              |
| EVEKEO ODT 15 MG DISINTEGRATING TABLET               | 4     |           | Y                       | QL, ST                              |
| EVEKEO ODT 20 MG DISINTEGRATING TABLET               | 4     |           | Y                       | QL, ST                              |
| EVEKEO ODT 5 MG DISINTEGRATING TABLET                | 4     |           | Y                       | QL, ST                              |

| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| EVENCARE G2                                  | 3     |           | Y                       | ST                                  |
| EVENCARE G2 SOLUTION                         | 3     |           | Y                       |                                     |
| EVENCARE G2 STRIPS                           | 3     |           | Y                       | QL, ST                              |
| EVENCARE G3 CONTROL SOLUTION                 | 3     |           | Y                       |                                     |
| EVENCARE G3 GLUCOSE METER KIT                | 3     |           | Y                       | ST                                  |
| EVENCARE G3 TEST STRIPS                      | 3     |           | Y                       | QL, ST                              |
| EVENCARE KIT                                 | 3     |           | Y                       | ST                                  |
| EVENCARE MINI GLUCOSE CONTROL SOLUTION       | 3     |           | Y                       |                                     |
| EVENCARE MINI GLUCOSE TEST STRIPS            | 3     |           | Y                       | QL, ST                              |
| EVENCARE MINI MONITOR SYSTEM                 | 3     |           | Y                       | ST                                  |
| EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION      | 3     |           | Y                       |                                     |
| EVENCARE PROVIEW TEST STRIP                  | 3     |           | Y                       | QL, ST                              |
| EVENCARE SOLUTION                            | 3     |           | Y                       |                                     |
| EVENCARE TEST STRIPS                         | 3     |           | Y                       | QL, ST                              |
| everolimus 0.25 mg tablet                    | 4     | Y         | Y                       | PA, QL                              |
| everolimus 0.5 mg tablet                     | 4     | Y         | Y                       | PA, QL                              |
| everolimus 0.75 mg tablet                    | 4     | Y         | Y                       | PA, QL                              |
| everolimus 2.5 mg tablet                     | 4     | Y         | Y                       | PA, QL                              |
| everolimus 5 mg tablet                       | 4     | Y         | Y                       | PA, QL                              |
| everolimus 7.5 mg tablet                     | 4     | Y         | Y                       | PA, QL                              |
| EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE  | 4     |           |                         | PA                                  |
| EVERSENSE SMART TRANSMITTER DEVICE           | 4     |           | Y                       | PA                                  |
| EVISTA 60 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| EVOCLIN 1 % TOPICAL FOAM                     | 4     |           |                         | ST                                  |
| EVOLUTION BLOOD GLUCOSE METER KIT            | 3     |           | Y                       | ST                                  |
| EVOLUTION NORMAL CONTROL SOLUTION            | 3     |           | Y                       |                                     |
| EVOLUTION TEST STRIPS                        | 3     |           | Y                       | QL, ST                              |
| EVOTAZ 300 MG-150 MG TABLET                  | 4     | Y         | Y                       | QL                                  |
| EVOXAC 30 MG CAPSULE                         | 4     |           | Y                       |                                     |
| EVZIO 0.4 MG AUTO-INJECTOR                   | 4     | Y         |                         | PA, QL                              |
| EVZIO 2 MG/0.4 ML INJECTION,AUTO-INJECTOR    | 4     |           |                         | PA, QL                              |
| EXALGO ER 12 MG TABLET                       | 4     |           |                         | QL, ST                              |
| EXALGO ER 16 MG TABLET                       | 4     |           |                         | QL, ST                              |
| EXALGO ER 32 MG TABLET                       | 4     |           |                         | QL, ST                              |
| EXALGO ER 8 MG TABLET                        | 4     |           |                         | QL, ST                              |
| EXEL INS SYR U100 1 ML 28GX1/2               | 2     |           | Y                       |                                     |
| EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE  | 2     |           | Y                       |                                     |
| EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE | 2     |           | Y                       |                                     |
| EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE   | 2     |           | Y                       |                                     |
| EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE  | 2     |           | Y                       |                                     |
| EXEL SYRINGE 5 ML                            | 1     |           |                         |                                     |
| EXEL U100 0.3 ML 30GX5/16"                   | 2     |           | Y                       |                                     |
| EXEL U100 0.5 ML 29GX1/2"                    | 2     |           | Y                       |                                     |
| EXEL U100 INS SYR 1 ML 29GX1/2               | 2     |           | Y                       |                                     |

| Drug Name                                | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| EXELDERM 1 % TOPICAL CREAM               | 4     |           |                         | ST                                  |
| EXELDERM 1 % TOPICAL SOLUTION            | 4     |           |                         | ST                                  |
| EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL | 3     |           | Y                       | QL                                  |
| EXELON PATCH 4.6 MG/24 HR TRANSDERMAL    | 3     |           | Y                       | QL                                  |
| EXELON PATCH 9.5 MG/24 HR TRANSDERMAL    | 3     |           | Y                       | QL                                  |
| exemestane 25 mg tablet                  | 3     |           | Y                       | QL                                  |
| EXFORGE 10 MG-160 MG TABLET              | 3     |           | Y                       | QL, ST                              |
| EXFORGE 10 MG-320 MG TABLET              | 3     |           | Y                       | QL, ST                              |
| EXFORGE 5 MG-160 MG TABLET               | 3     |           | Y                       | QL, ST                              |
| EXFORGE 5 MG-320 MG TABLET               | 3     |           | Y                       | QL, ST                              |
| EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| EXFORGE HCT 10 MG-160 MG-25 MG TABLET    | 3     |           | Y                       | QL, ST                              |
| EXFORGE HCT 10 MG-320 MG-25 MG TABLET    | 3     |           | Y                       | QL, ST                              |
| EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| EXFORGE HCT 5 MG-160 MG-25 MG TABLET     | 3     |           | Y                       | QL, ST                              |
| EXJADE 125 MG DISPERSIBLE TABLET         | 4     | Y         | Y                       | PA, QL                              |
| EXJADE 250 MG DISPERSIBLE TABLET         | 4     | Y         | Y                       | PA, QL                              |
| EXJADE 500 MG DISPERSIBLE TABLET         | 4     | Y         | Y                       | PA, QL                              |
| EXTAVIA 0.3 MG SUBCUTANEOUS KIT          | 4     | Y         | Y                       | PA, QL                              |
| EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION     | 4     | Y         | Y                       | PA, QL                              |
| EXTINA 2 % TOPICAL FOAM                  | 4     | Y         |                         | ST                                  |
| E-Z JECT LANCETS                         | 3     |           | Y                       |                                     |
| E-Z JECT LANCETS 26 GAUGE                | 1     |           | Y                       |                                     |
| E-Z JECT LANCETS 30 GAUGE                | 1     |           | Y                       |                                     |
| E-Z JECT LANCETS 32 GAUGE                | 1     |           | Y                       |                                     |
| E-Z JECT LANCETS 33 GAUGE                | 1     |           | Y                       |                                     |
| E-Z JECT THIN LANCETS 28 GAUGE           | 1     |           | Y                       |                                     |
| E-Z PULL & CLICK LANCING DEV             | 1     |           |                         |                                     |
| EZ SMART CONTROL SOLUTION                | 3     |           | Y                       |                                     |
| EZ SMART LANCETS 28 GAUGE                | 1     |           | Y                       |                                     |
| EZ SMART PLUS SYSTEM KIT                 | 3     |           | Y                       | ST                                  |
| EZ SMART PLUS TEST STRIPS                | 3     |           | Y                       | QL, ST                              |
| EZ SMART SYSTEM KIT                      | 3     |           | Y                       | ST                                  |
| EZ SMART TEST STRIPS                     | 3     |           | Y                       | QL, ST                              |
| E-Z SPACER                               | 2     |           |                         |                                     |
| EZALLOR SPRINKLE 10 MG CAPSULE           | 3     |           | Y                       | QL, ST                              |
| EZALLOR SPRINKLE 20 MG CAPSULE           | 3     |           | Y                       | QL, ST                              |
| EZALLOR SPRINKLE 40 MG CAPSULE           | 3     |           | Y                       | QL, ST                              |
| EZALLOR SPRINKLE 5 MG CAPSULE            | 3     |           | Y                       | QL, ST                              |
| ezetimibe 10 mg tablet                   | 1     |           | Y                       | QL                                  |
| ezetimibe-simvastatin 10-10 mg           | 2     |           | Y                       | QL                                  |
| ezetimibe-simvastatin 10-20 mg           | 2     |           | Y                       | QL                                  |
| ezetimibe-simvastatin 10-40 mg           | 2     |           | Y                       | QL                                  |
| ezetimibe-simvastatin 10-80 mg           | 2     |           | Y                       | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| E-ZJECT THIN LANCETS  | 1     |           | Y                       |                                     |
| EZ-LETS 26 GAUGE  | 1     |           | Y                       |                                     |
| FABIOR 0.1 % TOPICAL FOAM                                       | 4     |           |                         | PA                                  |
| FACTIVE 320 MG TABLET   | 3     |           |                         |                                     |
| falmina (28) 0.1 mg-20 mcg tablet                               | 1     |           | Y                       |                                     |
| famciclovir 125 mg tablet                                       | 2     |           | Y                       | QL                                  |
| famciclovir 250 mg tablet                                       | 2     |           | Y                       | QL                                  |
| famciclovir 500 mg tablet                                       | 2     |           | Y                       | QL                                  |
| famotidine 20 mg tablet   | 2     |           | Y                       |                                     |
| famotidine 40 mg tablet   | 2     |           | Y                       |                                     |
| famotidine 40 mg/5 ml susp                                      | 3     |           | Y                       |                                     |
| FANAPT 1 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| FANAPT 10 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| FANAPT 12 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK     | 4     | Y         |                         | PA, QL                              |
| FANAPT 2 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| FANAPT 4 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| FANAPT 6 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| FANAPT 8 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| FARESTON 60 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| FARXIGA 10 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| FARXIGA 5 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| FARYDAK 10 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| FARYDAK 15 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| FARYDAK 20 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR                 | 4     | Y         | Y                       | PA, QL                              |
| fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack | 3     |           | Y                       | QL                                  |
| FAZACLO 100 MG ODT  | 3     |           | Y                       |                                     |
| FAZACLO 12.5 MG ODT   | 3     |           | Y                       |                                     |
| FAZACLO 150 MG ODT  | 3     |           | Y                       |                                     |
| FAZACLO 200 MG ODT  | 3     |           | Y                       |                                     |
| FAZACLO 25 MG ODT   | 3     |           | Y                       |                                     |
| fe c plus 100 mg-250 mg-25 mcg-1 mg tablet                      | 1     |           |                         |                                     |
| febuxostat 40 mg tablet   | 3     |           | Y                       | QL, ST                              |
| febuxostat 80 mg tablet   | 3     |           | Y                       | QL, ST                              |
| felbamate 400 mg tablet   | 3     |           | Y                       |                                     |
| felbamate 600 mg tablet   | 3     |           | Y                       |                                     |
| felbamate 600 mg/5 ml susp                                      | 3     |           | Y                       |                                     |
| FELBATOL 400 MG TABLET  | 4     |           | Y                       |                                     |
| FELBATOL 600 MG TABLET  | 4     |           | Y                       |                                     |
| FELBATOL 600 MG/5 ML ORAL SUSPENSION                            | 4     |           | Y                       |                                     |
| FELDENE 10 MG CAPSULE   | 3     |           |                         |                                     |



| Drug Name                             | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---------------------------------------|-------|-----------|-------------------------|-------------------------------------|
| FELDENE 20 MG CAPSULE                 | 3     |           |                         |                                     |
| felodipine er 10 mg tablet            | 2     |           | Y                       | QL                                  |
| felodipine er 2.5 mg tablet           | 2     |           | Y                       | QL                                  |
| felodipine er 5 mg tablet             | 2     |           | Y                       | QL                                  |
| FEMARA 2.5 MG TABLET                  | 4     |           | Y                       | QL, ST                              |
| FEMCAP 22 MM VAGINAL DEVICE           | 4     |           |                         |                                     |
| FEMCAP 26 MM VAGINAL DEVICE           | 4     |           |                         |                                     |
| FEMCAP 30 MM VAGINAL DEVICE           | 4     |           |                         |                                     |
| FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET | 3     |           | Y                       |                                     |
| FEMRING 0.05 MG/24 HR VAGINAL         | 3     |           | Y                       | QL                                  |
| FEMRING 0.1 MG/24 HR VAGINAL          | 3     |           | Y                       | QL                                  |
| femynor 0.25 mg-35 mcg tablet         | 1     |           | Y                       |                                     |
| fenofibrate 120 mg tablet             | 3     |           | Y                       | QL, ST                              |
| fenofibrate 130 mg capsule            | 3     |           | Y                       | QL, ST                              |
| fenofibrate 134 mg capsule            | 2     |           | Y                       | QL                                  |
| fenofibrate 145 mg tablet             | 2     |           | Y                       | QL                                  |
| fenofibrate 150 mg capsule            | 3     |           | Y                       | QL, ST                              |
| fenofibrate 160 mg tablet             | 2     |           | Y                       | QL                                  |
| fenofibrate 160 mg tablet             | 3     |           | Y                       | QL                                  |
| fenofibrate 200 mg capsule            | 2     |           | Y                       | QL                                  |
| fenofibrate 40 mg tablet              | 3     |           | Y                       | QL, ST                              |
| fenofibrate 43 mg capsule             | 3     |           | Y                       | QL, ST                              |
| fenofibrate 48 mg tablet              | 2     |           | Y                       | QL                                  |
| fenofibrate 50 mg capsule             | 3     |           | Y                       | QL, ST                              |
| fenofibrate 54 mg tablet              | 2     |           | Y                       | QL                                  |
| fenofibrate 67 mg capsule             | 2     |           | Y                       | QL                                  |
| fenofibric acid 105 mg tablet         | 3     |           | Y                       | QL, ST                              |
| fenofibric acid 35 mg tablet          | 3     |           | Y                       | QL, ST                              |
| fenofibric acid dr 135 mg cap         | 3     |           | Y                       | QL, ST                              |
| fenofibric acid dr 45 mg cap          | 3     |           | Y                       | QL, ST                              |
| FENOGLIDE 120 MG TABLET               | 3     |           | Y                       | QL, ST                              |
| FENOGLIDE 40 MG TABLET                | 3     |           | Y                       | QL, ST                              |
| fenoprofen 200 mg capsule             | 4     | Y         |                         | PA, QL                              |
| fenoprofen 400 mg capsule             | 4     | Y         |                         | PA, QL                              |
| fenoprofen 600 mg tablet              | 4     |           |                         | PA                                  |
| fentanyl 100 mcg/hr patch             | 2     |           |                         | QL                                  |
| fentanyl 12 mcg/hr patch              | 2     |           |                         | QL                                  |
| fentanyl 25 mcg/hr patch              | 2     |           |                         | QL                                  |
| fentanyl 37.5 mcg/hr patch            | 2     |           |                         | QL                                  |
| fentanyl 50 mcg/hr patch              | 2     |           |                         | QL                                  |
| fentanyl 62.5 mcg/hr patch            | 2     |           |                         | QL                                  |
| fentanyl 75 mcg/hr patch              | 2     |           |                         | QL                                  |
| fentanyl 87.5 mcg/hr patch            | 2     |           |                         | QL                                  |
| fentanyl cit 100 mcg buccal tb        | 4     |           |                         | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| fentanyl cit 200 mcg buccal tb  | 4     |           |                         | PA, QL                              |
| fentanyl cit 400 mcg buccal tb  | 4     |           |                         | PA, QL                              |
| fentanyl cit 600 mcg buccal tb  | 4     |           |                         | PA, QL                              |
| fentanyl cit 800 mcg buccal tb  | 4     |           |                         | PA, QL                              |
| fentanyl cit otfc 1,200 mcg   | 4     |           |                         | PA, QL                              |
| fentanyl cit otfc 1,600 mcg   | 4     |           |                         | PA, QL                              |
| fentanyl citrate otfc 200 mcg   | 4     |           |                         | PA, QL                              |
| fentanyl citrate otfc 400 mcg   | 4     |           |                         | PA, QL                              |
| fentanyl citrate otfc 600 mcg   | 4     |           |                         | PA, QL                              |
| fentanyl citrate otfc 800 mcg   | 4     |           |                         | PA, QL                              |
| FENTORA 100 MCG BUCCAL TABLET, EFFERVESCENT                           | 4     |           |                         | PA, QL                              |
| FENTORA 200 MCG BUCCAL TABLET, EFFERVESCENT                           | 4     |           |                         | PA, QL                              |
| FENTORA 400 MCG BUCCAL TABLET, EFFERVESCENT                           | 4     |           |                         | PA, QL                              |
| FENTORA 600 MCG BUCCAL TABLET, EFFERVESCENT                           | 4     |           |                         | PA, QL                              |
| FENTORA 800 MCG BUCCAL TABLET, EFFERVESCENT                           | 4     |           |                         | PA, QL                              |
| FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE                | 3     |           |                         |                                     |
| ferocon 110 mg-0.5 mg capsule   | 1     |           |                         |                                     |
| ferrex 150 forte 150 mg-25 mcg-1 mg capsule                           | 1     |           |                         |                                     |
| ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule                | 2     |           |                         |                                     |
| ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet                            | 2     |           |                         |                                     |
| FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET                             | 4     | Y         | Y                       | PA, QL                              |
| FERRIPROX 1,000 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| FERRIPROX 100 MG/ML ORAL SOLUTION                                     | 4     | Y         |                         | PA, QL                              |
| FERRIPROX 500 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| ferrocite plus 106 mg iron-1 mg tablet                                | 1     |           |                         |                                     |
| FETZIMA 120 MG CAPSULE,EXTENDED RELEASE                               | 3     |           | Y                       | PA, QL                              |
| FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK | 3     |           |                         | PA, QL                              |
| FETZIMA 20 MG CAPSULE,EXTENDED RELEASE                                | 3     |           | Y                       | PA, QL                              |
| FETZIMA 40 MG CAPSULE,EXTENDED RELEASE                                | 3     |           | Y                       | PA, QL                              |
| FETZIMA 80 MG CAPSULE,EXTENDED RELEASE                                | 3     |           | Y                       | PA, QL                              |
| FEXMID 7.5 MG TABLET  | 4     |           |                         | PA, QL                              |
| FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN     | 2     |           | Y                       |                                     |
| FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE | 2     |           | Y                       |                                     |
| FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION                 | 2     |           | Y                       |                                     |
| FIBRICOR 105 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| FIBRICOR 35 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| FIFTY50 2.0 GLUCOSE METER   | 3     |           | Y                       | ST                                  |
| fifty50 glucose 4 gm tablet   | 1     |           |                         |                                     |
| FIFTY50 GLUCOSE CONTROL SOLN  | 3     |           | Y                       |                                     |
| FIFTY50 INS 0.3 ML 31GX5/16"  | 2     |           | Y                       |                                     |
| FIFTY50 INS 0.5 ML 31GX5/16"  | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| FIFTY50 INS SYR 1 ML 31GX5/16"                                 | 2     |           | Y                       |                                     |
| FIFTY50 LANCING DEVICE   | 1     |           |                         |                                     |
| FIFTY50 PEN 31G X 3/16" NEEDLE                                 | 1     |           | Y                       |                                     |
| FIFTY50 PEN 31G X 5/16" NEEDLE                                 | 1     |           | Y                       |                                     |
| FIFTY50 PEN NEEDLE 32G X 1/4"                                  | 1     |           | Y                       |                                     |
| FIFTY50 PEN NEEDLE 32G X 5/32"                                 | 1     |           | Y                       |                                     |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE                           | 1     |           | Y                       |                                     |
| FIFTY50 SAFETY SEAL LANCETS 32 GAUGE                           | 1     |           | Y                       |                                     |
| FIFTY50 TEST STRIP   | 3     |           | Y                       | QL, ST                              |
| FILTER NEEDLE 5 MICRON   | 1     |           |                         |                                     |
| FILTER NEEDLE 5 MICRON   | 3     |           |                         |                                     |
| FINACEA 15 % TOPICAL FOAM                                      | 2     |           |                         |                                     |
| FINACEA 15 % TOPICAL GEL                                       | 3     |           |                         | ST                                  |
| finasteride 5 mg tablet  | 1     |           | Y                       | QL                                  |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE                             | 1     |           | Y                       |                                     |
| FINGERSTIX LANCETS   | 3     |           | Y                       |                                     |
| FINTEPLA 2.2 MG/ML ORAL SOLUTION                               | 4     |           | Y                       | PA, QL                              |
| fioricet 50 mg-300 mg-40 mg capsule                            | 3     |           |                         | QL                                  |
| FIORICET WITH CODEINE 50 MG-300 MG-40 MG-30 MG CAPSULE         | 4     |           |                         | QL                                  |
| FIORINAL 50 MG-325 MG-40 MG CAPSULE                            | 3     |           |                         | QL                                  |
| FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE           | 3     |           |                         | QL                                  |
| FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE                        | 4     | Y         |                         | PA, QL                              |
| FIRDAPSE 10 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| FIRMAGON 120 MG SUBCUTANEOUS SOLUTION                          | 4     |           |                         | PA, QL                              |
| FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION | 4     |           |                         | PA, QL                              |
| FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION  | 4     |           | Y                       | PA, QL                              |
| FIRVANQ 25 MG/ML ORAL SOLUTION                                 | 3     |           |                         |                                     |
| FIRVANQ 50 MG/ML ORAL SOLUTION                                 | 3     |           |                         |                                     |
| flac otic (ear) oil 0.01 % drops                               | 3     |           |                         |                                     |
| FLAGYL 250 MG TABLET   | 3     |           |                         |                                     |
| FLAGYL 375 MG CAPSULE  | 3     |           |                         |                                     |
| FLAGYL 500 MG TABLET   | 3     |           |                         |                                     |
| FLAREX 0.1 % EYE DROPS,SUSPENSION                              | 3     |           |                         | ST                                  |
| flavoxate hcl 100 mg tablet                                    | 3     |           | Y                       |                                     |
| flecainide acetate 100 mg tab                                  | 2     |           | Y                       |                                     |
| flecainide acetate 150 mg tab                                  | 2     |           | Y                       |                                     |
| flecainide acetate 50 mg tab                                   | 2     |           | Y                       |                                     |
| FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH                        | 4     | Y         |                         | PA, QL                              |
| FLEXICHAMBER SPACER  | 3     |           |                         |                                     |
| FLEXICHAMBER-LARGE CHILD MASK                                  | 1     |           |                         |                                     |
| FLEXICHAMBER-SMALL ADULT MASK                                  | 1     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| FLEXICHAMBER-SMALL CHILD MASK  | 1     |           |                         |                                     |
| FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION                          | 3     |           | Y                       | QL, ST                              |
| FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION                          | 3     |           | Y                       | QL, ST                              |
| FLOMAX 0.4 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION                 | 2     |           | Y                       | QL                                  |
| FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION                 | 2     |           | Y                       | QL                                  |
| FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION                  | 2     |           | Y                       | QL                                  |
| FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER                          | 2     |           | Y                       | QL                                  |
| FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER                          | 2     |           | Y                       | QL                                  |
| FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER                           | 2     |           | Y                       | QL                                  |
| FLUAD 2020-21 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE | 3     |           |                         |                                     |
| FLUAD QUAD 2020-2021(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE | 3     |           |                         |                                     |
| FLUARIX QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE      | 3     |           |                         |                                     |
| FLUBLOK QUAD 2020-2021 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE     | 3     |           |                         |                                     |
| FLUCELVAX QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE    | 3     |           |                         |                                     |
| FLUCELVAX QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP | 3     |           |                         |                                     |
| fluconazole 10 mg/ml susp  | 2     |           |                         |                                     |
| fluconazole 100 mg tablet  | 2     |           |                         |                                     |
| fluconazole 150 mg tablet  | 2     |           |                         |                                     |
| fluconazole 200 mg tablet  | 2     |           |                         |                                     |
| fluconazole 40 mg/ml susp  | 2     |           |                         |                                     |
| fluconazole 50 mg tablet   | 2     |           |                         |                                     |
| flucytosine 250 mg capsule   | 2     |           |                         |                                     |
| flucytosine 500 mg capsule   | 2     |           |                         |                                     |
| fludrocortisone 0.1 mg tablet  | 2     |           | Y                       |                                     |
| FLULAVAL QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE     | 3     |           |                         |                                     |
| FLUMADINE 100 MG TABLET  | 3     |           |                         |                                     |
| FLUMIST QUAD 2020-2021 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE | 3     |           |                         |                                     |
| flunisolide 0.025% spray   | 2     |           | Y                       | QL                                  |
| fluocinolone 0.01% body oil  | 3     |           |                         | ST                                  |
| fluocinolone 0.01% cream   | 3     |           |                         |                                     |
| fluocinolone 0.01% scalp oil   | 3     |           |                         | ST                                  |
| fluocinolone 0.01% solution  | 3     |           |                         | ST                                  |
| fluocinolone 0.025% cream  | 3     |           |                         |                                     |

| Drug Name                           | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|-------------------------------------|-------|-----------|-------------------------|-------------------------------------|
| fluocinolone 0.025% ointment        | 3     |           |                         |                                     |
| fluocinolone oil 0.01% ear drp      | 3     |           |                         |                                     |
| fluocinonide 0.05% cream            | 3     |           |                         |                                     |
| fluocinonide 0.05% gel              | 3     |           |                         |                                     |
| fluocinonide 0.05% ointment         | 3     |           |                         |                                     |
| fluocinonide 0.05% solution         | 3     |           |                         |                                     |
| fluocinonide 0.1% cream             | 3     |           |                         | ST                                  |
| fluocinonide-e 0.05 % topical cream | 3     |           |                         |                                     |
| fluocinonide-e 0.05% cream          | 3     |           |                         |                                     |
| fluorometholone 0.1% drops          | 3     |           |                         |                                     |
| FLUOROPLEX 1 % TOPICAL CREAM        | 4     | Y         |                         |                                     |
| fluorouracil 0.5% cream             | 4     |           |                         |                                     |
| fluorouracil 2% topical soln        | 2     |           |                         |                                     |
| fluorouracil 5% cream               | 3     |           |                         |                                     |
| fluorouracil 5% topical soln        | 2     |           |                         |                                     |
| fluoxetine 20 mg/5 ml solution      | 2     |           | Y                       |                                     |
| fluoxetine dr 90 mg capsule         | 3     |           | Y                       | QL                                  |
| fluoxetine hcl 10 mg capsule        | 1     |           | Y                       | QL                                  |
| fluoxetine hcl 10 mg tablet         | 3     |           | Y                       | QL                                  |
| fluoxetine hcl 20 mg capsule        | 1     |           | Y                       | QL                                  |
| fluoxetine hcl 20 mg tablet         | 3     |           | Y                       | QL                                  |
| fluoxetine hcl 40 mg capsule        | 1     |           | Y                       | QL                                  |
| fluoxetine hcl 60 mg tablet         | 3     |           | Y                       | QL                                  |
| fluphenazine 1 mg tablet            | 3     |           | Y                       |                                     |
| fluphenazine 10 mg tablet           | 3     |           | Y                       |                                     |
| fluphenazine 2.5 mg tablet          | 3     |           | Y                       |                                     |
| fluphenazine 2.5 mg/5 ml elix       | 3     |           | Y                       |                                     |
| fluphenazine 5 mg tablet            | 3     |           | Y                       |                                     |
| fluphenazine 5 mg/ml conc           | 3     |           |                         |                                     |
| fluphenazine dec 125 mg/5 ml        | 4     |           | Y                       |                                     |
| flurandrenolide 0.05% cream         | 4     |           |                         | ST                                  |
| flurandrenolide 0.05% lotion        | 4     | Y         |                         | ST                                  |
| flurandrenolide 0.05% ointment      | 4     | Y         |                         | ST                                  |
| flurazepam 15 mg capsule            | 2     |           |                         | QL                                  |
| flurazepam 30 mg capsule            | 2     |           |                         | QL                                  |
| flurbiprofen 0.03% eye drop         | 1     |           |                         |                                     |
| flurbiprofen 100 mg tablet          | 1     |           |                         |                                     |
| flurbiprofen 50 mg tablet           | 1     |           |                         |                                     |
| flutamide 125 mg capsule            | 3     |           | Y                       | QL                                  |
| fluticasone prop 0.005% oint        | 2     |           |                         |                                     |
| fluticasone prop 0.05% cream        | 2     |           |                         |                                     |
| fluticasone prop 0.05% lotion       | 4     |           |                         | ST                                  |
| fluticasone prop 50 mcg spray       | 2     |           | Y                       | QL                                  |
| fluticasone-salmeterol 100-50       | 2     |           | Y                       | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| fluticasone-salmeterol 113-14   | 2     |           | Y                       | QL                                  |
| fluticasone-salmeterol 232-14   | 2     |           | Y                       | QL                                  |
| fluticasone-salmeterol 250-50   | 2     |           | Y                       | QL                                  |
| fluticasone-salmeterol 500-50   | 2     |           | Y                       | QL                                  |
| fluticasone-salmeterol 55-14  | 2     |           | Y                       | QL                                  |
| fluvastatin er 80 mg tablet   | 3     |           | Y                       | QL, ST                              |
| fluvastatin sodium 20 mg cap  | 3     |           | Y                       | QL, ST                              |
| fluvastatin sodium 40 mg cap  | 3     |           | Y                       | QL, ST                              |
| fluvoxamine er 100 mg capsule   | 3     |           | Y                       | QL, ST                              |
| fluvoxamine er 150 mg capsule   | 3     |           | Y                       | QL, ST                              |
| fluvoxamine maleate 100 mg tab  | 1     |           | Y                       | QL                                  |
| fluvoxamine maleate 25 mg tab   | 1     |           | Y                       | QL                                  |
| fluvoxamine maleate 50 mg tab   | 1     |           | Y                       | QL                                  |
| FLUZONE HIGH-DOSE QUAD 2020-21 (PF) 240 MCG/0.7 ML IM SYRINGE         | 3     |           |                         |                                     |
| FLUZONE QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION  | 3     |           |                         |                                     |
| FLUZONE QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE     | 3     |           |                         |                                     |
| FLUZONE QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP. | 3     |           |                         |                                     |
| FML FORTE 0.25 % EYE DROPS,SUSPENSION                                 | 3     |           |                         | ST                                  |
| FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION                              | 3     |           |                         | ST                                  |
| FML S.O.P. 0.1 % EYE OINTMENT   | 3     |           |                         | ST                                  |
| FOCALIN 10 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| FOCALIN 2.5 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| FOCALIN 5 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE                             | 4     |           | Y                       | QL, ST                              |
| FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE                              | 4     |           | Y                       | QL, ST                              |
| folbee 2.5 mg-25 mg-1 mg tablet                                       | 3     |           |                         |                                     |
| folic acid 1 mg tablet  | 1     |           | Y                       |                                     |
| folic acid 1,000 mcg tablet   | 1     |           | Y                       |                                     |
| folivane-f 125 mg-1 mg-40 mg-3 mg capsule                             | 1     |           |                         |                                     |
| folivane-plus 125 mg iron-1 mg capsule                                | 1     |           |                         |                                     |
| folplex 2.2 mg-25 mg-0.5 mg tablet                                    | 3     |           |                         |                                     |
| fondaparinux 10 mg/0.8 ml syr   | 4     | Y         |                         | QL                                  |
| fondaparinux 2.5 mg/0.5 ml syr  | 4     | Y         |                         | QL                                  |
| fondaparinux 5 mg/0.4 ml syr  | 4     | Y         |                         | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| fondaparinux 7.5 mg/0.6 ml syr                          | 4     | Y         |                         | QL                                  |
| FORA 30G LANCETS  | 1     |           | Y                       |                                     |
| FORA 6 CONNECT GLUCOSE STRIP                            | 3     |           | Y                       | QL, ST                              |
| FORA 6 CONNECT MULTIFUNCTION MONITOR                    | 3     |           | Y                       | ST                                  |
| FORA D10 KIT  | 3     |           | Y                       | ST                                  |
| FORA D15 GLUCOSE-BP MONITOR                             | 3     |           | Y                       | ST                                  |
| FORA D15G STRIPS  | 3     |           | Y                       | QL, ST                              |
| FORA D20 KIT  | 3     |           | Y                       | ST                                  |
| FORA D20 STRIPS   | 3     |           | Y                       | QL, ST                              |
| FORA D40D GLUCOSE-BP MONITOR                            | 3     |           | Y                       | ST                                  |
| FORA D40G GLUCOSE-BP MONITOR                            | 3     |           | Y                       | ST                                  |
| FORA D40-G31 TEST STRIPS                                | 3     |           | Y                       | QL, ST                              |
| FORA G20 KIT  | 3     |           | Y                       | ST                                  |
| FORA G20 STRIPS   | 3     |           | Y                       | QL, ST                              |
| FORA G30A   | 3     |           | Y                       | ST                                  |
| FORA G30-PREMIUM V10 TEST STRIP                         | 3     |           | Y                       | QL, ST                              |
| FORA GD50 BLOOD GLUCOSE SYSTEM                          | 3     |           | Y                       | ST                                  |
| FORA GD50 TEST STRIPS                                   | 3     |           | Y                       | QL, ST                              |
| FORA GTEL GLUCOSE TEST STRIP                            | 3     |           | Y                       | QL, ST                              |
| FORA GTEL MULTI-FUNCTIONAL MONITOR                      | 3     |           | Y                       | ST                                  |
| FORA HIGH CONTROL SOLUTION                              | 3     |           | Y                       |                                     |
| FORA LANCING DEVICE                                     | 1     |           |                         |                                     |
| FORA LOW CONTROL SOLUTION                               | 3     |           | Y                       |                                     |
| FORA NORMAL CONTROL SOLUTION                            | 3     |           | Y                       |                                     |
| FORA PREMIUM V10 GLUCOSE METER                          | 3     |           | Y                       | ST                                  |
| FORA TEST N'GO VOICE METER                              | 3     |           | Y                       | ST                                  |
| FORA TEST STRIP   | 3     |           | Y                       | QL, ST                              |
| FORA TN'G VOICE METER                                   | 3     |           | Y                       | ST                                  |
| FORA TN'G VOICE TEST STRIPS                             | 3     |           | Y                       | QL, ST                              |
| FORA V10 KIT  | 3     |           | Y                       | ST                                  |
| FORA V10 STRIPS   | 3     |           | Y                       | QL, ST                              |
| FORA V10-V12-D10-D20 STRIPS                             | 3     |           | Y                       | QL, ST                              |
| FORA V10-V12-D10-D20 STRIPS-LANCETS 30 GAUGE COMBO PACK | 3     |           | Y                       | ST                                  |
| FORA V12 BLOOD GLUCOSE SYSTEM                           | 3     |           | Y                       | ST                                  |
| FORA V12 BLOOD GLUCOSE SYSTEM KIT                       | 3     |           | Y                       | ST                                  |
| FORA V12 GLUCOSE STRIPS                                 | 3     |           | Y                       | QL, ST                              |
| FORA V20 KIT  | 3     |           | Y                       | ST                                  |
| FORA V20 STRIPS   | 3     |           | Y                       | QL, ST                              |
| FORA V30A   | 3     |           | Y                       | ST                                  |
| FORA V30A KIT   | 3     |           | Y                       | ST                                  |
| FORA V30A STRIPS  | 3     |           | Y                       | QL, ST                              |
| FORACARE GD20 GLUCOSE METER                             | 3     |           | Y                       | ST                                  |
| FORACARE GD20 STRIPS                                    | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| FORACARE GD40 TEST STRIPS                                     | 3     |           | Y                       | QL, ST                              |
| FORACARE GD40A GLUCOSE METER                                  | 3     |           | Y                       | ST                                  |
| FORACARE GD40B GLUCOSE METER                                  | 3     |           | Y                       | ST                                  |
| FORACARE GDH HIGH CONTROL SOLUTION                            | 3     |           | Y                       |                                     |
| FORACARE GDH LOW CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| FORACARE GDH NORMAL CONTROL SOLUTION                          | 3     |           | Y                       |                                     |
| FORACARE LANCETS 30 GAUGE                                     | 1     |           | Y                       |                                     |
| FORFIVO XL 450 MG TABLET,EXTENDED RELEASE                     | 4     |           | Y                       | PA, QL                              |
| FORTAMET 1,000 MG TABLET,EXTENDED RELEASE                     | 4     |           | Y                       | QL, ST                              |
| FORTAMET 500 MG TABLET,EXTENDED RELEASE                       | 4     |           | Y                       | QL, ST                              |
| FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP        | 3     |           | Y                       | PA, QL                              |
| FORTISCARE BLOOD GLUCOSE SYSTEM KIT                           | 3     |           | Y                       | ST                                  |
| FORTISCARE GLUCOSE TEST STRIPS                                | 3     |           | Y                       | QL, ST                              |
| FORTISCARE HIGH SOLUTION                                      | 3     |           | Y                       |                                     |
| FORTISCARE LOW SOLUTION                                       | 3     |           | Y                       |                                     |
| FORTISCARE NORMAL SOLUTION                                    | 3     |           | Y                       |                                     |
| FOSAMAX 70 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET                        | 3     |           | Y                       | QL, ST                              |
| FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET                        | 3     |           | Y                       | QL, ST                              |
| fosamprenavir 700 mg tablet                                   | 4     | Y         | Y                       | QL                                  |
| fosinopril sodium 10 mg tab                                   | 1     |           | Y                       |                                     |
| fosinopril sodium 20 mg tab                                   | 1     |           | Y                       |                                     |
| fosinopril sodium 40 mg tab                                   | 1     |           | Y                       |                                     |
| fosinopril-hctz 10-12.5 mg tab                                | 2     |           | Y                       |                                     |
| fosinopril-hctz 20-12.5 mg tab                                | 2     |           | Y                       |                                     |
| FOSRENOL 1,000 MG CHEWABLE TABLET                             | 4     | Y         | Y                       | ST                                  |
| FOSRENOL 1,000 MG ORAL POWDER PACKET                          | 4     | Y         | Y                       | ST                                  |
| FOSRENOL 500 MG CHEWABLE TABLET                               | 4     | Y         | Y                       | ST                                  |
| FOSRENOL 750 MG CHEWABLE TABLET                               | 4     | Y         | Y                       | ST                                  |
| FOSRENOL 750 MG ORAL POWDER PACKET                            | 4     | Y         | Y                       | ST                                  |
| FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE           | 4     | Y         |                         | QL                                  |
| FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE       | 4     | Y         |                         | QL                                  |
| FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE       | 4     | Y         |                         | QL                                  |
| FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE      | 4     | Y         |                         | QL                                  |
| FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE        | 4     | Y         |                         | QL                                  |
| FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION          | 4     | Y         |                         | QL                                  |
| FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE        | 4     | Y         |                         | QL                                  |
| FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE        | 4     | Y         |                         | QL                                  |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| FREAMINE HBC 6.9% IV SOLN                           | 3     |           |                         |                                     |
| FREESTYLE CONTROL SOLUTION                          | 3     |           | Y                       |                                     |
| FREESTYLE FLASH SYSTEM KIT                          | 3     |           | Y                       | ST                                  |
| FREESTYLE FREEDOM KIT                               | 3     |           | Y                       | ST                                  |
| FREESTYLE FREEDOM LITE KIT                          | 3     |           | Y                       | ST                                  |
| FREESTYLE INSULINX METER                            | 3     |           | Y                       | ST                                  |
| FREESTYLE INSULINX STRIPS                           | 3     |           | Y                       | QL, ST                              |
| FREESTYLE INSULINX TEST STRIPS                      | 3     |           | Y                       | QL, ST                              |
| FREESTYLE LANCETS 28 GAUGE                          | 3     |           | Y                       |                                     |
| FREESTYLE LIBRE 10 DAY READER                       | 3     |           | Y                       | PA                                  |
| FREESTYLE LIBRE 10 DAY SENSOR                       | 3     |           | Y                       | PA                                  |
| FREESTYLE LIBRE 14 DAY READER                       | 3     |           | Y                       | PA                                  |
| FREESTYLE LIBRE 14 DAY SENSOR KIT                   | 3     |           | Y                       | PA                                  |
| FREESTYLE LIBRE 2 READER                            | 3     |           | Y                       | PA                                  |
| FREESTYLE LIBRE 2 SENSOR KIT                        | 3     |           | Y                       | PA                                  |
| FREESTYLE LITE METER KIT                            | 3     |           | Y                       | ST                                  |
| FREESTYLE LITE STRIPS                               | 3     |           | Y                       | QL, ST                              |
| FREESTYLE NAVIGATOR GLUCOSE SENSOR DEVICE           | 3     |           | Y                       | PA                                  |
| FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE | 2     |           | Y                       |                                     |
| FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE | 2     |           | Y                       |                                     |
| FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE   | 2     |           | Y                       |                                     |
| FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE   | 2     |           | Y                       |                                     |
| FREESTYLE PRECISION NEO METER                       | 3     |           | Y                       | ST                                  |
| FREESTYLE PRECISION NEO STRIPS                      | 3     |           | Y                       | QL, ST                              |
| FREESTYLE SIDEKICK II KIT                           | 3     |           | Y                       | ST                                  |
| FREESTYLE SYSTEM KIT                                | 3     |           | Y                       | ST                                  |
| FREESTYLE TEST STRIPS                               | 3     |           | Y                       | QL, ST                              |
| FREESTYLE UNISTIK 2                                 | 3     |           | Y                       |                                     |
| FROVA 2.5 MG TABLET                                 | 4     |           |                         | QL, ST                              |
| frovatriptan succ 2.5 mg tab                        | 3     |           |                         | QL, ST                              |
| FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE           | 4     | Y         |                         | PA, QL                              |
| FURADANTIN 25 MG/5 ML ORAL SUSPENSION               | 3     | Y         |                         | QL                                  |
| furosemide 10 mg/ml solution                        | 1     |           | Y                       |                                     |
| furosemide 20 mg tablet                             | 1     |           | Y                       |                                     |
| furosemide 40 mg tablet                             | 1     |           | Y                       |                                     |
| furosemide 40 mg/5 ml soln                          | 1     |           | Y                       |                                     |
| furosemide 80 mg tablet                             | 1     |           | Y                       |                                     |
| FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE           | 2     |           |                         |                                     |
| FUZEON 90 MG SUBCUTANEOUS SOLUTION                  | 4     | Y         | Y                       | QL                                  |
| fyavolv 0.5 mg-2.5 mcg tablet                       | 2     |           | Y                       |                                     |
| fyavolv 1 mg-5 mcg tablet                           | 2     |           | Y                       |                                     |
| FYCOMPA 0.5 MG/ML ORAL SUSPENSION                   | 4     | Y         | Y                       | QL                                  |
| FYCOMPA 10 MG TABLET                                | 4     | Y         | Y                       | QL                                  |
| FYCOMPA 12 MG TABLET                                | 4     | Y         | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| FYCOMPA 2 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| FYCOMPA 4 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| FYCOMPA 6 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| FYCOMPA 8 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| gabapentin 100 mg capsule  | 2     |           | Y                       | QL                                  |
| gabapentin 250 mg/5 ml soln                                      | 3     |           | Y                       | QL                                  |
| gabapentin 300 mg capsule  | 2     |           | Y                       | QL                                  |
| gabapentin 300 mg/6 ml soln                                      | 3     |           | Y                       | QL                                  |
| gabapentin 400 mg capsule  | 2     |           | Y                       | QL                                  |
| gabapentin 600 mg tablet   | 2     |           | Y                       | QL                                  |
| gabapentin 800 mg tablet   | 2     |           | Y                       | QL                                  |
| GABITRIL 12 MG TABLET  | 4     |           | Y                       | QL                                  |
| GABITRIL 16 MG TABLET  | 4     |           | Y                       | QL                                  |
| GABITRIL 2 MG TABLET   | 4     |           | Y                       | QL                                  |
| GABITRIL 4 MG TABLET   | 4     |           | Y                       | QL                                  |
| GALAFOLD 123 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| galantamine 4 mg/ml oral soln                                    | 3     |           | Y                       | QL                                  |
| galantamine er 16 mg capsule                                     | 3     |           | Y                       | QL                                  |
| galantamine er 24 mg capsule                                     | 3     |           | Y                       | QL                                  |
| galantamine er 8 mg capsule                                      | 3     |           | Y                       | QL                                  |
| galantamine hbr 12 mg tablet                                     | 3     |           | Y                       | QL                                  |
| galantamine hbr 4 mg tablet                                      | 3     |           | Y                       | QL                                  |
| galantamine hbr 8 mg tablet                                      | 3     |           | Y                       | QL                                  |
| GALZIN 25 MG (ZINC) CAPSULE                                      | 3     |           |                         |                                     |
| GALZIN 50 MG (ZINC) CAPSULE                                      | 3     |           |                         |                                     |
| GASTROCROM 100 MG/5 ML ORAL CONCENTRATE                          | 4     | Y         |                         |                                     |
| gatifloxacin 0.5% eye drops                                      | 3     |           |                         | QL                                  |
| GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT                             | 4     | Y         | Y                       | PA, QL                              |
| GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT                            | 4     | Y         | Y                       | PA, QL                              |
| gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution | 2     |           |                         |                                     |
| gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution | 2     |           |                         |                                     |
| gavilyte-n 420 gram oral solution                                | 2     |           |                         |                                     |
| GDRIVE KIT   | 3     |           | Y                       | ST                                  |
| GE LANCING DEVICE  | 1     |           |                         |                                     |
| GE100 BLOOD GLUCOSE SYSTEM KIT                                   | 3     |           | Y                       | ST                                  |
| GE100 BLOOD GLUCOSE TEST STRIP                                   | 3     |           | Y                       | QL, ST                              |
| GE100 CONTROL SOLUTION NORMAL                                    | 3     |           | Y                       |                                     |
| GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET               | 3     |           | Y                       | QL, ST                              |
| GELNIQUE 10% GEL PUMP  | 3     |           | Y                       | QL, ST                              |
| gemfibrozil 600 mg tablet  | 1     |           | Y                       | QL                                  |
| GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET         | 3     |           | Y                       |                                     |
| generlac 10 gram/15 ml oral solution                             | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| gengraf 100 mg capsule                                       | 3     |           | Y                       | QL                                  |
| gengraf 100 mg/ml oral solution                              | 3     |           | Y                       |                                     |
| gengraf 25 mg capsule  | 3     |           | Y                       |                                     |
| GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE      | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE       | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE       | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE     | 4     | Y         | Y                       | PA, QL                              |
| GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE       | 4     | Y         | Y                       | PA, QL                              |
| GENSTRIP TEST STRIP  | 3     |           | Y                       | QL, ST                              |
| gentak 0.3 % (3 mg/gram) eye ointment                        | 2     |           |                         |                                     |
| gentamicin 0.1% cream  | 3     |           |                         |                                     |
| gentamicin 0.1% ointment                                     | 2     |           |                         |                                     |
| gentamicin 0.3% eye drop                                     | 2     |           |                         |                                     |
| gentamicin 3 mg/ml eye drop                                  | 2     |           |                         |                                     |
| GENTEEL VACUUM LANCING DEVICE COMBO PACK                     | 1     |           | Y                       |                                     |
| GENULTIMATE TEST STRIP                                       | 3     |           | Y                       | QL, ST                              |
| GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET                    | 4     | Y         | Y                       | QL                                  |
| GEODON 20 MG CAPSULE   | 4     |           | Y                       | QL                                  |
| GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION | 4     |           |                         |                                     |
| GEODON 40 MG CAPSULE   | 4     |           | Y                       | QL                                  |
| GEODON 60 MG CAPSULE   | 4     |           | Y                       | QL                                  |
| GEODON 80 MG CAPSULE   | 4     |           | Y                       | QL                                  |
| GIANVI (28) 3 MG-0.02 MG TABLET                              | 1     |           | Y                       |                                     |
| GILENYA 0.25 MG CAPSULE                                      | 4     | Y         | Y                       | PA, QL                              |
| GILENYA 0.5 MG CAPSULE                                       | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| GILOTRIF 20 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| GILOTRIF 30 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| GILOTRIF 40 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| glatiramer 20 mg/ml syringe                                       | 4     | Y         | Y                       | PA, QL                              |
| glatiramer 40 mg/ml syringe                                       | 4     | Y         | Y                       | PA, QL                              |
| glatopa 20 mg/ml subcutaneous syringe                             | 4     | Y         | Y                       | PA, QL                              |
| glatopa 40 mg/ml subcutaneous syringe                             | 4     | Y         | Y                       | PA, QL                              |
| GLEEVEC 100 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| GLEEVEC 400 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| GLEOSTINE 10 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| GLEOSTINE 100 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| GLEOSTINE 40 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| glimepiride 1 mg tablet   | 1     |           | Y                       |                                     |
| glimepiride 2 mg tablet   | 1     |           | Y                       |                                     |
| glimepiride 4 mg tablet   | 1     |           | Y                       |                                     |
| glipizide 10 mg tablet  | 1     |           | Y                       |                                     |
| glipizide 5 mg tablet   | 1     |           | Y                       |                                     |
| glipizide er 10 mg tablet   | 1     |           | Y                       |                                     |
| glipizide er 2.5 mg tablet  | 1     |           | Y                       |                                     |
| glipizide er 5 mg tablet  | 1     |           | Y                       |                                     |
| glipizide xl 10 mg tablet   | 1     |           | Y                       |                                     |
| glipizide xl 2.5 mg tablet  | 1     |           | Y                       |                                     |
| glipizide xl 5 mg tablet  | 1     |           | Y                       |                                     |
| glipizide-metformin 2.5-250 mg                                    | 2     |           | Y                       |                                     |
| glipizide-metformin 2.5-500 mg                                    | 2     |           | Y                       |                                     |
| glipizide-metformin 5-500 mg                                      | 2     |           | Y                       |                                     |
| GLOPERBA 0.6 MG/5 ML ORAL SOLUTION                                | 4     | Y         | Y                       | PA, QL                              |
| GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION                         | 2     |           |                         |                                     |
| GLUCAGEN HYPOKIT 1 MG INJECTION                                   | 2     |           |                         |                                     |
| GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION          | 3     |           |                         |                                     |
| GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION | 3     |           |                         | ST                                  |
| GLUCO NAVII GLUCOSE MONITOR KIT                                   | 3     |           | Y                       | ST                                  |
| GLUCO NAVII TEST STRIP  | 3     |           | Y                       | QL, ST                              |
| GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION                         | 3     |           | Y                       |                                     |
| GLUCOCARD 01 METER KIT  | 3     |           | Y                       | ST                                  |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION                              | 3     |           | Y                       |                                     |
| GLUCOCARD 01 SENSOR PLUS STRIPS                                   | 3     |           | Y                       | QL, ST                              |
| GLUCOCARD EXPRESSION  | 3     |           | Y                       | ST                                  |
| GLUCOCARD EXPRESSION KIT  | 3     |           | Y                       | ST                                  |
| GLUCOCARD EXPRESSION SOLUTION                                     | 3     |           | Y                       |                                     |
| GLUCOCARD EXPRESSION STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| GLUCOCARD SHINE CONNEX METER                                      | 3     |           | Y                       | ST                                  |

| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| GLUCOCARD SHINE EXPRESS METER                | 3     |           | Y                       | ST                                  |
| GLUCOCARD SHINE METER                        | 3     |           | Y                       | ST                                  |
| GLUCOCARD SHINE METER KIT                    | 3     |           | Y                       | ST                                  |
| GLUCOCARD SHINE SOLUTION                     | 3     |           | Y                       |                                     |
| GLUCOCARD SHINE TEST STRIPS                  | 3     |           | Y                       | QL, ST                              |
| GLUCOCARD SHINE XL METER                     | 3     |           | Y                       | ST                                  |
| GLUCOCARD VITAL KIT                          | 3     |           | Y                       | ST                                  |
| GLUCOCARD VITAL SENSOR STRIPS                | 3     |           | Y                       | QL, ST                              |
| GLUCOCARD VITAL TEST STRIPS                  | 3     |           | Y                       | QL, ST                              |
| GLUCOCOM BLOOD GLUCOSE KIT                   | 3     |           | Y                       | ST                                  |
| GLUCOCOM BLOOD GLUCOSE METER                 | 3     |           | Y                       | ST                                  |
| GLUCOCOM CONTROL HIGH SOLUTION               | 3     |           | Y                       |                                     |
| GLUCOCOM CONTROL NORMAL SOLUTION             | 3     |           | Y                       |                                     |
| GLUCOCOM GLUCOSE STRIPS                      | 3     |           | Y                       | QL, ST                              |
| GLUCOCOM LANCETS 28 GAUGE                    | 1     |           | Y                       |                                     |
| GLUCOCOM LANCETS 30 GAUGE                    | 1     |           | Y                       |                                     |
| GLUCOCOM LANCETS 33 GAUGE                    | 1     |           | Y                       |                                     |
| GLUCOPHAGE 1,000 MG TABLET                   | 3     |           | Y                       | ST                                  |
| GLUCOPHAGE 500 MG TABLET                     | 3     |           | Y                       | ST                                  |
| GLUCOPHAGE 850 MG TABLET                     | 3     |           | Y                       | ST                                  |
| GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE | 3     |           | Y                       | QL, ST                              |
| GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE | 3     |           | Y                       | QL, ST                              |
| glucose 4 gram tablet chew                   | 1     |           |                         |                                     |
| GLUCOSE CONTROL SOLUTION                     | 3     |           | Y                       |                                     |
| GLUCOSE KETONE CONTROL SOLN SOLUTION         | 3     |           | Y                       |                                     |
| GLUCOTROL 10 MG TABLET                       | 3     |           | Y                       |                                     |
| GLUCOTROL 5 MG TABLET                        | 3     |           | Y                       |                                     |
| GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE   | 3     |           | Y                       |                                     |
| GLUCOTROL XL 2.5 MG TABLET,EXTENDED RELEASE  | 3     |           | Y                       |                                     |
| GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE    | 3     |           | Y                       |                                     |
| GLUCOVANCE 5-500 MG TABLET                   | 3     |           | Y                       |                                     |
| GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE    | 4     | Y         | Y                       | QL, ST                              |
| GLUMETZA 500 MG TABLET,EXTENDED RELEASE      | 4     | Y         | Y                       | QL, ST                              |
| glyburide 1.25 mg tablet                     | 1     |           | Y                       |                                     |
| glyburide 2.5 mg tablet                      | 1     |           | Y                       |                                     |
| glyburide 5 mg tablet                        | 1     |           | Y                       |                                     |
| glyburide micro 1.5 mg tab                   | 1     |           | Y                       |                                     |
| glyburide micro 3 mg tablet                  | 1     |           | Y                       |                                     |
| glyburide micro 6 mg tablet                  | 1     |           | Y                       |                                     |
| glyburide-metformin 2.5-500 mg               | 1     |           | Y                       |                                     |
| glyburide-metformin 5-500 mg                 | 1     |           | Y                       |                                     |
| glyburid-metformin 1.25-250 mg               | 1     |           | Y                       |                                     |
| GLYCATE 1.5 MG TABLET                        | 4     |           | Y                       |                                     |
| glycopyrrolate 1 mg tablet                   | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| glycopyrrolate 1.5 mg tablet                                   | 2     |           | Y                       |                                     |
| glycopyrrolate 2 mg tablet                                     | 2     |           | Y                       |                                     |
| glydo 2 % mucosal jelly in applicator                          | 3     |           |                         |                                     |
| GLYNASE 1.5 MG TABLET  | 3     |           | Y                       |                                     |
| GLYNASE 3 MG TABLET  | 3     |           | Y                       |                                     |
| GLYNASE 6 MG TABLET  | 3     |           | Y                       |                                     |
| GLYSET 100 MG TABLET   | 3     |           | Y                       |                                     |
| GLYSET 25 MG TABLET  | 3     |           | Y                       |                                     |
| GLYSET 50 MG TABLET  | 3     |           | Y                       |                                     |
| GLYXAMBI 10 MG-5 MG TABLET                                     | 2     |           | Y                       | QL                                  |
| GLYXAMBI 25 MG-5 MG TABLET                                     | 2     |           | Y                       | QL                                  |
| GM100 KIT  | 3     |           | Y                       | ST                                  |
| GM100 STRIPS   | 3     |           | Y                       | QL, ST                              |
| GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE                        | 4     | Y         | Y                       | PA, QL                              |
| GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE                       | 4     | Y         | Y                       | PA, QL                              |
| GOJJI BLOOD GLUCOSE TEST STRIP                                 | 3     |           | Y                       | QL, ST                              |
| GOJJI GLUCOSE CONTROL SOLUTION-NORMAL                          | 3     |           | Y                       |                                     |
| GOJJI KETONE CONTROL SOLUTION-L1                               | 3     |           | Y                       |                                     |
| GOJJI LANCETS 30 GAUGE   | 1     |           | Y                       |                                     |
| GOJJI LANCETS 30 GAUGE-GLUCOSE TEST STRIPS COMBO PACK          | 3     |           | Y                       | ST                                  |
| GOJJI LANCING DEVICE   | 1     |           |                         |                                     |
| GOJJI MULTI-FUNCTIONAL METER                                   | 3     |           | Y                       | ST                                  |
| GOJJI MULTI-FUNCTIONAL METER KIT                               | 3     |           | Y                       | ST                                  |
| GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET     | 4     |           |                         |                                     |
| GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION | 4     |           |                         |                                     |
| GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET                  | 3     |           | Y                       |                                     |
| GOODLIFE AC-302 GLUCOSE METER                                  | 3     |           | Y                       | ST                                  |
| GOODLIFE AC-302 TEST STRIP                                     | 3     |           | Y                       | QL, ST                              |
| GRALISE 300 MG TABLET,EXTENDED RELEASE                         | 4     | Y         |                         | QL, ST                              |
| GRALISE 30-DAY STARTER PACK                                    | 4     | Y         |                         | QL, ST                              |
| GRALISE 600 MG TABLET,EXTENDED RELEASE                         | 4     | Y         |                         | QL, ST                              |
| granisetron hcl 1 mg tablet                                    | 2     |           |                         | QL                                  |
| GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE                     | 4     | Y         |                         | PA, QL                              |
| GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION                        | 4     | Y         |                         | PA, QL                              |
| GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE                     | 4     | Y         |                         | PA, QL                              |
| GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION                    | 4     | Y         |                         | PA, QL                              |
| GRASTEK 2,800 BAU SUBLINGUAL TABLET                            | 3     |           | Y                       | QL, ST                              |
| griseofulvin 125 mg/5 ml susp                                  | 3     |           |                         |                                     |
| griseofulvin micro 500 mg tab                                  | 3     |           |                         |                                     |
| griseofulvin ultra 125 mg tab                                  | 3     |           |                         |                                     |
| griseofulvin ultra 250 mg tab                                  | 3     |           |                         |                                     |
| guanfacine 1 mg tablet   | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| guanfacine 2 mg tablet  | 2     |           | Y                       |                                     |
| guanfacine hcl er 1 mg tablet                                 | 2     |           | Y                       | QL                                  |
| guanfacine hcl er 2 mg tablet                                 | 2     |           | Y                       | QL                                  |
| guanfacine hcl er 3 mg tablet                                 | 2     |           | Y                       | QL                                  |
| guanfacine hcl er 4 mg tablet                                 | 2     |           | Y                       | QL                                  |
| guanidine hcl 125 mg tablet                                   | 3     |           |                         |                                     |
| GUARDIAN CONNECT TRANSMITTER DEVICE                           | 4     |           | Y                       | PA                                  |
| GUARDIAN LINK 3 TRANSMITTER DEVICE                            | 4     |           | Y                       | PA                                  |
| GUARDIAN REAL-TIME GLUCOSE MONITOR                            | 3     |           | Y                       | PA                                  |
| GUARDIAN SENSOR 3 DEVICE                                      | 4     |           | Y                       | PA                                  |
| GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR | 2     |           |                         |                                     |
| GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR   | 2     |           |                         |                                     |
| GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR | 2     |           |                         |                                     |
| GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR   | 2     |           |                         |                                     |
| GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE           | 2     |           |                         |                                     |
| GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE             | 2     |           |                         |                                     |
| GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE           | 2     |           |                         |                                     |
| GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE             | 2     |           |                         |                                     |
| gynazole-1 2 % vaginal cream                                  | 3     |           |                         |                                     |
| HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION                     | 4     | Y         | Y                       | PA, QL                              |
| HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION                     | 4     | Y         | Y                       | PA, QL                              |
| hailey 1.5 mg-30 mcg tablet                                   | 1     |           | Y                       |                                     |
| hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet                | 1     |           | Y                       |                                     |
| hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet     | 1     |           | Y                       |                                     |
| hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet         | 1     |           | Y                       |                                     |
| halcinonide 0.1% cream  | 4     |           |                         | ST                                  |
| HALCION 0.25 MG TABLET  | 3     |           |                         | QL                                  |
| HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION             | 4     |           | Y                       | QL                                  |
| HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION              | 4     |           | Y                       | QL                                  |
| halobetasol prop 0.05% cream                                  | 3     |           |                         |                                     |
| halobetasol prop 0.05% foam                                   | 4     | Y         |                         | PA                                  |
| halobetasol prop 0.05% ointmnt                                | 3     |           |                         |                                     |
| HALOG 0.1 % TOPICAL CREAM                                     | 4     |           |                         | ST                                  |
| HALOG 0.1 % TOPICAL OINTMENT                                  | 4     | Y         |                         | ST                                  |
| HALOG 0.1 % TOPICAL SOLUTION                                  | 4     | Y         |                         | ST                                  |
| haloperidol 0.5 mg tablet                                     | 2     |           | Y                       |                                     |
| haloperidol 1 mg tablet                                       | 2     |           | Y                       |                                     |
| haloperidol 10 mg tablet                                      | 2     |           | Y                       |                                     |
| haloperidol 2 mg tablet                                       | 2     |           | Y                       |                                     |
| haloperidol 20 mg tablet                                      | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| haloperidol 5 mg tablet                                  | 2     |           | Y                       |                                     |
| haloperidol dec 100 mg/ml amp                            | 4     |           | Y                       | QL                                  |
| haloperidol dec 100 mg/ml vial                           | 4     |           | Y                       | QL                                  |
| haloperidol dec 250 mg/5 ml vl                           | 4     |           | Y                       | QL                                  |
| haloperidol dec 50 mg/ml vial                            | 4     |           | Y                       | QL                                  |
| haloperidol dec 500 mg/5 ml vl                           | 4     |           | Y                       | QL                                  |
| haloperidol decan 50 mg/ml amp                           | 4     |           | Y                       | QL                                  |
| haloperidol lac 2 mg/ml conc                             | 2     |           | Y                       |                                     |
| HARMONY CONTROL L1,L3 SOLUTION                           | 3     |           | Y                       |                                     |
| HARMONY GLUCOSE TEST STRIP                               | 3     |           | Y                       | QL, ST                              |
| HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET           | 4     | Y         |                         | PA, QL                              |
| HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET              | 4     | Y         |                         | PA, QL                              |
| HARVONI 45 MG-200 MG TABLET                              | 4     | Y         |                         | PA, QL                              |
| HARVONI 90 MG-400 MG TABLET                              | 4     | Y         |                         | PA, QL                              |
| HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION | 4     |           |                         |                                     |
| HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE    | 4     |           |                         |                                     |
| HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE  | 4     |           |                         |                                     |
| HAVRIX 720 UNITS/0.5 ML VIAL                             | 4     |           |                         |                                     |
| HEALTHPRO GLUCOSE MONITOR                                | 3     |           | Y                       | ST                                  |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION                      | 3     |           | Y                       |                                     |
| HEALTHPRO TEST STRIPS                                    | 3     |           | Y                       | QL, ST                              |
| HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16"                   | 1     |           | Y                       |                                     |
| HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16"                   | 1     |           | Y                       |                                     |
| HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32"                   | 1     |           | Y                       |                                     |
| HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE        | 3     |           |                         |                                     |
| HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE    | 1     |           | Y                       |                                     |
| HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE    | 1     |           | Y                       |                                     |
| HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE   | 1     |           | Y                       |                                     |
| HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE   | 1     |           | Y                       |                                     |
| HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE   | 1     |           | Y                       |                                     |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE                   | 1     |           | Y                       |                                     |
| heather 0.35 mg tablet                                   | 1     |           | Y                       |                                     |
| helidac 250 mg-500 mg-262.4 mg oral pack                 | 4     |           |                         | PA, QL                              |
| HEMANGEOL 4.28 MG/ML ORAL SOLUTION                       | 4     | Y         |                         |                                     |
| hematinic plus vit/minerals 106 mg iron-1 mg tablet      | 1     |           |                         |                                     |
| hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet    | 1     |           |                         |                                     |
| HEMATOGEN 200 MG (66 MG)-10 MCG-250 MG CAPSULE           | 2     |           |                         |                                     |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule                       | 1     |           |                         |                                     |
| hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule                     | 1     |           |                         |                                     |
| hemenatal ob + dha combo pack   | 2     |           | Y                       |                                     |
| hemetab 22 mg-6 mg-1 mg-25 mcg tablet                                 | 3     |           |                         |                                     |
| HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET                           | 3     |           |                         |                                     |
| HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE                                | 3     |           |                         |                                     |
| heparin 10,000 unit/10 ml vial  | 4     |           |                         |                                     |
| heparin 2,000 unit/2 ml vial  | 4     |           |                         |                                     |
| heparin 30,000 unit/30 ml vial  | 4     |           |                         |                                     |
| heparin 40,000 unit/4 ml vial   | 4     |           |                         |                                     |
| heparin 5,000 unit/ml carpuct   | 4     |           |                         |                                     |
| heparin 50,000 unit/10 ml vial  | 4     |           |                         |                                     |
| heparin 50,000 unit/5 ml vial   | 4     |           |                         |                                     |
| heparin sod 1,000 unit/ml vial  | 4     |           |                         |                                     |
| heparin sod 10,000 unit/ml vl   | 4     |           |                         |                                     |
| heparin sod 20,000 unit/ml vl   | 4     |           |                         |                                     |
| heparin sod 5,000 unit/ 0.5 ml  | 4     |           |                         |                                     |
| heparin sod 5,000 unit/0.5 ml   | 4     |           |                         |                                     |
| heparin sod 5,000 unit/ml syrg  | 4     |           |                         |                                     |
| heparin sod 5,000 unit/ml vial  | 4     |           |                         |                                     |
| HEPATAMINE 8% INTRAVENOUS SOLUTION                                    | 3     |           |                         |                                     |
| HEPSERA 10 MG TABLET  | 4     | Y         |                         |                                     |
| HETLIOZ 20 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| HEXALEN 50 MG CAPSULE   | 4     | Y         |                         | QL                                  |
| hidex 1.5 mg (21 tabs) tablets in a dose pack                         | 4     |           |                         |                                     |
| HIPREX 1 GRAM TABLET  | 3     |           |                         |                                     |
| HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION                     | 4     | Y         | Y                       | PA                                  |
| HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SYRINGE                      | 4     | Y         | Y                       | PA                                  |
| HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION                   | 4     | Y         | Y                       | PA                                  |
| HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA                                  |
| HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SYRINGE                     | 4     | Y         | Y                       | PA                                  |
| HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA                                  |
| HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SYRINGE                     | 4     | Y         | Y                       | PA                                  |
| HORIZANT ER 300 MG TABLET,EXTENDED RELEASE                            | 4     | Y         | Y                       | PA, QL                              |
| HORIZANT ER 600 MG TABLET,EXTENDED RELEASE                            | 4     | Y         | Y                       | PA, QL                              |
| HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN | 3     |           | Y                       | ST                                  |
| HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS              | 3     |           | Y                       | ST                                  |
| HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS         | 3     |           | Y                       | ST                                  |
| HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION | 3     |           | Y                       | ST                                  |
| HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML                   | 3     |           | Y                       | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SUBCUTANEOUS PEN   |       |           |                         |                                     |
| HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION  | 3     |           | Y                       | ST                                  |
| HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN   | 3     |           | Y                       | ST                                  |
| HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE               | 3     |           | Y                       | QL, ST                              |
| HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION                | 3     |           | Y                       | QL, ST                              |
| HUMAPEN LUXURA HD  | 3     |           | Y                       |                                     |
| HUMATROPE 12 MG (36 UNIT) INJECTION CARTRIDGE                          | 4     | Y         | Y                       | PA, QL                              |
| HUMATROPE 24 MG (72 UNIT) INJECTION CARTRIDGE                          | 4     | Y         | Y                       | PA, QL                              |
| HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION                        | 4     | Y         | Y                       | PA, QL                              |
| HUMATROPE 6 MG (18 UNIT) INJECTION CARTRIDGE                           | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT                           | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT                           | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT                           | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA PEDI CROHN 40 MG/0.8 ML   | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT                               | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT                       | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT                       | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT                       | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT | 4     | Y         |                         | PA, QL                              |
| HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT   | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT                           | 4     | Y         | Y                       | PA, QL                              |
| HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT                           | 4     | Y         |                         | PA, QL                              |
| HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT | 4     | Y         |                         | PA, QL                              |
| HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT | 4     | Y         |                         | PA, QL                              |
| HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION        | 3     |           | Y                       | ST                                  |
| HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS           | 3     |           | Y                       | ST                                  |
| HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS   | 3     |           | Y                       | ST                                  |
| HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS    | 3     |           | Y                       | ST                                  |
| HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION                  | 3     |           | Y                       | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SOLUTION   |       |           |                         |                                     |
| HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS | 3     |           | Y                       |                                     |
| HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN   | 3     |           | Y                       |                                     |
| HYCAMTIN 0.25 MG CAPSULE   | 4     | Y         |                         | QL                                  |
| HYCAMTIN 1 MG CAPSULE  | 4     | Y         |                         | QL                                  |
| hydralazine 10 mg tablet   | 1     |           | Y                       |                                     |
| hydralazine 100 mg tablet  | 1     |           | Y                       |                                     |
| hydralazine 25 mg tablet   | 1     |           | Y                       |                                     |
| hydralazine 50 mg tablet   | 1     |           | Y                       |                                     |
| HYDREA 500 MG CAPSULE  | 3     |           | Y                       |                                     |
| hydrochlorothiazide 12.5 mg cp   | 1     |           | Y                       |                                     |
| hydrochlorothiazide 12.5 mg tb   | 1     |           | Y                       |                                     |
| hydrochlorothiazide 25 mg tab  | 1     |           | Y                       |                                     |
| hydrochlorothiazide 50 mg tab  | 1     |           | Y                       |                                     |
| hydrocod-cpm-pseudoep 5-4-60/5   | 3     |           |                         |                                     |
| hydrocodone er 10 mg capsule   | 4     |           |                         | QL, ST                              |
| hydrocodone er 15 mg capsule   | 4     |           |                         | QL, ST                              |
| hydrocodone er 20 mg capsule   | 4     |           |                         | QL, ST                              |
| hydrocodone er 30 mg capsule   | 4     |           |                         | QL, ST                              |
| hydrocodone er 40 mg capsule   | 4     |           |                         | QL, ST                              |
| hydrocodone er 50 mg capsule   | 4     |           |                         | QL, ST                              |
| hydrocodone-acetamin 10-300 mg   | 3     |           |                         | QL                                  |
| hydrocodone-acetamin 10-325 mg   | 2     |           |                         | QL                                  |
| hydrocodone-acetamin 10-325/15   | 2     |           |                         | QL                                  |
| hydrocodone-acetamin 2.5-108/5   | 2     |           |                         | QL                                  |
| hydrocodone-acetamin 2.5-325   | 2     |           |                         | QL                                  |
| hydrocodone-acetamin 5-217/10  | 2     |           |                         | QL                                  |
| hydrocodone-acetamin 5-300 mg  | 3     |           |                         | QL                                  |
| hydrocodone-acetamin 5-325 mg  | 2     |           |                         | QL                                  |
| hydrocodone-acetamin 7.5-300   | 3     |           |                         | QL                                  |
| hydrocodone-acetamin 7.5-325   | 2     |           |                         | QL                                  |
| hydrocodone-acetamn 7.5-325/15   | 2     |           |                         | QL                                  |
| hydrocodone-chlorphen er susp  | 3     |           |                         |                                     |
| hydrocodone-guaif 2.5-200 mg/5   | 4     |           |                         |                                     |
| hydrocodone-homatropine 5-1.5  | 3     |           |                         |                                     |
| hydrocodone-homatropine soln   | 3     |           |                         |                                     |
| hydrocodone-homatropine syrup  | 3     |           |                         |                                     |
| hydrocodone-ibuprofen 10-200   | 3     |           |                         | QL                                  |
| hydrocodone-ibuprofen 5-200 mg   | 3     |           |                         | QL                                  |
| hydrocodone-ibuprofen 7.5-200  | 3     |           |                         | QL                                  |
| hydrocort buty 0.1% lipid crm  | 4     |           |                         | ST                                  |
| hydrocort buty 0.1% lipo cream   | 4     |           |                         | ST                                  |

| Drug Name                            | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--------------------------------------|-------|-----------|-------------------------|-------------------------------------|
| hydrocortison-acetic acid soln       | 3     |           |                         |                                     |
| hydrocortisone 1% absorbase          | 1     |           |                         |                                     |
| hydrocortisone 1% cream              | 2     |           |                         |                                     |
| hydrocortisone 1% ointment           | 1     |           |                         |                                     |
| hydrocortisone 10 mg tablet          | 2     |           | Y                       |                                     |
| hydrocortisone 100 mg/60 ml          | 3     |           |                         |                                     |
| hydrocortisone 2.5% cream            | 1     |           |                         |                                     |
| hydrocortisone 2.5% cream            | 2     |           |                         |                                     |
| hydrocortisone 2.5% lotion           | 1     |           |                         |                                     |
| hydrocortisone 2.5% ointment         | 1     |           |                         |                                     |
| hydrocortisone 20 mg tablet          | 2     |           | Y                       |                                     |
| hydrocortisone 5 mg tablet           | 2     |           | Y                       |                                     |
| hydrocortisone buty 0.1% cream       | 3     |           |                         |                                     |
| hydrocortisone butyr 0.1% lotn       | 4     | Y         |                         | ST                                  |
| hydrocortisone butyr 0.1% oint       | 3     |           |                         |                                     |
| hydrocortisone butyr 0.1% soln       | 3     |           |                         |                                     |
| hydrocortisone val 0.2% cream        | 3     |           |                         |                                     |
| hydrocortisone val 0.2% ointmt       | 3     |           |                         |                                     |
| hydrocort-pramoxine 1%-1% crm        | 3     |           |                         |                                     |
| hydromet 5 mg-1.5 mg/5 ml oral syrup | 3     |           |                         |                                     |
| hydromorphone 1 mg/ml solution       | 3     |           |                         | QL                                  |
| hydromorphone 2 mg tablet            | 2     |           |                         | QL                                  |
| hydromorphone 3 mg suppos            | 3     |           |                         | QL                                  |
| hydromorphone 4 mg tablet            | 2     |           |                         | QL                                  |
| hydromorphone 5 mg/5 ml soln         | 3     |           |                         | QL                                  |
| hydromorphone 8 mg tablet            | 2     |           |                         | QL                                  |
| hydromorphone hcl er 12 mg tab       | 4     |           |                         | QL, ST                              |
| hydromorphone hcl er 16 mg tab       | 4     |           |                         | QL, ST                              |
| hydromorphone hcl er 32 mg tab       | 4     |           |                         | QL, ST                              |
| hydromorphone hcl er 8 mg tab        | 4     |           |                         | QL, ST                              |
| hydroxocobalamin 1,000 mcg/ml        | 2     |           |                         |                                     |
| hydroxychloroquine 200 mg tab        | 3     |           | Y                       |                                     |
| hydroxyurea 500 mg capsule           | 1     |           | Y                       |                                     |
| hydroxyzine 10 mg/5 ml soln          | 2     |           |                         |                                     |
| hydroxyzine 10 mg/5 ml syrup         | 2     |           |                         |                                     |
| hydroxyzine 50 mg/25 ml syrup        | 2     |           |                         |                                     |
| hydroxyzine hcl 10 mg tablet         | 2     |           |                         |                                     |
| hydroxyzine hcl 25 mg tablet         | 2     |           |                         |                                     |
| hydroxyzine hcl 50 mg tablet         | 2     |           |                         |                                     |
| hydroxyzine pam 100 mg cap           | 1     |           |                         |                                     |
| hydroxyzine pam 25 mg cap            | 1     |           |                         |                                     |
| hydroxyzine pam 50 mg cap            | 1     |           |                         |                                     |
| hyoscyamine 0.125 mg odt             | 2     |           | Y                       |                                     |
| hyoscyamine 0.125 mg tab sl          | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| hyoscyamine 0.125 mg/5 ml elix                                  | 2     |           | Y                       |                                     |
| hyoscyamine 0.125 mg/ml drop                                    | 2     |           | Y                       |                                     |
| hyoscyamine er 0.375 mg tab                                     | 3     |           | Y                       |                                     |
| hyoscyamine sr 0.375 mg tab                                     | 3     |           | Y                       |                                     |
| hyoscyamine sulf 0.125 mg tab                                   | 2     |           | Y                       |                                     |
| hyosyne 0.125 mg/5 ml oral elixir                               | 2     |           | Y                       |                                     |
| hyosyne 0.125 mg/ml oral drops                                  | 2     |           | Y                       |                                     |
| HYPER-SAL 3.5 % SOLUTION FOR NEBULIZATION                       | 3     |           |                         |                                     |
| HYPER-SAL 7 % SOLUTION FOR NEBULIZATION                         | 3     |           |                         |                                     |
| HYPOLANCE AST LANCING KIT                                       | 3     |           | Y                       |                                     |
| HYQVIA 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION              | 4     | Y         | Y                       | PA                                  |
| HYQVIA 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION              | 4     | Y         | Y                       | PA                                  |
| HYQVIA 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION              | 4     | Y         | Y                       | PA                                  |
| HYQVIA 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION              | 4     | Y         | Y                       | PA                                  |
| HYQVIA 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION                | 4     | Y         | Y                       | PA                                  |
| HYQVIA HY COMPONENT 1,600 UNIT/10 ML SUBCUTANEOUS SOLUTION      | 4     |           | Y                       | PA                                  |
| HYQVIA HY COMPONENT 2,400 UNIT/15 ML SUBCUTANEOUS SOLUTION      | 4     |           | Y                       | PA                                  |
| HYQVIA HY COMPONENT 200 UNIT/1.25 ML SUBCUTANEOUS SOLUTION      | 4     |           | Y                       | PA                                  |
| HYQVIA HY COMPONENT 400 UNIT/2.5 ML SUBCUTANEOUS SOLUTION       | 4     |           | Y                       | PA                                  |
| HYQVIA HY COMPONENT 800 UNIT/5 ML SUBCUTANEOUS SOLUTION         | 4     |           | Y                       | PA                                  |
| HYQVIA IG COMPONENT 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION | 4     |           | Y                       | PA                                  |
| HYQVIA IG COMPONENT 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION | 4     |           | Y                       | PA                                  |
| HYQVIA IG COMPONENT 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION | 4     |           | Y                       | PA                                  |
| HYQVIA IG COMPONENT 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION | 4     |           | Y                       | PA                                  |
| HYQVIA IG COMPONENT 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION   | 4     |           | Y                       | PA                                  |
| HYSINGLA ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE    | 4     |           |                         | QL, ST                              |
| HYSINGLA ER 120 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE    | 4     |           |                         | QL, ST                              |
| HYSINGLA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE     | 4     |           |                         | QL, ST                              |
| HYSINGLA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE     | 4     |           |                         | QL, ST                              |
| HYSINGLA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE     | 4     |           |                         | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| HYSINGLA ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| HYSINGLA ER 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| HYZAAR 100 MG-12.5 MG TABLET                                | 3     |           | Y                       | QL, ST                              |
| HYZAAR 100 MG-25 MG TABLET                                  | 3     |           | Y                       | QL, ST                              |
| HYZAAR 50 MG-12.5 MG TABLET                                 | 3     |           | Y                       | QL, ST                              |
| ibandronate sodium 150 mg tab                               | 2     |           | Y                       | QL                                  |
| IBRANCE 100 MG CAPSULE                                      | 4     | Y         | Y                       | PA, QL                              |
| IBRANCE 100 MG TABLET                                       | 4     | Y         | Y                       | PA, QL                              |
| IBRANCE 125 MG CAPSULE                                      | 4     | Y         | Y                       | PA, QL                              |
| IBRANCE 125 MG TABLET                                       | 4     | Y         | Y                       | PA, QL                              |
| IBRANCE 75 MG CAPSULE                                       | 4     | Y         | Y                       | PA, QL                              |
| IBRANCE 75 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ibu 400 mg tablet   | 1     |           | Y                       |                                     |
| ibu 600 mg tablet   | 1     |           | Y                       |                                     |
| ibu 800 mg tablet   | 1     |           | Y                       |                                     |
| IBUDONE 10 MG-200 MG TABLET                                 | 3     |           |                         | QL                                  |
| ibudone 5-200 mg tablet                                     | 3     |           |                         | QL                                  |
| ibuprofen 100 mg/5 ml susp                                  | 1     |           | Y                       |                                     |
| ibuprofen 400 mg tablet                                     | 1     |           | Y                       |                                     |
| ibuprofen 600 mg tablet                                     | 1     |           | Y                       |                                     |
| ibuprofen 800 mg tablet                                     | 1     |           | Y                       |                                     |
| ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET                | 3     |           |                         |                                     |
| icatibant 30 mg/3 ml syringe                                | 4     | Y         |                         | PA, QL                              |
| ICLUSIG 15 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ICLUSIG 45 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| IDHIFA 100 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| IDHIFA 50 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| iferex 150 forte 150 mg-25 mcg-1 mg capsule                 | 1     |           |                         |                                     |
| IGLUOSE BLOOD GLUCOSE MONITOR KIT                           | 3     |           | Y                       | ST                                  |
| IGLUOSE TEST STRIP  | 3     |           | Y                       | QL, ST                              |
| ILEVRO 0.3 % EYE DROPS,SUSPENSION                           | 2     |           |                         |                                     |
| imatinib mesylate 100 mg tab                                | 4     | Y         | Y                       | PA, QL                              |
| imatinib mesylate 400 mg tab                                | 4     | Y         | Y                       | PA, QL                              |
| IMBRUVICA 140 MG CAPSULE                                    | 4     | Y         | Y                       | PA, QL                              |
| IMBRUVICA 140 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| IMBRUVICA 280 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| IMBRUVICA 420 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| IMBRUVICA 560 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| IMBRUVICA 70 MG CAPSULE                                     | 4     | Y         | Y                       | PA, QL                              |
| imipramine hcl 10 mg tablet                                 | 1     |           | Y                       |                                     |
| imipramine hcl 25 mg tablet                                 | 1     |           | Y                       |                                     |
| imipramine hcl 50 mg tablet                                 | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| imipramine pamoate 100 mg cap                              | 3     |           | Y                       |                                     |
| imipramine pamoate 125 mg cap                              | 3     |           | Y                       |                                     |
| imipramine pamoate 150 mg cap                              | 3     |           | Y                       |                                     |
| imipramine pamoate 75 mg cap                               | 3     |           | Y                       |                                     |
| imiquimod 3.75% cream pump                                 | 4     | Y         |                         | QL, ST                              |
| imiquimod 5% cream packet                                  | 2     |           |                         | QL                                  |
| IMITREX 100 MG TABLET                                      | 4     |           |                         | QL, ST                              |
| IMITREX 20 MG/ACTUATION NASAL SPRAY                        | 3     |           |                         | QL, ST                              |
| IMITREX 25 MG TABLET                                       | 4     |           |                         | QL, ST                              |
| IMITREX 5 MG/ACTUATION NASAL SPRAY                         | 3     |           |                         | QL, ST                              |
| IMITREX 50 MG TABLET                                       | 4     |           |                         | QL, ST                              |
| IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION                  | 3     |           |                         | QL                                  |
| IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR | 4     |           |                         | QL                                  |
| IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR | 4     |           |                         | QL                                  |
| IMITREX STATDOSE REFILL 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE | 4     |           |                         | QL                                  |
| IMITREX STATDOSE REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE | 4     |           |                         | QL                                  |
| IMPAVIDO 50 MG CAPSULE                                     | 4     | Y         |                         | QL                                  |
| IMPOYZ 0.025 % TOPICAL CREAM                               | 4     | Y         |                         | QL, ST                              |
| IMURAN 50 MG TABLET  | 3     |           | Y                       |                                     |
| INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE               | 4     | Y         | Y                       | PA, QL                              |
| INBRIJA 42 MG CAPSULES FOR INHALATION                      | 4     | Y         | Y                       | PA, QL                              |
| incassia 0.35 mg tablet                                    | 1     |           | Y                       |                                     |
| INCONTROL ALCOHOL PADS                                     | 3     |           |                         |                                     |
| INCONTROL LANCING DEVICE                                   | 1     |           |                         |                                     |
| INCONTROL PEN NEEDLE 29 GAUGE X 1/2"                       | 1     |           | Y                       |                                     |
| INCONTROL PEN NEEDLE 31 GAUGE X 1/4"                       | 1     |           | Y                       |                                     |
| INCONTROL PEN NEEDLE 31 GAUGE X 3/16"                      | 1     |           | Y                       |                                     |
| INCONTROL PEN NEEDLE 31 GAUGE X 5/16"                      | 1     |           | Y                       |                                     |
| INCONTROL PEN NEEDLE 32 GAUGE X 5/32"                      | 1     |           | Y                       |                                     |
| INCONTROL SUPER THIN LANCETS 30 GAUGE                      | 1     |           | Y                       |                                     |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE                      | 1     |           | Y                       |                                     |
| INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION                    | 4     | Y         |                         | PA, QL                              |
| INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION   | 2     |           | Y                       | QL                                  |
| indapamide 1.25 mg tablet                                  | 1     |           | Y                       |                                     |
| indapamide 2.5 mg tablet                                   | 1     |           | Y                       |                                     |
| INDERAL LA 120 MG CAPSULE,EXTENDED RELEASE                 | 4     |           | Y                       |                                     |
| INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE                 | 4     |           | Y                       |                                     |
| INDERAL LA 60 MG CAPSULE,EXTENDED RELEASE                  | 4     |           | Y                       |                                     |
| INDERAL LA 80 MG CAPSULE,EXTENDED RELEASE                  | 4     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| INDERAL XL 120 MG CAPSULE,EXTENDED RELEASE                            | 4     | Y         | Y                       |                                     |
| INDERAL XL 80 MG CAPSULE,EXTENDED RELEASE                             | 4     | Y         | Y                       |                                     |
| INDOCIN 25 MG/5 ML ORAL SUSPENSION                                    | 4     | Y         |                         |                                     |
| INDOCIN 50 MG RECTAL SUPPOSITORY                                      | 4     |           |                         |                                     |
| indomethacin 20 mg capsule  | 1     | Y         |                         | QL                                  |
| indomethacin 25 mg capsule  | 1     |           |                         |                                     |
| indomethacin 50 mg capsule  | 1     |           |                         |                                     |
| indomethacin er 75 mg capsule   | 2     |           |                         |                                     |
| INFASURF 35 MG/ML INTRATRACHEAL SUSPENSION                            | 4     |           |                         |                                     |
| INFINITY CONTROL SOLUTION HIGH  | 3     |           | Y                       |                                     |
| INFINITY CONTROL SOLUTION LOW   | 3     |           | Y                       |                                     |
| INFINITY CONTROL SOLUTION NORMAL                                      | 3     |           | Y                       |                                     |
| INFINITY METER KIT  | 3     |           | Y                       | ST                                  |
| INFINITY STARTER KIT  | 3     |           | Y                       | ST                                  |
| INFINITY TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| INFINITY VOICE CONTROL SOLUTION-LEVEL 2                               | 3     |           | Y                       |                                     |
| INFINITY VOICE GLUCOSE MONITOR  | 3     |           | Y                       | ST                                  |
| INFINITY VOICE TEST STRIP   | 3     |           | Y                       | QL, ST                              |
| INGREZZA 40 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| INGREZZA 80 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK | 4     | Y         |                         | PA, QL                              |
| INJECT EASE LANCETS 28 GAUGE  | 1     |           | Y                       |                                     |
| INJECT EASE LANCETS 30 GAUGE  | 1     |           | Y                       |                                     |
| INLYTA 1 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| INLYTA 5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE                           | 4     | Y         | Y                       |                                     |
| INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE                            | 4     | Y         | Y                       |                                     |
| INREBIC 100 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| INSPIRACHAMBER SPACER   | 3     |           |                         |                                     |
| INSPIRACHAMBER WITH MASK-LARGE  | 3     |           |                         |                                     |
| INSPIRACHAMBER WITH MASK-MED  | 3     |           |                         |                                     |
| INSPIRACHAMBER WITH MASK-SMALL  | 3     |           |                         |                                     |
| INSPRA 25 MG TABLET   | 3     |           | Y                       |                                     |
| INSPRA 50 MG TABLET   | 3     |           | Y                       |                                     |
| INSULIN 1 ML SYRINGE  | 2     |           | Y                       |                                     |
| INSULIN 1/2 ML SYRINGE  | 2     |           | Y                       |                                     |
| INSULIN 3/10 ML SYRINGE   | 2     |           | Y                       |                                     |
| insulin aspart 100 unit/ml crt  | 2     |           | Y                       | PA                                  |
| insulin aspart 100 unit/ml pen  | 2     |           | Y                       | PA                                  |
| insulin aspart 100 unit/ml vl   | 2     |           | Y                       | PA                                  |
| insulin aspart prot-insuln asp  | 2     |           | Y                       | PA                                  |
| insulin lispro 100 unit/ml pen  | 3     |           | Y                       | ST                                  |
| insulin lispro 100 unit/ml vl   | 3     |           | Y                       | QL, ST                              |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| insulin lispro jr 100 unit/ml                    | 3     |           | Y                       | ST                                  |
| insulin lispro mix 75-25 kwkpn                   | 3     |           | Y                       | ST                                  |
| INSULIN SYR 0.3 ML 30GX5/16"                     | 2     |           | Y                       |                                     |
| INSULIN SYR 0.3ML 31GX1/4(1/2)                   | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.3 ML 29GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.3 ML 30GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.3 ML 30GX5/16"                   | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.3 ML 31GX5/16"                   | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.5 ML 28GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.5 ML 29GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.5 ML 30GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.5 ML 30GX5/16"                   | 2     |           | Y                       |                                     |
| INSULIN SYRIN 0.5 ML 31GX5/16"                   | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 0.5 ML 27GX1/2"                  | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 0.5 ML 29GX1/2"                  | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 0.3 ML                           | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 0.3 ML 31GX1/4                   | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 0.5 ML 31GX1/4                   | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML                             | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 27GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 28GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"             | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 29GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 30GX1/2"                    | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 30GX5/16"                   | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 31GX1/4"                    | 2     |           | Y                       |                                     |
| INSULIN SYRINGE 1 ML 31GX5/16"                   | 2     |           | Y                       |                                     |
| INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8"   | 2     |           | Y                       |                                     |
| INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| INSUPEN 29 GAUGE X 1/2" NEEDLE                   | 1     |           | Y                       |                                     |
| INSUPEN 30 GAUGE X 5/16" NEEDLE                  | 1     |           | Y                       |                                     |
| INSUPEN 31 GAUGE X 1/4" NEEDLE                   | 1     |           | Y                       |                                     |
| INSUPEN 31 GAUGE X 3/16" NEEDLE                  | 1     |           | Y                       |                                     |
| INSUPEN 31 GAUGE X 5/16" NEEDLE                  | 1     |           | Y                       |                                     |
| INSUPEN 32 GAUGE X 1/4" NEEDLE                   | 1     |           | Y                       |                                     |
| INSUPEN 32 GAUGE X 5/16" NEEDLE                  | 1     |           | Y                       |                                     |
| INSUPEN 32 GAUGE X 5/32" NEEDLE                  | 1     |           | Y                       |                                     |
| INSUPEN 33 GAUGE X 5/32" NEEDLE                  | 1     |           | Y                       |                                     |
| INTEGRA F 125 MG-1 MG-40 MG-3 MG CAPSULE         | 3     |           |                         |                                     |
| INTEGRA PLUS 125 MG IRON-1 MG CAPSULE            | 3     |           |                         |                                     |
| INTEGRA SYRINGE 3 ML 21 GAUGE X 1"               | 1     |           |                         |                                     |
| INTELENCE 100 MG TABLET                          | 4     | Y         | Y                       | QL                                  |
| INTELENCE 200 MG TABLET                          | 4     | Y         | Y                       | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| INTELENCE 25 MG TABLET                                  | 4     | Y         | Y                       | QL                                  |
| INTERLINK SYRINGE AND CANNULA 15 X 10 ML                | 1     |           |                         |                                     |
| INTERMEZZO 1.75 MG SUBLINGUAL TABLET                    | 3     |           |                         | QL, ST                              |
| INTERMEZZO 3.5 MG SUBLINGUAL TABLET                     | 3     |           |                         | QL, ST                              |
| INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION  | 4     | Y         |                         | PA, QL                              |
| INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION          | 4     | Y         |                         | PA, QL                              |
| INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION  | 4     | Y         |                         | PA, QL                              |
| INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION  | 4     | Y         |                         | PA, QL                              |
| INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION           | 4     | Y         |                         | PA, QL                              |
| introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack | 1     |           | Y                       | QL                                  |
| INTUNIV ER 1 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | QL, ST                              |
| INTUNIV ER 2 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | QL, ST                              |
| INTUNIV ER 3 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | QL, ST                              |
| INTUNIV ER 4 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | QL, ST                              |
| INVACARE LANCETS 30 GAUGE                               | 1     |           | Y                       |                                     |
| INVACARE LANCING DEVICE                                 | 1     |           |                         |                                     |
| INVEGA 1.5 MG TABLET,EXTENDED RELEASE                   | 4     |           | Y                       | PA, QL                              |
| INVEGA 3 MG TABLET,EXTENDED RELEASE                     | 4     |           | Y                       | PA, QL                              |
| INVEGA 6 MG TABLET,EXTENDED RELEASE                     | 4     |           | Y                       | PA, QL                              |
| INVEGA 9 MG TABLET,EXTENDED RELEASE                     | 4     |           | Y                       | PA, QL                              |
| INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE    | 4     | Y         | Y                       | QL                                  |
| INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE         | 4     | Y         | Y                       | QL                                  |
| INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE     | 4     | Y         | Y                       | QL                                  |
| INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE     | 4     | Y         | Y                       | QL                                  |
| INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE      | 4     | Y         | Y                       | QL                                  |
| INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE     | 4     | Y         | Y                       | QL                                  |
| INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE     | 4     | Y         | Y                       | QL                                  |
| INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE      | 4     | Y         | Y                       | QL                                  |
| INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE     | 4     | Y         | Y                       | QL                                  |
| INVELTYS 1 % EYE DROPS,SUSPENSION                       | 3     |           |                         | ST                                  |
| INVIRASE 200 MG CAPSULE                                 | 4     | Y         | Y                       | QL                                  |
| INVIRASE 500 MG TABLET                                  | 4     | Y         | Y                       | QL                                  |
| INVOKAMET 150 MG-1,000 MG TABLET                        | 2     |           | Y                       | QL                                  |
| INVOKAMET 150 MG-500 MG TABLET                          | 2     |           | Y                       | QL                                  |
| INVOKAMET 50 MG-1,000 MG TABLET                         | 2     |           | Y                       | QL                                  |
| INVOKAMET 50 MG-500 MG TABLET                           | 2     |           | Y                       | QL                                  |
| INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE   | 2     |           | Y                       | QL                                  |
| INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE     | 2     |           | Y                       | QL                                  |
| INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE    | 2     |           | Y                       | QL                                  |
| INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE      | 2     |           | Y                       | QL                                  |
| INVOKANA 100 MG TABLET                                  | 2     |           | Y                       | QL                                  |
| INVOKANA 300 MG TABLET                                  | 2     |           | Y                       | QL                                  |
| IOPIDINE 0.5% EYE DROPS                                 | 3     |           |                         |                                     |
| IOPIDINE 1 % EYE DROPS IN A DROPPERETTE                 | 3     |           |                         |                                     |

| Drug Name                                      | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| iprat-albut 0.5-3(2.5) mg/3 ml                 | 2     |           | Y                       |                                     |
| ipratropium 0.03% spray                        | 2     |           | Y                       | QL                                  |
| ipratropium 0.06% spray                        | 2     |           |                         | QL                                  |
| ipratropium br 0.02% soln                      | 1     |           | Y                       |                                     |
| irbesartan 150 mg tablet                       | 1     |           | Y                       | QL                                  |
| irbesartan 300 mg tablet                       | 1     |           | Y                       | QL                                  |
| irbesartan 75 mg tablet                        | 1     |           | Y                       | QL                                  |
| irbesartan-hctz 150-12.5 mg tb                 | 1     |           | Y                       | QL                                  |
| irbesartan-hctz 300-12.5 mg tb                 | 1     |           | Y                       | QL                                  |
| IRESSA 250 MG TABLET                           | 4     | Y         |                         | PA, QL                              |
| IROSPAN 24/6 65 MG-65 MG-1,000 MCG (24) TABLET | 3     |           |                         |                                     |
| ISENTRESS 100 MG CHEWABLE TABLET               | 4     | Y         | Y                       | QL                                  |
| ISENTRESS 100 MG ORAL POWDER PACKET            | 4     | Y         | Y                       | QL                                  |
| ISENTRESS 25 MG CHEWABLE TABLET                | 4     | Y         | Y                       | QL                                  |
| ISENTRESS 400 MG TABLET                        | 4     | Y         | Y                       | QL                                  |
| ISENTRESS HD 600 MG TABLET                     | 4     | Y         | Y                       | QL                                  |
| isibloom 0.15 mg-0.03 mg tablet                | 1     |           | Y                       |                                     |
| isochron 40 mg tablet,extended release         | 3     |           | Y                       |                                     |
| isoniazid 100 mg tablet                        | 1     |           |                         |                                     |
| isoniazid 300 mg tablet                        | 1     |           |                         |                                     |
| isoniazid 50 mg/5 ml solution                  | 3     |           |                         |                                     |
| ISOPTO CARPINE 1 % EYE DROPS                   | 2     |           | Y                       |                                     |
| ISOPTO CARPINE 2 % EYE DROPS                   | 2     |           | Y                       |                                     |
| ISOPTO CARPINE 4 % EYE DROPS                   | 2     |           | Y                       |                                     |
| ISORDIL 40 MG TABLET                           | 4     |           | Y                       |                                     |
| ISORDIL TITRADOSE 5 MG TABLET                  | 4     |           | Y                       |                                     |
| isosorbide dinitr er 40 mg tab                 | 3     |           | Y                       |                                     |
| isosorbide dinitrate 10 mg tab                 | 2     |           | Y                       |                                     |
| isosorbide dinitrate 20 mg tab                 | 2     |           | Y                       |                                     |
| isosorbide dinitrate 30 mg tab                 | 2     |           | Y                       |                                     |
| isosorbide dinitrate 40 mg tab                 | 2     |           | Y                       |                                     |
| isosorbide dinitrate 5 mg tab                  | 2     |           | Y                       |                                     |
| isosorbide mononit 10 mg tab                   | 1     |           | Y                       |                                     |
| isosorbide mononit 20 mg tab                   | 1     |           | Y                       |                                     |
| isosorbide mononit er 120 mg                   | 1     |           | Y                       |                                     |
| isosorbide mononit er 30 mg tb                 | 1     |           | Y                       |                                     |
| isosorbide mononit er 60 mg tb                 | 1     |           | Y                       |                                     |
| isotretinoin 10 mg capsule                     | 3     |           |                         | QL                                  |
| isotretinoin 20 mg capsule                     | 3     |           |                         | QL                                  |
| isotretinoin 30 mg capsule                     | 3     |           |                         | QL                                  |
| isotretinoin 40 mg capsule                     | 3     |           |                         | QL                                  |
| isradipine 2.5 mg capsule                      | 3     |           | Y                       |                                     |
| isradipine 5 mg capsule                        | 3     |           | Y                       |                                     |
| ISTALOL 0.5 % EYE DROPS                        | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ISTURISA 1 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| ISTURISA 10 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| ISTURISA 5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| itraconazole 10 mg/ml solution                                   | 3     |           |                         | QL                                  |
| itraconazole 100 mg capsule                                      | 3     |           |                         | QL                                  |
| ivermectin 1% cream  | 3     |           |                         | ST                                  |
| ivermectin 3 mg tablet   | 2     |           |                         |                                     |
| JADENU 180 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| JADENU 360 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| JADENU 90 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET                   | 4     | Y         | Y                       | PA, QL                              |
| JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET                   | 4     | Y         | Y                       | PA, QL                              |
| JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET                    | 4     | Y         | Y                       | PA, QL                              |
| jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack | 1     |           | Y                       | QL                                  |
| JAKAFI 10 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JAKAFI 15 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JAKAFI 20 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JAKAFI 25 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JAKAFI 5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE                    | 3     |           | Y                       | QL, ST                              |
| jantoven 1 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 10 mg tablet  | 1     |           | Y                       |                                     |
| jantoven 2 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 2.5 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 3 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 4 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 5 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 6 mg tablet   | 1     |           | Y                       |                                     |
| jantoven 7.5 mg tablet   | 1     |           | Y                       |                                     |
| JANUMET 50 MG-1,000 MG TABLET                                    | 2     |           | Y                       | QL                                  |
| JANUMET 50 MG-500 MG TABLET                                      | 2     |           | Y                       | QL                                  |
| JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE               | 2     |           | Y                       | QL                                  |
| JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE                | 2     |           | Y                       | QL                                  |
| JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE                  | 2     |           | Y                       | QL                                  |
| JANUVIA 100 MG TABLET  | 2     |           | Y                       | QL                                  |
| JANUVIA 25 MG TABLET   | 2     |           | Y                       | QL                                  |
| JANUVIA 50 MG TABLET   | 2     |           | Y                       | QL                                  |
| JARDIANCE 10 MG TABLET   | 2     |           | Y                       | QL                                  |
| JARDIANCE 25 MG TABLET   | 2     |           | Y                       | QL                                  |
| jasmiel (28) 3 mg-0.02 mg tablet                                 | 1     |           | Y                       |                                     |
| JATENZO 158 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JATENZO 198 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JATENZO 237 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| JAZZ WIRELESS 2 METER KIT  | 3     |           | Y                       | ST                                  |
| jencycla 0.35 mg tablet  | 1     |           | Y                       |                                     |
| JENTADUETO 2.5 MG-1,000 MG TABLET                                  | 2     |           | Y                       | QL                                  |
| JENTADUETO 2.5 MG-500 MG TABLET                                    | 2     |           | Y                       | QL                                  |
| JENTADUETO 2.5 MG-850 MG TABLET                                    | 2     |           | Y                       | QL                                  |
| JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE             | 2     |           | Y                       | QL                                  |
| JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE               | 2     |           | Y                       | QL                                  |
| JEVANTIQUE LO 0.5 MG-2.5 MCG                                       | 2     |           | Y                       |                                     |
| jinteli 1 mg-5 mcg tablet  | 2     |           | Y                       |                                     |
| JOLESSA 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK              | 1     |           | Y                       | QL                                  |
| JOLIVETTE TABLET   | 1     |           | Y                       |                                     |
| JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE | 3     |           | Y                       | QL, ST                              |
| JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE  | 3     |           | Y                       | QL, ST                              |
| JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE  | 3     |           | Y                       | QL, ST                              |
| JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE  | 3     |           | Y                       | QL, ST                              |
| JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE  | 3     |           | Y                       | QL, ST                              |
| juleber 0.15 mg-0.03 mg tablet                                     | 1     |           | Y                       |                                     |
| JULUCA 50 MG-25 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| junel 1.5/30 (21) 1.5 mg-30 mcg tablet                             | 1     |           | Y                       |                                     |
| junel 1/20 (21) 1 mg-20 mcg tablet                                 | 1     |           | Y                       |                                     |
| junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet           | 1     |           | Y                       |                                     |
| junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet               | 1     |           | Y                       |                                     |
| junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet                      | 1     |           | Y                       |                                     |
| JUXTAPID 10 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JUXTAPID 20 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JUXTAPID 30 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JUXTAPID 40 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JUXTAPID 5 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| JUXTAPID 60 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS                             | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 15 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS                             | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 30 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS                             | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS                             | 4     | Y         | Y                       | PA, QL                              |
| JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS                             | 4     | Y         | Y                       | PA, QL                              |
| k effervescent 25 meq tablet                                       | 3     |           | Y                       |                                     |
| KADIAN 10 MG CAPSULE,EXTENDED RELEASE                              | 4     |           |                         | QL, ST                              |
| KADIAN 100 MG CAPSULE,EXTENDED RELEASE                             | 4     |           |                         | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| KADIAN 20 MG CAPSULE,EXTENDED RELEASE                   | 4     |           |                         | QL, ST                              |
| KADIAN 200 MG CAPSULE,EXTENDED RELEASE                  | 4     |           |                         | QL, ST                              |
| KADIAN 30 MG CAPSULE,EXTENDED RELEASE                   | 4     |           |                         | QL, ST                              |
| KADIAN 40 MG CAPSULE,EXTENDED RELEASE                   | 4     | Y         |                         | QL, ST                              |
| KADIAN 50 MG CAPSULE,EXTENDED RELEASE                   | 4     |           |                         | QL, ST                              |
| KADIAN 60 MG CAPSULE,EXTENDED RELEASE                   | 4     |           |                         | QL, ST                              |
| KADIAN 80 MG CAPSULE,EXTENDED RELEASE                   | 4     |           |                         | QL, ST                              |
| kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet | 2     |           | Y                       |                                     |
| KALETRA 100 MG-25 MG TABLET                             | 4     | Y         | Y                       | QL                                  |
| KALETRA 200 MG-50 MG TABLET                             | 4     | Y         | Y                       | QL                                  |
| KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION                | 4     |           | Y                       |                                     |
| kalliga 0.15 mg-0.03 mg tablet                          | 1     |           | Y                       |                                     |
| KALYDECO 150 MG TABLET                                  | 4     | Y         | Y                       | PA, QL                              |
| KALYDECO 25 MG ORAL GRANULES IN PACKET                  | 4     | Y         | Y                       | PA, QL                              |
| KALYDECO 50 MG ORAL GRANULES IN PACKET                  | 4     | Y         | Y                       | PA, QL                              |
| KALYDECO 75 MG ORAL GRANULES IN PACKET                  | 4     | Y         | Y                       | PA, QL                              |
| KAPSPARGO SPRINKLE 100 MG CAPSULE,EXTENDED RELEASE      | 3     |           | Y                       | QL, ST                              |
| KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE      | 3     |           | Y                       | QL, ST                              |
| KAPSPARGO SPRINKLE 25 MG CAPSULE,EXTENDED RELEASE       | 3     |           | Y                       | QL, ST                              |
| KAPSPARGO SPRINKLE 50 MG CAPSULE,EXTENDED RELEASE       | 3     |           | Y                       | QL, ST                              |
| KAPVAY 0.1 MG TABLET,EXTENDED RELEASE                   | 4     |           | Y                       | QL, ST                              |
| KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE  | 4     |           |                         |                                     |
| kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet     | 1     |           | Y                       |                                     |
| KATERZIA 1 MG/ML ORAL SUSPENSION                        | 4     |           | Y                       | QL                                  |
| KAZANO 12.5 MG-1,000 MG TABLET                          | 3     |           | Y                       | PA, QL                              |
| KAZANO 12.5 MG-500 MG TABLET                            | 3     |           | Y                       | PA, QL                              |
| KEFLEX 250 MG CAPSULE                                   | 3     |           |                         |                                     |
| KEFLEX 500 MG CAPSULE                                   | 3     |           |                         |                                     |
| KEFLEX 750 MG CAPSULE                                   | 3     |           |                         |                                     |
| kelnor 1/35 (28) 1 mg-35 mcg tablet                     | 1     |           | Y                       |                                     |
| kelnor 1-50 1 mg-50 mcg tablet                          | 1     |           | Y                       |                                     |
| KENALOG 0.147 MG/GRAM TOPICAL AEROSOL                   | 4     | Y         |                         | ST                                  |
| KEPPRA 1,000 MG TABLET                                  | 4     |           | Y                       | ST                                  |
| KEPPRA 100 MG/ML ORAL SOLUTION                          | 4     |           | Y                       | QL, ST                              |
| KEPPRA 250 MG TABLET                                    | 4     |           | Y                       | ST                                  |
| KEPPRA 500 MG TABLET                                    | 4     |           | Y                       | ST                                  |
| KEPPRA 750 MG TABLET                                    | 4     |           | Y                       | ST                                  |
| KEPPRA XR 500 MG TABLET,EXTENDED RELEASE                | 4     |           | Y                       | ST                                  |
| KEPPRA XR 750 MG TABLET,EXTENDED RELEASE                | 4     |           | Y                       | ST                                  |
| ketoconazole 2% cream                                   | 2     |           |                         |                                     |
| ketoconazole 2% foam                                    | 4     | Y         |                         | ST                                  |
| ketoconazole 2% shampoo                                 | 2     |           |                         |                                     |
| ketoconazole 200 mg tablet                              | 2     |           |                         |                                     |
| ketodan 2 % topical foam                                | 4     | Y         |                         | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ketoprofen 25 mg capsule                                       | 2     |           |                         |                                     |
| ketoprofen 50 mg capsule                                       | 2     |           |                         |                                     |
| ketoprofen 75 mg capsule                                       | 2     |           |                         |                                     |
| ketoprofen er 200 mg capsule                                   | 3     |           |                         |                                     |
| ketorolac 0.4% ophth solution                                  | 2     |           |                         |                                     |
| ketorolac 0.5% ophth solution                                  | 2     |           |                         |                                     |
| ketorolac 10 mg tablet   | 2     |           |                         | QL                                  |
| ketorolac 15.75 mg nasal spray                                 | 4     | Y         |                         | PA, QL                              |
| KEVEYIS 50 MG TABLET   | 4     |           | Y                       | PA, QL                              |
| KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR               | 4     | Y         | Y                       | PA, QL                              |
| KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE                    | 4     | Y         | Y                       | PA, QL                              |
| KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR               | 4     | Y         | Y                       | PA, QL                              |
| KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE                    | 4     | Y         | Y                       | PA, QL                              |
| KHEDEZLA ER 100 MG TABLET                                      | 4     |           | Y                       | QL, ST                              |
| KHEDEZLA ER 50 MG TABLET                                       | 4     |           | Y                       | QL, ST                              |
| KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE                    | 4     | Y         | Y                       | PA, QL                              |
| KINRAY INS SYR 1 ML 31GX5/16"                                  | 2     |           | Y                       |                                     |
| KINRAY SYRING 0.3 ML 31GX5/16"                                 | 2     |           | Y                       |                                     |
| KINRAY SYRING 0.5 ML 31GX5/16"                                 | 2     |           | Y                       |                                     |
| KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION | 3     |           |                         |                                     |
| KISQALI 200 MG/DAY (200 MG X 1) TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| KISQALI 400 MG/DAY (200 MG X 2) TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| KISQALI 600 MG/DAY (200 MG X 3) TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET    | 4     | Y         | Y                       | PA, QL                              |
| KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET    | 4     | Y         | Y                       | PA, QL                              |
| KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET    | 4     | Y         | Y                       | PA, QL                              |
| KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION              | 4     | Y         | Y                       | PA, QL                              |
| KLARON 10 % LOTION (SUSPENSION)                                | 4     |           |                         |                                     |
| KLONOPIN 0.5 MG TABLET   | 3     |           | Y                       |                                     |
| KLONOPIN 1 MG TABLET   | 3     |           | Y                       |                                     |
| KLONOPIN 2 MG TABLET   | 3     |           | Y                       |                                     |
| KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE                        | 2     |           | Y                       |                                     |
| klor-con 20 meq oral packet                                    | 3     |           | Y                       |                                     |
| KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE                         | 2     |           | Y                       |                                     |
| klor-con m10 meq tablet,extended release                       | 1     |           | Y                       |                                     |
| KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE                       | 2     |           | Y                       |                                     |
| klor-con m20 meq tablet,extended release                       | 1     |           | Y                       |                                     |
| klor-con sprinkle er 8 meq cap                                 | 2     |           | Y                       |                                     |
| klor-con/ef 25 meq effervescent tablet                         | 3     |           | Y                       |                                     |
| KMART VALU PLUS SYR 1/2 ML                                     | 2     |           | Y                       |                                     |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE     | 3     |           | Y                       | PA, QL                              |
| KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE       | 3     |           | Y                       | PA, QL                              |
| KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE         | 3     |           | Y                       | PA, QL                              |
| KORLYM 300 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| KOSELUGO 10 MG CAPSULE                                    | 4     | Y         | Y                       | PA, QL                              |
| KOSELUGO 25 MG CAPSULE                                    | 4     | Y         | Y                       | PA, QL                              |
| KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET          | 3     |           | Y                       |                                     |
| K-PHOS NO 2 305 MG-700 MG TABLET                          | 3     |           |                         |                                     |
| K-PHOS ORIGINAL 500 MG SOLUBLE TABLET                     | 2     |           |                         |                                     |
| KRINTAFEL 150 MG TABLET                                   | 2     |           |                         | QL                                  |
| KRISTALOSE 10 GRAM ORAL PACKET                            | 3     |           | Y                       |                                     |
| KRISTALOSE 20 GRAM ORAL PACKET                            | 3     |           | Y                       |                                     |
| K-TAB 10 MEQ TABLET,EXTENDED RELEASE                      | 2     |           | Y                       |                                     |
| K-TAB 20 MEQ TABLET,EXTENDED RELEASE                      | 2     |           | Y                       |                                     |
| K-TAB 8 MEQ TABLET,EXTENDED RELEASE                       | 2     |           | Y                       |                                     |
| kurvelo (28) 0.15 mg-0.03 mg tablet                       | 1     |           | Y                       |                                     |
| KUVAN 100 MG ORAL POWDER PACKET                           | 4     | Y         | Y                       | PA                                  |
| KUVAN 100 MG SOLUBLE TABLET                               | 4     | Y         | Y                       | PA                                  |
| KUVAN 500 MG ORAL POWDER PACKET                           | 4     | Y         | Y                       | PA                                  |
| KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRAUTERINE DEVICE | 4     | Y         | Y                       |                                     |
| KYNAMRO 200 MG/ML SYRINGE                                 | 4     | Y         | Y                       | PA, QL                              |
| KYNMOBI 10 MG SUBLINGUAL FILM                             | 4     | Y         | Y                       | PA, QL                              |
| KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM     | 4     | Y         |                         | PA, QL                              |
| KYNMOBI 15 MG SUBLINGUAL FILM                             | 4     | Y         | Y                       | PA, QL                              |
| KYNMOBI 20 MG SUBLINGUAL FILM                             | 4     | Y         | Y                       | PA, QL                              |
| KYNMOBI 25 MG SUBLINGUAL FILM                             | 4     | Y         | Y                       | PA, QL                              |
| KYNMOBI 30 MG SUBLINGUAL FILM                             | 4     | Y         | Y                       | PA, QL                              |
| labetalol hcl 100 mg tablet                               | 2     |           | Y                       |                                     |
| labetalol hcl 200 mg tablet                               | 2     |           | Y                       |                                     |
| labetalol hcl 300 mg tablet                               | 2     |           | Y                       |                                     |
| lactulose 10 gm packet                                    | 4     |           | Y                       |                                     |
| lactulose 10 gm/15 ml solution                            | 1     |           | Y                       |                                     |
| lactulose 20 gm/30 ml solution                            | 1     |           | Y                       |                                     |
| LAMICTAL 100 MG TABLET                                    | 4     |           | Y                       | ST                                  |
| LAMICTAL 150 MG TABLET                                    | 4     |           | Y                       | ST                                  |
| LAMICTAL 200 MG TABLET                                    | 4     |           | Y                       | ST                                  |
| LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET                | 4     |           | Y                       | QL                                  |
| LAMICTAL 25 MG TABLET                                     | 4     |           | Y                       | ST                                  |
| LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET                 | 4     |           | Y                       | QL                                  |
| LAMICTAL ODT 100 MG DISINTEGRATING TABLET                 | 4     |           | Y                       | ST                                  |
| LAMICTAL ODT 200 MG DISINTEGRATING TABLET                 | 4     |           | Y                       | ST                                  |
| LAMICTAL ODT 25 MG DISINTEGRATING TABLET                  | 4     |           | Y                       | ST                                  |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| LAMICTAL ODT 50 MG DISINTEGRATING TABLET                               | 4     |           | Y                       | ST                                  |
| LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING | 4     |           |                         | ST                                  |
| LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT | 4     |           |                         | ST                                  |
| LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT  | 4     |           |                         | ST                                  |
| LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK          | 4     |           |                         |                                     |
| LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK | 4     |           |                         |                                     |
| LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK | 4     |           |                         |                                     |
| LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE                             | 4     |           | Y                       | ST                                  |
| LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE                             | 4     |           | Y                       | ST                                  |
| LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE                              | 4     |           | Y                       | ST                                  |
| LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE                             | 4     |           | Y                       | ST                                  |
| LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE                             | 4     |           | Y                       | ST                                  |
| LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE                              | 4     |           | Y                       | ST                                  |
| LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE  | 4     |           |                         |                                     |
| LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL | 4     |           |                         |                                     |
| LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL | 4     |           |                         |                                     |
| lamivudine 10 mg/ml oral soln  | 3     |           | Y                       | QL                                  |
| lamivudine 100 mg tablet   | 3     |           | Y                       | QL                                  |
| lamivudine 150 mg tablet   | 2     |           | Y                       | QL                                  |
| lamivudine 300 mg tablet   | 2     |           | Y                       | QL                                  |
| lamivudine hbv 100 mg tablet   | 3     |           | Y                       | QL                                  |
| lamivudine-zidovudine tablet   | 3     |           | Y                       | QL                                  |
| lamotrigine 100 mg tablet  | 1     |           | Y                       |                                     |
| lamotrigine 150 mg tablet  | 1     |           | Y                       |                                     |
| lamotrigine 200 mg tablet  | 1     |           | Y                       |                                     |
| lamotrigine 25 mg disper tab   | 2     |           | Y                       | QL                                  |
| lamotrigine 25 mg tablet   | 1     |           | Y                       |                                     |
| lamotrigine 5 mg disper tablet   | 2     |           | Y                       | QL                                  |
| lamotrigine er 100 mg tablet   | 3     |           | Y                       | ST                                  |
| lamotrigine er 200 mg tablet   | 3     |           | Y                       | ST                                  |
| lamotrigine er 25 mg tablet  | 3     |           | Y                       | ST                                  |
| lamotrigine er 250 mg tablet   | 3     |           | Y                       | ST                                  |
| lamotrigine er 300 mg tablet   | 3     |           | Y                       | ST                                  |
| lamotrigine er 50 mg tablet  | 3     |           | Y                       | ST                                  |
| lamotrigine odt 100 mg tablet  | 3     |           | Y                       | ST                                  |
| lamotrigine odt 200 mg tablet  | 3     |           | Y                       | ST                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| lamotrigine odt 25 mg tablet                                      | 3     |           | Y                       | ST                                  |
| lamotrigine odt 50 mg tablet                                      | 3     |           | Y                       | ST                                  |
| lamotrigine odt kit (blue)  | 4     |           |                         | ST                                  |
| lamotrigine odt kit (green)                                       | 4     |           |                         | ST                                  |
| lamotrigine odt kit (orange)                                      | 4     |           |                         | ST                                  |
| lamotrigine tab start kit-blue                                    | 1     |           |                         |                                     |
| lamotrigine tab start kt-green                                    | 1     |           |                         |                                     |
| lamotrigine tab start kt-orang                                    | 1     |           |                         |                                     |
| LANCETS 26G   | 1     |           | Y                       |                                     |
| LANCETS 26G X 1.8MM   | 1     |           | Y                       |                                     |
| LANCETS 28G LANCETS   | 1     |           | Y                       |                                     |
| LANCETS 28G X 1.8MM   | 1     |           | Y                       |                                     |
| LANCETS 30G   | 1     |           | Y                       |                                     |
| LANCETS 33G   | 1     |           | Y                       |                                     |
| LANCETS ULTRA FINE 28G  | 1     |           | Y                       |                                     |
| LANCETS, SUPER THIN   | 1     |           | Y                       |                                     |
| LANCETS, THIN   | 1     |           | Y                       |                                     |
| LANCETS, THIN 23 GAUGE  | 1     |           | Y                       |                                     |
| LANCETS, THIN 28 GAUGE  | 1     |           | Y                       |                                     |
| LANCETS, ULTRA THIN   | 1     |           | Y                       |                                     |
| LANCETS, ULTRA THIN 26 GAUGE                                      | 1     |           | Y                       |                                     |
| LANCING DEVICE  | 1     |           |                         |                                     |
| LANCING DEVICE  | 1     |           | Y                       |                                     |
| LANCING DEVICE WITH LANCETS                                       | 1     |           |                         |                                     |
| LANCING SYSTEM  | 1     |           |                         |                                     |
| LANOXIN 125 MCG (0.125 MG) TABLET                                 | 3     |           | Y                       | QL                                  |
| LANOXIN 187.5 MCG TABLET  | 3     |           | Y                       | QL                                  |
| LANOXIN 250 MCG (0.25 MG) TABLET                                  | 3     |           | Y                       | QL                                  |
| LANOXIN 62.5 MCG (0.0625 MG) TABLET                               | 3     |           | Y                       | QL                                  |
| lansoprazol-amoxicil-clarithro                                    | 4     |           |                         |                                     |
| lansoprazole dr 15 mg capsule                                     | 2     |           | Y                       | QL                                  |
| lansoprazole dr 30 mg capsule                                     | 2     |           | Y                       | QL                                  |
| lansoprazole odt 15 mg tablet                                     | 3     |           | Y                       | QL                                  |
| lansoprazole odt 30 mg tablet                                     | 3     |           | Y                       | QL                                  |
| lanthanum carb 1,000 mg tb chw                                    | 4     | Y         | Y                       | ST                                  |
| lanthanum carb 500 mg tab chew                                    | 4     | Y         | Y                       | ST                                  |
| lanthanum carb 750 mg tab chew                                    | 4     | Y         | Y                       | ST                                  |
| LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN | 2     |           | Y                       |                                     |
| LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION            | 2     |           | Y                       |                                     |
| LANZO LANCING DEVICE KIT  | 1     |           | Y                       |                                     |
| larin 1.5/30 (21) 1.5 mg-30 mcg tablet                            | 1     |           | Y                       |                                     |
| larin 1/20 (21) 1 mg-20 mcg tablet                                | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet            | 1     |           | Y                       |                                     |
| larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet | 1     |           | Y                       |                                     |
| larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | 1     |           | Y                       |                                     |
| larissia 0.1 mg-20 mcg tablet                            | 1     |           | Y                       |                                     |
| LASIX 20 MG TABLET                                       | 3     |           | Y                       |                                     |
| LASIX 40 MG TABLET                                       | 3     |           | Y                       |                                     |
| LASIX 80 MG TABLET                                       | 3     |           | Y                       |                                     |
| LASTACAFT 0.25 % EYE DROPS                               | 3     |           |                         | ST                                  |
| latanoprost 0.005% eye drops                             | 1     |           | Y                       | QL                                  |
| LATUDA 120 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| LATUDA 20 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| LATUDA 40 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| LATUDA 60 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| LATUDA 80 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET  | 3     |           | Y                       |                                     |
| LAZANDA 100 MCG/SPRAY NASAL SPRAY                        | 4     |           |                         | PA, QL                              |
| LAZANDA 300 MCG/SPRAY NASAL SPRAY                        | 4     |           |                         | PA, QL                              |
| LAZANDA 400 MCG/SPRAY NASAL SPRAY                        | 4     |           |                         | PA, QL                              |
| l-cysteine 50 mg/ml vial                                 | 2     |           |                         |                                     |
| leader glucose 4 gm tab chew                             | 1     |           |                         |                                     |
| LEADER INS SYR 0.3 ML 29GX1/2"                           | 2     |           | Y                       |                                     |
| LEADER INS SYR 0.5 ML 28GX1/2"                           | 2     |           | Y                       |                                     |
| LEADER INS SYR 0.5 ML 29GX1/2"                           | 2     |           | Y                       |                                     |
| LEADER INS SYR 0.5 ML 30GX1/2"                           | 2     |           | Y                       |                                     |
| LEADER INS SYR 1 ML 28GX1/2"                             | 2     |           | Y                       |                                     |
| LEADER INS SYR 1 ML 29GX1/2"                             | 2     |           | Y                       |                                     |
| LEADER INS SYR 1 ML 30GX5/16"                            | 2     |           | Y                       |                                     |
| LEADER INS SYR 1 ML 31GX5/16"                            | 2     |           | Y                       |                                     |
| LEADER INSULIN SYRINGE 0.3 ML                            | 2     |           | Y                       |                                     |
| leader quick dissolve gluc tab                           | 1     |           |                         |                                     |
| LEADER SYRING 0.3 ML 31GX5/16"                           | 2     |           | Y                       |                                     |
| LEADER SYRING 0.5 ML 31GX5/16"                           | 2     |           | Y                       |                                     |
| ledipasvir-sofosbuvir 90-400mg                           | 4     | Y         |                         | PA, QL                              |
| LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET                | 1     |           | Y                       |                                     |
| leflunomide 10 mg tablet                                 | 3     |           | Y                       | QL                                  |
| leflunomide 20 mg tablet                                 | 3     |           | Y                       | QL                                  |
| LENVIMA 10 MG/DAY (10 MG X 1) CAPSULE                    | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE                     | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1) CAPSULE            | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE       | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 20 MG/DAY (10 MG X 2) CAPSULE                    | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 4 MG CAPSULE                                     | 4     | Y         | Y                       | PA, QL                              |
| LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE                      | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| LESCOL 20 MG CAPSULE  | 3     |           | Y                       | QL, ST                              |
| LESCOL 40 MG CAPSULE  | 3     |           | Y                       | QL, ST                              |
| LESCOL XL 80 MG TABLET,EXTENDED RELEASE                             | 3     |           | Y                       | QL, ST                              |
| lessina 0.1 mg-20 mcg tablet  | 1     |           | Y                       |                                     |
| LETAIRIS 10 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| LETAIRIS 5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| letrozole 2.5 mg tablet   | 1     |           | Y                       | QL                                  |
| leucovorin calcium 10 mg tab  | 3     |           |                         |                                     |
| leucovorin calcium 15 mg tab  | 3     |           |                         |                                     |
| leucovorin calcium 25 mg tab  | 3     |           |                         |                                     |
| leucovorin calcium 5 mg tab   | 3     |           |                         |                                     |
| LEUKERAN 2 MG TABLET  | 4     | Y         |                         | QL                                  |
| LEUKINE 250 MCG SOLUTION FOR INJECTION                              | 4     | Y         |                         | PA, QL                              |
| leuprolide 2wk 1 mg/0.2 ml kit                                      | 4     | Y         | Y                       | PA, QL                              |
| leuprolide 2wk 14 mg/2.8 ml kt                                      | 4     | Y         | Y                       | PA, QL                              |
| leuprolide 2wk 14 mg/2.8 ml vl                                      | 3     |           | Y                       | PA, QL                              |
| levalbuterol 0.31 mg/3 ml sol                                       | 3     |           | Y                       |                                     |
| levalbuterol 0.63 mg/3 ml sol                                       | 3     |           | Y                       |                                     |
| levalbuterol 1.25 mg/3 ml sol                                       | 3     |           | Y                       |                                     |
| levalbuterol conc 1.25 mg/0.5                                       | 3     |           | Y                       |                                     |
| levalbuterol tar hfa 45mcg inh                                      | 3     |           | Y                       | QL, ST                              |
| LEVAQUIN 500 MG TABLET  | 3     |           |                         |                                     |
| LEVAQUIN 750 MG TABLET  | 3     |           |                         |                                     |
| LEVBID 0.375 MG TABLET,EXTENDED RELEASE                             | 4     |           | Y                       |                                     |
| LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN | 3     |           | Y                       | ST                                  |
| LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION             | 3     |           | Y                       | ST                                  |
| levetiracetam 1,000 mg tablet                                       | 1     |           | Y                       |                                     |
| levetiracetam 100 mg/ml soln  | 2     |           | Y                       | QL                                  |
| levetiracetam 250 mg tablet   | 1     |           | Y                       |                                     |
| levetiracetam 500 mg tablet   | 1     |           | Y                       |                                     |
| levetiracetam 500 mg/5 ml soln                                      | 2     |           | Y                       | QL                                  |
| levetiracetam 750 mg tablet   | 1     |           | Y                       |                                     |
| levetiracetam er 500 mg tablet                                      | 2     |           | Y                       |                                     |
| levetiracetam er 750 mg tablet                                      | 2     |           | Y                       |                                     |
| levobunolol 0.5% eye drops  | 1     |           | Y                       | QL                                  |
| levocarnitine 1 g/10 ml soln  | 3     |           | Y                       |                                     |
| levocarnitine 330 mg tablet   | 3     |           | Y                       |                                     |
| levocarnitine sf 1 g/10 ml sol                                      | 3     |           | Y                       |                                     |
| levocetirizine 2.5 mg/5 ml sol                                      | 3     |           | Y                       | QL                                  |
| levocetirizine 5 mg tablet  | 1     |           | Y                       | QL                                  |
| levofloxacin 0.5% eye drops   | 2     |           |                         |                                     |
| levofloxacin 25 mg/ml solution                                      | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| levofloxacin 250 mg tablet                         | 2     |           |                         |                                     |
| levofloxacin 500 mg tablet                         | 2     |           |                         |                                     |
| levofloxacin 750 mg tablet                         | 2     |           |                         |                                     |
| levomefolate-algal 15 mg cap                       | 3     |           |                         |                                     |
| levomefolate-algal 7.5 mg cap                      | 3     |           |                         |                                     |
| levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet | 1     |           | Y                       |                                     |
| levono-e estrad 0.15-0.03-0.01                     | 1     |           | Y                       | QL                                  |
| levonor-e estrad 0.1-0.02-0.01                     | 1     |           | Y                       | QL                                  |
| levonor-eth estra 0.09-0.02 mg                     | 3     |           | Y                       |                                     |
| levonor-eth estrad 0.1-0.02 mg                     | 1     |           | Y                       |                                     |
| levonor-eth estrad 0.15-0.03                       | 1     |           | Y                       |                                     |
| levonor-eth estrad 0.15-0.03                       | 1     |           | Y                       | QL                                  |
| levonor-eth estrad triphasic                       | 1     |           | Y                       |                                     |
| levonorg 0.15mg-ee 20-25-30mcg                     | 3     |           | Y                       | QL                                  |
| levonorgestrel 1.5 mg tablet                       | 1     |           |                         |                                     |
| levora-28 0.15 mg-0.03 mg tablet                   | 1     |           | Y                       |                                     |
| levorphanol 2 mg tablet                            | 4     | Y         |                         | QL, ST                              |
| levorphanol 3 mg tablet                            | 4     | Y         |                         | QL, ST                              |
| LEVO-T 100 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 112 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 125 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 137 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 150 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 175 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 200 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 25 MCG TABLET                               | 2     |           | Y                       |                                     |
| LEVO-T 300 MCG TABLET                              | 2     |           | Y                       |                                     |
| LEVO-T 50 MCG TABLET                               | 2     |           | Y                       |                                     |
| LEVO-T 75 MCG TABLET                               | 2     |           | Y                       |                                     |
| LEVO-T 88 MCG TABLET                               | 2     |           | Y                       |                                     |
| levothyroxine 100 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 112 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 125 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 137 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 150 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 175 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 200 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 25 mcg tablet                        | 1     |           | Y                       |                                     |
| levothyroxine 300 mcg tablet                       | 1     |           | Y                       |                                     |
| levothyroxine 50 mcg tablet                        | 1     |           | Y                       |                                     |
| levothyroxine 75 mcg tablet                        | 1     |           | Y                       |                                     |
| levothyroxine 88 mcg tablet                        | 1     |           | Y                       |                                     |
| LEVOXYL 100 MCG TABLET                             | 2     |           | Y                       |                                     |
| LEVOXYL 112 MCG TABLET                             | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| LEVOXYL 125 MCG TABLET                                    | 2     |           | Y                       |                                     |
| LEVOXYL 137 MCG TABLET                                    | 2     |           | Y                       |                                     |
| LEVOXYL 150 MCG TABLET                                    | 2     |           | Y                       |                                     |
| LEVOXYL 175 MCG TABLET                                    | 2     |           | Y                       |                                     |
| LEVOXYL 200 MCG TABLET                                    | 2     |           | Y                       |                                     |
| LEVOXYL 25 MCG TABLET                                     | 2     |           | Y                       |                                     |
| LEVOXYL 50 MCG TABLET                                     | 2     |           | Y                       |                                     |
| LEVOXYL 75 MCG TABLET                                     | 2     |           | Y                       |                                     |
| LEVOXYL 88 MCG TABLET                                     | 2     |           | Y                       |                                     |
| LEVSIN 0.125 MG TABLET                                    | 4     |           | Y                       |                                     |
| LEVSIN/SL 0.125 MG SUBLINGUAL TABLET                      | 4     |           | Y                       |                                     |
| LEVULAN 20 % TOPICAL SOLUTION                             | 4     |           |                         | PA                                  |
| LEXAPRO 10 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| LEXAPRO 20 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| LEXAPRO 5 MG TABLET                                       | 3     |           | Y                       | QL, ST                              |
| LEXETTE 0.05 % TOPICAL FOAM                               | 4     | Y         |                         | PA                                  |
| LEXIVA 50 MG/ML ORAL SUSPENSION                           | 4     | Y         | Y                       | QL                                  |
| LEXIVA 700 MG TABLET                                      | 4     | Y         | Y                       | QL                                  |
| LIALDA 1.2 GRAM TABLET,DELAYED RELEASE                    | 4     |           | Y                       | QL, ST                              |
| LIBRAX (WITH CLIDINIUM) 5 MG-2.5 MG CAPSULE               | 4     |           |                         |                                     |
| LICART 1.3 % TRANSDERMAL 24 HOUR PATCH                    | 4     | Y         |                         | PA, QL                              |
| lidocaine 5% ointment                                     | 4     |           |                         | PA                                  |
| lidocaine 5% patch  | 3     |           |                         | PA, QL                              |
| lidocaine hcl 2% jel urojet ac                            | 3     |           |                         |                                     |
| lidocaine hcl 2% jelly                                    | 3     |           |                         |                                     |
| lidocaine hcl 2% jelly uro-jet                            | 3     |           |                         |                                     |
| lidocaine hcl 4% solution                                 | 4     |           |                         |                                     |
| lidocaine viscous 2 % mucosal solution                    | 2     |           |                         |                                     |
| lidocaine-prilocaine cream                                | 2     |           |                         |                                     |
| lidocaine-prilocaine cream                                | 4     |           |                         |                                     |
| LIDODERM 5 % TOPICAL PATCH                                | 4     |           |                         | PA, QL                              |
| LILETTA 20.1 MCG/24 HRS (6 YRS) 52 MG INTRAUTERINE DEVICE | 4     | Y         | Y                       |                                     |
| lillow (28) 0.15 mg-0.03 mg tablet                        | 1     |           | Y                       |                                     |
| lindane 1% shampoo  | 3     |           |                         |                                     |
| linezolid 100 mg/5 ml susp                                | 3     |           |                         | QL                                  |
| linezolid 600 mg tablet                                   | 3     |           |                         | QL                                  |
| LINZESS 145 MCG CAPSULE                                   | 2     |           | Y                       | QL                                  |
| LINZESS 290 MCG CAPSULE                                   | 2     |           | Y                       | QL                                  |
| LINZESS 72 MCG CAPSULE                                    | 2     |           | Y                       | QL                                  |
| liothyronine sod 25 mcg tab                               | 2     |           | Y                       |                                     |
| liothyronine sod 5 mcg tab                                | 2     |           | Y                       |                                     |
| liothyronine sod 50 mcg tab                               | 2     |           | Y                       |                                     |
| LIPITOR 10 MG TABLET                                      | 3     |           | Y                       | ST                                  |
| LIPITOR 20 MG TABLET                                      | 3     |           | Y                       | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| LIPITOR 40 MG TABLET                               | 3     |           | Y                       | ST                                  |
| LIPITOR 80 MG TABLET                               | 3     |           | Y                       | ST                                  |
| LIPOFEN 150 MG CAPSULE                             | 3     |           | Y                       | QL, ST                              |
| LIPOFEN 50 MG CAPSULE                              | 3     |           | Y                       | QL, ST                              |
| lisinopril 10 mg tablet                            | 1     |           | Y                       |                                     |
| lisinopril 2.5 mg tablet                           | 1     |           | Y                       |                                     |
| lisinopril 20 mg tablet                            | 1     |           | Y                       |                                     |
| lisinopril 30 mg tablet                            | 1     |           | Y                       |                                     |
| lisinopril 40 mg tablet                            | 1     |           | Y                       |                                     |
| lisinopril 5 mg tablet                             | 1     |           | Y                       |                                     |
| lisinopril-hctz 10-12.5 mg tab                     | 1     |           | Y                       |                                     |
| lisinopril-hctz 20-12.5 mg tab                     | 1     |           | Y                       |                                     |
| lisinopril-hctz 20-25 mg tab                       | 1     |           | Y                       |                                     |
| LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"     | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"     | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16"    | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16"    | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE           | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE           | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"   | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE         | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 29               | 2     |           | Y                       |                                     |
| LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE         | 2     |           | Y                       |                                     |
| LITE TOUCH LANCETS 28 GAUGE                        | 1     |           | Y                       |                                     |
| LITE TOUCH LANCETS 30 GAUGE                        | 1     |           | Y                       |                                     |
| LITE TOUCH LANCETS 33 GAUGE                        | 1     |           | Y                       |                                     |
| LITE TOUCH LANCING DEVICE                          | 3     |           |                         |                                     |
| LITE TOUCH-MEDIUM MASK                             | 1     |           |                         |                                     |
| LITEAIRE MDI CHAMBER                               | 1     |           |                         |                                     |
| LITETOUCH-LARGE MASK                               | 1     |           |                         |                                     |
| LITETOUCH-SMALL MASK                               | 1     |           |                         |                                     |
| LITHATE 20 MG CAPSULE                              | 3     |           |                         |                                     |
| LITHATE 5 MG CAPSULE                               | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| lithium 8 meq/5 ml solution  | 3     |           | Y                       |                                     |
| lithium carbonate 150 mg cap                                       | 1     |           | Y                       |                                     |
| lithium carbonate 300 mg cap                                       | 1     |           | Y                       |                                     |
| lithium carbonate 300 mg tab                                       | 1     |           | Y                       |                                     |
| lithium carbonate 600 mg cap                                       | 1     |           | Y                       |                                     |
| lithium carbonate er 300 mg tb                                     | 1     |           | Y                       |                                     |
| lithium carbonate er 450 mg tb                                     | 1     |           | Y                       |                                     |
| LITHOBID 300 MG TABLET,EXTENDED RELEASE                            | 4     |           | Y                       |                                     |
| LITHOSTAT 250 MG TABLET  | 3     |           |                         |                                     |
| LIVALO 1 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| LIVALO 2 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| LIVALO 4 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| LIVE BETTER ADVANCED LANCING                                       | 1     |           | Y                       |                                     |
| l-methylfolate 15 mg tablet  | 3     |           |                         |                                     |
| l-methylfolate 7.5 mg tablet                                       | 3     |           |                         |                                     |
| l-methylfolate calcium 15 mg                                       | 3     |           |                         |                                     |
| l-methylfolate calcium 7.5 mg                                      | 3     |           |                         |                                     |
| l-methylfolate-algal 15 mg cap                                     | 3     |           |                         |                                     |
| LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET                  | 2     |           | Y                       |                                     |
| LOCOID 0.1 % LOTION  | 4     | Y         |                         | ST                                  |
| LOCOID 0.1% CREAM  | 4     |           |                         | ST                                  |
| LOCOID 0.1% SOLUTION   | 4     |           |                         | ST                                  |
| LOCOID LIPOCREAM 0.1 % TOPICAL                                     | 4     |           |                         | ST                                  |
| LODINE 400 MG TABLET   | 3     |           | Y                       | ST                                  |
| LODOSYN 25 MG TABLET   | 4     |           | Y                       |                                     |
| loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet                          | 3     |           | Y                       |                                     |
| loestrin 1/20 (21) 1 mg-20 mcg tablet                              | 3     |           | Y                       |                                     |
| loestrin fe 1.5/30 (28-day) 1.5 mg-30 mcg (21)/75 mg (7) tablet    | 3     |           | Y                       |                                     |
| loestrin fe 1/20 (28-day) 1 mg-20 mcg (21)/75 mg (7) tablet        | 3     |           | Y                       |                                     |
| lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack | 1     |           | Y                       | QL                                  |
| LOKELMA 10 GRAM ORAL POWDER PACKET                                 | 4     | Y         | Y                       | PA, QL                              |
| LOKELMA 5 GRAM ORAL POWDER PACKET                                  | 4     | Y         | Y                       | PA, QL                              |
| LOMOTIL 2.5 MG-0.025 MG TABLET                                     | 3     |           |                         |                                     |
| longs glucose 4 gram tab chew                                      | 1     |           |                         |                                     |
| LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION         | 4     | Y         | Y                       | PA, QL                              |
| LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION        | 4     | Y         |                         | PA, QL                              |
| LONSURF 15 MG-6.14 MG TABLET                                       | 4     | Y         |                         | PA, QL                              |
| LONSURF 20 MG-8.19 MG TABLET                                       | 4     | Y         |                         | PA, QL                              |
| loperamide 2 mg capsule  | 2     |           | Y                       |                                     |
| LOPID 600 MG TABLET  | 3     |           | Y                       | QL                                  |
| lopinavir-ritonavir 80-20mg/ml                                     | 4     |           | Y                       |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| LOPREEZA 0.5 MG-0.1 MG TABLET  | 3     |           | Y                       |                                     |
| LOPREEZA 1 MG-0.5 MG TABLET  | 3     |           | Y                       |                                     |
| LOPRESSOR 100 MG TABLET  | 3     |           | Y                       |                                     |
| LOPRESSOR 50 MG TABLET   | 3     |           | Y                       |                                     |
| LOPRESSOR HCT 50 MG-25 MG TABLET                                     | 3     |           | Y                       |                                     |
| LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM                             | 3     |           |                         |                                     |
| LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION                        | 3     |           |                         |                                     |
| LOPROX 1 % SHAMPOO   | 4     |           |                         |                                     |
| lorazepam 0.5 mg tablet  | 2     |           |                         | QL                                  |
| lorazepam 1 mg tablet  | 2     |           |                         | QL                                  |
| lorazepam 2 mg tablet  | 2     |           |                         | QL                                  |
| lorazepam 2 mg/ml oral concent                                       | 2     |           |                         | QL                                  |
| LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE                          | 2     |           |                         | QL                                  |
| LORBRENA 100 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| LORBRENA 25 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| lorcet (hydrocodone) 5 mg-325 mg tablet                              | 3     |           |                         | QL                                  |
| lorcet hd 10 mg-325 mg tablet  | 3     |           |                         | QL                                  |
| lorcet plus 7.5-325 mg tablet  | 3     |           |                         | QL                                  |
| lortab elixir 10 mg-300 mg/15 ml oral solution                       | 3     |           |                         | QL                                  |
| loryna (28) 3 mg-0.02 mg tablet                                      | 1     |           | Y                       |                                     |
| LORZONE 375 MG TABLET  | 3     |           |                         | QL, ST                              |
| LORZONE 750 MG TABLET  | 3     |           |                         | QL, ST                              |
| losartan potassium 100 mg tab  | 1     |           | Y                       | QL                                  |
| losartan potassium 25 mg tab   | 1     |           | Y                       | QL                                  |
| losartan potassium 50 mg tab   | 1     |           | Y                       | QL                                  |
| losartan-hctz 100-12.5 mg tab  | 1     |           | Y                       | QL                                  |
| losartan-hctz 100-25 mg tab  | 1     |           | Y                       | QL                                  |
| losartan-hctz 50-12.5 mg tab   | 1     |           | Y                       | QL                                  |
| LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | 3     |           | Y                       | QL                                  |
| LOTEMAX 0.5 % EYE DROPS,SUSPENSION                                   | 3     |           |                         | ST                                  |
| LOTEMAX 0.5 % EYE GEL DROPS  | 3     |           |                         | ST                                  |
| LOTEMAX 0.5 % EYE OINTMENT   | 3     |           |                         | ST                                  |
| LOTEMAX SM 0.38 % EYE GEL DROPS                                      | 3     |           |                         | ST                                  |
| LOTENSIN 10 MG TABLET  | 3     |           | Y                       |                                     |
| LOTENSIN 20 MG TABLET  | 3     |           | Y                       |                                     |
| LOTENSIN 40 MG TABLET  | 3     |           | Y                       |                                     |
| LOTENSIN HCT 10 MG-12.5 MG TABLET                                    | 3     |           | Y                       |                                     |
| LOTENSIN HCT 20 MG-12.5 MG TABLET                                    | 3     |           | Y                       |                                     |
| LOTENSIN HCT 20 MG-25 MG TABLET                                      | 3     |           | Y                       |                                     |
| loteprednol etabonate 0.5% drp                                       | 3     |           |                         | ST                                  |
| LOTREL 10 MG-20 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| LOTREL 10 MG-40 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| LOTREL 5 MG-10 MG CAPSULE  | 3     |           | Y                       | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| LOTREL 5 MG-20 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| LOTREL 5 MG-40 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| LOTRISONE CREAM   | 3     |           |                         |                                     |
| LOTRONEX 0.5 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| LOTRONEX 1 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| lovastatin 10 mg tablet   | 1     |           | Y                       |                                     |
| lovastatin 20 mg tablet   | 1     |           | Y                       |                                     |
| lovastatin 40 mg tablet   | 1     |           | Y                       |                                     |
| LOVAZA 1 GRAM CAPSULE   | 3     |           | Y                       | PA, QL                              |
| LOVENOX 100 MG/ML SUBCUTANEOUS SYRINGE                                | 4     |           |                         | QL                                  |
| LOVENOX 120 MG/0.8 ML SUBCUTANEOUS SYRINGE                            | 4     |           |                         | QL                                  |
| LOVENOX 150 MG/ML SUBCUTANEOUS SYRINGE                                | 4     |           |                         | QL                                  |
| LOVENOX 30 MG/0.3 ML SUBCUTANEOUS SYRINGE                             | 4     |           |                         | QL                                  |
| LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION                             | 4     |           |                         | QL                                  |
| LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE                             | 4     |           |                         | QL                                  |
| LOVENOX 60 MG/0.6 ML SUBCUTANEOUS SYRINGE                             | 4     |           |                         | QL                                  |
| LOVENOX 80 MG/0.8 ML SUBCUTANEOUS SYRINGE                             | 4     |           |                         | QL                                  |
| low-ogestrel (28) 0.3 mg-30 mcg tablet                                | 1     |           | Y                       |                                     |
| loxapine 10 mg capsule  | 2     |           | Y                       |                                     |
| loxapine 25 mg capsule  | 2     |           | Y                       |                                     |
| loxapine 5 mg capsule   | 2     |           | Y                       |                                     |
| loxapine 50 mg capsule  | 2     |           | Y                       |                                     |
| lo-zumandimine (28) 3 mg-0.02 mg tablet                               | 1     |           | Y                       |                                     |
| LUCEMYRA 0.18 MG TABLET   | 4     | Y         |                         | PA, QL                              |
| lugols 5 % oral solution  | 3     |           |                         |                                     |
| LUGOLS 5 %-10 % TOPICAL SOLUTION                                      | 3     |           |                         |                                     |
| luliconazole 1% cream   | 4     |           |                         | QL, ST                              |
| LUMIGAN 0.01 % EYE DROPS  | 2     |           | Y                       | QL                                  |
| LUNESTA 1 MG TABLET   | 3     |           |                         | QL, ST                              |
| LUNESTA 2 MG TABLET   | 3     |           |                         | QL, ST                              |
| LUNESTA 3 MG TABLET   | 3     |           |                         | QL, ST                              |
| LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT  | 4     | Y         |                         | PA, QL                              |
| LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT | 4     | Y         |                         | PA, QL                              |
| lutera (28) 0.1 mg-20 mcg tablet                                      | 1     |           | Y                       |                                     |
| LUXIQ 0.12 % TOPICAL FOAM   | 3     |           |                         | ST                                  |
| LUZU 1 % TOPICAL CREAM  | 4     |           |                         | QL, ST                              |
| LYNPARZA 100 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| LYNPARZA 150 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| LYNPARZA 50 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| LYRICA 100 MG CAPSULE   | 4     |           | Y                       | QL, ST                              |
| LYRICA 150 MG CAPSULE   | 4     |           | Y                       | QL, ST                              |
| LYRICA 20 MG/ML ORAL SOLUTION   | 4     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| LYRICA 200 MG CAPSULE   | 4     |           | Y                       | QL, ST                              |
| LYRICA 225 MG CAPSULE   | 4     |           | Y                       | QL, ST                              |
| LYRICA 25 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| LYRICA 300 MG CAPSULE   | 4     |           | Y                       | QL, ST                              |
| LYRICA 50 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| LYRICA 75 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| LYRICA CR 165 MG TABLET,EXTENDED RELEASE                      | 4     |           | Y                       | PA, QL                              |
| LYRICA CR 330 MG TABLET,EXTENDED RELEASE                      | 4     |           | Y                       | PA, QL                              |
| LYRICA CR 82.5 MG TABLET,EXTENDED RELEASE                     | 4     |           | Y                       | PA, QL                              |
| LYSIPLEX PLUS TABLET  | 3     |           |                         |                                     |
| LYSODREN 500 MG TABLET  | 4     | Y         | Y                       |                                     |
| LYSTEDA 650 MG TABLET   | 3     |           | Y                       | QL                                  |
| LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS        | 3     |           | Y                       | ST                                  |
| LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS | 3     |           | Y                       | ST                                  |
| LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION       | 3     |           | Y                       | QL, ST                              |
| lyza 0.35 mg tablet   | 1     |           | Y                       |                                     |
| MACROBID 100 MG CAPSULE                                       | 3     |           |                         |                                     |
| MACRODANTIN 100 MG CAPSULE                                    | 3     |           |                         |                                     |
| MACRODANTIN 25 MG CAPSULE                                     | 3     |           |                         |                                     |
| MACRODANTIN 50 MG CAPSULE                                     | 3     |           |                         |                                     |
| mafenide acetate 50 gm powd pk                                | 3     |           |                         |                                     |
| MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2"              | 2     |           | Y                       |                                     |
| MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"                    | 1     |           |                         |                                     |
| MAGELLAN SYRINGE 0.3 ML 30 X 5/16"                            | 2     |           | Y                       |                                     |
| MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"                      | 2     |           | Y                       |                                     |
| MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"                         | 2     |           |                         |                                     |
| MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"       | 1     |           |                         |                                     |
| MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR          | 4     | Y         |                         | PA                                  |
| MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL                     | 4     | Y         |                         | PA                                  |
| MAKENA 250 MG/ML INTRAMUSCULAR OIL                            | 4     | Y         |                         | PA                                  |
| MALARONE 250 MG-100 MG TABLET                                 | 3     |           |                         | QL                                  |
| MALARONE PEDIATRIC 62.5 MG-25 MG TABLET                       | 3     |           |                         | QL                                  |
| malathion 0.5% lotion   | 3     |           |                         |                                     |
| maprotiline 25 mg tablet                                      | 3     |           | Y                       |                                     |
| maprotiline 50 mg tablet                                      | 3     |           | Y                       |                                     |
| maprotiline 75 mg tablet                                      | 3     |           | Y                       |                                     |
| MARINOL 10 MG CAPSULE   | 4     |           |                         | PA, QL                              |
| MARINOL 2.5 MG CAPSULE  | 4     |           |                         | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| MARINOL 5 MG CAPSULE  | 4     |           |                         | PA, QL                              |
| marlissa (28) 0.15 mg-0.03 mg tablet                        | 1     |           | Y                       |                                     |
| MARNATAL-F 60 MG IRON-1 MG CAPSULE                          | 3     |           | Y                       |                                     |
| MARPLAN 10 MG TABLET  | 3     |           | Y                       |                                     |
| MATULANE 50 MG CAPSULE                                      | 4     | Y         |                         |                                     |
| matzim la 180 mg tablet,extended release                    | 3     |           | Y                       | QL                                  |
| matzim la 240 mg tablet,extended release                    | 3     |           | Y                       | QL                                  |
| matzim la 300 mg tablet,extended release                    | 3     |           | Y                       | QL                                  |
| matzim la 360 mg tablet,extended release                    | 3     |           | Y                       | QL                                  |
| matzim la 420 mg tablet,extended release                    | 3     |           | Y                       | QL                                  |
| MAVENCLAD (10 TABLET PACK) 10 MG TABLET                     | 4     | Y         | Y                       | PA, QL                              |
| MAVENCLAD (4 TABLET PACK) 10 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| MAVENCLAD (5 TABLET PACK) 10 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| MAVENCLAD (6 TABLET PACK) 10 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| MAVENCLAD (7 TABLET PACK) 10 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| MAVENCLAD (8 TABLET PACK) 10 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| MAVENCLAD (9 TABLET PACK) 10 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| MAVYRET 100 MG-40 MG TABLET                                 | 4     | Y         |                         | PA, QL                              |
| MAXALT 10 MG TABLET   | 3     |           |                         | QL, ST                              |
| MAXALT MLT 5 MG TABLET                                      | 3     |           |                         | QL, ST                              |
| MAXALT-MLT 10 MG DISINTEGRATING TABLET                      | 3     |           |                         | QL, ST                              |
| MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4"                   | 1     |           | Y                       |                                     |
| MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"            | 2     |           | Y                       |                                     |
| MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"           | 1     |           | Y                       |                                     |
| MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"         | 1     |           | Y                       |                                     |
| MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16"              | 1     |           | Y                       |                                     |
| MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16"              | 1     |           | Y                       |                                     |
| MAXIDEX 0.1 % EYE DROPS,SUSPENSION                          | 3     |           |                         | ST                                  |
| MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT          | 3     |           |                         |                                     |
| MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION | 3     |           |                         |                                     |
| MAXZIDE 75 MG-50 MG TABLET                                  | 3     |           | Y                       |                                     |
| MAXZIDE-25MG 37.5 MG-25 MG TABLET                           | 3     |           | Y                       |                                     |
| MAYZENT 0.25 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| MAYZENT 2 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| MAYZENT STARTER PACK 0.25 MG (12 TABS) TABLETS              | 4     | Y         |                         | PA, QL                              |
| meclizine 12.5 mg tablet                                    | 2     |           |                         |                                     |
| meclizine 25 mg tablet                                      | 2     |           |                         |                                     |
| meclofenamate 100 mg capsule                                | 3     |           |                         |                                     |
| meclofenamate 50 mg capsule                                 | 3     |           |                         |                                     |
| MEDISENSE COMBO PACK  | 3     |           | Y                       |                                     |
| MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK                     | 3     |           | Y                       |                                     |
| MEDISENSE GLUCOSE KETONE COMBO PACK                         | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| MEDISENSE MID CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| MEDISENSE THIN LANCETS                                     | 1     |           | Y                       |                                     |
| MEDISENSE THIN LANCETS 28 GAUGE                            | 1     |           | Y                       |                                     |
| MEDLANCE PLUS LANCETS 21 GAUGE                             | 1     |           | Y                       |                                     |
| MEDLANCE PLUS LANCETS 25 GAUGE                             | 1     |           | Y                       |                                     |
| MEDLANCE PLUS LANCETS 30 GAUGE                             | 1     |           | Y                       |                                     |
| MEDPOINT NORMAL CONTROL SOLUTION                           | 3     |           | Y                       |                                     |
| MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK                   | 3     |           |                         |                                     |
| MEDROL 16 MG TABLET  | 3     |           |                         |                                     |
| MEDROL 2 MG TABLET   | 3     |           |                         |                                     |
| MEDROL 32 MG TABLET  | 3     |           |                         |                                     |
| MEDROL 4 MG TABLET   | 3     |           |                         |                                     |
| MEDROL 8 MG TABLET   | 3     |           |                         |                                     |
| medroxyprogesterone 10 mg tab                              | 1     |           | Y                       |                                     |
| medroxyprogesterone 150 mg/ml                              | 1     |           | Y                       | QL                                  |
| medroxyprogesterone 2.5 mg tab                             | 1     |           | Y                       |                                     |
| medroxyprogesterone 5 mg tab                               | 1     |           | Y                       |                                     |
| mefenamic acid 250 mg capsule                              | 3     |           |                         |                                     |
| mefloquine hcl 250 mg tablet                               | 2     |           |                         |                                     |
| MEGACE ES 625 MG/5 ML SUSP                                 | 4     |           | Y                       | ST                                  |
| megestrol 20 mg tablet                                     | 1     |           |                         |                                     |
| megestrol 40 mg tablet                                     | 1     |           |                         |                                     |
| megestrol 625 mg/5 ml susp                                 | 4     |           | Y                       | ST                                  |
| megestrol acet 40 mg/ml susp                               | 2     |           | Y                       |                                     |
| megestrol acet 400 mg/10 ml                                | 2     |           | Y                       |                                     |
| MEKINIST 0.5 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| MEKINIST 2 MG TABLET                                       | 4     | Y         | Y                       | PA, QL                              |
| MEKTOVI 15 MG TABLET                                       | 4     | Y         | Y                       | PA, QL                              |
| melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet | 2     |           | Y                       |                                     |
| meloxicam 15 mg tablet                                     | 1     |           | Y                       | QL                                  |
| meloxicam 7.5 mg tablet                                    | 1     |           | Y                       | QL                                  |
| melphalan 2 mg tablet                                      | 4     | Y         |                         | QL                                  |
| memantine 5-10 mg titration pk                             | 1     |           |                         | QL                                  |
| memantine hcl 10 mg tablet                                 | 1     |           | Y                       | QL                                  |
| memantine hcl 2 mg/ml solution                             | 3     |           | Y                       | QL                                  |
| memantine hcl 5 mg tablet                                  | 1     |           | Y                       | QL                                  |
| memantine hcl er 14 mg capsule                             | 3     |           | Y                       | QL                                  |
| memantine hcl er 21 mg capsule                             | 3     |           | Y                       | QL                                  |
| memantine hcl er 28 mg capsule                             | 3     |           | Y                       | QL                                  |
| memantine hcl er 7 mg capsule                              | 3     |           | Y                       | QL                                  |
| MENEST 0.3 MG TABLET                                       | 3     |           | Y                       |                                     |
| MENEST 0.625 MG TABLET                                     | 3     |           | Y                       |                                     |
| MENEST 1.25 MG TABLET                                      | 3     |           | Y                       |                                     |
| MENEST 2.5 MG TABLET                                       | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH          | 3     |           | Y                       | QL                                  |
| MENTAX 1 % TOPICAL CREAM                         | 3     |           |                         |                                     |
| meperidine 100 mg tablet                         | 2     |           |                         | QL                                  |
| meperidine 50 mg tablet                          | 2     |           |                         | QL                                  |
| meperidine 50 mg/5 ml solution                   | 2     |           |                         | QL                                  |
| MEPHYTON 5 MG TABLET                             | 4     | Y         |                         |                                     |
| meprobamate 200 mg tablet                        | 3     |           |                         |                                     |
| meprobamate 400 mg tablet                        | 3     |           |                         |                                     |
| MEPRON 750 MG/5 ML ORAL SUSPENSION               | 4     | Y         |                         | QL                                  |
| mercaptapurine 50 mg tablet                      | 2     |           | Y                       | QL                                  |
| mesalamine 1,000 mg supp                         | 3     |           | Y                       | QL, ST                              |
| mesalamine 4 gm/60 ml enema                      | 3     |           | Y                       | QL                                  |
| mesalamine 4 gm/60 ml kit                        | 3     |           | Y                       | QL                                  |
| mesalamine 800 mg dr tablet                      | 4     | Y         | Y                       | QL, ST                              |
| mesalamine dr 1.2 gm tablet                      | 3     |           | Y                       | QL                                  |
| mesalamine dr 400 mg capsule                     | 4     |           | Y                       | QL, ST                              |
| mesalamine er 0.375 gram cap                     | 3     |           | Y                       | QL, ST                              |
| MESNEX 400 MG TABLET                             | 4     | Y         |                         |                                     |
| MESTINON 60 MG TABLET                            | 4     |           | Y                       |                                     |
| MESTINON 60 MG/5 ML ORAL SYRUP                   | 4     |           | Y                       |                                     |
| MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE | 4     |           | Y                       |                                     |
| metadate er 20 mg tablet,extended release        | 3     |           | Y                       | QL                                  |
| metaproterenol 10 mg tablet                      | 3     |           | Y                       |                                     |
| metaproterenol 10 mg/5 ml syr                    | 1     |           | Y                       |                                     |
| metaproterenol 20 mg tablet                      | 3     |           | Y                       |                                     |
| metaxall 800 mg tablet                           | 3     |           |                         | QL, ST                              |
| metaxalone 400 mg tablet                         | 3     |           |                         | QL, ST                              |
| metaxalone 800 mg tablet                         | 3     |           |                         | QL, ST                              |
| METER-CHECK SOLUTION                             | 3     |           | Y                       |                                     |
| metformin er 1,000 mg gastr-tb                   | 4     | Y         | Y                       | QL, ST                              |
| metformin er 1,000 mg osm-tab                    | 3     |           | Y                       | QL, ST                              |
| metformin er 500 mg gastrc-tb                    | 4     | Y         | Y                       | QL, ST                              |
| metformin er 500 mg osmotic tb                   | 3     |           | Y                       | QL, ST                              |
| metformin hcl 1,000 mg tablet                    | 1     |           | Y                       |                                     |
| metformin hcl 500 mg tablet                      | 1     |           | Y                       |                                     |
| metformin hcl 500 mg/5 ml soln                   | 4     | Y         | Y                       | QL                                  |
| metformin hcl 850 mg tablet                      | 1     |           | Y                       |                                     |
| metformin hcl er 500 mg tablet                   | 1     |           | Y                       | QL                                  |
| metformin hcl er 750 mg tablet                   | 1     |           | Y                       | QL                                  |
| methadone 10 mg/5 ml solution                    | 2     |           |                         | QL                                  |
| methadone 10 mg/ml oral conc                     | 2     |           |                         | QL                                  |
| methadone 40 mg tablet dispr                     | 2     |           |                         | QL                                  |
| methadone 5 mg/5 ml solution                     | 2     |           |                         | QL                                  |
| methadone hcl 10 mg tablet                       | 2     |           |                         | QL                                  |

| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| methadone hcl 5 mg tablet                    | 2     |           |                         | QL                                  |
| methadone intensol 10 mg/ml oral concentrate | 2     |           |                         | QL                                  |
| METHADOSE 10 MG/ML ORAL CONCENTRATE          | 3     |           |                         | QL                                  |
| methadose 40 mg soluble tablet               | 2     |           |                         | QL                                  |
| methamphetamine 5 mg tablet                  | 4     |           | Y                       | QL, ST                              |
| methazolamide 25 mg tablet                   | 3     |           | Y                       |                                     |
| methazolamide 50 mg tablet                   | 3     |           | Y                       |                                     |
| methenamine hipp 1 gm tablet                 | 3     |           |                         |                                     |
| methergine 0.2 mg tablet                     | 4     |           |                         |                                     |
| methimazole 10 mg tablet                     | 1     |           | Y                       |                                     |
| methimazole 5 mg tablet                      | 1     |           | Y                       |                                     |
| METHITEST 10 MG TABLET                       | 4     | Y         | Y                       |                                     |
| methocarbamol 500 mg tablet                  | 2     |           |                         |                                     |
| methocarbamol 750 mg tablet                  | 2     |           |                         |                                     |
| methotrexate 1 gram/40 ml vial               | 2     |           |                         |                                     |
| methotrexate 2.5 mg tablet                   | 2     |           | Y                       |                                     |
| methotrexate 25 mg/ml vial                   | 2     |           |                         |                                     |
| methotrexate 250 mg/10 ml vial               | 2     |           |                         |                                     |
| methotrexate 50 mg/2 ml vial                 | 2     |           |                         |                                     |
| methoxsalen 10 mg capsule                    | 4     | Y         |                         |                                     |
| methoxsalen 10 mg softgel                    | 4     | Y         |                         |                                     |
| methscopolamine brom 2.5 mg tb               | 3     |           |                         |                                     |
| methscopolamine brom 5 mg tab                | 3     |           |                         |                                     |
| methyclothiazide 5 mg tablet                 | 2     |           | Y                       |                                     |
| methylcobalamin 10,000 mcg vl                | 2     |           |                         |                                     |
| methyldopa 250 mg tablet                     | 1     |           | Y                       |                                     |
| methyldopa 500 mg tablet                     | 1     |           | Y                       |                                     |
| methyldopa-hctz 250-15 mg tab                | 3     |           | Y                       |                                     |
| methyldopa-hctz 250-25 mg tab                | 3     |           | Y                       |                                     |
| methylergonovine 0.2 mg tablet               | 4     |           |                         |                                     |
| METHYLIN 10 MG/5 ML ORAL SOLUTION            | 3     |           | Y                       | QL                                  |
| METHYLIN 5 MG/5 ML ORAL SOLUTION             | 3     |           | Y                       | QL                                  |
| methylphenidate 10 mg chew tab               | 3     |           | Y                       | QL, ST                              |
| methylphenidate 10 mg tablet                 | 2     |           | Y                       | QL                                  |
| methylphenidate 10 mg/5 ml sol               | 3     |           | Y                       | QL                                  |
| methylphenidate 2.5 mg chew tb               | 3     |           | Y                       | QL, ST                              |
| methylphenidate 20 mg tablet                 | 2     |           | Y                       | QL                                  |
| methylphenidate 5 mg chew tab                | 3     |           | Y                       | QL, ST                              |
| methylphenidate 5 mg tablet                  | 2     |           | Y                       | QL                                  |
| methylphenidate 5 mg/5 ml soln               | 3     |           | Y                       | QL                                  |
| methylphenidate cd 10 mg cap                 | 3     |           | Y                       | QL                                  |
| methylphenidate cd 20 mg cap                 | 3     |           | Y                       | QL                                  |
| methylphenidate cd 30 mg cap                 | 3     |           | Y                       | QL                                  |
| methylphenidate cd 40 mg cap                 | 3     |           | Y                       | QL                                  |

| Drug Name                      | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--------------------------------|-------|-----------|-------------------------|-------------------------------------|
| methylphenidate cd 50 mg cap   | 3     |           | Y                       | QL                                  |
| methylphenidate cd 60 mg cap   | 3     |           | Y                       | QL                                  |
| methylphenidate er 10 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 10 mg tab   | 3     |           | Y                       | QL                                  |
| methylphenidate er 15 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 18 mg tab   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 20 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 20 mg tab   | 3     |           | Y                       | QL                                  |
| methylphenidate er 27 mg tab   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 30 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 36 mg tab   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 40 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 50 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 54 mg tab   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 60 mg cap   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er 72 mg tab   | 3     |           | Y                       | QL, ST                              |
| methylphenidate er(cd) 10mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(cd) 20mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(cd) 30mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(cd) 40mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(cd) 50mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(cd) 60mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(la) 10mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(la) 20mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(la) 30mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate er(la) 40mg cp | 3     |           | Y                       | QL                                  |
| methylphenidate la 10 mg cap   | 3     |           | Y                       | QL                                  |
| methylphenidate la 20 mg cap   | 3     |           | Y                       | QL                                  |
| methylphenidate la 30 mg cap   | 3     |           | Y                       | QL                                  |
| methylphenidate la 40 mg cap   | 3     |           | Y                       | QL                                  |
| methylphenidate la 60 mg cap   | 3     |           | Y                       | QL                                  |
| methylprednisolone 16 mg tab   | 2     |           |                         |                                     |
| methylprednisolone 32 mg tab   | 2     |           |                         |                                     |
| methylprednisolone 4 mg dosepk | 2     |           |                         |                                     |
| methylprednisolone 4 mg tablet | 2     |           |                         |                                     |
| methylprednisolone 8 mg tab    | 2     |           |                         |                                     |
| methyltestosterone 10 mg cap   | 4     | Y         | Y                       |                                     |
| metipranolol 0.3% eye drops    | 1     |           | Y                       |                                     |
| metoclopramide 10 mg tablet    | 1     |           |                         |                                     |
| metoclopramide 10 mg/10 ml sol | 1     |           |                         |                                     |
| metoclopramide 5 mg tablet     | 1     |           |                         |                                     |
| metoclopramide 5 mg/5 ml soln  | 1     |           |                         |                                     |
| metoclopramide hcl 10 mg odt   | 4     |           |                         | QL                                  |
| metoclopramide hcl 5 mg odt    | 4     |           |                         | QL                                  |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| metolazone 10 mg tablet                                  | 2     |           | Y                       |                                     |
| metolazone 2.5 mg tablet                                 | 2     |           | Y                       |                                     |
| metolazone 5 mg tablet                                   | 2     |           | Y                       |                                     |
| METOPIRONE 250 MG CAPSULE                                | 3     |           |                         |                                     |
| metoprolol er-hctz 100-12.5 mg                           | 4     |           | Y                       | QL                                  |
| metoprolol er-hctz 25-12.5 mg                            | 4     |           | Y                       | QL                                  |
| metoprolol er-hctz 50-12.5 mg                            | 4     |           | Y                       | QL                                  |
| metoprolol succ er 100 mg tab                            | 1     |           | Y                       | QL                                  |
| metoprolol succ er 200 mg tab                            | 1     |           | Y                       | QL                                  |
| metoprolol succ er 25 mg tab                             | 1     |           | Y                       | QL                                  |
| metoprolol succ er 50 mg tab                             | 1     |           | Y                       | QL                                  |
| metoprolol tartrate 100 mg tab                           | 1     |           | Y                       |                                     |
| metoprolol tartrate 25 mg tab                            | 1     |           | Y                       |                                     |
| metoprolol tartrate 37.5 mg tb                           | 1     |           | Y                       |                                     |
| metoprolol tartrate 50 mg tab                            | 1     |           | Y                       |                                     |
| metoprolol tartrate 75 mg tab                            | 1     |           | Y                       |                                     |
| metoprolol-hctz 100-25 mg tab                            | 2     |           | Y                       |                                     |
| metoprolol-hctz 100-50 mg tab                            | 2     |           | Y                       |                                     |
| metoprolol-hctz 50-25 mg tab                             | 2     |           | Y                       |                                     |
| METROCREAM 0.75 % TOPICAL                                | 3     |           |                         | ST                                  |
| METROGEL 1 % TOPICAL                                     | 3     |           |                         | ST                                  |
| METROGEL 1 % TOPICAL GEL WITH PUMP                       | 3     |           |                         | ST                                  |
| METROGEL VAGINAL 0.75 %                                  | 3     |           |                         |                                     |
| METROLOTION 0.75 % TOPICAL                               | 4     |           |                         | ST                                  |
| metronidazole 0.75% cream                                | 3     |           |                         |                                     |
| metronidazole 0.75% lotion                               | 3     |           |                         |                                     |
| metronidazole 250 mg tablet                              | 2     |           |                         |                                     |
| metronidazole 375 mg capsule                             | 3     |           |                         |                                     |
| metronidazole 500 mg tablet                              | 2     |           |                         |                                     |
| metronidazole top 1% gel pump                            | 3     |           |                         |                                     |
| metronidazole topical 0.75% gl                           | 3     |           |                         |                                     |
| metronidazole topical 1% gel                             | 3     |           |                         |                                     |
| metronidazole vaginal 0.75% gl                           | 3     |           |                         |                                     |
| metyrosine 250 mg capsule                                | 4     |           |                         |                                     |
| mexiletine 150 mg capsule                                | 3     |           | Y                       |                                     |
| mexiletine 200 mg capsule                                | 3     |           | Y                       |                                     |
| mexiletine 250 mg capsule                                | 3     |           | Y                       |                                     |
| MIACALCIN 200 UNIT/ML INJECTION SOLUTION                 | 4     |           |                         | QL                                  |
| mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet | 2     |           | Y                       |                                     |
| MICARDIS 20 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| MICARDIS 40 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| MICARDIS 80 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| MICARDIS HCT 40 MG-12.5 MG TABLET                        | 3     |           | Y                       | QL, ST                              |
| MICARDIS HCT 80 MG-12.5 MG TABLET                        | 3     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| MICARDIS HCT 80 MG-25 MG TABLET                                | 3     |           | Y                       | QL, ST                              |
| miconazole-3 200 mg vaginal suppository                        | 2     |           |                         |                                     |
| miconazole-zinc-petro 0.25-15%                                 | 4     |           |                         |                                     |
| micort hc 2.5% cream   | 3     |           |                         |                                     |
| MICORT-HC 2.5% CREAM   | 3     |           |                         |                                     |
| MICRO BLOOD GLUCOSE STRIPS                                     | 3     |           | Y                       | QL, ST                              |
| MICRO THIN LANCETS 33 GAUGE                                    | 1     |           | Y                       |                                     |
| MICROCHAMBER SPACER  | 3     |           |                         |                                     |
| MICRODOT BLOOD GLUCOSE MONITORING SYSTEM                       | 3     |           | Y                       | ST                                  |
| MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT                   | 3     |           | Y                       | ST                                  |
| MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS                | 3     |           | Y                       | QL, ST                              |
| MICRODOT HIGH-LOW CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4"                    | 1     |           | Y                       |                                     |
| MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32"                   | 1     |           | Y                       |                                     |
| MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32"                   | 1     |           | Y                       |                                     |
| MICRODOT NORMAL CONTROL SOLUTION                               | 3     |           | Y                       |                                     |
| MICRODOT XTRA BLOOD GLUCOSE STRIPS                             | 3     |           | Y                       | QL, ST                              |
| MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET                   | 1     |           | Y                       |                                     |
| MICROGESTIN 1/20 (21) 1 MG-20 MCG TABLET                       | 1     |           | Y                       |                                     |
| MICROGESTIN 24 FE 1 MG-20 MCG                                  | 3     |           | Y                       |                                     |
| MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET | 1     |           | Y                       |                                     |
| MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET     | 1     |           | Y                       |                                     |
| MICROLET 2 LANCING DEVICE KIT                                  | 3     |           | Y                       |                                     |
| MICROLET LANCET  | 3     |           | Y                       |                                     |
| MICROLET NEXT LANCING DEVICE KIT                               | 3     |           | Y                       |                                     |
| MICROSPACER  | 1     |           |                         |                                     |
| MICROZIDE 12.5 MG CAPSULE                                      | 3     |           | Y                       |                                     |
| midazolam hcl 2 mg/ml syrup                                    | 2     |           |                         |                                     |
| midodrine hcl 10 mg tablet                                     | 3     |           |                         |                                     |
| midodrine hcl 2.5 mg tablet                                    | 3     |           |                         |                                     |
| midodrine hcl 5 mg tablet                                      | 3     |           |                         |                                     |
| migergot 2 mg-100 mg rectal suppository                        | 4     | Y         |                         |                                     |
| miglitol 100 mg tablet   | 3     |           | Y                       |                                     |
| miglitol 25 mg tablet  | 3     |           | Y                       |                                     |
| miglitol 50 mg tablet  | 3     |           | Y                       |                                     |
| miglustat 100 mg capsule                                       | 4     | Y         | Y                       | PA, QL                              |
| MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY                | 4     | Y         |                         | QL, ST                              |
| mili 0.25 mg-35 mcg tablet                                     | 1     |           | Y                       |                                     |
| millipred 5 mg tablet  | 3     |           |                         |                                     |
| MILLIPRED DP 5 MG (21 TABS) TABLETS IN A DOSE PACK             | 3     |           |                         |                                     |
| MILLIPRED DP 5 MG (48 TABS) TABLETS IN A DOSE PACK             | 3     |           |                         |                                     |
| mimvey 1 mg-0.5 mg tablet                                      | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| mimvey lo 0.5-0.1 mg tablet                                | 3     |           | Y                       |                                     |
| MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET | 3     |           | Y                       |                                     |
| MINI LANCING DEVICE  | 1     |           |                         |                                     |
| MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE                 | 1     |           | Y                       |                                     |
| MINI WRIGHT PEAK FLOW METER                                | 1     |           |                         |                                     |
| MINILINK REAL-TIME TRANSMITTER DEVICE                      | 3     |           | Y                       | PA                                  |
| MINIMED SYRINGE RESERVOIR 1.8 ML                           | 2     |           | Y                       |                                     |
| MINIMED SYRINGE RESERVOIR 3 ML                             | 2     |           | Y                       |                                     |
| MINIPRESS 1 MG CAPSULE                                     | 3     |           | Y                       |                                     |
| MINIPRESS 2 MG CAPSULE                                     | 3     |           | Y                       |                                     |
| MINIPRESS 5 MG CAPSULE                                     | 3     |           | Y                       |                                     |
| minitran 0.1 mg/hr transdermal 24 hour patch               | 2     |           | Y                       | QL                                  |
| minitran 0.2 mg/hr transdermal 24 hour patch               | 2     |           | Y                       | QL                                  |
| minitran 0.4 mg/hr transdermal 24 hour patch               | 2     |           | Y                       | QL                                  |
| minitran 0.6 mg/hr transdermal 24 hour patch               | 2     |           | Y                       | QL                                  |
| MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH                 | 3     |           | Y                       | QL                                  |
| MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH                | 3     |           | Y                       | QL                                  |
| MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH                  | 3     |           | Y                       | QL                                  |
| MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH                 | 3     |           | Y                       | QL                                  |
| MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH                   | 3     |           | Y                       | QL                                  |
| MINI-WRIGHT PEAK FLOW METER                                | 1     |           |                         |                                     |
| MINOCIN 100 MG PELLETIZED CAP                              | 4     |           |                         |                                     |
| MINOCIN 50 MG PELLETIZED CAP                               | 4     |           |                         |                                     |
| minocycline 100 mg capsule                                 | 2     |           |                         |                                     |
| minocycline 50 mg capsule                                  | 2     |           |                         |                                     |
| minocycline 75 mg capsule                                  | 2     |           |                         |                                     |
| minocycline er 105 mg tablet                               | 4     |           |                         | QL, ST                              |
| minocycline er 115 mg tablet                               | 4     |           |                         | QL, ST                              |
| minocycline er 135 mg capsule                              | 4     |           |                         | QL, ST                              |
| minocycline er 135 mg tablet                               | 4     |           |                         | QL, ST                              |
| minocycline er 45 mg capsule                               | 4     |           |                         | QL, ST                              |
| minocycline er 45 mg tablet                                | 4     |           |                         | QL, ST                              |
| minocycline er 55 mg tablet                                | 4     |           |                         | QL, ST                              |
| minocycline er 65 mg tablet                                | 4     |           |                         | QL, ST                              |
| minocycline er 80 mg tablet                                | 4     |           |                         | QL, ST                              |
| minocycline er 90 mg capsule                               | 4     |           |                         | QL, ST                              |
| minocycline er 90 mg tablet                                | 4     |           |                         | QL, ST                              |
| minocycline hcl 100 mg tablet                              | 3     |           |                         |                                     |
| minocycline hcl 50 mg tablet                               | 3     |           |                         |                                     |
| minocycline hcl 75 mg tablet                               | 3     |           |                         |                                     |
| MINOLIRA ER 105 MG TABLET, EXTENDED RELEASE                | 4     | Y         |                         | QL, ST                              |
| MINOLIRA ER 135 MG TABLET, EXTENDED RELEASE                | 4     | Y         |                         | QL, ST                              |
| minoxidil 10 mg tablet                                     | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| minoxidil 2.5 mg tablet  | 1     |           | Y                       |                                     |
| MIRAPEX 0.125 MG TABLET  | 3     |           | Y                       | ST                                  |
| MIRAPEX 0.25 MG TABLET   | 3     |           | Y                       | ST                                  |
| MIRAPEX 0.5 MG TABLET  | 3     |           | Y                       | ST                                  |
| MIRAPEX 0.75 MG TABLET   | 3     |           | Y                       | ST                                  |
| MIRAPEX 1 MG TABLET  | 3     |           | Y                       | ST                                  |
| MIRAPEX 1.5 MG TABLET  | 3     |           | Y                       | ST                                  |
| MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE                    | 3     |           | Y                       | QL, ST                              |
| MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE                     | 3     |           | Y                       | QL, ST                              |
| MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE                      | 3     |           | Y                       | QL, ST                              |
| MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE                     | 3     |           | Y                       | QL, ST                              |
| MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE                        | 3     |           | Y                       | QL, ST                              |
| MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE                     | 3     |           | Y                       | QL, ST                              |
| MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE                      | 3     |           | Y                       | QL, ST                              |
| MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE                       | 4     | Y         | Y                       | PA, QL                              |
| MIRCERA 150 MCG/0.3 ML INJECTION SYRINGE                       | 4     | Y         | Y                       | PA, QL                              |
| MIRCERA 200 MCG/0.3 ML INJECTION SYRINGE                       | 4     | Y         | Y                       | PA, QL                              |
| MIRCERA 30 MCG/0.3 ML INJECTION SYRINGE                        | 4     | Y         | Y                       | PA, QL                              |
| MIRCERA 50 MCG/0.3 ML INJECTION SYRINGE                        | 4     | Y         | Y                       | PA, QL                              |
| MIRCERA 75 MCG/0.3 ML INJECTION SYRINGE                        | 4     | Y         | Y                       | PA, QL                              |
| mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet          | 3     |           | Y                       |                                     |
| MIRENA 20 MCG/24 HOURS (5 YRS) 52 MG INTRAUTERINE DEVICE       | 4     | Y         | Y                       |                                     |
| mirtazapine 15 mg odt  | 3     |           | Y                       | QL                                  |
| mirtazapine 15 mg tablet                                       | 1     |           | Y                       | QL                                  |
| mirtazapine 30 mg odt  | 3     |           | Y                       | QL                                  |
| mirtazapine 30 mg tablet                                       | 1     |           | Y                       | QL                                  |
| mirtazapine 45 mg odt  | 3     |           | Y                       | QL                                  |
| mirtazapine 45 mg tablet                                       | 1     |           | Y                       | QL                                  |
| mirtazapine 7.5 mg tablet                                      | 1     |           | Y                       | QL                                  |
| MIRVASO 0.33 % TOPICAL GEL                                     | 4     |           |                         | ST                                  |
| MIRVASO 0.33 % TOPICAL GEL WITH PUMP                           | 4     |           |                         | ST                                  |
| misoprostol 100 mcg tablet                                     | 2     |           | Y                       |                                     |
| misoprostol 200 mcg tablet                                     | 2     |           | Y                       |                                     |
| MISTASSIST DEVICE  | 4     |           |                         |                                     |
| MITIGARE 0.6 MG CAPSULE  | 2     |           | Y                       | QL                                  |
| M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION | 4     |           |                         |                                     |
| m-natal plus 27 mg iron-1 mg tablet                            | 1     |           | Y                       |                                     |
| MOBIC 15 MG TABLET   | 3     |           | Y                       | QL                                  |
| MOBIC 7.5 MG TABLET  | 3     |           | Y                       | QL                                  |
| modafinil 100 mg tablet  | 3     |           | Y                       | PA, QL                              |
| modafinil 200 mg tablet  | 3     |           | Y                       | PA, QL                              |
| moderiba 200 mg tablet   | 3     |           |                         | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| moexipril hcl 15 mg tablet                              | 2     |           | Y                       |                                     |
| moexipril hcl 7.5 mg tablet                             | 2     |           | Y                       |                                     |
| moexipril-hctz 15-12.5 mg tab                           | 2     |           | Y                       |                                     |
| moexipril-hctz 15-25 mg tablet                          | 2     |           | Y                       |                                     |
| moexipril-hctz 7.5-12.5 mg tab                          | 2     |           | Y                       |                                     |
| molindone hcl 10 mg tablet                              | 3     |           | Y                       | PA, QL                              |
| molindone hcl 25 mg tablet                              | 3     |           | Y                       | PA, QL                              |
| molindone hcl 5 mg tablet                               | 3     |           | Y                       | PA, QL                              |
| mometasone furoate 0.1% cream                           | 2     |           |                         |                                     |
| mometasone furoate 0.1% oint                            | 2     |           |                         |                                     |
| mometasone furoate 0.1% soln                            | 2     |           |                         |                                     |
| mometasone furoate 50 mcg spry                          | 3     |           | Y                       | QL, ST                              |
| mondoxyne nl 100 mg capsule                             | 2     |           |                         | QL                                  |
| mondoxyne nl 50 mg capsule                              | 2     |           |                         | QL                                  |
| mondoxyne nl 75 mg capsule                              | 4     |           |                         | QL, ST                              |
| MONODOX 100 MG CAPSULE                                  | 4     |           |                         | QL, ST                              |
| MONODOX 50 MG CAPSULE                                   | 4     |           |                         | QL, ST                              |
| MONODOX 75 MG CAPSULE                                   | 4     |           |                         | QL, ST                              |
| MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE          | 1     |           |                         |                                     |
| MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE            | 1     |           |                         |                                     |
| MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE          | 1     |           |                         |                                     |
| MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE          | 1     |           |                         |                                     |
| MONOJECT CONTROL SYRINGE LUER LOCK 12 ML                | 3     |           |                         |                                     |
| MONOJECT ENFIT STERILE SYRINGE 1 ML                     | 3     |           |                         |                                     |
| MONOJECT ENFIT STERILE SYRINGE 3 ML                     | 3     |           |                         |                                     |
| MONOJECT ENFIT STERILE SYRINGE 35 ML                    | 3     |           |                         |                                     |
| MONOJECT ENFIT STERILE SYRINGE 6 ML                     | 3     |           |                         |                                     |
| MONOJECT ENFIT STERILE SYRINGE 60 ML                    | 3     |           |                         |                                     |
| MONOJECT ENFIT SYRINGE 12 ML                            | 3     |           |                         |                                     |
| MONOJECT ENFIT SYRINGE CAP                              | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"           | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"               | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"               | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"           | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"               | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"             | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"           | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"             | 1     |           |                         |                                     |
| MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"             | 1     |           |                         |                                     |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2"         | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML                          | 1     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"          | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| MONOJECT LUER-LOCK TIP 12 ML SYRINGE                   | 2     |           |                         |                                     |
| MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"           | 1     |           |                         |                                     |
| MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"         | 1     |           |                         |                                     |
| MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"           | 1     |           |                         |                                     |
| MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE        | 1     |           |                         |                                     |
| MONOJECT REGULAR LUER 12 ML SYRINGE                    | 2     |           |                         |                                     |
| MONOJECT SAFETY SYRINGES                               | 1     |           |                         |                                     |
| MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"             | 1     |           |                         |                                     |
| MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"            | 1     |           |                         |                                     |
| MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"        | 1     |           |                         |                                     |
| MONOJECT SAFETY SYRINGES 6 ML                          | 1     |           |                         |                                     |
| MONOJECT SMARTIP CANNULA 12 ML SYRINGE                 | 1     |           |                         |                                     |
| MONOJECT SMARTIP CANNULA 3 ML SYRINGE                  | 1     |           |                         |                                     |
| MONOJECT SMARTIP CANNULA 6 ML SYRINGE                  | 1     |           |                         |                                     |
| MONOJECT SYRINGE 1/2 ML 28 GAUGE                       | 2     |           | Y                       |                                     |
| MONOJECT SYRINGE 3 ML                                  | 2     |           |                         |                                     |
| MONOJECT SYRINGE 6 ML                                  | 2     |           |                         |                                     |
| MONOJECT SYRINGE 6 ML 20 X 1 1/2"                      | 2     |           |                         |                                     |
| MONOJECT SYRINGE 6 ML 21 X 1 1/2"                      | 2     |           |                         |                                     |
| MONOJECT SYRINGE 6 ML 21 X 1"                          | 2     |           |                         |                                     |
| MONOJECT SYRINGE 6 ML 22 X 1 1/2"                      | 2     |           |                         |                                     |
| MONOJECT TB LUER LOK 1 ML SYRINGE                      | 1     |           |                         |                                     |
| MONOJECT TUBERCULIN SYRINGE 1 ML                       | 1     |           |                         |                                     |
| MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE | 2     |           | Y                       |                                     |
| MONOLET LANCETS 21 GAUGE                               | 1     |           | Y                       |                                     |
| MONOLET THIN LANCETS 28 GAUGE                          | 1     |           | Y                       |                                     |
| mono-linyah 0.25 mg-35 mcg tablet                      | 1     |           | Y                       |                                     |
| MONONESSA 28 TABLET                                    | 1     |           | Y                       |                                     |
| montelukast sod 10 mg tablet                           | 1     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| montelukast sod 4 mg granules                            | 3     |           | Y                       | QL                                  |
| montelukast sod 4 mg tab chew                            | 1     |           | Y                       | QL                                  |
| montelukast sod 5 mg tab chew                            | 1     |           | Y                       | QL                                  |
| MONUROL 3 GRAM ORAL PACKET                               | 3     |           |                         |                                     |
| morgidox 100 mg capsule                                  | 2     |           |                         | QL                                  |
| morgidox 50 mg capsule                                   | 2     |           |                         |                                     |
| MORPHABOND ER 100 MG TABLET                              | 4     |           |                         | QL, ST                              |
| MORPHABOND ER 15 MG TABLET                               | 4     |           |                         | QL, ST                              |
| MORPHABOND ER 30 MG TABLET                               | 4     |           |                         | QL, ST                              |
| MORPHABOND ER 60 MG TABLET                               | 4     |           |                         | QL, ST                              |
| morphine sulf 10 mg suppos                               | 3     |           |                         | QL                                  |
| morphine sulf 10 mg/5 ml soln                            | 2     |           |                         | QL                                  |
| morphine sulf 100 mg/5 ml conc                           | 2     |           |                         | QL                                  |
| morphine sulf 20 mg suppos                               | 3     |           |                         | QL                                  |
| morphine sulf 20 mg/5 ml soln                            | 2     |           |                         | QL                                  |
| morphine sulf 30 mg suppos                               | 3     |           |                         | QL                                  |
| morphine sulf 5 mg suppos                                | 3     |           |                         | QL                                  |
| morphine sulf er 100 mg tablet                           | 2     |           |                         | QL                                  |
| morphine sulf er 15 mg tablet                            | 2     |           |                         | QL                                  |
| morphine sulf er 200 mg tablet                           | 2     |           |                         | QL                                  |
| morphine sulf er 30 mg tablet                            | 2     |           |                         | QL                                  |
| morphine sulf er 60 mg tablet                            | 2     |           |                         | QL                                  |
| morphine sulfate er 10 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 100 mg cap                           | 4     |           |                         | QL, ST                              |
| morphine sulfate er 120 mg cap                           | 4     |           |                         | QL, ST                              |
| morphine sulfate er 20 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 30 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 40 mg cap                            | 4     | Y         |                         | QL, ST                              |
| morphine sulfate er 45 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 50 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 60 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 75 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 80 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate er 90 mg cap                            | 4     |           |                         | QL, ST                              |
| morphine sulfate ir 15 mg tab                            | 2     |           |                         | QL                                  |
| morphine sulfate ir 30 mg tab                            | 2     |           |                         | QL                                  |
| MOTTEGRITY 1 MG TABLET                                   | 4     |           | Y                       | PA, QL                              |
| MOTTEGRITY 2 MG TABLET                                   | 4     |           | Y                       | PA, QL                              |
| MOTOFEN 1 MG-0.025 MG TABLET                             | 3     |           |                         |                                     |
| MOVANTIK 12.5 MG TABLET                                  | 2     |           |                         | QL                                  |
| MOVANTIK 25 MG TABLET                                    | 2     |           |                         | QL                                  |
| MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET | 3     |           |                         | ST                                  |
| MOXATAG 775 MG TABLET,EXTENDED RELEASE                   | 3     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| MOXEZA 0.5 % EYE DROPS                                      | 3     |           |                         | ST                                  |
| moxifloxacin 0.5% eye drops                                 | 2     |           |                         |                                     |
| moxifloxacin 0.5% eye drops                                 | 3     |           |                         | ST                                  |
| moxifloxacin hcl 400 mg tablet                              | 2     |           |                         |                                     |
| MS CONTIN 100 MG TABLET,EXTENDED RELEASE                    | 4     |           |                         | QL, ST                              |
| MS CONTIN 15 MG TABLET,EXTENDED RELEASE                     | 4     |           |                         | QL, ST                              |
| MS CONTIN 200 MG TABLET,EXTENDED RELEASE                    | 4     |           |                         | QL, ST                              |
| MS CONTIN 30 MG TABLET,EXTENDED RELEASE                     | 4     |           |                         | QL, ST                              |
| MS CONTIN 60 MG TABLET,EXTENDED RELEASE                     | 4     |           |                         | QL, ST                              |
| ms glucose 4 gram tablet chew                               | 1     |           |                         |                                     |
| MS INS SYR 0.5 ML 29GX1/2"                                  | 2     |           | Y                       |                                     |
| MS INS SYR 1 ML 29GX1/2"                                    | 2     |           | Y                       |                                     |
| MS INS SYRINGE 1 ML 30GX1/2"                                | 2     |           | Y                       |                                     |
| MS INSUL SYR 0.3 ML 31GX5/16"                               | 2     |           | Y                       |                                     |
| MS INSUL SYR 0.5 ML 30GX1/2"                                | 2     |           | Y                       |                                     |
| MS INSUL SYR 0.5 ML 31GX5/16"                               | 2     |           | Y                       |                                     |
| MS INSULIN SYR 0.3 ML 29GX1/2"                              | 2     |           | Y                       |                                     |
| MS INSULIN SYR 1 ML 31GX5/16"                               | 2     |           | Y                       |                                     |
| MS INSULIN SYRINGE 0.3 ML                                   | 2     |           | Y                       |                                     |
| ms quick dissolve glucose tab                               | 1     |           |                         |                                     |
| MULPLETA 3 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| MULTAQ 400 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet               | 2     |           |                         |                                     |
| multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet         | 2     |           |                         |                                     |
| multigen plus 151 mg-60 mg-10 mcg-1 mg tablet               | 2     |           |                         |                                     |
| MULTI-LANCET DEVICE 2 KIT                                   | 1     |           | Y                       |                                     |
| mupirocin 2% cream  | 3     |           |                         | ST                                  |
| mupirocin 2% ointment                                       | 2     |           |                         |                                     |
| my choice 1.5 mg tablet                                     | 1     |           |                         |                                     |
| my way 1.5 mg tablet  | 1     |           |                         |                                     |
| MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION | 4     | Y         | Y                       | PA, QL                              |
| MYAMBUTOL 400 MG TABLET                                     | 3     |           |                         |                                     |
| MYCOBUTIN 150 MG CAPSULE                                    | 4     |           |                         |                                     |
| mycophenolate 200 mg/ml susp                                | 4     |           | Y                       |                                     |
| mycophenolate 250 mg capsule                                | 2     |           | Y                       | QL                                  |
| mycophenolate 500 mg tablet                                 | 2     |           | Y                       | QL                                  |
| mycophenolic acid dr 180 mg tb                              | 3     |           | Y                       |                                     |
| mycophenolic acid dr 360 mg tb                              | 3     |           | Y                       |                                     |
| MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR              | 2     |           | Y                       | QL                                  |
| MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR                | 2     |           | Y                       | QL                                  |
| MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR              | 2     |           | Y                       | QL                                  |
| MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR                | 2     |           | Y                       | QL                                  |
| MYDRIACYL 1 % EYE DROPS                                     | 3     |           |                         |                                     |



| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| myferon 150 forte 150 mg-25 mcg-1 mg capsule | 1     |           |                         |                                     |
| MYFORTIC 180 MG TABLET,DELAYED RELEASE       | 4     |           | Y                       |                                     |
| MYFORTIC 360 MG TABLET,DELAYED RELEASE       | 4     |           | Y                       |                                     |
| MYGLUCOHEALTH CONTROL SOLUTION               | 3     |           | Y                       |                                     |
| MYGLUCOHEALTH KIT                            | 3     |           | Y                       | ST                                  |
| MYGLUCOHEALTH LANCETS 30 GAUGE               | 1     |           | Y                       |                                     |
| MYGLUCOHEALTH STRIPS                         | 3     |           | Y                       | QL, ST                              |
| MYLERAN 2 MG TABLET                          | 4     | Y         |                         | QL                                  |
| MYNATAL 65 MG IRON-1 MG CAPSULE              | 2     |           | Y                       |                                     |
| mynatal plus 65 mg iron-1 mg tablet          | 1     |           | Y                       |                                     |
| mynatal-z 65 mg iron-1 mg tablet             | 1     |           | Y                       |                                     |
| mynephrocaps 1 mg capsule                    | 2     |           |                         |                                     |
| myorisan 10 mg capsule                       | 3     |           |                         | QL                                  |
| myorisan 20 mg capsule                       | 3     |           |                         | QL                                  |
| myorisan 30 mg capsule                       | 3     |           |                         | QL                                  |
| myorisan 40 mg capsule                       | 3     |           |                         | QL                                  |
| MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE      | 3     |           | Y                       | QL                                  |
| MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE      | 3     |           | Y                       | QL                                  |
| MYSOLINE 250 MG TABLET                       | 4     |           | Y                       | ST                                  |
| MYSOLINE 50 MG TABLET                        | 4     |           | Y                       | ST                                  |
| MYTESI 125 MG TABLET,DELAYED RELEASE         | 4     | Y         |                         | PA, QL                              |
| myzilra-28 tablet                            | 1     |           | Y                       |                                     |
| nabumetone 500 mg tablet                     | 1     |           |                         |                                     |
| nabumetone 750 mg tablet                     | 1     |           |                         |                                     |
| nadolol 20 mg tablet                         | 3     |           | Y                       |                                     |
| nadolol 40 mg tablet                         | 3     |           | Y                       |                                     |
| nadolol 80 mg tablet                         | 3     |           | Y                       |                                     |
| nadolol-bendroflu 40-5 mg tab                | 3     |           | Y                       |                                     |
| nadolol-bendroflu 80-5 mg tab                | 3     |           | Y                       |                                     |
| naftifine hcl 1% cream                       | 3     |           |                         |                                     |
| naftifine hcl 1% gel                         | 4     |           |                         | ST                                  |
| naftifine hcl 2% cream                       | 3     |           |                         |                                     |
| NAFTIN 1 % TOPICAL GEL                       | 4     |           |                         | ST                                  |
| NAFTIN 2 % TOPICAL CREAM                     | 4     |           |                         | ST                                  |
| NAFTIN 2 % TOPICAL GEL                       | 4     |           |                         | ST                                  |
| NALFON 400 MG CAPSULE                        | 4     | Y         |                         | PA, QL                              |
| NALFON 600 MG TABLET                         | 4     |           |                         | PA                                  |
| nalocet 2.5 mg-300 mg tablet                 | 4     | Y         |                         | PA, QL                              |
| naloxone 0.4 mg/ml carpuject                 | 2     |           |                         |                                     |
| naloxone 0.4 mg/ml vial                      | 1     |           |                         |                                     |
| naloxone 2 mg auto-injector                  | 3     |           |                         | QL                                  |
| naloxone 2 mg/2 ml syringe                   | 2     |           |                         |                                     |
| naloxone 4 mg/10 ml vial                     | 1     |           |                         |                                     |
| naltrexone 50 mg tablet                      | 2     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| NAMENDA 10 MG TABLET   | 3     |           | Y                       | QL                                  |
| NAMENDA 5 MG TABLET  | 3     |           | Y                       | QL                                  |
| NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK                | 3     |           |                         | QL                                  |
| NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE                     | 3     |           | Y                       | PA, QL                              |
| NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE                     | 3     |           | Y                       | PA, QL                              |
| NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE                     | 3     |           | Y                       | PA, QL                              |
| NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE                      | 3     |           | Y                       | PA, QL                              |
| NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,EXT REL, DOSE PACK  | 3     |           |                         | PA, QL                              |
| NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE                 | 3     |           | Y                       | PA, QL                              |
| NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE                 | 3     |           | Y                       | PA, QL                              |
| NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE                 | 3     |           | Y                       | PA, QL                              |
| NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE                  | 3     |           | Y                       | PA, QL                              |
| NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK | 3     |           |                         | PA, QL                              |
| NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE                   | 4     | Y         | Y                       | QL, ST                              |
| NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE                   | 4     |           | Y                       | QL, ST                              |
| NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE                   | 4     |           | Y                       | QL, ST                              |
| NAPROSYN 125 MG/5 ML ORAL SUSPENSION                                   | 4     |           | Y                       | ST                                  |
| NAPROSYN 500 MG TABLET   | 3     |           | Y                       |                                     |
| naproxen 125 mg/5 ml suspen  | 4     |           | Y                       | ST                                  |
| naproxen 250 mg tablet   | 1     |           | Y                       |                                     |
| naproxen 375 mg tablet   | 1     |           | Y                       |                                     |
| naproxen 500 mg kit  | 1     |           | Y                       |                                     |
| naproxen 500 mg tablet   | 1     |           | Y                       |                                     |
| naproxen dr 375 mg tablet  | 2     |           | Y                       |                                     |
| naproxen dr 500 mg tablet  | 2     |           | Y                       |                                     |
| naproxen sod cr 375 mg tablet  | 4     | Y         | Y                       | QL, ST                              |
| naproxen sod cr 500 mg tablet  | 4     |           | Y                       | QL, ST                              |
| naproxen sod er 375 mg tablet  | 4     | Y         | Y                       | QL, ST                              |
| naproxen sod er 500 mg tablet  | 4     |           | Y                       | QL, ST                              |
| naproxen sodium 275 mg tab   | 3     |           | Y                       |                                     |
| naproxen sodium 550 mg tab   | 3     |           | Y                       |                                     |
| naproxen-esomepraz dr 375-20mg   | 4     | Y         | Y                       | PA, QL                              |
| naproxen-esomepraz dr 500-20mg   | 4     | Y         | Y                       | PA, QL                              |
| naratriptan hcl 1 mg tablet  | 2     |           |                         | QL                                  |
| naratriptan hcl 2.5 mg tablet  | 2     |           |                         | QL                                  |
| NARCAN 4 MG/ACTUATION NASAL SPRAY                                      | 3     |           |                         | QL                                  |
| NARDIL 15 MG TABLET  | 3     |           | Y                       |                                     |
| NASCOBAL 500 MCG/SPRAY NASAL SPRAY                                     | 4     | Y         | Y                       | PA                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| NASONEX 50 MCG/ACTUATION SPRAY                         | 3     |           | Y                       | QL, ST                              |
| NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET     | 3     |           | Y                       |                                     |
| NATACYN 5 % EYE DROPS,SUSPENSION                       | 3     |           |                         |                                     |
| NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET           | 2     |           | Y                       |                                     |
| nateglinide 120 mg tablet                              | 3     |           | Y                       |                                     |
| nateglinide 60 mg tablet                               | 3     |           | Y                       |                                     |
| NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP | 4     |           | Y                       | PA, QL                              |
| NATPARA 100 MCG/DOSE SUBCUTANEOUS CARTRIDGE            | 4     | Y         | Y                       | PA, QL                              |
| NATPARA 25 MCG/DOSE SUBCUTANEOUS CARTRIDGE             | 4     | Y         | Y                       | PA, QL                              |
| NATPARA 50 MCG/DOSE SUBCUTANEOUS CARTRIDGE             | 4     | Y         | Y                       | PA, QL                              |
| NATPARA 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE             | 4     | Y         | Y                       | PA, QL                              |
| NATROBA 0.9 % TOPICAL SUSPENSION                       | 3     |           |                         | QL                                  |
| NATURE-THROID 113.75 MG TABLET                         | 3     |           | Y                       |                                     |
| NATURE-THROID 130 MG TABLET                            | 3     |           | Y                       |                                     |
| NATURE-THROID 146.25 MG TABLET                         | 3     |           | Y                       |                                     |
| NATURE-THROID 16.25 MG TABLET                          | 3     |           | Y                       |                                     |
| NATURE-THROID 162.5 MG TABLET                          | 3     |           | Y                       |                                     |
| NATURE-THROID 195 MG TABLET                            | 3     |           | Y                       |                                     |
| NATURE-THROID 260 MG TABLET                            | 3     |           | Y                       |                                     |
| NATURE-THROID 32.5 MG TABLET                           | 3     |           | Y                       |                                     |
| NATURE-THROID 325 MG TABLET                            | 3     |           | Y                       |                                     |
| NATURE-THROID 48.75 MG TABLET                          | 3     |           | Y                       |                                     |
| NATURE-THROID 65 MG TABLET                             | 3     |           | Y                       |                                     |
| NATURE-THROID 81.25 MG TABLET                          | 3     |           | Y                       |                                     |
| NATURE-THROID 97.5 MG TABLET                           | 3     |           | Y                       |                                     |
| NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY               | 4     | Y         |                         | QL                                  |
| NEBUPENT 300 MG SOLUTION FOR INHALATION                | 3     |           | Y                       |                                     |
| nebusal 3 % solution for nebulization                  | 2     |           |                         |                                     |
| NEBUSAL 6 % SOLUTION FOR NEBULIZATION                  | 3     |           |                         |                                     |
| necon 0.5/35 (28) 0.5 mg-35 mcg tablet                 | 1     |           | Y                       |                                     |
| NECON 7-7-7-28 TABLET                                  | 1     |           | Y                       |                                     |
| nefazodone hcl 100 mg tablet                           | 3     |           | Y                       |                                     |
| nefazodone hcl 150 mg tablet                           | 3     |           | Y                       |                                     |
| nefazodone hcl 200 mg tablet                           | 3     |           | Y                       |                                     |
| nefazodone hcl 250 mg tablet                           | 3     |           | Y                       |                                     |
| nefazodone hcl 50 mg tablet                            | 3     |           | Y                       |                                     |
| neo-bacit-poly-hc eye ointment                         | 3     |           |                         |                                     |
| neomyc-bacit-polymix eye oint                          | 2     |           |                         |                                     |
| neomycin 500 mg tablet                                 | 2     |           |                         |                                     |
| neomycin-poly-hc eye drops                             | 3     |           |                         |                                     |
| neomycin-polymyxin-hc ear soln                         | 3     |           |                         |                                     |
| neomycin-polymyxin-hc ear susp                         | 3     |           |                         |                                     |
| neomyc-polym-dexamet eye ointm                         | 2     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| neomyc-polym-dexameth eye drop                           | 2     |           |                         |                                     |
| neomyc-polym-gramicid eye drop                           | 2     |           |                         |                                     |
| neomy-polymyxin b 40 mg/ml amp                           | 4     |           |                         |                                     |
| neomy-polymyxin b 40 mg/ml vl                            | 4     |           |                         |                                     |
| neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment   | 2     |           |                         |                                     |
| neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment | 3     |           |                         |                                     |
| NEORAL 100 MG CAPSULE                                    | 3     |           | Y                       | QL                                  |
| NEORAL 100 MG/ML ORAL SOLUTION                           | 3     |           | Y                       |                                     |
| NEORAL 25 MG CAPSULE                                     | 3     |           | Y                       |                                     |
| NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM    | 4     | Y         |                         | ST                                  |
| NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION                    | 3     |           |                         |                                     |
| NEPHROCAPS QT TABLET                                     | 3     |           |                         |                                     |
| NERLYNX 40 MG TABLET                                     | 4     | Y         |                         | PA, QL                              |
| NESINA 12.5 MG TABLET                                    | 3     |           | Y                       | PA, QL                              |
| NESINA 25 MG TABLET                                      | 3     |           | Y                       | PA, QL                              |
| NESINA 6.25 MG TABLET                                    | 3     |           | Y                       | PA, QL                              |
| NESTABS 32 MG-1,000 MCG TABLET                           | 2     |           | Y                       |                                     |
| NESTABS ABC 32 MG IRON-1 MG-120 MG-180 MG ORAL PACK      | 3     |           | Y                       |                                     |
| NESTABS DHA 32 MG IRON-1,000 MCG-230 MG ORAL PACK        | 3     |           | Y                       |                                     |
| neuac 1.2 % (1 % base)-5 % topical gel                   | 3     |           |                         |                                     |
| NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE                | 4     | Y         |                         | PA, QL                              |
| NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR | 4     | Y         |                         | PA, QL                              |
| NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE                | 4     | Y         |                         | PA, QL                              |
| NEUPOGEN 300 MCG/ML INJECTION SOLUTION                   | 4     | Y         |                         | PA, QL                              |
| NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE                | 4     | Y         |                         | PA, QL                              |
| NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION               | 4     | Y         |                         | PA, QL                              |
| NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH            | 4     | Y         | Y                       | PA, QL                              |
| NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH            | 4     | Y         | Y                       | PA, QL                              |
| NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH            | 4     | Y         | Y                       | PA, QL                              |
| NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH            | 4     | Y         | Y                       | PA, QL                              |
| NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH            | 4     | Y         | Y                       | PA, QL                              |
| NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH            | 4     | Y         | Y                       | PA, QL                              |
| NEURONTIN 100 MG CAPSULE                                 | 3     |           | Y                       | QL, ST                              |
| NEURONTIN 250 MG/5 ML ORAL SOLUTION                      | 3     |           | Y                       | QL, ST                              |
| NEURONTIN 300 MG CAPSULE                                 | 3     |           | Y                       | QL, ST                              |
| NEURONTIN 400 MG CAPSULE                                 | 3     |           | Y                       | QL, ST                              |
| NEURONTIN 600 MG TABLET                                  | 4     |           | Y                       | QL, ST                              |
| NEURONTIN 800 MG TABLET                                  | 4     |           | Y                       | QL, ST                              |
| NEUTEK 2TEK TEST STRIPS                                  | 3     |           | Y                       | QL, ST                              |
| NEVANAC 0.1 % EYE DROPS,SUSPENSION                       | 3     |           |                         | ST                                  |
| nevirapine 200 mg tablet                                 | 1     |           | Y                       | QL                                  |
| nevirapine 50 mg/5 ml susp                               | 2     |           | Y                       | QL                                  |
| nevirapine er 100 mg tablet                              | 3     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| nevirapine er 400 mg tablet                            | 3     |           | Y                       | QL                                  |
| new day 1.5 mg tablet                                  | 1     |           |                         |                                     |
| newgen 32 mg-1,000 mcg tablet                          | 3     |           | Y                       |                                     |
| NEXAVAR 200 MG TABLET                                  | 4     | Y         |                         | PA, QL                              |
| NEXIUM 20 MG CAPSULE,DELAYED RELEASE                   | 3     |           | Y                       | QL, ST                              |
| NEXIUM 40 MG CAPSULE,DELAYED RELEASE                   | 3     |           | Y                       | QL, ST                              |
| NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP  | 3     |           | Y                       | QL, ST                              |
| NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP | 3     |           | Y                       | QL                                  |
| NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP  | 3     |           | Y                       | QL, ST                              |
| NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP  | 3     |           | Y                       | QL, ST                              |
| NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP   | 3     |           | Y                       | QL                                  |
| NEXLETOL 180 MG TABLET                                 | 3     |           | Y                       | PA, QL                              |
| NEXLIZET 180 MG-10 MG TABLET                           | 3     |           | Y                       | PA, QL                              |
| NEXPLANON 68 MG SUBDERMAL IMPLANT                      | 4     | Y         |                         |                                     |
| niacin 500 mg tablet                                   | 3     |           | Y                       | PA                                  |
| niacin er 1,000 mg tablet                              | 3     |           | Y                       | PA                                  |
| niacin er 500 mg tablet                                | 3     |           | Y                       | PA                                  |
| niacin er 750 mg tablet                                | 3     |           | Y                       | PA                                  |
| niacor 500 mg tablet                                   | 3     |           | Y                       | PA                                  |
| NIASPAN 1,000 MG TABLET,EXTENDED RELEASE               | 3     |           | Y                       | PA                                  |
| NIASPAN 500 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | PA                                  |
| NIASPAN 750 MG TABLET,EXTENDED RELEASE                 | 3     |           | Y                       | PA                                  |
| NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET             | 3     |           |                         |                                     |
| nicardipine 20 mg capsule                              | 3     |           | Y                       |                                     |
| nicardipine 30 mg capsule                              | 3     |           | Y                       |                                     |
| NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET           | 3     |           |                         |                                     |
| NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET         | 3     |           |                         |                                     |
| nifedipine 10 mg capsule                               | 2     |           | Y                       |                                     |
| nifedipine 20 mg capsule                               | 2     |           | Y                       |                                     |
| nifedipine er 30 mg tablet                             | 2     |           | Y                       | QL                                  |
| nifedipine er 60 mg tablet                             | 2     |           | Y                       | QL                                  |
| nifedipine er 90 mg tablet                             | 2     |           | Y                       | QL                                  |
| nikki (28) 3 mg-0.02 mg tablet                         | 1     |           | Y                       |                                     |
| NILANDRON 150 MG TABLET                                | 4     | Y         | Y                       | QL                                  |
| nilutamide 150 mg tablet                               | 4     | Y         | Y                       | QL                                  |
| nimodipine 30 mg capsule                               | 4     | Y         |                         |                                     |
| NINLARO 2.3 MG CAPSULE                                 | 4     | Y         | Y                       | PA, QL                              |
| NINLARO 3 MG CAPSULE                                   | 4     | Y         | Y                       | PA, QL                              |
| NINLARO 4 MG CAPSULE                                   | 4     | Y         | Y                       | PA, QL                              |
| nisoldipine er 17 mg tablet                            | 3     |           | Y                       | QL                                  |
| nisoldipine er 20 mg tablet                            | 3     |           | Y                       | QL                                  |
| nisoldipine er 25.5 mg tablet                          | 3     |           | Y                       | QL                                  |
| nisoldipine er 30 mg tablet                            | 3     |           | Y                       | QL                                  |
| nisoldipine er 34 mg tablet                            | 3     |           | Y                       | QL                                  |

| Drug Name                                     | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| nisoldipine er 40 mg tablet                   | 3     |           | Y                       | QL                                  |
| nisoldipine er 8.5 mg tablet                  | 3     |           | Y                       | QL                                  |
| nitisinone 10 mg capsule                      | 4     | Y         | Y                       | PA, QL                              |
| nitisinone 2 mg capsule                       | 4     | Y         | Y                       | PA, QL                              |
| nitisinone 5 mg capsule                       | 4     | Y         | Y                       | PA, QL                              |
| NITRO-BID 2 % TRANSDERMAL OINTMENT            | 2     |           | Y                       |                                     |
| NITRO-DUR 0.1 MG/HR TRANSDERMAL 24 HOUR PATCH | 4     |           | Y                       | QL                                  |
| NITRO-DUR 0.2 MG/HR TRANSDERMAL 24 HOUR PATCH | 4     |           | Y                       | QL                                  |
| NITRO-DUR 0.3 MG/HR TRANSDERMAL 24 HOUR PATCH | 4     |           | Y                       | QL                                  |
| NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH | 4     |           | Y                       | QL                                  |
| NITRO-DUR 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH | 4     |           | Y                       | QL                                  |
| NITRO-DUR 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH | 4     |           | Y                       | QL                                  |
| nitrofurantoin 25 mg/5 ml susp                | 4     | Y         |                         | QL                                  |
| nitrofurantoin mcr 100 mg cap                 | 2     |           |                         |                                     |
| nitrofurantoin mcr 25 mg cap                  | 2     |           |                         |                                     |
| nitrofurantoin mcr 50 mg cap                  | 2     |           |                         |                                     |
| nitrofurantoin mono-mcr 100 mg                | 2     |           |                         |                                     |
| nitroglycerin 0.1 mg/hr patch                 | 2     |           | Y                       | QL                                  |
| nitroglycerin 0.2 mg/hr patch                 | 2     |           | Y                       | QL                                  |
| nitroglycerin 0.3 mg tablet sl                | 2     |           | Y                       |                                     |
| nitroglycerin 0.4 mg tablet sl                | 2     |           | Y                       |                                     |
| nitroglycerin 0.4 mg/hr patch                 | 2     |           | Y                       | QL                                  |
| nitroglycerin 0.6 mg tablet sl                | 2     |           | Y                       |                                     |
| nitroglycerin 0.6 mg/hr patch                 | 2     |           | Y                       | QL                                  |
| nitroglycerin lingual 0.4 mg                  | 3     |           | Y                       |                                     |
| NITROLINGUAL 400 MCG/SPRAY                    | 3     |           | Y                       |                                     |
| NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL  | 3     |           | Y                       |                                     |
| NITROSTAT 0.3 MG SUBLINGUAL TABLET            | 3     |           | Y                       |                                     |
| NITROSTAT 0.4 MG SUBLINGUAL TABLET            | 3     |           | Y                       |                                     |
| NITROSTAT 0.6 MG SUBLINGUAL TABLET            | 3     |           | Y                       |                                     |
| nitro-time 2.5 mg capsule,extended release    | 3     |           | Y                       |                                     |
| nitro-time 6.5 mg capsule,extended release    | 3     |           | Y                       |                                     |
| nitro-time 9 mg capsule,extended release      | 3     |           | Y                       |                                     |
| NITYR 10 MG TABLET                            | 4     | Y         | Y                       | QL                                  |
| NITYR 2 MG TABLET                             | 4     | Y         | Y                       | QL                                  |
| NITYR 5 MG TABLET                             | 4     | Y         | Y                       | QL                                  |
| NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE  | 4     | Y         |                         | PA, QL                              |
| NIVESTYM 300 MCG/ML INJECTION SOLUTION        | 4     | Y         |                         | PA, QL                              |
| NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE  | 4     | Y         |                         | PA, QL                              |
| NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION    | 4     | Y         |                         | PA, QL                              |
| nizatidine 15 mg/ml solution                  | 3     |           | Y                       |                                     |
| nizatidine 150 mg capsule                     | 3     |           | Y                       |                                     |
| nizatidine 300 mg capsule                     | 3     |           | Y                       |                                     |
| NIZORAL 2 % SHAMPOO                           | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL               | 3     |           | Y                       | PA, QL                              |
| NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL             | 3     |           | Y                       | PA, QL                              |
| NOCTIVA 0.83 MCG/SPRAY (0.1 ML) NASAL SPRAY                            | 3     |           | Y                       | PA, QL                              |
| NOCTIVA 1.66 MCG/SPRAY (0.1 ML) NASAL SPRAY                            | 3     |           | Y                       | PA, QL                              |
| nolix 0.05 % lotion  | 4     | Y         |                         | ST                                  |
| nolix 0.05 % topical cream   | 4     |           |                         | ST                                  |
| NORA-BE 0.35 MG TABLET   | 1     |           | Y                       |                                     |
| NORCO 10 MG-325 MG TABLET  | 4     |           |                         | QL                                  |
| NORCO 5 MG-325 MG TABLET   | 4     |           |                         | QL                                  |
| NORCO 7.5 MG-325 MG TABLET   | 4     |           |                         | QL                                  |
| NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR  | 4     | Y         | Y                       | PA, QL                              |
| NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR    | 4     | Y         | Y                       | PA, QL                              |
| NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR  | 4     | Y         | Y                       | PA, QL                              |
| noret-estr-fe 0.4-0.035(21)-75   | 2     |           | Y                       |                                     |
| noreth-ee-fe 1.5-0.03mg(21)-75   | 1     |           | Y                       |                                     |
| noreth-estr-ad-fe 1-0.02(21)-75  | 1     |           | Y                       |                                     |
| noreth-estr-ad-fe 1-0.02(24)-75  | 1     |           | Y                       |                                     |
| noreth-estr-ad-fe 1-0.02(24)-75  | 2     |           | Y                       |                                     |
| norethind-eth estrad 0.5-2.5   | 2     |           | Y                       |                                     |
| norethind-eth estrad 1-0.02 mg   | 1     |           | Y                       |                                     |
| norethindr 5 mg tb (lupaneta)  | 2     |           | Y                       |                                     |
| norethindrone 0.35 mg tablet   | 1     |           | Y                       |                                     |
| norethindrone 5 mg tablet  | 2     |           | Y                       |                                     |
| norethin-ee 1.5-0.03 mg(21) tb   | 1     |           | Y                       |                                     |
| norethin-estra-fe 0.8-0.025 mg   | 2     |           | Y                       |                                     |
| norethin-eth estrad 1 mg-5 mcg   | 2     |           | Y                       |                                     |
| norg-ee 0.18-0.215-0.25/0.025  | 1     |           | Y                       |                                     |
| norg-ee 0.18-0.215-0.25/0.035  | 1     |           | Y                       |                                     |
| norgesic forte 50 mg-770 mg-60 mg tablet                               | 4     | Y         |                         | PA, QL                              |
| norgestimate-ee 0.25-0.035 mg  | 1     |           | Y                       |                                     |
| norg-ethin estra 0.25-0.035 mg   | 1     |           | Y                       |                                     |
| NORITATE 1 % TOPICAL CREAM   | 4     | Y         |                         | ST                                  |
| norlyda 0.35 mg tablet   | 1     |           | Y                       |                                     |
| NORM-JECT 10 ML SYRINGE  | 1     |           |                         |                                     |
| NORM-JECT 20 ML SYRINGE  | 1     |           |                         |                                     |
| NORM-JECT TUBERKULIN 1 ML SYRINGE                                      | 1     |           |                         |                                     |
| NORPACE 100 MG CAPSULE   | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| NORPACE 150 MG CAPSULE   | 3     |           | Y                       |                                     |
| NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE                           | 3     |           | Y                       |                                     |
| NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE                           | 3     |           | Y                       |                                     |
| NORPRAMIN 10 MG TABLET   | 3     |           | Y                       |                                     |
| NORPRAMIN 25 MG TABLET   | 3     |           | Y                       |                                     |
| NORTHERA 100 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| NORTHERA 200 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| NORTHERA 300 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet                             | 1     |           | Y                       |                                     |
| nortrel 1/35 (21) 1 mg-35 mcg tablet                                 | 1     |           | Y                       |                                     |
| nortrel 1/35 (28) 1 mg-35 mcg tablet                                 | 1     |           | Y                       |                                     |
| nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet                 | 1     |           | Y                       |                                     |
| nortriptyline 10 mg/5 ml soln  | 3     |           | Y                       |                                     |
| nortriptyline hcl 10 mg cap  | 1     |           | Y                       |                                     |
| nortriptyline hcl 25 mg cap  | 1     |           | Y                       |                                     |
| nortriptyline hcl 50 mg cap  | 1     |           | Y                       |                                     |
| nortriptyline hcl 75 mg cap  | 1     |           | Y                       |                                     |
| NORVASC 10 MG TABLET   | 3     |           | Y                       | QL                                  |
| NORVASC 2.5 MG TABLET  | 3     |           | Y                       | QL                                  |
| NORVASC 5 MG TABLET  | 3     |           | Y                       | QL                                  |
| NORVIR 100 MG ORAL POWDER PACKET                                     | 4     | Y         | Y                       | QL                                  |
| NORVIR 100 MG TABLET   | 3     |           | Y                       | QL                                  |
| NORVIR 80 MG/ML ORAL SOLUTION  | 3     |           | Y                       | QL                                  |
| NOURIANZ 20 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| NOURIANZ 40 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| NOVA MAX BLOOD GLUCOSE METER   | 3     |           | Y                       | ST                                  |
| NOVA MAX GLUCOSE CONTROL SOLUTION                                    | 3     |           | Y                       |                                     |
| NOVA MAX GLUCOSE TEST STRIPS   | 3     |           | Y                       | QL, ST                              |
| NOVA SAFETY LANCETS 23 GAUGE   | 1     |           | Y                       |                                     |
| NOVA SAFETY LANCETS 28 GAUGE   | 1     |           | Y                       |                                     |
| NOVA SUREFLEX LANCETS  | 1     |           | Y                       |                                     |
| NOVAMAX PLUS GLU-KET SOLUTION  | 3     |           | Y                       |                                     |
| NOVOFINE 32 32 GAUGE X 1/4" NEEDLE                                   | 1     |           | Y                       |                                     |
| NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE                            | 1     |           | Y                       |                                     |
| NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE                                 | 1     |           | Y                       |                                     |
| novolin 70/30 u-100 insulin 100 unit/ml subcutaneous suspension      | 2     |           | Y                       |                                     |
| NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS | 2     |           | Y                       |                                     |
| NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN        | 2     |           | Y                       |                                     |
| novolin n nph u-100 insulin isophane 100 unit/ml subcutaneous susp   | 2     |           | Y                       |                                     |
| NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS                    | 2     |           | Y                       |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| INSULIN PEN  |       |           |                         |                                     |
| novolin r regular u-100 insulin 100 unit/ml injection solution         | 2     |           | Y                       |                                     |
| NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS   | 2     |           | Y                       |                                     |
| NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN   | 2     |           | Y                       |                                     |
| NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION      | 2     |           | Y                       |                                     |
| NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG | 2     |           | Y                       |                                     |
| NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION         | 2     |           | Y                       |                                     |
| NOVOPEN ECHO SUBCUTANEOUS  | 3     |           | Y                       |                                     |
| NOVOTWIST 32 GAUGE X 1/5" NEEDLE                                       | 1     |           | Y                       |                                     |
| NOXAFIL 100 MG TABLET,DELAYED RELEASE                                  | 4     | Y         |                         | PA, QL                              |
| NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION                         | 4     | Y         |                         | PA, QL                              |
| np thyroid 120 mg tablet   | 3     |           | Y                       |                                     |
| np thyroid 15 mg tablet  | 3     |           | Y                       |                                     |
| np thyroid 30 mg tablet  | 3     |           | Y                       |                                     |
| np thyroid 60 mg tablet  | 3     |           | Y                       |                                     |
| np thyroid 90 mg tablet  | 3     |           | Y                       |                                     |
| NUBEQA 300 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR                            | 4     | Y         | Y                       | PA, QL                              |
| NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE                                  | 4     | Y         | Y                       | PA, QL                              |
| NUCYNTA 100 MG TABLET  | 4     | Y         |                         | QL, ST                              |
| NUCYNTA 50 MG TABLET   | 4     | Y         |                         | QL, ST                              |
| NUCYNTA 75 MG TABLET   | 4     | Y         |                         | QL, ST                              |
| NUCYNTA ER 100 MG TABLET,EXTENDED RELEASE                              | 4     |           |                         | QL, ST                              |
| NUCYNTA ER 150 MG TABLET,EXTENDED RELEASE                              | 4     |           |                         | QL, ST                              |
| NUCYNTA ER 200 MG TABLET,EXTENDED RELEASE                              | 4     |           |                         | QL, ST                              |
| NUCYNTA ER 250 MG TABLET,EXTENDED RELEASE                              | 4     |           |                         | QL, ST                              |
| NUCYNTA ER 50 MG TABLET,EXTENDED RELEASE                               | 4     |           |                         | QL, ST                              |
| NUEDEXTA 20 MG-10 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| nulev 0.125 mg disintegrating tablet                                   | 3     |           | Y                       |                                     |
| NULYTELY LEMON-LIME 420 GRAM ORAL SOLUTION                             | 3     |           |                         |                                     |
| NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION                      | 3     |           |                         |                                     |
| NUPLAZID 10 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| NUPLAZID 17 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| NUPLAZID 34 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| NURTEC ODT 75 MG DISINTEGRATING TABLET                                 | 4     | Y         |                         | PA, QL                              |
| NUTRESTORE POWDER PACKET   | 3     |           |                         |                                     |
| NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS PEN INJECTOR      | 4     | Y         | Y                       | PA, QL                              |
| NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML)                               | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SUBCUTANEOUS PEN INJECTOR                               |       |           |                         |                                     |
| NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML)                |       |           |                         |                                     |
| SUBCUTANEOUS PEN INJECTOR                               | 4     | Y         | Y                       | PA, QL                              |
| NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL                 | 3     |           | Y                       | QL, ST                              |
| NUVESSA 1.3 % VAGINAL GEL                               | 3     |           |                         |                                     |
| NUVIGIL 150 MG TABLET                                   | 4     |           | Y                       | PA, QL                              |
| NUVIGIL 200 MG TABLET                                   | 4     |           | Y                       | PA, QL                              |
| NUVIGIL 250 MG TABLET                                   | 4     |           | Y                       | PA, QL                              |
| NUVIGIL 50 MG TABLET                                    | 4     |           | Y                       | PA, QL                              |
| NUZYRA 150 MG TABLET                                    | 3     |           |                         | QL                                  |
| NUZYRA 150 MG TABLET-7 DAY                              | 3     |           |                         | QL                                  |
| NUZYRA 150 MG-7 DAY WITH LOAD                           | 3     |           |                         | QL                                  |
| nyamyc 100,000 unit/gram topical powder                 | 3     |           |                         | PA                                  |
| NYMALIZE 30 MG/10 ML SOLUTION                           | 4     |           |                         | QL                                  |
| NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY)    | 4     | Y         |                         | QL                                  |
| NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)   | 4     | Y         |                         | QL                                  |
| NYMALIZE 60 MG/20 ML SOLUTION                           | 4     |           |                         | QL                                  |
| nystatin 100,000 unit/gm cream                          | 2     |           |                         |                                     |
| nystatin 100,000 unit/gm oint                           | 2     |           |                         |                                     |
| nystatin 100,000 unit/gm powd                           | 3     |           |                         | PA                                  |
| nystatin 100,000 unit/ml susp                           | 2     |           |                         |                                     |
| nystatin 500,000 unit oral tab                          | 3     |           |                         |                                     |
| nystatin 500,000 unit/5 ml sus                          | 2     |           |                         |                                     |
| nystatin-triamcinolone cream                            | 3     |           |                         |                                     |
| nystatin-triamcinolone ointm                            | 3     |           |                         |                                     |
| nystop 100,000 unit/gram topical powder                 | 3     |           |                         | PA                                  |
| OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE         | 3     |           | Y                       |                                     |
| OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE    | 3     |           | Y                       |                                     |
| OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET             | 3     |           | Y                       |                                     |
| OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE | 3     |           | Y                       |                                     |
| OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION                | 3     |           |                         |                                     |
| O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET              | 2     |           | Y                       |                                     |
| OCALIVA 10 MG TABLET                                    | 4     | Y         | Y                       | PA, QL                              |
| OCALIVA 5 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| OCELLA 3 MG-0.03 MG TABLET                              | 1     |           | Y                       |                                     |
| octreotide 1,000 mcg/5 ml vial                          | 3     |           | Y                       | PA                                  |
| octreotide 1,000 mcg/ml vial                            | 3     |           | Y                       | PA                                  |
| octreotide 5,000 mcg/5 ml vial                          | 3     |           | Y                       | PA                                  |
| octreotide acet 0.05 mg/ml vl                           | 3     |           | Y                       | PA                                  |
| octreotide acet 100 mcg/ml amp                          | 3     |           | Y                       | PA                                  |
| octreotide acet 100 mcg/ml syr                          | 3     |           | Y                       | PA                                  |
| octreotide acet 100 mcg/ml vl                           | 3     |           | Y                       | PA                                  |
| octreotide acet 200 mcg/ml vl                           | 3     |           | Y                       | PA                                  |

| Drug Name                           | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|-------------------------------------|-------|-----------|-------------------------|-------------------------------------|
| octreotide acet 50 mcg/ml amp       | 3     |           | Y                       | PA                                  |
| octreotide acet 50 mcg/ml syr       | 3     |           | Y                       | PA                                  |
| octreotide acet 50 mcg/ml vial      | 3     |           | Y                       | PA                                  |
| octreotide acet 500 mcg/ml amp      | 3     |           | Y                       | PA                                  |
| octreotide acet 500 mcg/ml syr      | 3     |           | Y                       | PA                                  |
| octreotide acet 500 mcg/ml vl       | 3     |           | Y                       | PA                                  |
| OCUFLOX 0.3 % EYE DROPS             | 3     |           |                         |                                     |
| ODACTRA 12 SQ-HDM SUBLINGUAL TABLET | 3     |           | Y                       | QL, ST                              |
| ODEFSEY 200 MG-25 MG-25 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| ODOMZO 200 MG CAPSULE               | 4     | Y         | Y                       | PA, QL                              |
| OFEV 100 MG CAPSULE                 | 4     | Y         | Y                       | PA, QL                              |
| OFEV 150 MG CAPSULE                 | 4     | Y         | Y                       | PA, QL                              |
| ofloxacin 0.3% ear drops            | 3     |           |                         |                                     |
| ofloxacin 0.3% eye drops            | 2     |           |                         |                                     |
| ofloxacin 300 mg tablet             | 2     |           |                         |                                     |
| ofloxacin 400 mg tablet             | 2     |           |                         |                                     |
| ogestrel tablet                     | 1     |           | Y                       |                                     |
| okebo 75 mg capsule                 | 4     |           |                         | QL, ST                              |
| olanzapine 10 mg tablet             | 1     |           | Y                       | QL                                  |
| olanzapine 10 mg vial               | 4     |           |                         | QL                                  |
| olanzapine 15 mg tablet             | 1     |           | Y                       | QL                                  |
| olanzapine 2.5 mg tablet            | 1     |           | Y                       | QL                                  |
| olanzapine 20 mg tablet             | 1     |           | Y                       | QL                                  |
| olanzapine 5 mg tablet              | 1     |           | Y                       | QL                                  |
| olanzapine 7.5 mg tablet            | 1     |           | Y                       | QL                                  |
| olanzapine odt 10 mg tablet         | 3     |           | Y                       | QL                                  |
| olanzapine odt 15 mg tablet         | 3     |           | Y                       | QL                                  |
| olanzapine odt 20 mg tablet         | 3     |           | Y                       | QL                                  |
| olanzapine odt 5 mg tablet          | 3     |           | Y                       | QL                                  |
| olanzapine-fluoxetine 12-25 mg      | 3     |           | Y                       | QL                                  |
| olanzapine-fluoxetine 12-50 mg      | 3     |           | Y                       | QL                                  |
| olanzapine-fluoxetine 3-25 mg       | 3     |           | Y                       | QL                                  |
| olanzapine-fluoxetine 6-25 mg       | 3     |           | Y                       | QL                                  |
| olanzapine-fluoxetine 6-50 mg       | 3     |           | Y                       | QL                                  |
| olmesartan medoxomil 20 mg tab      | 1     |           | Y                       | QL                                  |
| olmesartan medoxomil 40 mg tab      | 1     |           | Y                       | QL                                  |
| olmesartan medoxomil 5 mg tab       | 1     |           | Y                       | QL                                  |
| olmesartan-hctz 20-12.5 mg tab      | 1     |           | Y                       | QL                                  |
| olmesartan-hctz 40-12.5 mg tab      | 1     |           | Y                       | QL                                  |
| olmesartan-hctz 40-25 mg tab        | 1     |           | Y                       | QL                                  |
| olmsrtn-amldpn-hctz 20-5-12.5       | 3     |           | Y                       | QL, ST                              |
| olmsrtn-amldpn-hctz 40-10-12.5      | 3     |           | Y                       | QL, ST                              |
| olmsrtn-amldpn-hctz 40-10-25mg      | 3     |           | Y                       | QL, ST                              |
| olmsrtn-amldpn-hctz 40-5-12.5       | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| olmsrtn-amldpn-hctz 40-5-25 mg                            | 3     |           | Y                       | QL, ST                              |
| olopatadine 665 mcg nasal spry                            | 3     |           |                         | QL, ST                              |
| olopatadine hcl 0.1% eye drops                            | 2     |           |                         |                                     |
| olopatadine hcl 0.2% eye drop                             | 2     |           |                         |                                     |
| OLUMIANT 1 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| OLUMIANT 2 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| OLUX 0.05 % TOPICAL FOAM                                  | 4     |           |                         | ST                                  |
| OLUX-E 0.05 % TOPICAL FOAM                                | 4     |           |                         | ST                                  |
| OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK          | 4     | Y         |                         |                                     |
| omega-3 ethyl esters 1 gm cap                             | 3     |           | Y                       | PA, QL                              |
| omeppi 20 mg-1,100 mg capsule                             | 4     |           | Y                       | QL, ST                              |
| omeppi 40 mg-1,100 mg capsule                             | 4     |           | Y                       | QL, ST                              |
| omeprazole dr 10 mg capsule                               | 1     |           | Y                       | QL                                  |
| omeprazole dr 20 mg capsule                               | 1     |           | Y                       | QL                                  |
| omeprazole dr 40 mg capsule                               | 1     |           | Y                       | QL                                  |
| omeprazole-bicarb 20-1,100 cap                            | 3     |           | Y                       | QL, ST                              |
| omeprazole-bicarb 20-1,680 pkt                            | 4     | Y         | Y                       | QL, ST                              |
| omeprazole-bicarb 40-1,100 cap                            | 3     |           | Y                       | QL, ST                              |
| omeprazole-bicarb 40-1,680 pkt                            | 4     | Y         | Y                       | QL, ST                              |
| OMNARIS 50 MCG NASAL SPRAY                                | 3     |           | Y                       | QL, ST                              |
| OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE    | 2     |           | Y                       |                                     |
| OMNIPOD DASH PERSONAL DIABETES MANAGER KIT                | 2     |           | Y                       |                                     |
| OMNIPOD INSULIN MANAGEMENT                                | 2     |           |                         |                                     |
| OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE             | 2     |           | Y                       |                                     |
| OMNIPRED 1% EYE DROPS                                     | 3     |           |                         | ST                                  |
| OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE | 4     | Y         | Y                       | PA, QL                              |
| OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE  | 4     | Y         | Y                       | PA, QL                              |
| OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA, QL                              |
| ON CALL EXPRESS CONTROL SOLUTION                          | 3     |           | Y                       |                                     |
| ON CALL EXPRESS METER                                     | 3     |           | Y                       | ST                                  |
| ON CALL EXPRESS METER KIT                                 | 3     |           | Y                       | ST                                  |
| ON CALL EXPRESS TEST STRIP                                | 3     |           | Y                       | QL, ST                              |
| ON CALL LANCET 30 GAUGE                                   | 3     |           | Y                       |                                     |
| ON CALL LANCING DEVICE                                    | 3     |           |                         |                                     |
| ON CALL PLUS CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| ON CALL PLUS LANCET 30 GAUGE                              | 3     |           | Y                       |                                     |
| ON CALL PLUS LANCING DEVICE                               | 3     |           |                         |                                     |
| ON CALL PLUS METER  | 3     |           | Y                       | ST                                  |
| ON CALL PLUS METER KIT                                    | 3     |           | Y                       | ST                                  |
| ON CALL PLUS TEST STRIP                                   | 3     |           | Y                       | QL, ST                              |
| ON CALL VIVID CONTROL SOLUTION                            | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ON CALL VIVID METER                                   | 3     |           | Y                       | ST                                  |
| ON CALL VIVID METER KIT                               | 3     |           | Y                       | ST                                  |
| ON CALL VIVID PAL BLOOD GLUCOSE METER                 | 3     |           | Y                       | ST                                  |
| ON CALL VIVID PAL BLOOD GLUCOSE METER KIT             | 3     |           | Y                       | ST                                  |
| ON CALL VIVID TEST STRIP                              | 3     |           | Y                       | QL, ST                              |
| ondansetron 4 mg/5 ml solution                        | 3     |           |                         | QL                                  |
| ondansetron hcl 24 mg tablet                          | 2     |           |                         | QL                                  |
| ondansetron hcl 4 mg tablet                           | 2     |           |                         | QL                                  |
| ondansetron hcl 8 mg tablet                           | 2     |           |                         | QL                                  |
| ondansetron odt 4 mg tablet                           | 2     |           |                         | QL                                  |
| ondansetron odt 8 mg tablet                           | 2     |           |                         | QL                                  |
| ONETOUCH DELICA LANCETS 30 GAUGE                      | 3     |           | Y                       |                                     |
| ONETOUCH DELICA LANCETS 33 GAUGE                      | 3     |           | Y                       |                                     |
| ONETOUCH DELICA LANCING DEVICE KIT                    | 3     |           | Y                       |                                     |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE                  | 1     |           | Y                       |                                     |
| ONETOUCH DELICA PLUS LANCET 33 GAUGE                  | 1     |           | Y                       |                                     |
| ONETOUCH DELICA PLUS LANCING DEVICE KIT               | 1     |           | Y                       |                                     |
| ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE            | 3     |           | Y                       |                                     |
| ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE            | 3     |           | Y                       |                                     |
| ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE            | 3     |           | Y                       |                                     |
| ONETOUCH ULTRA BLUE TEST STRIP                        | 3     |           | Y                       | QL, ST                              |
| ONETOUCH ULTRA CONTROL SOLUTION                       | 3     |           | Y                       |                                     |
| ONETOUCH ULTRA2 METER                                 | 3     |           | Y                       | ST                                  |
| ONETOUCH ULTRA2 METER KIT                             | 3     |           | Y                       | ST                                  |
| ONETOUCH ULTRAMINI KIT                                | 3     |           | Y                       | ST                                  |
| ONETOUCH ULTRASOFT LANCETS                            | 1     |           | Y                       |                                     |
| ONETOUCH VERIO FLEX METER                             | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO FLEX START KIT                         | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO HIGH CONTROL SOLUTION                  | 3     |           | Y                       |                                     |
| ONETOUCH VERIO IQ METER                               | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO IQ METER KIT                           | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO METER                                  | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO MID CONTROL SOLUTION                   | 3     |           | Y                       |                                     |
| ONETOUCH VERIO REFLECT METER                          | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO REFLECT START KIT                      | 3     |           | Y                       | ST                                  |
| ONETOUCH VERIO TEST STRIPS                            | 3     |           | Y                       | QL, ST                              |
| ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL           | 4     | Y         |                         | ST                                  |
| ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP | 4     | Y         |                         | ST                                  |
| ONFI 10 MG TABLET                                     | 4     |           | Y                       | PA, QL                              |
| ONFI 2.5 MG/ML ORAL SUSPENSION                        | 4     |           | Y                       | PA, QL                              |
| ONFI 20 MG TABLET                                     | 4     |           | Y                       | PA, QL                              |
| ONGLYZA 2.5 MG TABLET                                 | 3     |           | Y                       | PA, QL                              |
| ONGLYZA 5 MG TABLET                                   | 3     |           | Y                       | PA, QL                              |
| ON-THE-GO LANCETS 30 GAUGE                            | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION        | 4     | Y         |                         | QL, ST                              |
| OPANA 10 MG TABLET                                     | 3     |           |                         | QL                                  |
| OPANA 5 MG TABLET                                      | 3     |           |                         | QL                                  |
| opium tincture 10 mg/ml                                | 4     |           |                         | QL                                  |
| OPSUMIT 10 MG TABLET                                   | 4     | Y         | Y                       | PA, QL                              |
| OPTICHAMBER ADULT MASK-LARGE                           | 1     |           |                         |                                     |
| OPTICHAMBER DIAMOND VHC SPACER                         | 3     |           |                         |                                     |
| OPTICHAMBER DIAMOND VHC WITH LARGE MASK                | 2     |           |                         |                                     |
| OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK               | 2     |           |                         |                                     |
| OPTICHAMBER DIAMOND VHC WITH SMALL MASK                | 2     |           |                         |                                     |
| option-2 1.5 mg tablet                                 | 1     |           |                         |                                     |
| OPTIUM EZ STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| OPTIUM TEST STRIPS                                     | 3     |           | Y                       | QL, ST                              |
| OPTUMRX KIT  | 3     |           | Y                       | ST                                  |
| OPTUMRX METER  | 3     |           | Y                       | ST                                  |
| OPTUMRX SOLUTION                                       | 3     |           | Y                       |                                     |
| OPTUMRX STRIPS   | 3     |           | Y                       | QL, ST                              |
| ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE         | 4     | Y         |                         | QL, ST                              |
| oralone 0.1 % dental paste                             | 2     |           |                         |                                     |
| ORAP 2 MG TABLET                                       | 3     |           | Y                       |                                     |
| ORAPRED ODT 10 MG DISINTEGRATING TABLET                | 3     |           |                         |                                     |
| ORAPRED ODT 15 MG DISINTEGRATING TABLET                | 3     |           |                         |                                     |
| ORAPRED ODT 30 MG DISINTEGRATING TABLET                | 3     |           |                         |                                     |
| ORAVIG 50 MG BUCCAL TABLET                             | 4     | Y         |                         | QL                                  |
| ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE                 | 4     | Y         | Y                       | PA, QL                              |
| ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE              | 4     | Y         | Y                       | PA, QL                              |
| ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE            | 4     | Y         | Y                       | PA, QL                              |
| ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE             | 4     | Y         | Y                       | PA, QL                              |
| ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE              | 4     | Y         | Y                       | PA, QL                              |
| ORENITRAM 1 MG TABLET,EXTENDED RELEASE                 | 4     | Y         | Y                       | PA, QL                              |
| ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE               | 4     | Y         | Y                       | PA, QL                              |
| ORENITRAM 5 MG TABLET, EXTENDED RELEASE                | 4     | Y         | Y                       | PA, QL                              |
| ORFADIN 10 MG CAPSULE                                  | 4     | Y         | Y                       | PA, QL                              |
| ORFADIN 2 MG CAPSULE                                   | 4     | Y         | Y                       | PA, QL                              |
| ORFADIN 20 MG CAPSULE                                  | 4     | Y         | Y                       | PA, QL                              |
| ORFADIN 4 MG/ML ORAL SUSPENSION                        | 4     | Y         | Y                       | PA, QL                              |
| ORFADIN 5 MG CAPSULE                                   | 4     | Y         | Y                       | PA, QL                              |
| ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES           | 4     | Y         | Y                       | PA, QL                              |
| ORLISSA 150 MG TABLET                                  | 4     | Y         | Y                       | PA, QL                              |
| ORLISSA 200 MG TABLET                                  | 4     | Y         |                         | PA, QL                              |
| ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET          | 4     | Y         | Y                       | PA, QL                              |
| ORKAMBI 100 MG-125 MG TABLET                           | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET                         | 4     | Y         | Y                       | PA, QL                              |
| ORKAMBI 200 MG-125 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| orphenad-asa-caff 50-770-60 mg  | 4     | Y         |                         | PA, QL                              |
| orphenadrine er 100 mg tablet   | 2     |           |                         |                                     |
| orphengesic forte 50 mg-770 mg-60 mg tablet                           | 4     | Y         |                         | PA, QL                              |
| orsythia 0.1 mg-20 mcg tablet   | 1     |           | Y                       |                                     |
| ORTHO MICRONOR 0.35 MG TABLET   | 3     |           | Y                       |                                     |
| ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET | 3     |           | Y                       |                                     |
| ORTHO TRI-CYCLEN LO TABLET  | 3     |           | Y                       |                                     |
| ORTHO-CYCLEN 28 TABLET  | 3     |           | Y                       |                                     |
| ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET                              | 3     |           | Y                       |                                     |
| ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET              | 3     |           | Y                       |                                     |
| ORTIKOS 6 MG CAPSULE,EXTENDED RELEASE                                 | 4     |           |                         | PA, QL                              |
| ORTIKOS 9 MG CAPSULE,EXTENDED RELEASE                                 | 4     |           |                         | PA, QL                              |
| oscimin 0.125 mg odt  | 2     |           | Y                       |                                     |
| oscimin 0.125 mg tablet   | 2     |           | Y                       |                                     |
| oscimin sl 0.125 mg sublingual tablet                                 | 2     |           | Y                       |                                     |
| oscimin sr 0.375 mg tablet,extended release                           | 3     |           | Y                       |                                     |
| oseltamivir 6 mg/ml suspension  | 3     |           |                         | QL                                  |
| oseltamivir phos 30 mg capsule  | 3     |           |                         | QL                                  |
| oseltamivir phos 45 mg capsule  | 3     |           |                         | QL                                  |
| oseltamivir phos 75 mg capsule  | 3     |           |                         | QL                                  |
| OSENI 12.5 MG-15 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| OSENI 12.5 MG-30 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| OSENI 12.5 MG-45 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| OSENI 25 MG-15 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| OSENI 25 MG-30 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| OSENI 25 MG-45 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE                            | 3     |           | Y                       | PA, QL                              |
| OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE                            | 3     |           | Y                       | PA, QL                              |
| OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE                            | 3     |           | Y                       | PA, QL                              |
| OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE    | 3     |           | Y                       | PA, QL                              |
| OSMOPREP 1.5 GRAM (1.102-0.398) TABLET                                | 3     |           |                         | ST                                  |
| OTEZLA 30 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK   | 4     | Y         |                         | PA, QL                              |
| OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK   | 4     | Y         |                         | PA, QL                              |
| OTIPRIO 6 % (6 MG/0.1 ML) INTRATYMPANIC SUSPENSION                    | 4     |           |                         |                                     |
| OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION                           | 3     |           |                         | ST                                  |
| OTREXUP (PF) 10 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR                  | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR    | 4     | Y         | Y                       | PA, QL                              |
| OTREXUP (PF) 15 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR      | 4     | Y         | Y                       | PA, QL                              |
| OTREXUP (PF) 17.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR    | 4     | Y         | Y                       | PA, QL                              |
| OTREXUP (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR      | 4     |           | Y                       | PA, QL                              |
| OTREXUP (PF) 22.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR    | 4     | Y         | Y                       | PA, QL                              |
| OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR      | 4     | Y         | Y                       | PA, QL                              |
| ovide 0.5 % lotion  | 3     |           |                         |                                     |
| OXANDRIN 10 MG TABLET                                     | 4     |           | Y                       | PA, QL                              |
| OXANDRIN 2.5 MG TABLET                                    | 4     |           | Y                       | PA, QL                              |
| oxandrolone 10 mg tablet                                  | 4     |           | Y                       | PA, QL                              |
| oxandrolone 2.5 mg tablet                                 | 4     |           | Y                       | PA, QL                              |
| oxaprozin 600 mg caplet                                   | 3     |           |                         |                                     |
| oxaprozin 600 mg tablet                                   | 3     |           |                         |                                     |
| OXAYDO 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES)          | 4     | Y         |                         | PA, QL                              |
| OXAYDO 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES)    | 4     | Y         |                         | PA, QL                              |
| oxazepam 10 mg capsule                                    | 3     |           |                         |                                     |
| oxazepam 15 mg capsule                                    | 3     |           |                         |                                     |
| oxazepam 30 mg capsule                                    | 3     |           |                         |                                     |
| OXBRYTA 500 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| oxcarbazepine 150 mg tablet                               | 2     |           | Y                       |                                     |
| oxcarbazepine 300 mg tablet                               | 2     |           | Y                       |                                     |
| oxcarbazepine 300 mg/5 ml susp                            | 3     |           | Y                       |                                     |
| oxcarbazepine 600 mg tablet                               | 2     |           | Y                       |                                     |
| OXERVATE 0.002 % EYE DROPS                                | 4     | Y         |                         | PA, QL                              |
| oxiconazole nitrate 1% cream                              | 4     |           |                         | PA                                  |
| OXISTAT 1 % LOTION  | 4     |           |                         | PA                                  |
| OXISTAT 1 % TOPICAL CREAM                                 | 4     |           |                         | PA                                  |
| OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE | 4     | Y         |                         |                                     |
| OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE                | 4     | Y         | Y                       | QL, ST                              |
| OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE                | 4     | Y         | Y                       | QL, ST                              |
| OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE                | 4     | Y         | Y                       | QL, ST                              |
| oxybutynin 5 mg tablet                                    | 1     |           | Y                       |                                     |
| oxybutynin 5 mg/5 ml syrup                                | 1     |           | Y                       |                                     |
| oxybutynin cl er 10 mg tablet                             | 2     |           | Y                       | QL                                  |
| oxybutynin cl er 15 mg tablet                             | 2     |           | Y                       | QL                                  |
| oxybutynin cl er 5 mg tablet                              | 2     |           | Y                       | QL                                  |
| oxycodon-acetaminophen 2.5-300                            | 4     | Y         |                         | PA, QL                              |
| oxycodon-acetaminophen 2.5-325                            | 2     |           |                         | QL                                  |
| oxycodon-acetaminophen 7.5-325                            | 2     |           |                         | QL                                  |
| oxycodone hcl 10 mg tablet                                | 2     |           |                         | QL                                  |
| oxycodone hcl 100 mg/5 ml conc                            | 4     | Y         |                         | QL                                  |
| oxycodone hcl 15 mg tablet                                | 2     |           |                         | QL                                  |
| oxycodone hcl 20 mg tablet                                | 2     |           |                         | QL                                  |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| oxycodone hcl 30 mg tablet  | 2     |           |                         | QL                                  |
| oxycodone hcl 5 mg capsule  | 3     |           |                         | QL                                  |
| oxycodone hcl 5 mg tablet   | 2     |           |                         | QL                                  |
| oxycodone hcl 5 mg/5 ml soln                                      | 3     |           |                         | QL                                  |
| oxycodone hcl er 10 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone hcl er 15 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone hcl er 20 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone hcl er 30 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone hcl er 40 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone hcl er 60 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone hcl er 80 mg tablet                                     | 3     |           |                         | PA, QL                              |
| oxycodone-acetaminophen 10-325                                    | 2     |           |                         | QL                                  |
| oxycodone-acetaminophen 5-325                                     | 2     |           |                         | QL                                  |
| oxycodone-aspirin 4.8355-325                                      | 3     |           |                         | QL                                  |
| oxycodone-ibuprofen 5-400 tab                                     | 3     |           |                         | QL                                  |
| OXYCONTIN 10 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| OXYCONTIN 15 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| OXYCONTIN 20 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| OXYCONTIN 30 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| OXYCONTIN 40 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| OXYCONTIN 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE           | 4     |           |                         | PA, QL                              |
| oxymorphone hcl 10 mg tablet                                      | 3     |           |                         | QL                                  |
| oxymorphone hcl 5 mg tablet                                       | 3     |           |                         | QL                                  |
| oxymorphone hcl er 10 mg tab                                      | 3     |           |                         | QL, ST                              |
| oxymorphone hcl er 15 mg tab                                      | 3     |           |                         | QL, ST                              |
| oxymorphone hcl er 20 mg tab                                      | 3     |           |                         | QL, ST                              |
| oxymorphone hcl er 30 mg tab                                      | 3     |           |                         | QL, ST                              |
| oxymorphone hcl er 40 mg tab                                      | 3     |           |                         | QL, ST                              |
| oxymorphone hcl er 5 mg tablet                                    | 3     |           |                         | QL, ST                              |
| oxymorphone hcl er 7.5 mg tab                                     | 3     |           |                         | QL, ST                              |
| OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH                            | 3     |           | Y                       | QL, ST                              |
| OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR | 2     |           | Y                       | QL                                  |
| OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR         | 2     |           | Y                       | QL                                  |
| OZOBAX 5 MG/5 ML ORAL SOLUTION                                    | 4     | Y         | Y                       | PA, QL                              |
| PACERONE 100 MG TABLET  | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| pacerone 200 mg tablet  | 1     |           | Y                       |                                     |
| PACERONE 400 MG TABLET  | 3     |           | Y                       |                                     |
| PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE                  | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE                  | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE      | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE                            | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE                | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE                | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE    | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE    | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE              | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET            | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET                | 4     | Y         | Y                       | PA, QL                              |
| PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE  | 4     | Y         |                         | PA, QL                              |
| paliperidone er 1.5 mg tablet   | 3     |           | Y                       | QL                                  |
| paliperidone er 3 mg tablet   | 3     |           | Y                       | QL                                  |
| paliperidone er 6 mg tablet   | 3     |           | Y                       | QL                                  |
| paliperidone er 9 mg tablet   | 3     |           | Y                       | QL                                  |
| PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE                            | 4     | Y         | Y                       | PA, QL                              |
| PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE                           | 4     | Y         |                         | PA, QL                              |
| PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE                                | 4     | Y         | Y                       | PA, QL                              |
| PAMELOR 10 MG CAPSULE   | 4     |           | Y                       |                                     |
| PAMELOR 25 MG CAPSULE   | 4     |           | Y                       |                                     |
| PAMELOR 50 MG CAPSULE   | 4     |           | Y                       |                                     |
| PAMELOR 75 MG CAPSULE   | 4     |           | Y                       |                                     |
| PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE | 4     |           | Y                       | ST                                  |
| PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE | 4     |           | Y                       | ST                                  |
| PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE   | 4     |           | Y                       | ST                                  |
| PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE | 4     |           | Y                       | ST                                  |
| PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE  | 4     |           | Y                       | ST                                  |
| PANDEL 0.1 % TOPICAL CREAM  | 4     | Y         |                         |                                     |
| PANRETIN 0.1 % TOPICAL GEL  | 4     | Y         |                         |                                     |
| pantoprazole sod dr 20 mg tab   | 1     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| pantoprazole sod dr 40 mg tab                              | 1     |           | Y                       | QL                                  |
| PARADIGM REAL-TIME SYSTEM                                  | 3     |           | Y                       | PA                                  |
| PARADIGM RESERVOIR 1.8 ML                                  | 3     |           | Y                       |                                     |
| PARADIGM RESERVOIR 3 ML                                    | 3     |           | Y                       |                                     |
| PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE          | 4     | Y         | Y                       |                                     |
| paregoric liquid   | 3     |           |                         |                                     |
| PAREMYD 1 %-0.25 % EYE DROPS                               | 3     |           |                         |                                     |
| paricalcitol 1 mcg capsule                                 | 3     |           | Y                       | QL                                  |
| paricalcitol 2 mcg capsule                                 | 3     |           | Y                       | QL                                  |
| paricalcitol 4 mcg capsule                                 | 3     |           | Y                       | QL                                  |
| PARLODEL 2.5 MG TABLET                                     | 3     |           | Y                       |                                     |
| PARLODEL 5 MG CAPSULE                                      | 3     |           | Y                       |                                     |
| PARNATE 10 MG TABLET                                       | 3     |           | Y                       | QL                                  |
| paroex oral rinse 0.12 % mouthwash                         | 2     |           |                         |                                     |
| paromomycin 250 mg capsule                                 | 3     |           |                         |                                     |
| paroxetine cr 12.5 mg tablet                               | 3     |           | Y                       | QL, ST                              |
| paroxetine cr 25 mg tablet                                 | 3     |           | Y                       | QL, ST                              |
| paroxetine cr 37.5 mg tablet                               | 3     |           | Y                       | QL, ST                              |
| paroxetine er 12.5 mg tablet                               | 3     |           | Y                       | QL, ST                              |
| paroxetine er 25 mg tablet                                 | 3     |           | Y                       | QL, ST                              |
| paroxetine er 37.5 mg tablet                               | 3     |           | Y                       | QL, ST                              |
| paroxetine hcl 10 mg tablet                                | 1     |           | Y                       | QL                                  |
| paroxetine hcl 20 mg tablet                                | 1     |           | Y                       | QL                                  |
| paroxetine hcl 30 mg tablet                                | 1     |           | Y                       | QL                                  |
| paroxetine hcl 40 mg tablet                                | 1     |           | Y                       | QL                                  |
| paroxetine mesylate 7.5 mg cap                             | 3     |           | Y                       | QL, ST                              |
| PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET               | 3     |           |                         |                                     |
| PATADAY 0.2 % EYE DROPS                                    | 3     |           |                         | ST                                  |
| PATANASE 0.6 % NASAL SPRAY                                 | 3     |           |                         | QL, ST                              |
| PATANOL 0.1% EYE DROPS                                     | 3     |           |                         | ST                                  |
| PAXIL 10 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| PAXIL 10 MG/5 ML ORAL SUSPENSION                           | 3     |           | Y                       | ST                                  |
| PAXIL 20 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| PAXIL 30 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| PAXIL 40 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE                   | 3     |           | Y                       | QL, ST                              |
| PAXIL CR 25 MG TABLET,EXTENDED RELEASE                     | 3     |           | Y                       | QL, ST                              |
| PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE                   | 3     |           | Y                       | QL, ST                              |
| PAZEO 0.7 % EYE DROPS                                      | 3     |           |                         | ST                                  |
| PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION       | 3     |           |                         |                                     |
| PEDIASURE HARVEST 0.04 GRAM-1 KCAL/ML LIQUID FOR TUBE FEED | 3     |           |                         |                                     |
| peg 3350 electrolyte soln                                  | 2     |           |                         |                                     |
| peg 3350-electrolyte solution                              | 2     |           |                         |                                     |

| Drug Name                                   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| peg-3350 and electrolytes soln              | 2     |           |                         |                                     |
| PEGANONE 250 MG TABLET                      | 3     |           | Y                       |                                     |
| PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE | 4     | Y         |                         | PA, QL                              |
| PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION    | 4     | Y         |                         | PA, QL                              |
| PEGASYS PROCLICK 135 MCG/0.5                | 4     | Y         |                         | PA, QL                              |
| PEGASYS PROCLICK 180 MCG/0.5                | 4     | Y         |                         | PA, QL                              |
| PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT    | 4     | Y         |                         | PA, QL                              |
| peg-prep 5 mg-210 gram oral kit             | 3     |           |                         |                                     |
| PEMAZYRE 13.5 MG TABLET                     | 4     | Y         | Y                       | PA, QL                              |
| PEMAZYRE 4.5 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| PEMAZYRE 9 MG TABLET                        | 4     | Y         | Y                       | PA, QL                              |
| PEN NEEDLE 12MM 29G                         | 1     |           | Y                       |                                     |
| PEN NEEDLE 29 GAUGE X 1/2"                  | 1     |           | Y                       |                                     |
| PEN NEEDLE 29G 12MM                         | 1     |           | Y                       |                                     |
| PEN NEEDLE 30 GAUGE X 5/16"                 | 1     |           | Y                       |                                     |
| PEN NEEDLE 30G X 8MM                        | 1     |           | Y                       |                                     |
| PEN NEEDLE 31 GAUGE X 1/4"                  | 1     |           | Y                       |                                     |
| PEN NEEDLE 31 GAUGE X 3/16"                 | 1     |           | Y                       |                                     |
| PEN NEEDLE 31 GAUGE X 5/16"                 | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G 5MM                          | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G 6MM                          | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G 8MM                          | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G X 1/4"                       | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G X 3/16"                      | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G X 5/16"                      | 1     |           | Y                       |                                     |
| PEN NEEDLE 31G X 8MM                        | 1     |           | Y                       |                                     |
| PEN NEEDLE 32 GAUGE X 5/32"                 | 1     |           | Y                       |                                     |
| PEN NEEDLE 32G 4MM                          | 1     |           | Y                       |                                     |
| PEN NEEDLE 32G X 1/4"                       | 1     |           | Y                       |                                     |
| PEN NEEDLE 32G X 3/16"                      | 1     |           | Y                       |                                     |
| PEN NEEDLE 32G X 5/32"                      | 1     |           | Y                       |                                     |
| PEN NEEDLE 4MM 32G                          | 1     |           | Y                       |                                     |
| PEN NEEDLE 5MM 31G                          | 1     |           | Y                       |                                     |
| PEN NEEDLE 8MM 31G                          | 1     |           | Y                       |                                     |
| PEN NEEDLES 12MM 29G                        | 1     |           | Y                       |                                     |
| PEN NEEDLES 6MM 31G                         | 1     |           | Y                       |                                     |
| PEN NEEDLES 8MM 31G                         | 1     |           | Y                       |                                     |
| penicillamine 250 mg capsule                | 4     | Y         | Y                       | PA                                  |
| penicillamine 250 mg tablet                 | 4     | Y         | Y                       |                                     |
| penicillin vk 125 mg/5 ml soln              | 2     |           |                         |                                     |
| penicillin vk 250 mg tablet                 | 2     |           |                         |                                     |
| penicillin vk 250 mg/5 ml soln              | 2     |           |                         |                                     |
| penicillin vk 500 mg tablet                 | 2     |           |                         |                                     |
| pentamidine 300 mg inhal powdr              | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| PENTASA 250 MG CAPSULE,CONTROLLED RELEASE                              | 4     | Y         | Y                       | QL, ST                              |
| PENTASA 500 MG CAPSULE,CONTROLLED RELEASE                              | 4     | Y         | Y                       | QL, ST                              |
| pentazocine-naloxone tablet  | 3     |           |                         | QL                                  |
| PENTIPS 29 GAUGE X 1/2" NEEDLE   | 1     |           | Y                       |                                     |
| PENTIPS 31 GAUGE X 1/4" NEEDLE   | 1     |           | Y                       |                                     |
| PENTIPS 31 GAUGE X 3/16" NEEDLE  | 1     |           | Y                       |                                     |
| PENTIPS 31 GAUGE X 5/16" NEEDLE  | 1     |           | Y                       |                                     |
| PENTIPS 32 GAUGE X 5/32" NEEDLE  | 1     |           | Y                       |                                     |
| pentoxifylline er 400 mg tab   | 1     |           | Y                       |                                     |
| pepcid 20 mg tablet  | 4     |           | Y                       |                                     |
| pepcid 40 mg tablet  | 4     |           | Y                       |                                     |
| PEPCID 40 MG/5 ML ORAL SUSP  | 3     |           | Y                       |                                     |
| PERCOCET 10 MG-325 MG TABLET   | 4     |           |                         | QL                                  |
| PERCOCET 2.5 MG-325 MG TABLET  | 4     |           |                         | QL                                  |
| PERCOCET 5 MG-325 MG TABLET  | 4     |           |                         | QL                                  |
| PERCOCET 7.5 MG-325 MG TABLET  | 4     |           |                         | QL                                  |
| PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION                      | 4     | Y         | Y                       | PA, QL                              |
| PERIDEX 0.12 % MOUTHWASH   | 3     |           |                         |                                     |
| perindopril erbumine 2 mg tab  | 2     |           | Y                       |                                     |
| perindopril erbumine 4 mg tab  | 2     |           | Y                       |                                     |
| perindopril erbumine 8 mg tab  | 2     |           | Y                       |                                     |
| periogard 0.12 % mouthwash   | 2     |           |                         |                                     |
| permethrin 5% cream  | 3     |           |                         |                                     |
| perphen-amitrip 2 mg-10 mg tab   | 3     |           | Y                       |                                     |
| perphen-amitrip 2 mg-25 mg tab   | 3     |           | Y                       |                                     |
| perphen-amitrip 4 mg-10 mg tab   | 3     |           | Y                       |                                     |
| perphen-amitrip 4 mg-25 mg tab   | 3     |           | Y                       |                                     |
| perphen-amitrip 4 mg-50 mg tab   | 3     |           | Y                       |                                     |
| perphenazine 16 mg tablet  | 3     |           | Y                       |                                     |
| perphenazine 2 mg tablet   | 3     |           | Y                       |                                     |
| perphenazine 4 mg tablet   | 3     |           | Y                       |                                     |
| perphenazine 8 mg tablet   | 3     |           | Y                       |                                     |
| PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT | 4     | Y         | Y                       | QL                                  |
| PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT  | 4     | Y         | Y                       | QL                                  |
| PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE    | 4     | Y         | Y                       | ST                                  |
| PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE              | 4     | Y         | Y                       | ST                                  |
| PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE     | 4     | Y         | Y                       | ST                                  |
| PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE     | 4     | Y         | Y                       | ST                                  |
| PEXEVA 10 MG TABLET  | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| PEXEVA 20 MG TABLET                                 | 3     |           | Y                       | QL, ST                              |
| PEXEVA 30 MG TABLET                                 | 3     |           | Y                       | QL, ST                              |
| PEXEVA 40 MG TABLET                                 | 3     |           | Y                       | QL, ST                              |
| PFLEX INSPIRATORY TRAINER DEVICE                    | 1     |           |                         |                                     |
| PHARMACIST CHOICE 30G LANCETS                       | 1     |           | Y                       |                                     |
| PHARMACIST CHOICE 33G LANCETS                       | 1     |           | Y                       |                                     |
| PHARMACIST CHOICE BLOOD GLUCOSE SYSTEM              | 3     |           | Y                       | ST                                  |
| PHARMACIST CHOICE GLUCOSE TEST STRIPS               | 3     |           | Y                       | QL, ST                              |
| PHASEAL PROTECTOR 13 MM DEVICE                      | 1     |           |                         |                                     |
| PHASEAL PROTECTOR 20 MM DEVICE                      | 1     |           |                         |                                     |
| PHASEAL PROTECTOR 28 MM DEVICE                      | 1     |           |                         |                                     |
| phenadoz 12.5 mg suppository                        | 3     |           |                         |                                     |
| phenadoz 25 mg suppository                          | 3     |           |                         |                                     |
| phenazopyridine 100 mg tab                          | 3     |           |                         |                                     |
| phenazopyridine 200 mg tab                          | 3     |           |                         |                                     |
| phenelzine sulfate 15 mg tab                        | 3     |           | Y                       |                                     |
| phenobarbital 100 mg tablet                         | 2     |           | Y                       | QL                                  |
| phenobarbital 15 mg tablet                          | 2     |           | Y                       | QL                                  |
| phenobarbital 16.2 mg tablet                        | 2     |           | Y                       | QL                                  |
| phenobarbital 20 mg/5 ml elix                       | 3     |           | Y                       | QL                                  |
| phenobarbital 20 mg/5 ml soln                       | 3     |           | Y                       | QL                                  |
| phenobarbital 30 mg tablet                          | 2     |           | Y                       | QL                                  |
| phenobarbital 32.4 mg tablet                        | 2     |           | Y                       | QL                                  |
| phenobarbital 60 mg tablet                          | 2     |           | Y                       | QL                                  |
| phenobarbital 64.8 mg tablet                        | 2     |           | Y                       | QL                                  |
| phenobarbital 97.2 mg tablet                        | 2     |           | Y                       | QL                                  |
| phenoxybenzamine hcl 10 mg cap                      | 4     | Y         |                         |                                     |
| phenylephrine 10% eye drops                         | 3     |           |                         |                                     |
| phenylephrine 2.5% eye drop                         | 3     |           |                         |                                     |
| PHENYTEK 200 MG CAPSULE                             | 3     |           | Y                       |                                     |
| PHENYTEK 300 MG CAPSULE                             | 3     |           | Y                       |                                     |
| phenytoin 100 mg/4 ml susp                          | 2     |           | Y                       |                                     |
| phenytoin 125 mg/5 ml susp                          | 2     |           | Y                       |                                     |
| phenytoin 50 mg infatab                             | 2     |           | Y                       |                                     |
| phenytoin 50 mg tablet chew                         | 2     |           | Y                       |                                     |
| phenytoin sod ext 100 mg cap                        | 2     |           | Y                       |                                     |
| phenytoin sod ext 200 mg cap                        | 2     |           | Y                       |                                     |
| phenytoin sod ext 300 mg cap                        | 2     |           | Y                       |                                     |
| PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL                  | 3     |           |                         | QL                                  |
| philith 0.4 mg-35 mcg tablet                        | 1     |           | Y                       |                                     |
| PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION | 3     |           | Y                       | ST                                  |
| phospha 250 neutral 250 mg tablet                   | 2     |           |                         |                                     |
| PHOSPHOLINE IODIDE 0.125 % EYE DROPS                | 3     |           | Y                       |                                     |
| phrenilin forte 50-300-40 mg                        | 3     |           |                         | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| phytonadione 1 mg/0.5 ml syr                                   | 2     |           |                         |                                     |
| phytonadione 10 mg/ml ampul                                    | 2     |           |                         |                                     |
| phytonadione 5 mg tablet                                       | 4     | Y         |                         |                                     |
| PICATO 0.015 % TOPICAL GEL                                     | 3     |           |                         | QL                                  |
| PICATO 0.05 % TOPICAL GEL                                      | 3     |           |                         | QL                                  |
| PIFELTRO 100 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| pilocarpine 1% eye drops                                       | 2     |           | Y                       |                                     |
| pilocarpine 2% eye drops                                       | 2     |           | Y                       |                                     |
| pilocarpine 4% eye drops                                       | 2     |           | Y                       |                                     |
| pilocarpine hcl 5 mg tablet                                    | 3     |           | Y                       |                                     |
| pilocarpine hcl 7.5 mg tablet                                  | 3     |           | Y                       |                                     |
| pimecrolimus 1% cream  | 3     |           |                         |                                     |
| pimozide 1 mg tablet   | 3     |           | Y                       |                                     |
| pimozide 2 mg tablet   | 3     |           | Y                       |                                     |
| pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet           | 1     |           | Y                       |                                     |
| pindolol 10 mg tablet  | 2     |           | Y                       |                                     |
| pindolol 5 mg tablet   | 2     |           | Y                       |                                     |
| pioglitazone hcl 15 mg tablet                                  | 1     |           | Y                       | QL                                  |
| pioglitazone hcl 30 mg tablet                                  | 1     |           | Y                       | QL                                  |
| pioglitazone hcl 45 mg tablet                                  | 1     |           | Y                       | QL                                  |
| pioglitazone-glimepiride 30-2                                  | 3     |           | Y                       | QL, ST                              |
| pioglitazone-glimepiride 30-4                                  | 3     |           | Y                       | QL, ST                              |
| pioglitazone-metformin 15-500                                  | 3     |           | Y                       | QL, ST                              |
| pioglitazone-metformin 15-850                                  | 3     |           | Y                       | QL, ST                              |
| PIP LANCET 28 GAUGE  | 1     |           | Y                       |                                     |
| PIP LANCET 30 GAUGE  | 1     |           | Y                       |                                     |
| PIQRAY 200 MG/DAY (200 MG X 1) TABLET                          | 4     | Y         | Y                       | PA, QL                              |
| PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET                | 4     | Y         | Y                       | PA, QL                              |
| PIQRAY 300 MG/DAY (150 MG X 2) TABLET                          | 4     | Y         | Y                       | PA, QL                              |
| pirmella 0.5/0.75/1 mg-35 mcg tablet                           | 1     |           | Y                       |                                     |
| pirmella 1 mg-35 mcg tablet                                    | 1     |           | Y                       |                                     |
| piroxicam 10 mg capsule  | 2     |           |                         |                                     |
| piroxicam 20 mg capsule  | 2     |           |                         |                                     |
| PLAN B ONE-STEP 1.5 MG TABLET                                  | 3     |           |                         |                                     |
| PLAQUENIL 200 MG TABLET  | 4     |           | Y                       |                                     |
| PLAVIX 300 MG TABLET   | 3     |           |                         | QL                                  |
| PLAVIX 75 MG TABLET  | 3     |           | Y                       | QL                                  |
| PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR              | 4     | Y         | Y                       | PA, QL                              |
| PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE                   | 4     | Y         | Y                       | PA, QL                              |
| PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR | 4     | Y         |                         | PA, QL                              |
| PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE      | 4     | Y         |                         | PA, QL                              |
| PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACK                    | 3     |           |                         | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| plixda 0.1% swab   | 4     |           |                         | QL, ST                              |
| PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION                    | 4     |           |                         |                                     |
| PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE                     | 4     |           |                         |                                     |
| pnv ob+dha combo pack  | 2     |           | Y                       |                                     |
| pnv-select 27 mg-1 mg tablet                                     | 3     |           | Y                       |                                     |
| POCKET CHAMBER SPACER  | 1     |           |                         |                                     |
| podofilox 0.5% topical soln                                      | 3     |           |                         |                                     |
| polycin 500 unit-10,000 unit/gram eye ointment                   | 2     |           |                         |                                     |
| polyethylene glycol 3350 powd                                    | 2     |           |                         | QL                                  |
| poly-iron 150 forte 150 mg-25 mcg-1 mg capsule                   | 1     |           |                         |                                     |
| polymyxin b-tmp eye drops  | 1     |           |                         |                                     |
| POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS                           | 3     |           |                         |                                     |
| POMALYST 1 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| POMALYST 2 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| POMALYST 3 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| POMALYST 4 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| portia 28 0.15 mg-0.03 mg tablet                                 | 1     |           | Y                       |                                     |
| posaconazole 200 mg/5 ml susp                                    | 4     | Y         |                         | PA, QL                              |
| posaconazole dr 100 mg tablet                                    | 4     | Y         |                         | PA, QL                              |
| potassium 25 meq tablet eff                                      | 3     |           | Y                       |                                     |
| potassium citrate er 10 meq tb                                   | 3     |           | Y                       |                                     |
| potassium citrate er 15 meq tb                                   | 3     |           | Y                       |                                     |
| potassium citrate er 5 meq tab                                   | 3     |           | Y                       |                                     |
| potassium cl 10% (20 meq/15ml)                                   | 3     |           | Y                       |                                     |
| potassium cl 10% (40 meq/30ml)                                   | 3     |           | Y                       |                                     |
| potassium cl 20 meq packet                                       | 3     |           | Y                       |                                     |
| potassium cl 20% (40 meq/15ml)                                   | 3     |           | Y                       |                                     |
| potassium cl 25 meq tab eff                                      | 3     |           | Y                       |                                     |
| potassium cl er 10 meq capsule                                   | 2     |           | Y                       |                                     |
| potassium cl er 10 meq tablet                                    | 2     |           | Y                       |                                     |
| potassium cl er 10 meq tablet                                    | 1     |           | Y                       |                                     |
| potassium cl er 20 meq tablet                                    | 1     |           | Y                       |                                     |
| potassium cl er 20 meq tablet                                    | 2     |           | Y                       |                                     |
| potassium cl er 8 meq capsule                                    | 2     |           | Y                       |                                     |
| potassium cl er 8 meq tablet                                     | 2     |           | Y                       |                                     |
| pr natal 400 29 mg-1 mg-400 mg oral pack                         | 2     |           | Y                       |                                     |
| pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release | 2     |           | Y                       |                                     |
| pr natal 430 29 mg iron-1 mg-430 mg oral pack                    | 1     |           | Y                       |                                     |
| pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release | 2     |           | Y                       |                                     |
| PRADAXA 110 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| PRADAXA 150 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| PRADAXA 75 MG CAPSULE  | 3     |           | Y                       | QL                                  |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR  | 4     | Y         | Y                       | PA, QL                              |
| pramipexole 0.125 mg tablet                      | 1     |           | Y                       |                                     |
| pramipexole 0.25 mg tablet                       | 1     |           | Y                       |                                     |
| pramipexole 0.5 mg tablet                        | 1     |           | Y                       |                                     |
| pramipexole 0.75 mg tablet                       | 1     |           | Y                       |                                     |
| pramipexole 1 mg tablet                          | 1     |           | Y                       |                                     |
| pramipexole 1.5 mg tablet                        | 1     |           | Y                       |                                     |
| pramipexole er 0.375 mg tablet                   | 3     |           | Y                       | QL, ST                              |
| pramipexole er 0.75 mg tablet                    | 3     |           | Y                       | QL, ST                              |
| pramipexole er 1.5 mg tablet                     | 3     |           | Y                       | QL, ST                              |
| pramipexole er 2.25 mg tablet                    | 3     |           | Y                       | QL, ST                              |
| pramipexole er 3 mg tablet                       | 3     |           | Y                       | QL, ST                              |
| pramipexole er 3.75 mg tablet                    | 3     |           | Y                       | QL, ST                              |
| pramipexole er 4.5 mg tablet                     | 3     |           | Y                       | QL, ST                              |
| PRAMOSONE 1 %-1 % LOTION                         | 3     |           |                         |                                     |
| PRAMOSONE 1 %-1 % TOPICAL CREAM                  | 3     |           |                         |                                     |
| PRAMOSONE 2.5 %-1 % LOTION                       | 3     |           |                         |                                     |
| prandin 1 mg tablet                              | 3     |           | Y                       |                                     |
| prandin 2 mg tablet                              | 3     |           | Y                       |                                     |
| prasugrel 10 mg tablet                           | 2     |           | Y                       | QL                                  |
| prasugrel 5 mg tablet                            | 2     |           | Y                       | QL                                  |
| PRAVACHOL 20 MG TABLET                           | 3     |           | Y                       | ST                                  |
| PRAVACHOL 40 MG TABLET                           | 3     |           | Y                       | ST                                  |
| PRAVACHOL 80 MG TABLET                           | 3     |           | Y                       | ST                                  |
| pravastatin sodium 10 mg tab                     | 2     |           | Y                       |                                     |
| pravastatin sodium 20 mg tab                     | 2     |           | Y                       |                                     |
| pravastatin sodium 40 mg tab                     | 2     |           | Y                       |                                     |
| pravastatin sodium 80 mg tab                     | 2     |           | Y                       |                                     |
| praziquantel 600 mg tablet                       | 3     |           |                         |                                     |
| prazosin 1 mg capsule                            | 2     |           | Y                       |                                     |
| prazosin 2 mg capsule                            | 2     |           | Y                       |                                     |
| prazosin 5 mg capsule                            | 2     |           | Y                       |                                     |
| PRECISION GLUCOSE CONTROL SOLN COMBO PACK        | 3     |           | Y                       |                                     |
| PRECISION GLUCOSE/KETONE CONTR COMBO PACK        | 3     |           | Y                       |                                     |
| PRECISION METER                                  | 3     |           | Y                       | ST                                  |
| PRECISION PCX PLUS TEST STRIPS                   | 3     |           | Y                       | QL, ST                              |
| PRECISION PCX TEST STRIPS                        | 3     |           | Y                       | QL, ST                              |
| PRECISION POINT OF CARE TEST STRIPS              | 3     |           | Y                       | QL, ST                              |
| PRECISION Q-I-D TEST STRIPS                      | 3     |           | Y                       | QL, ST                              |
| PRECISION XTRA KETONE-GLUCOSE MONITOR KIT        | 3     |           | Y                       | ST                                  |
| PRECISION XTRA MONITOR                           | 3     |           | Y                       | ST                                  |
| PRECISION XTRA TEST STRIPS                       | 3     |           | Y                       | QL, ST                              |
| PRECOSE 100 MG TABLET                            | 3     |           | Y                       |                                     |

| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| PRECOSE 25 MG TABLET                         | 3     |           | Y                       |                                     |
| PRECOSE 50 MG TABLET                         | 3     |           | Y                       |                                     |
| PRED FORTE 1 % EYE DROPS,SUSPENSION          | 3     |           |                         | ST                                  |
| PRED MILD 0.12 % EYE DROPS,SUSPENSION        | 3     |           |                         | ST                                  |
| PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION        | 3     |           |                         |                                     |
| PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT       | 3     |           |                         |                                     |
| prednicarbate 0.1% cream                     | 3     |           |                         |                                     |
| prednicarbate 0.1% ointment                  | 3     |           |                         |                                     |
| prednisolone 10 mg/5 ml soln                 | 4     |           |                         |                                     |
| prednisolone 15 mg/5 ml soln                 | 2     |           |                         |                                     |
| prednisolone 20 mg/5 ml soln                 | 3     |           |                         |                                     |
| prednisolone 5 mg/5 ml soln                  | 2     |           |                         |                                     |
| prednisolone ac 1% eye drop                  | 2     |           |                         |                                     |
| prednisolone odt 10 mg tablet                | 3     |           |                         |                                     |
| prednisolone odt 15 mg tablet                | 3     |           |                         |                                     |
| prednisolone odt 30 mg tablet                | 3     |           |                         |                                     |
| prednisolone sod 1% eye drop                 | 2     |           |                         |                                     |
| prednisolone sod ph 25 mg/5 ml               | 2     |           |                         |                                     |
| prednisone 1 mg tablet                       | 1     |           |                         |                                     |
| prednisone 10 mg tab dose pack               | 2     |           |                         |                                     |
| prednisone 10 mg tablet                      | 1     |           |                         |                                     |
| prednisone 2.5 mg tablet                     | 1     |           |                         |                                     |
| prednisone 20 mg tablet                      | 1     |           |                         |                                     |
| prednisone 5 mg tab dose pack                | 2     |           |                         |                                     |
| prednisone 5 mg tablet                       | 1     |           |                         |                                     |
| prednisone 5 mg/5 ml solution                | 2     |           |                         |                                     |
| prednisone 50 mg tablet                      | 1     |           |                         |                                     |
| PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE | 3     |           |                         |                                     |
| PREF PLUS INS 0.3 ML 29GX1/2"                | 2     |           | Y                       |                                     |
| PREF PLUS SYR 0.5 ML 30GX5/16"               | 2     |           | Y                       |                                     |
| PREF PLUS SYRING 1 ML 29GX1/2"               | 2     |           | Y                       |                                     |
| PREFERA OB TABLET                            | 2     |           | Y                       |                                     |
| PREFERA-OB ONE SOFTGEL                       | 2     |           | Y                       |                                     |
| PREFERA-OB PLUS DHA COMBO PACK               | 2     |           | Y                       |                                     |
| PREFERRED PLUS 0.3 ML 30GX5/16               | 2     |           | Y                       |                                     |
| PREFERRED PLUS 0.5 ML 29GX1/2"               | 2     |           | Y                       |                                     |
| preferred plus glucose tab chw               | 1     |           |                         |                                     |
| PREFERRED PLUS LANCETS                       | 1     |           | Y                       |                                     |
| PREFERRED PLUS SYRINGE 0.5 ML                | 2     |           | Y                       |                                     |
| PREFERRED PLUS SYRINGE 1 ML                  | 2     |           | Y                       |                                     |
| PREFERRED PLUS THIN LANCETS                  | 1     |           | Y                       |                                     |
| prefest 1 mg (15)/1 mg-0.09 mg (15) tablet   | 3     |           | Y                       |                                     |
| PREFPLS INS SYR 1 ML 30GX5/16"               | 2     |           | Y                       |                                     |
| pregabalin 100 mg capsule                    | 3     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| pregabalin 150 mg capsule  | 3     |           | Y                       | QL                                  |
| pregabalin 20 mg/ml solution   | 4     |           | Y                       | QL                                  |
| pregabalin 200 mg capsule  | 3     |           | Y                       | QL                                  |
| pregabalin 225 mg capsule  | 3     |           | Y                       | QL                                  |
| pregabalin 25 mg capsule   | 3     |           | Y                       | QL                                  |
| pregabalin 300 mg capsule  | 3     |           | Y                       | QL                                  |
| pregabalin 50 mg capsule   | 3     |           | Y                       | QL                                  |
| pregabalin 75 mg capsule   | 3     |           | Y                       | QL                                  |
| PREMARIN 0.3 MG TABLET   | 3     |           | Y                       |                                     |
| PREMARIN 0.45 MG TABLET  | 3     |           | Y                       |                                     |
| PREMARIN 0.625 MG TABLET   | 3     |           | Y                       |                                     |
| PREMARIN 0.625 MG/GRAM VAGINAL CREAM                                   | 3     |           | Y                       |                                     |
| PREMARIN 0.9 MG TABLET   | 3     |           | Y                       |                                     |
| PREMARIN 1.25 MG TABLET  | 3     |           | Y                       |                                     |
| PREMIER BLU GLUCOSE METER  | 3     |           | Y                       | ST                                  |
| PREMIER COMPACT GLUCOSE METER KIT                                      | 3     |           | Y                       | ST                                  |
| PREMIER TEST STRIP   | 3     |           | Y                       | QL, ST                              |
| PREMIER VOICE GLUCOSE METER  | 3     |           | Y                       | ST                                  |
| PREMIUM BLOOD GLUCOSE MONITORING SYSTEM                                | 3     |           | Y                       | ST                                  |
| PREMIUM V10  | 3     |           | Y                       | ST                                  |
| PREMIUM V10 STRIPS   | 3     |           | Y                       | QL, ST                              |
| PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET                         | 3     |           | Y                       |                                     |
| PREMPRO 0.3 MG-1.5 MG TABLET   | 3     |           | Y                       |                                     |
| PREMPRO 0.45 MG-1.5 MG TABLET  | 3     |           | Y                       |                                     |
| PREMPRO 0.625 MG-2.5 MG TABLET   | 3     |           | Y                       |                                     |
| PREMPRO 0.625 MG-5 MG TABLET   | 3     |           | Y                       |                                     |
| PRENA1 CHEW 1.4 MG CHEW TABLET,IMMEDIATE - DELAYED RELEASE             | 3     |           | Y                       |                                     |
| prena1 pearl 30 mg-1.4 mg-200 mg capsule,immediate - delay release     | 3     |           | Y                       |                                     |
| prena1 true 30 mg iron-1.4 mg-300 mg oral pack                         | 3     |           | Y                       |                                     |
| PRENATA 29 MG IRON-1 MG CHEWABLE TABLET                                | 3     |           | Y                       |                                     |
| PRENATABS FA 29 MG-1 MG TABLET   | 2     |           | Y                       |                                     |
| prenatal 19 29 mg iron-1 mg chewable tablet                            | 1     |           | Y                       |                                     |
| prenatal low iron 27 mg iron-1 mg tablet                               | 1     |           | Y                       |                                     |
| prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet               | 1     |           | Y                       |                                     |
| prenatal plus 29 mg iron-1 mg tablet                                   | 1     |           | Y                       |                                     |
| prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack              | 1     |           | Y                       |                                     |
| prenatal vitamins plus low iron 27 mg iron-1 mg tablet                 | 1     |           | Y                       |                                     |
| PRENATE DHA (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAPSULE | 3     |           | Y                       |                                     |
| PRENATE ELITE (IRON ASPARTO GLYCINATE) 20 MG IRON-1 MG TABLET          | 3     |           | Y                       |                                     |
| PRENATE ELITE 26 MG IRON-1 MG TABLET                                   | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| PRENATE ENHANCE 28 MG IRON-1 MG-400 MG CAPSULE                     | 3     |           | Y                       |                                     |
| PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG-1 MG-350 MG CAPSULE | 3     |           | Y                       |                                     |
| PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE                       | 3     |           | Y                       |                                     |
| PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE                     | 3     |           | Y                       |                                     |
| PRENATE STAR 20 MG IRON-1 MG TABLET                                | 3     |           | Y                       |                                     |
| preplus 27 mg iron-1 mg tablet                                     | 1     |           | Y                       |                                     |
| PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET                 | 3     |           |                         | ST                                  |
| PRESSURE ACTIVATED LANCETS 21 GAUGE                                | 1     |           | Y                       |                                     |
| PRESSURE ACTIVATED LANCETS 28 GAUGE                                | 1     |           | Y                       |                                     |
| PRESTALIA 14 MG-10 MG TABLET                                       | 3     |           | Y                       | ST                                  |
| PRESTALIA 3.5 MG-2.5 MG TABLET                                     | 3     |           | Y                       | ST                                  |
| PRESTALIA 7 MG-5 MG TABLET   | 3     |           | Y                       | ST                                  |
| PRESTO PRO BLOOD GLUCOSE METER                                     | 3     |           | Y                       | ST                                  |
| pretab 29 mg-1 mg tablet   | 3     |           | Y                       |                                     |
| pretomanid 200 mg tablet   | 3     |           |                         | PA, QL                              |
| PREVACID 15 MG CAPSULE,DELAYED RELEASE                             | 3     |           | Y                       | QL, ST                              |
| PREVACID 30 MG CAPSULE,DELAYED RELEASE                             | 3     |           | Y                       | QL, ST                              |
| PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET       | 3     |           | Y                       | QL, ST                              |
| PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET       | 3     |           | Y                       | QL, ST                              |
| prevalite 4 gram oral powder                                       | 3     |           | Y                       |                                     |
| prevalite 4 gram powder for susp in a packet                       | 3     |           | Y                       |                                     |
| PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"                        | 1     |           | Y                       |                                     |
| PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"                       | 1     |           | Y                       |                                     |
| previfem 0.25 mg-35 mcg tablet                                     | 1     |           | Y                       |                                     |
| PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE                       | 4     |           |                         |                                     |
| PREVYMIS 240 MG TABLET   | 4     | Y         |                         | PA, QL                              |
| PREVYMIS 480 MG TABLET   | 4     | Y         |                         | PA, QL                              |
| PREZCOBIX 800 MG-150 MG TABLET                                     | 4     | Y         | Y                       | QL                                  |
| PREZISTA 100 MG/ML ORAL SUSPENSION                                 | 4     | Y         | Y                       | QL                                  |
| PREZISTA 150 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| PREZISTA 600 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| PREZISTA 75 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| PREZISTA 800 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| PRIFTIN 150 MG TABLET  | 3     |           |                         |                                     |
| PRILOSEC 10 MG ORAL SUSPENSION,DELAYED RELEASE                     | 3     |           | Y                       | QL                                  |
| PRILOSEC 2.5 MG ORAL SUSPENSION,DELAYED RELEASE                    | 3     |           | Y                       | QL                                  |
| PRIMACARE 30 MG-1 MG-300 MG CAPSULE                                | 3     |           | Y                       |                                     |
| primaquine 26.3 mg tablet  | 3     |           |                         |                                     |
| PRIMEAIRE SPACER   | 1     |           |                         |                                     |
| primidone 250 mg tablet  | 1     |           | Y                       |                                     |
| primidone 50 mg tablet   | 1     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| primlev 10 mg-300 mg tablet   | 4     | Y         |                         | QL                                  |
| primlev 5 mg-300 mg tablet  | 4     | Y         |                         | QL                                  |
| primlev 7.5 mg-300 mg tablet  | 4     | Y         |                         | QL                                  |
| PRIMSOL 50 MG/5 ML ORAL SOLUTION                                    | 3     |           |                         |                                     |
| PRINIVIL 10 MG TABLET   | 3     |           | Y                       |                                     |
| PRINIVIL 20 MG TABLET   | 3     |           | Y                       |                                     |
| PRINIVIL 5 MG TABLET  | 3     |           | Y                       |                                     |
| PRISTIQ 100 MG TABLET,EXTENDED RELEASE                              | 3     |           | Y                       | QL, ST                              |
| PRISTIQ 25 MG TABLET,EXTENDED RELEASE                               | 3     |           | Y                       | QL, ST                              |
| PRISTIQ 50 MG TABLET,EXTENDED RELEASE                               | 3     |           | Y                       | QL, ST                              |
| PRO COMFORT ALCOHOL PADS  | 3     |           |                         |                                     |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"                  | 2     |           | Y                       |                                     |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"                 | 2     |           | Y                       |                                     |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"                 | 2     |           | Y                       |                                     |
| PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"                    | 2     |           | Y                       |                                     |
| PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"                   | 2     |           | Y                       |                                     |
| PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"                   | 2     |           | Y                       |                                     |
| PRO COMFORT LANCET 30 GAUGE   | 1     |           | Y                       |                                     |
| PRO COMFORT LANCET 31 GAUGE   | 1     |           | Y                       |                                     |
| PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16"                             | 1     |           | Y                       |                                     |
| PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4"                              | 1     |           | Y                       |                                     |
| PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16"                             | 1     |           | Y                       |                                     |
| PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32"                             | 1     |           | Y                       |                                     |
| PRO COMFORT SPACER-ADULT MASK                                       | 3     |           |                         |                                     |
| PRO COMFORT SPACER-CHILD MASK                                       | 3     |           |                         |                                     |
| PRO VOICE V8 GLUCOSE MONITOR  | 3     |           | Y                       | ST                                  |
| PRO VOICE V8-V9 TEST STRIP  | 3     |           | Y                       | QL, ST                              |
| PRO VOICE V9 GLUCOSE MONITOR  | 3     |           | Y                       | ST                                  |
| PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR | 3     |           | Y                       | QL, ST                              |
| PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER                         | 3     |           | Y                       | QL, ST                              |
| PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED                 | 3     |           | Y                       | QL, ST                              |
| probenecid 500 mg tablet  | 2     |           | Y                       |                                     |
| probenecid-colchicine tablet  | 2     |           | Y                       |                                     |
| PROCALAMINE 3% INTRAVENOUS SOLUTION                                 | 3     |           |                         |                                     |
| PROCARDIA 10 MG CAPSULE   | 3     |           | Y                       |                                     |
| PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE                          | 3     |           | Y                       | QL                                  |
| PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE                          | 3     |           | Y                       | QL                                  |
| PROCARDIA XL 90 MG TABLET,EXTENDED RELEASE                          | 3     |           | Y                       | QL                                  |
| PROCARE SPACER WITH ADULT MASK                                      | 3     |           |                         |                                     |
| PROCARE SPACER WITH CHILD MASK                                      | 3     |           |                         |                                     |
| procentra 5 mg/5 ml oral solution                                   | 4     |           | Y                       | QL, ST                              |
| PROCHAMBER  | 2     |           |                         |                                     |
| prochlorperazine 10 mg tab  | 2     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| prochlorperazine 25 mg supp                           | 3     |           |                         |                                     |
| prochlorperazine 5 mg tablet                          | 2     |           |                         |                                     |
| PROCRIT 10,000 UNIT/ML INJECTION SOLUTION             | 4     | Y         | Y                       | PA, QL                              |
| PROCRIT 2,000 UNIT/ML INJECTION SOLUTION              | 4     | Y         | Y                       | PA, QL                              |
| PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION           | 4     | Y         | Y                       | PA, QL                              |
| PROCRIT 20,000 UNIT/ML INJECTION SOLUTION             | 4     | Y         | Y                       | PA, QL                              |
| PROCRIT 3,000 UNIT/ML INJECTION SOLUTION              | 4     | Y         | Y                       | PA, QL                              |
| PROCRIT 4,000 UNIT/ML INJECTION SOLUTION              | 4     | Y         | Y                       | PA, QL                              |
| PROCRIT 40,000 UNIT/ML INJECTION SOLUTION             | 4     | Y         | Y                       | PA, QL                              |
| PROCTOCORT 1 % TOPICAL CREAM                          | 3     |           |                         |                                     |
| PROCTOFOAM HC 1 %-1 %                                 | 4     |           |                         |                                     |
| procto-med hc 2.5 % topical cream perineal applicator | 2     |           |                         |                                     |
| procto-pak 1 % topical cream perineal applicator      | 2     |           |                         |                                     |
| proctosol hc 2.5 % topical cream perineal applicator  | 2     |           |                         |                                     |
| proctozone-hc 2.5 % topical cream perineal applicator | 2     |           |                         |                                     |
| PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE       | 4     | Y         | Y                       | PA, QL                              |
| PROCYSBI 300 MG ORAL DR GRANULES IN PACKET            | 4     | Y         | Y                       | PA, QL                              |
| PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE       | 4     | Y         | Y                       | PA, QL                              |
| PROCYSBI 75 MG ORAL DR GRANULES IN PACKET             | 4     | Y         | Y                       | PA, QL                              |
| PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM      | 3     |           | Y                       | ST                                  |
| PRODIGY AUTOCODE METER KIT                            | 3     |           | Y                       | ST                                  |
| PRODIGY CONTROL SOLUTION, LOW                         | 3     |           | Y                       |                                     |
| PRODIGY CONTROL SOLUTION,HIGH                         | 3     |           | Y                       |                                     |
| PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| PRODIGY LANCETS 26 GAUGE                              | 1     |           | Y                       |                                     |
| PRODIGY LANCETS 28 GAUGE                              | 1     |           | Y                       |                                     |
| PRODIGY LANCING DEVICE                                | 1     |           |                         |                                     |
| PRODIGY NO CODING STRIPS                              | 3     |           | Y                       | QL, ST                              |
| PRODIGY POCKET METER KIT                              | 3     |           | Y                       | ST                                  |
| PRODIGY TWIST TOP LANCET 28 GAUGE                     | 1     |           | Y                       |                                     |
| PRODIGY VOICE GLUCOSE METER KIT                       | 3     |           | Y                       | ST                                  |
| profeno 600 mg tablet                                 | 4     |           |                         | PA                                  |
| PROFERRIN-FORTE 12 MG-1 MG TABLET                     | 2     |           |                         |                                     |
| progesterone 100 mg capsule                           | 2     |           | Y                       |                                     |
| progesterone 200 mg capsule                           | 2     |           | Y                       |                                     |
| PROGLYCEM 50 MG/ML ORAL SUSPENSION                    | 4     | Y         | Y                       | ST                                  |
| PROGRAF 0.2 MG ORAL GRANULES IN PACKET                | 4     |           | Y                       |                                     |
| PROGRAF 0.5 MG CAPSULE                                | 4     |           | Y                       |                                     |
| PROGRAF 1 MG CAPSULE                                  | 4     |           | Y                       |                                     |
| PROGRAF 1 MG ORAL GRANULES IN PACKET                  | 4     |           | Y                       |                                     |
| PROGRAF 5 MG CAPSULE                                  | 4     |           | Y                       | QL                                  |
| prolate 10 mg-300 mg tablet                           | 4     | Y         |                         | QL                                  |

| Drug Name                                    | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| prolate 5 mg-300 mg tablet                   | 4     | Y         |                         | QL                                  |
| prolate 7.5 mg-300 mg tablet                 | 4     | Y         |                         | QL                                  |
| PROLENSA 0.07 % EYE DROPS                    | 4     |           |                         | QL, ST                              |
| PROMACTA 12.5 MG ORAL POWDER PACKET          | 4     | Y         | Y                       | PA, QL                              |
| PROMACTA 12.5 MG TABLET                      | 4     | Y         | Y                       | PA, QL                              |
| PROMACTA 25 MG ORAL POWDER PACKET            | 4     | Y         | Y                       | PA, QL                              |
| PROMACTA 25 MG TABLET                        | 4     | Y         | Y                       | PA, QL                              |
| PROMACTA 50 MG TABLET                        | 4     | Y         | Y                       | PA, QL                              |
| PROMACTA 75 MG TABLET                        | 4     | Y         | Y                       | PA, QL                              |
| promethazine 12.5 mg suppos                  | 3     |           |                         |                                     |
| promethazine 12.5 mg tablet                  | 2     |           |                         |                                     |
| promethazine 25 mg suppository               | 3     |           |                         |                                     |
| promethazine 25 mg tablet                    | 2     |           |                         |                                     |
| promethazine 50 mg suppository               | 3     |           |                         |                                     |
| promethazine 50 mg tablet                    | 2     |           |                         |                                     |
| promethazine 6.25 mg/5 ml soln               | 2     |           |                         |                                     |
| promethazine 6.25 mg/5 ml syrnp              | 2     |           |                         |                                     |
| promethazine vc 6.25 mg-5 mg/5 ml oral syrup | 3     |           |                         |                                     |
| promethazine vc-codeine syrup                | 3     |           |                         |                                     |
| promethazine-codeine syrup                   | 3     |           |                         |                                     |
| promethazine-dm solution                     | 3     |           |                         |                                     |
| promethazine-dm syrup                        | 3     |           |                         |                                     |
| promethazine-pe-codeine syrup                | 3     |           |                         |                                     |
| promethazine-phenylephrine syr               | 3     |           |                         |                                     |
| promethegan 12.5 mg rectal suppository       | 3     |           |                         |                                     |
| promethegan 25 mg rectal suppository         | 3     |           |                         |                                     |
| promethegan 50 mg rectal suppository         | 3     |           |                         |                                     |
| PROMETRIUM 100 MG CAPSULE                    | 4     |           | Y                       | ST                                  |
| PROMETRIUM 200 MG CAPSULE                    | 4     |           | Y                       | ST                                  |
| propafenone hcl 150 mg tablet                | 2     |           | Y                       |                                     |
| propafenone hcl 225 mg tab                   | 2     |           | Y                       |                                     |
| propafenone hcl 300 mg tab                   | 2     |           | Y                       |                                     |
| propafenone hcl er 225 mg cap                | 3     |           | Y                       |                                     |
| propafenone hcl er 325 mg cap                | 3     |           | Y                       |                                     |
| propafenone hcl er 425 mg cap                | 3     |           | Y                       |                                     |
| propantheline 15 mg tablet                   | 2     |           |                         |                                     |
| proparacaine 0.5% eye drops                  | 2     |           |                         |                                     |
| propranolol 10 mg tablet                     | 1     |           | Y                       |                                     |
| propranolol 20 mg tablet                     | 1     |           | Y                       |                                     |
| propranolol 20 mg/5 ml soln                  | 2     |           | Y                       |                                     |
| propranolol 40 mg tablet                     | 1     |           | Y                       |                                     |
| propranolol 40 mg/5 ml soln                  | 2     |           | Y                       |                                     |
| propranolol 60 mg tablet                     | 1     |           | Y                       |                                     |
| propranolol 80 mg tablet                     | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| propranolol er 120 mg capsule                          | 3     |           | Y                       |                                     |
| propranolol er 160 mg capsule                          | 3     |           | Y                       |                                     |
| propranolol er 60 mg capsule                           | 3     |           | Y                       |                                     |
| propranolol er 80 mg capsule                           | 3     |           | Y                       |                                     |
| propranolol-hctz 40-25 mg tab                          | 2     |           | Y                       |                                     |
| propranolol-hctz 80-25 mg tab                          | 2     |           | Y                       |                                     |
| propylthiouracil 50 mg tablet                          | 2     |           | Y                       |                                     |
| PROSCAR 5 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| PROTONIX 20 MG TABLET,DELAYED RELEASE                  | 3     |           | Y                       | QL, ST                              |
| PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET         | 3     |           | Y                       | QL                                  |
| PROTONIX 40 MG TABLET,DELAYED RELEASE                  | 3     |           | Y                       | QL, ST                              |
| PROTOPIC 0.03 % TOPICAL OINTMENT                       | 4     |           |                         |                                     |
| PROTOPIC 0.1 % TOPICAL OINTMENT                        | 4     |           |                         |                                     |
| protriptyline hcl 10 mg tablet                         | 3     |           | Y                       |                                     |
| protriptyline hcl 5 mg tablet                          | 3     |           | Y                       |                                     |
| PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER         | 3     |           | Y                       | QL, ST                              |
| PROVERA 10 MG TABLET                                   | 3     |           | Y                       |                                     |
| PROVERA 2.5 MG TABLET                                  | 3     |           | Y                       |                                     |
| PROVERA 5 MG TABLET                                    | 3     |           | Y                       |                                     |
| PROVIDA DHA CAPSULE                                    | 3     |           | Y                       |                                     |
| PROVIDA OB 40 MG IRON-1.25 MG CAPSULE                  | 2     |           | Y                       |                                     |
| PROVIGIL 100 MG TABLET                                 | 4     |           | Y                       | PA, QL                              |
| PROVIGIL 200 MG TABLET                                 | 4     |           | Y                       | PA, QL                              |
| PROZAC 10 MG CAPSULE                                   | 4     |           | Y                       | QL, ST                              |
| PROZAC 20 MG CAPSULE                                   | 4     |           | Y                       | QL, ST                              |
| PROZAC 40 MG CAPSULE                                   | 4     |           | Y                       | QL, ST                              |
| PRUDOXIN 5 % TOPICAL CREAM                             | 4     | Y         |                         | PA, QL                              |
| psorcon 0.05 % topical cream                           | 3     | Y         |                         | ST                                  |
| PULMICORT 0.25 MG/2 ML SUSPENSION FOR NEBULIZATION     | 4     |           | Y                       | QL, ST                              |
| PULMICORT 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION      | 4     |           | Y                       | QL, ST                              |
| PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION        | 4     |           | Y                       | QL, ST                              |
| PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED | 3     |           | Y                       | QL, ST                              |
| PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED  | 3     |           | Y                       | QL, ST                              |
| pulmosal 7 % solution for nebulization                 | 3     |           |                         |                                     |
| PULMOZYME 1 MG/ML SOLUTION FOR INHALATION              | 4     | Y         | Y                       | QL                                  |
| PURE COMFORT ALCOHOL PADS                              | 3     |           |                         |                                     |
| PURE COMFORT LANCETS 30 GAUGE                          | 1     |           | Y                       |                                     |
| PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"                | 1     |           | Y                       |                                     |
| PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16"               | 1     |           | Y                       |                                     |
| PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16"               | 1     |           | Y                       |                                     |
| PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"               | 1     |           | Y                       |                                     |
| PURE COMFORT SAFETY LANCETS 30 GAUGE                   | 1     |           | Y                       |                                     |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| PUREFE PLUS 106 MG IRON-1 MG CAPSULE                              | 3     |           |                         |                                     |
| purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule         | 1     |           |                         |                                     |
| PURIXAN 20 MG/ML ORAL SUSPENSION                                  | 4     | Y         | Y                       | QL                                  |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE                               | 1     |           | Y                       |                                     |
| PYLERA 140 MG-125 MG-125 MG CAPSULE                               | 4     |           |                         | QL                                  |
| pyrazinamide 500 mg tablet  | 3     |           |                         |                                     |
| PYRIDIUM 100 MG TABLET  | 3     |           |                         |                                     |
| PYRIDIUM 200 MG TABLET  | 3     |           |                         |                                     |
| pyridostigmine 60 mg/5 ml soln                                    | 4     |           | Y                       |                                     |
| pyridostigmine br 30 mg tablet                                    | 3     |           | Y                       |                                     |
| pyridostigmine br 60 mg tablet                                    | 3     |           | Y                       |                                     |
| pyridostigmine er 180 mg tab                                      | 4     |           | Y                       |                                     |
| pyrimethamine 25 mg tablet  | 4     | Y         |                         |                                     |
| QBRELIS 1 MG/ML ORAL SOLUTION                                     | 3     |           | Y                       | QL                                  |
| QBREXZA 2.4 % TOWELETTE   | 4     |           |                         | PA, QL                              |
| QINLOCK 50 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| QMIIZ ODT 15 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| QMIIZ ODT 7.5 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY                        | 3     |           | Y                       | QL, ST                              |
| QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY                        | 3     |           | Y                       | QL, ST                              |
| QTERN 10 MG-5 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| QTERN 5 MG-5 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| QUALAQUIN 324 MG CAPSULE  | 3     |           |                         | PA, QL                              |
| QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK | 3     |           | Y                       | QL                                  |
| quasense 0.15-0.03 mg tablet                                      | 1     |           | Y                       | QL                                  |
| quazepam 15 mg tablet   | 3     |           |                         | QL                                  |
| QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE                | 4     | Y         | Y                       | PA, QL                              |
| QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE                | 4     | Y         | Y                       | PA, QL                              |
| QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE                | 4     | Y         | Y                       | PA, QL                              |
| QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE                 | 4     | Y         | Y                       | PA, QL                              |
| QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE                 | 4     | Y         | Y                       | PA, QL                              |
| questran 4 gram oral powder                                       | 3     |           | Y                       |                                     |
| questran 4 gram powder for susp in a packet                       | 3     |           | Y                       |                                     |
| questran light 4 gram oral powder                                 | 3     |           | Y                       |                                     |
| quetiapine er 150 mg tablet                                       | 2     |           | Y                       | QL                                  |
| quetiapine er 200 mg tablet                                       | 2     |           | Y                       | QL                                  |
| quetiapine er 300 mg tablet                                       | 2     |           | Y                       | QL                                  |
| quetiapine er 400 mg tablet                                       | 2     |           | Y                       | QL                                  |
| quetiapine er 50 mg tablet  | 2     |           | Y                       | QL                                  |
| quetiapine fumarate 100 mg tab                                    | 1     |           | Y                       | QL                                  |
| quetiapine fumarate 200 mg tab                                    | 1     |           | Y                       | QL                                  |
| quetiapine fumarate 25 mg tab                                     | 1     |           | Y                       | QL                                  |
| quetiapine fumarate 300 mg tab                                    | 1     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| quetiapine fumarate 400 mg tab   | 1     |           | Y                       | QL                                  |
| quetiapine fumarate 50 mg tab  | 1     |           | Y                       | QL                                  |
| QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE                  | 2     |           | Y                       | QL                                  |
| QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE                  | 2     |           | Y                       | QL                                  |
| QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET                  | 2     |           | Y                       | QL                                  |
| QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR | 2     |           | Y                       | QL                                  |
| quinapril 10 mg tablet   | 1     |           | Y                       |                                     |
| quinapril 20 mg tablet   | 1     |           | Y                       |                                     |
| quinapril 40 mg tablet   | 1     |           | Y                       |                                     |
| quinapril 5 mg tablet  | 1     |           | Y                       |                                     |
| quinapril-hctz 10-12.5 mg tab  | 2     |           | Y                       |                                     |
| quinapril-hctz 20-12.5 mg tab  | 2     |           | Y                       |                                     |
| quinapril-hctz 20-25 mg tab  | 2     |           | Y                       |                                     |
| quinidine gluc er 324 mg tab   | 4     |           | Y                       |                                     |
| quinidine sulfate 200 mg tab   | 2     |           | Y                       |                                     |
| quinidine sulfate 300 mg tab   | 2     |           | Y                       |                                     |
| quinine sulfate 324 mg capsule   | 3     |           |                         | PA, QL                              |
| QUINTET AC METER   | 3     |           | Y                       | ST                                  |
| QUINTET AC STRIPS  | 3     |           | Y                       | QL, ST                              |
| QUINTET BLOOD GLUCOSE METER  | 3     |           | Y                       | ST                                  |
| QUINTET GLUCOSE TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| QVAR REDHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL            | 3     |           | Y                       | QL, ST                              |
| QVAR REDHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL            | 3     |           | Y                       | QL, ST                              |
| rabeprazole dr 10 mg sprnkl cp   | 3     |           | Y                       | QL, ST                              |
| rabeprazole sod dr 20 mg tab   | 2     |           | Y                       | QL                                  |
| RADIOGARDASE 0.5 GRAM CAPSULE  | 4     | Y         |                         |                                     |
| RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET                             | 3     |           | Y                       | QL, ST                              |
| rajani 28 tablet   | 1     |           | Y                       |                                     |
| raloxifene hcl 60 mg tablet  | 2     |           | Y                       | QL                                  |
| ramelteon 8 mg tablet  | 3     |           |                         | QL, ST                              |
| ramipril 1.25 mg capsule   | 1     |           | Y                       |                                     |
| ramipril 10 mg capsule   | 1     |           | Y                       |                                     |
| ramipril 2.5 mg capsule  | 1     |           | Y                       |                                     |
| ramipril 5 mg capsule  | 1     |           | Y                       |                                     |
| RANEXA 1,000 MG TABLET,EXTENDED RELEASE                                | 4     |           | Y                       | QL, ST                              |
| RANEXA 500 MG TABLET,EXTENDED RELEASE                                  | 4     |           | Y                       | QL, ST                              |
| ranolazine er 1,000 mg tablet  | 2     |           | Y                       | QL                                  |
| ranolazine er 500 mg tablet  | 2     |           | Y                       | QL                                  |
| RAPAFLO 4 MG CAPSULE   | 3     |           | Y                       | QL, ST                              |
| RAPAFLO 8 MG CAPSULE   | 3     |           | Y                       | QL, ST                              |
| RAPAMUNE 0.5 MG TABLET   | 4     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| RAPAMUNE 1 MG TABLET   | 4     |           | Y                       | QL                                  |
| RAPAMUNE 1 MG/ML ORAL SOLUTION   | 4     |           | Y                       |                                     |
| RAPAMUNE 2 MG TABLET   | 4     |           | Y                       | QL                                  |
| rasagiline mesylate 0.5 mg tab   | 3     |           | Y                       |                                     |
| rasagiline mesylate 1 mg tab   | 3     |           | Y                       |                                     |
| RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR                    | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR                 | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR                    | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR                 | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR                    | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR                 | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR                    | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR                    | 2     |           | Y                       | QL, ST                              |
| RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR                  | 2     |           | Y                       | QL, ST                              |
| RAVICTI 1.1 GRAM/ML ORAL LIQUID  | 4     | Y         | Y                       | PA, QL                              |
| RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE                               | 4     | Y         | Y                       | PA, QL                              |
| RAYOS 1 MG TABLET,DELAYED RELEASE                                      | 4     | Y         |                         | ST                                  |
| RAYOS 2 MG TABLET,DELAYED RELEASE                                      | 4     | Y         |                         | ST                                  |
| RAYOS 5 MG TABLET,DELAYED RELEASE                                      | 4     | Y         |                         | ST                                  |
| RAZADYNE 12 MG TABLET  | 3     |           | Y                       | QL                                  |
| RAZADYNE 4 MG TABLET   | 3     |           | Y                       | QL                                  |
| RAZADYNE 8 MG TABLET   | 3     |           | Y                       | QL                                  |
| RAZADYNE ER 16 MG CAPSULE,EXTENDED RELEASE                             | 3     |           | Y                       | QL                                  |
| RAZADYNE ER 24 MG CAPSULE,EXTENDED RELEASE                             | 3     |           | Y                       | QL                                  |
| RAZADYNE ER 8 MG CAPSULE,EXTENDED RELEASE                              | 3     |           | Y                       | QL                                  |
| READYLANCE SAFETY LANCETS 21 GAUGE                                     | 1     |           | Y                       |                                     |
| READYLANCE SAFETY LANCETS 23 GAUGE                                     | 1     |           | Y                       |                                     |
| READYLANCE SAFETY LANCETS 26 GAUGE                                     | 1     |           | Y                       |                                     |
| READYLANCE SAFETY LANCETS 28 GAUGE                                     | 1     |           | Y                       |                                     |
| READYLANCE SAFETY LANCETS 30 GAUGE                                     | 1     |           | Y                       |                                     |
| REBETOL 40 MG/ML SOLUTION  | 3     |           |                         | QL                                  |
| REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE                | 4     | Y         | Y                       | PA, QL                              |
| REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE                | 4     | Y         | Y                       | PA, QL                              |
| REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR                 | 4     | Y         | Y                       | PA, QL                              |
| REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR                 | 4     | Y         | Y                       | PA, QL                              |
| REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.  | 4     | Y         |                         | PA, QL                              |
| REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE | 4     | Y         |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| reclipsen (28) 0.15 mg-0.03 mg tablet                    | 1     |           | Y                       |                                     |
| RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION    | 4     |           |                         |                                     |
| RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE       | 4     |           |                         |                                     |
| RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION    | 4     |           |                         |                                     |
| RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION | 4     |           |                         |                                     |
| RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE    | 4     |           |                         |                                     |
| RECTIV 0.4 % (W/W) OINTMENT                              | 3     |           |                         | QL                                  |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION                     | 3     |           | Y                       |                                     |
| REFUAH PLUS GLUCOSE MONITOR KIT                          | 3     |           | Y                       | ST                                  |
| REFUAH PLUS STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| REGLAN 10 MG TABLET                                      | 3     |           |                         |                                     |
| REGLAN 5 MG TABLET                                       | 3     |           |                         |                                     |
| REGRANEX 0.01 % TOPICAL GEL                              | 4     | Y         |                         | PA                                  |
| RELAFEN DS 1,000 MG TABLET                               | 4     | Y         |                         | QL, ST                              |
| RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION   | 3     |           |                         | QL                                  |
| relexxii 72 mg tablet,extended release                   | 3     |           | Y                       | QL, ST                              |
| RELIAMED LANCET 23 GAUGE                                 | 3     |           | Y                       |                                     |
| RELIAMED LANCET 28 GAUGE                                 | 3     |           | Y                       |                                     |
| RELIAMED LANCET 30 GAUGE                                 | 3     |           | Y                       |                                     |
| RELIAMED LANCING DEVICE                                  | 1     |           |                         |                                     |
| RELIAMED MINI LANCING DEVICE                             | 3     |           |                         |                                     |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE                    | 1     |           | Y                       |                                     |
| RELIAMED SAFETY SEAL LANCETS 30 GAUGE                    | 1     |           | Y                       |                                     |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE                   | 3     |           | Y                       |                                     |
| RELION ALCOHOL 70% SWABS                                 | 3     |           |                         |                                     |
| RELION ALL-IN-ONE METER KIT                              | 3     |           | Y                       | ST                                  |
| RELION CONFIRM KIT                                       | 3     |           | Y                       | ST                                  |
| RELION CONFIRM-MICRO STRIPS                              | 3     |           | Y                       | QL, ST                              |
| relion glucose 4 gram tab chew                           | 1     |           |                         |                                     |
| reli-on glucose 4 gram tab chw                           | 1     |           |                         |                                     |
| RELION INS SYR 0.3 ML 29GX1/2"                           | 2     |           | Y                       |                                     |
| RELION INS SYR 0.3 ML 30GX5/16                           | 2     |           | Y                       |                                     |
| RELION INS SYR 0.3 ML 31GX6MM                            | 2     |           | Y                       |                                     |
| RELION INS SYR 0.5 ML 31GX6MM                            | 2     |           | Y                       |                                     |
| RELION INS SYR 1 ML 29GX1/2"                             | 2     |           | Y                       |                                     |
| RELION INS SYR 1 ML 30GX5/16"                            | 2     |           | Y                       |                                     |
| RELION INS SYR 1 ML 31GX15/64"                           | 2     |           | Y                       |                                     |
| RELION INS SYR 1 ML 31GX5/16"                            | 2     |           | Y                       |                                     |
| RELI-ON INSULIN 0.3 ML SYR                               | 2     |           | Y                       |                                     |
| RELI-ON INSULIN 0.5 ML SYR                               | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| RELI-ON INSULIN 1 ML SYR                                    | 2     |           | Y                       |                                     |
| RELION INSULIN SYR 0.5 ML                                   | 2     |           | Y                       |                                     |
| RELION LANCING DEVICE                                       | 1     |           | Y                       |                                     |
| RELION LANCING DEVICE                                       | 1     |           |                         |                                     |
| RELION MICRO GLUCOSE MONITOR                                | 3     |           | Y                       | ST                                  |
| RELION MICRO GLUCOSE MONITOR KIT                            | 3     |           | Y                       | ST                                  |
| RELION NEEDLES 31 GAUGE X 1/4"                              | 1     |           | Y                       |                                     |
| RELION PEN NEEDLE 29GX1/2"                                  | 1     |           | Y                       |                                     |
| RELION PEN NEEDLE 31GX1/4"                                  | 1     |           | Y                       |                                     |
| RELION PEN NEEDLE 31GX5/16"                                 | 1     |           | Y                       |                                     |
| RELION PEN NEEDLE 32GX5/32"                                 | 1     |           | Y                       |                                     |
| RELION PEN NEEDLES 32 GAUGE X 5/32"                         | 1     |           | Y                       |                                     |
| RELION PRIME METER  | 3     |           | Y                       | ST                                  |
| RELION PRIME TEST STRIPS                                    | 3     |           | Y                       | QL, ST                              |
| RELION SYR 0.5 ML 30GX5/16"                                 | 2     |           | Y                       |                                     |
| RELION SYRING 0.3 ML 31GX5/16"                              | 2     |           | Y                       |                                     |
| RELION SYRING 0.5 ML 31GX5/16"                              | 2     |           | Y                       |                                     |
| RELION THIN 26G LANCETS                                     | 1     |           | Y                       |                                     |
| RELION THIN LANCETS 26 GAUGE                                | 3     |           | Y                       |                                     |
| RELION ULTIMA STRIPS  | 3     |           | Y                       | QL, ST                              |
| RELION ULTRA THIN PLUS LANCETS                              | 1     |           | Y                       |                                     |
| RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION                 | 4     | Y         |                         | PA, QL                              |
| RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE                  | 4     | Y         |                         | PA, QL                              |
| RELISTOR 150 MG TABLET                                      | 4     | Y         |                         | PA, QL                              |
| RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE                   | 4     | Y         |                         | PA, QL                              |
| RELPAX 20 MG TABLET   | 4     |           |                         | QL, ST                              |
| RELPAX 40 MG TABLET   | 4     |           |                         | QL, ST                              |
| REMERON 15 MG TABLET  | 3     |           | Y                       | QL                                  |
| REMERON 30 MG TABLET  | 3     |           | Y                       | QL                                  |
| REMERON SOLTAB 15 MG DISINTEGRATING TABLET                  | 3     |           | Y                       | QL                                  |
| REMERON SOLTAB 30 MG DISINTEGRATING TABLET                  | 3     |           | Y                       | QL                                  |
| REMERON SOLTAB 45 MG DISINTEGRATING TABLET                  | 3     |           | Y                       | QL                                  |
| RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION | 3     |           |                         |                                     |
| RENAGEL 800 MG TABLET                                       | 4     |           | Y                       | ST                                  |
| renal caps 1 mg capsule                                     | 2     |           |                         |                                     |
| reno caps 1 mg capsule                                      | 2     |           |                         |                                     |
| REVELA 0.8 GRAM ORAL POWDER PACKET                          | 4     |           | Y                       | QL, ST                              |
| REVELA 2.4 GRAM ORAL POWDER PACKET                          | 4     |           | Y                       | QL, ST                              |
| REVELA 800 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| repaglinide 0.5 mg tablet                                   | 2     |           | Y                       |                                     |
| repaglinide 1 mg tablet                                     | 2     |           | Y                       |                                     |
| repaglinide 2 mg tablet                                     | 2     |           | Y                       |                                     |
| repaglinide-metformin 1-500 mg                              | 3     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| repaglinide-metformin 2-500 mg                                  | 3     |           | Y                       |                                     |
| REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR | 2     |           | Y                       | PA, QL                              |
| REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR           | 2     |           | Y                       | PA, QL                              |
| REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE                  | 2     |           | Y                       | PA, QL                              |
| REQUIP 0.25 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| REQUIP 0.5 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| REQUIP 1 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| REQUIP 2 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| REQUIP 3 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| REQUIP 4 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| REQUIP 5 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| REQUIP XL 12 MG TABLET,EXTENDED RELEASE                         | 4     |           | Y                       | QL, ST                              |
| REQUIP XL 2 MG TABLET,EXTENDED RELEASE                          | 4     |           | Y                       | QL, ST                              |
| REQUIP XL 4 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| REQUIP XL 6 MG TABLET,EXTENDED RELEASE                          | 4     |           | Y                       | QL, ST                              |
| REQUIP XL 8 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| RESCRIPTOR 100 MG TABLET  | 3     |           | Y                       | QL                                  |
| RESCRIPTOR 200 MG TABLET  | 3     |           | Y                       | QL                                  |
| RESECTISOL 5% SOLUTION  | 3     |           |                         |                                     |
| RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE             | 3     |           |                         |                                     |
| RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE                      | 2     |           | Y                       | QL                                  |
| RESTASIS MULTIDOSE 0.05 % EYE DROPS                             | 2     |           | Y                       | QL                                  |
| RESTORIL 15 MG CAPSULE  | 3     |           |                         | QL                                  |
| RESTORIL 22.5 MG CAPSULE  | 3     |           |                         | QL                                  |
| RESTORIL 30 MG CAPSULE  | 3     |           |                         | QL                                  |
| RESTORIL 7.5 MG CAPSULE   | 3     |           |                         | QL                                  |
| RETACRIT 10,000 UNIT/ML INJECTION SOLUTION                      | 4     | Y         | Y                       | PA, QL                              |
| RETACRIT 2,000 UNIT/ML INJECTION SOLUTION                       | 4     | Y         | Y                       | PA, QL                              |
| RETACRIT 3,000 UNIT/ML INJECTION SOLUTION                       | 4     | Y         | Y                       | PA, QL                              |
| RETACRIT 4,000 UNIT/ML INJECTION SOLUTION                       | 4     | Y         | Y                       | PA, QL                              |
| RETACRIT 40,000 UNIT/ML INJECTION SOLUTION                      | 4     | Y         | Y                       | PA, QL                              |
| RETEVMO 40 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| RETEVMO 80 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| RETIN-A 0.01 % TOPICAL GEL                                      | 4     |           |                         | PA                                  |
| RETIN-A 0.025 % TOPICAL CREAM                                   | 4     |           |                         | PA                                  |
| RETIN-A 0.025 % TOPICAL GEL                                     | 4     |           |                         | PA                                  |
| RETIN-A 0.05 % TOPICAL CREAM                                    | 4     |           |                         | PA                                  |
| RETIN-A 0.1 % TOPICAL CREAM                                     | 4     |           |                         | PA                                  |
| RETIN-A MICRO 0.04 % TOPICAL GEL                                | 4     |           |                         | PA                                  |
| RETIN-A MICRO 0.1 % TOPICAL GEL                                 | 4     |           |                         | PA                                  |
| RETIN-A MICRO PUMP 0.04 % TOPICAL GEL                           | 4     | Y         |                         | PA                                  |
| RETIN-A MICRO PUMP 0.06 % TOPICAL GEL                           | 4     |           |                         | PA                                  |

| Drug Name                              | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| RETIN-A MICRO PUMP 0.08 % TOPICAL GEL  | 4     | Y         |                         | PA                                  |
| RETIN-A MICRO PUMP 0.1 % TOPICAL GEL   | 4     | Y         |                         | PA                                  |
| RETROVIR 10 MG/ML INTRAVENOUS SOLUTION | 4     |           |                         |                                     |
| RETROVIR 10 MG/ML ORAL SYRUP           | 4     |           | Y                       | QL                                  |
| RETROVIR 100 MG CAPSULE                | 4     |           | Y                       | QL                                  |
| REVATIO 10 MG/ML ORAL SUSPENSION       | 4     | Y         | Y                       | PA, QL                              |
| REVATIO 20 MG TABLET                   | 4     |           | Y                       | PA, QL                              |
| REVEAL BLOOD GLUCOSE METER KIT         | 3     |           | Y                       | ST                                  |
| REVEAL TEST STRIP                      | 3     |           | Y                       | QL, ST                              |
| REVLIMID 10 MG CAPSULE                 | 4     | Y         | Y                       | PA, QL                              |
| REVLIMID 15 MG CAPSULE                 | 4     | Y         | Y                       | PA, QL                              |
| REVLIMID 2.5 MG CAPSULE                | 4     | Y         | Y                       | PA, QL                              |
| REVLIMID 20 MG CAPSULE                 | 4     | Y         | Y                       | PA, QL                              |
| REVLIMID 25 MG CAPSULE                 | 4     | Y         | Y                       | PA, QL                              |
| REVLIMID 5 MG CAPSULE                  | 4     | Y         | Y                       | PA, QL                              |
| REXALL GLUCOSE MONITORING SYS          | 3     |           | Y                       | ST                                  |
| REXULTI 0.25 MG TABLET                 | 4     | Y         | Y                       | PA, QL                              |
| REXULTI 0.5 MG TABLET                  | 4     | Y         | Y                       | PA, QL                              |
| REXULTI 1 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| REXULTI 2 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| REXULTI 3 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| REXULTI 4 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| REYATAZ 150 MG CAPSULE                 | 4     |           | Y                       | QL                                  |
| REYATAZ 200 MG CAPSULE                 | 4     |           | Y                       | QL                                  |
| REYATAZ 300 MG CAPSULE                 | 4     |           | Y                       | QL                                  |
| REYATAZ 50 MG ORAL POWDER PACKET       | 4     | Y         | Y                       |                                     |
| REYVOW 100 MG TABLET                   | 3     |           |                         | PA, QL                              |
| REYVOW 50 MG TABLET                    | 3     |           |                         | PA, QL                              |
| RHOFADE 1 % TOPICAL CREAM              | 3     |           |                         | QL, ST                              |
| RHOPRESSA 0.02 % EYE DROPS             | 3     |           | Y                       | PA, QL                              |
| ribasphere 200 mg capsule              | 3     |           |                         | QL                                  |
| ribasphere 200 mg tablet               | 3     |           |                         | QL                                  |
| RIBASPHERE 400 MG TABLET               | 3     |           |                         | QL                                  |
| RIBASPHERE 600 MG TABLET               | 3     |           |                         | QL                                  |
| RIBASPHERE RIBAPAK 600-400 MG          | 3     |           |                         | QL                                  |
| RIBASPHERE RIBAPAK 600-600 MG          | 3     |           |                         | QL                                  |
| ribavirin 200 mg capsule               | 3     |           |                         | QL                                  |
| ribavirin 200 mg tablet                | 3     |           |                         | QL                                  |
| ribavirin 6 gm inhalation vial         | 3     |           |                         | QL                                  |
| RIDAURA 3 MG CAPSULE                   | 4     |           | Y                       |                                     |
| rifabutin 150 mg capsule               | 4     |           |                         |                                     |
| RIFADIN 150 MG CAPSULE                 | 3     |           |                         |                                     |
| RIFADIN 300 MG CAPSULE                 | 3     |           |                         |                                     |
| RIFAMATE 300 MG-150 MG CAPSULE         | 3     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| rifampin 150 mg capsule   | 2     |           |                         |                                     |
| rifampin 300 mg capsule   | 2     |           |                         |                                     |
| RIFATER 50 MG-120 MG-300 MG TABLET                                | 3     |           |                         |                                     |
| RIGHTEST CONTROL SOLUTION HIGH                                    | 3     |           | Y                       |                                     |
| RIGHTEST CONTROL SOLUTION NORMAL                                  | 3     |           | Y                       |                                     |
| RIGHTEST GC250S CONTROL SOLUTION NORMAL                           | 3     |           | Y                       |                                     |
| RIGHTEST GD500 LANCING DEVICE                                     | 1     |           |                         |                                     |
| RIGHTEST GL300 LANCETS 30 GAUGE                                   | 1     |           | Y                       |                                     |
| RIGHTEST GM250S GLUCOSE METER                                     | 3     |           | Y                       | ST                                  |
| RIGHTEST GM260 GLUCOSE METER                                      | 3     |           | Y                       | ST                                  |
| RIGHTEST GM550 SYSTEM KIT   | 3     |           | Y                       | ST                                  |
| RIGHTEST GS250S TEST STRIPS                                       | 3     |           | Y                       | QL, ST                              |
| RIGHTEST GS260 TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| RIGHTEST GS550 TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| RILUTEK 50 MG TABLET  | 4     |           | Y                       |                                     |
| riluzole 50 mg tablet   | 3     |           | Y                       |                                     |
| rimantadine hcl 100 mg tablet                                     | 2     |           |                         |                                     |
| ringers irrigation solution                                       | 3     |           |                         |                                     |
| RINVOQ 15 MG TABLET,EXTENDED RELEASE                              | 4     | Y         | Y                       | PA, QL                              |
| RIOMET 500 MG/5 ML ORAL SOLUTION                                  | 4     | Y         | Y                       | QL                                  |
| RIOMET ER 500 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE            | 4     |           | Y                       | QL                                  |
| risedronate sod dr 35 mg tab                                      | 3     |           | Y                       | QL                                  |
| risedronate sodium 150 mg tab                                     | 3     |           | Y                       | QL                                  |
| risedronate sodium 30 mg tab                                      | 3     |           |                         | QL                                  |
| risedronate sodium 35 mg tab                                      | 3     |           | Y                       | QL                                  |
| risedronate sodium 5 mg tablet                                    | 3     |           | Y                       | QL                                  |
| RISPERDAL 0.25 MG TABLET  | 4     |           | Y                       | QL                                  |
| RISPERDAL 0.5 MG TABLET   | 4     |           | Y                       | QL                                  |
| RISPERDAL 1 MG TABLET   | 4     |           | Y                       | QL                                  |
| RISPERDAL 1 MG/ML ORAL SOLUTION                                   | 4     |           | Y                       |                                     |
| RISPERDAL 2 MG TABLET   | 4     |           | Y                       | QL                                  |
| RISPERDAL 3 MG TABLET   | 4     |           | Y                       | QL                                  |
| RISPERDAL 4 MG TABLET   | 4     |           | Y                       | QL                                  |
| RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE | 4     | Y         | Y                       | QL                                  |
| RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE   | 4     | Y         | Y                       | QL                                  |
| RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE | 4     | Y         | Y                       | QL                                  |
| RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE   | 4     | Y         | Y                       | QL                                  |
| risperidone 0.25 mg odt   | 3     |           | Y                       | QL                                  |
| risperidone 0.25 mg tablet  | 1     |           | Y                       | QL                                  |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| risperidone 0.5 mg odt  | 3     |           | Y                       | QL                                  |
| risperidone 0.5 mg tablet                                       | 1     |           | Y                       | QL                                  |
| risperidone 1 mg odt  | 3     |           | Y                       | QL                                  |
| risperidone 1 mg tablet   | 1     |           | Y                       | QL                                  |
| risperidone 1 mg/ml solution                                    | 2     |           | Y                       |                                     |
| risperidone 2 mg odt  | 3     |           | Y                       | QL                                  |
| risperidone 2 mg tablet   | 1     |           | Y                       | QL                                  |
| risperidone 3 mg odt  | 3     |           | Y                       | QL                                  |
| risperidone 3 mg tablet   | 1     |           | Y                       | QL                                  |
| risperidone 4 mg odt  | 3     |           | Y                       | QL                                  |
| risperidone 4 mg tablet   | 1     |           | Y                       | QL                                  |
| RITALIN 10 MG TABLET  | 3     |           | Y                       | QL                                  |
| RITALIN 20 MG TABLET  | 3     |           | Y                       | QL                                  |
| RITALIN 5 MG TABLET   | 3     |           | Y                       | QL                                  |
| RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE                       | 3     |           | Y                       | QL, ST                              |
| RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE                       | 3     |           | Y                       | QL, ST                              |
| RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE                       | 3     |           | Y                       | QL, ST                              |
| RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE                       | 3     |           | Y                       | QL, ST                              |
| RITEFLO AEROCHAMBER   | 1     |           |                         |                                     |
| ritonavir 100 mg tablet   | 3     |           | Y                       | QL                                  |
| rivastigmine 1.5 mg capsule                                     | 3     |           | Y                       | QL                                  |
| rivastigmine 13.3 mg/24hr ptch                                  | 3     |           | Y                       | QL                                  |
| rivastigmine 3 mg capsule                                       | 3     |           | Y                       | QL                                  |
| rivastigmine 4.5 mg capsule                                     | 3     |           | Y                       | QL                                  |
| rivastigmine 4.6 mg/24hr patch                                  | 3     |           | Y                       | QL                                  |
| rivastigmine 6 mg capsule                                       | 3     |           | Y                       | QL                                  |
| rivastigmine 9.5 mg/24hr patch                                  | 3     |           | Y                       | QL                                  |
| RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK | 1     |           | Y                       | QL                                  |
| rizatriptan 10 mg odt   | 2     |           |                         | QL                                  |
| rizatriptan 10 mg tablet  | 2     |           |                         | QL                                  |
| rizatriptan 5 mg odt  | 2     |           |                         | QL                                  |
| rizatriptan 5 mg tablet   | 2     |           |                         | QL                                  |
| r-natal ob 20 mg iron-1 mg-320 mg capsule                       | 3     |           | Y                       |                                     |
| ROBAXIN 500 MG TABLET   | 3     |           |                         |                                     |
| ROBAXIN-750 750 MG TABLET                                       | 3     |           |                         |                                     |
| ROBINUL 1 MG TABLET   | 3     |           | Y                       |                                     |
| ROBINUL FORTE 2 MG TABLET                                       | 3     |           | Y                       |                                     |
| ROCALTROL 0.25 MCG CAPSULE                                      | 3     |           | Y                       |                                     |
| ROCALTROL 0.5 MCG CAPSULE                                       | 3     |           | Y                       |                                     |
| ROCALTROL 1 MCG/ML ORAL SOLUTION                                | 3     |           | Y                       |                                     |
| ROCKLATAN 0.02 %-0.005 % EYE DROPS                              | 3     |           | Y                       | PA, QL                              |
| ropinirole hcl 0.25 mg tablet                                   | 1     |           | Y                       | QL                                  |
| ropinirole hcl 0.5 mg tablet                                    | 1     |           | Y                       | QL                                  |

| Drug Name                                       | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ropinirole hcl 1 mg tablet                      | 1     |           | Y                       | QL                                  |
| ropinirole hcl 2 mg tablet                      | 1     |           | Y                       | QL                                  |
| ropinirole hcl 3 mg tablet                      | 1     |           | Y                       | QL                                  |
| ropinirole hcl 4 mg tablet                      | 1     |           | Y                       | QL                                  |
| ropinirole hcl 5 mg tablet                      | 1     |           | Y                       | QL                                  |
| ropinirole hcl er 12 mg tablet                  | 3     |           | Y                       | QL, ST                              |
| ropinirole hcl er 2 mg tablet                   | 3     |           | Y                       | QL, ST                              |
| ropinirole hcl er 4 mg tablet                   | 3     |           | Y                       | QL, ST                              |
| ropinirole hcl er 6 mg tablet                   | 3     |           | Y                       | QL, ST                              |
| ropinirole hcl er 8 mg tablet                   | 3     |           | Y                       | QL, ST                              |
| rosadan 0.75 % topical cream                    | 3     |           |                         |                                     |
| rosadan 0.75 % topical gel                      | 3     |           |                         |                                     |
| rosuvastatin calcium 10 mg tab                  | 1     |           | Y                       |                                     |
| rosuvastatin calcium 20 mg tab                  | 1     |           | Y                       |                                     |
| rosuvastatin calcium 40 mg tab                  | 1     |           | Y                       |                                     |
| rosuvastatin calcium 5 mg tab                   | 1     |           | Y                       |                                     |
| ROWASA 4 GRAM/60 ML ENEMA                       | 4     |           | Y                       | QL                                  |
| roweepra 1,000 mg tablet                        | 1     |           | Y                       |                                     |
| roweepra 500 mg tablet                          | 1     |           | Y                       |                                     |
| roweepra 750 mg tablet                          | 1     |           | Y                       |                                     |
| roweepra xr 500 mg tablet,extended release      | 2     |           | Y                       |                                     |
| roweepra xr 750 mg tablet,extended release      | 2     |           | Y                       |                                     |
| ROXICODONE 15 MG TABLET                         | 3     |           |                         | QL                                  |
| ROXICODONE 30 MG TABLET                         | 3     |           |                         | QL                                  |
| ROXICODONE 5 MG TABLET                          | 3     |           |                         | QL                                  |
| ROXYBOND 15 MG TABLET                           | 4     | Y         |                         | PA, QL                              |
| ROXYBOND 30 MG TABLET                           | 4     | Y         |                         | PA, QL                              |
| ROXYBOND 5 MG TABLET                            | 4     | Y         |                         | PA, QL                              |
| ROZEREM 8 MG TABLET                             | 3     |           |                         | QL, ST                              |
| ROZLYTREK 100 MG CAPSULE                        | 4     | Y         | Y                       | PA, QL                              |
| ROZLYTREK 200 MG CAPSULE                        | 4     | Y         | Y                       | PA, QL                              |
| RUBRACA 200 MG TABLET                           | 4     | Y         | Y                       | PA, QL                              |
| RUBRACA 250 MG TABLET                           | 4     | Y         | Y                       | PA, QL                              |
| RUBRACA 300 MG TABLET                           | 4     | Y         | Y                       | PA, QL                              |
| RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION        | 4     | Y         |                         | PA, QL                              |
| RUKOBIA 600 MG TABLET,EXTENDED RELEASE          | 4     |           | Y                       | QL                                  |
| RUZURGI 10 MG TABLET                            | 4     | Y         | Y                       | PA, QL                              |
| RYBELSUS 14 MG TABLET                           | 2     |           | Y                       | QL                                  |
| RYBELSUS 3 MG TABLET                            | 2     |           | Y                       | QL                                  |
| RYBELSUS 7 MG TABLET                            | 2     |           | Y                       | QL                                  |
| RYCLORA 2 MG/5 ML ORAL SOLUTION                 | 3     |           |                         |                                     |
| RYDAPT 25 MG CAPSULE                            | 4     | Y         | Y                       | PA, QL                              |
| RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE  | 3     |           | Y                       | QL, ST                              |
| RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE | 3     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE                          | 3     |           | Y                       | QL, ST                              |
| RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE                          | 3     |           | Y                       | QL, ST                              |
| RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE                               | 3     |           | Y                       |                                     |
| RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE                               | 3     |           | Y                       |                                     |
| RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE                               | 3     |           | Y                       |                                     |
| RYVENT 6 MG TABLET   | 3     |           |                         | QL                                  |
| SABRIL 500 MG ORAL POWDER PACKET   | 4     | Y         | Y                       | PA, QL                              |
| SABRIL 500 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"                         | 2     |           | Y                       |                                     |
| SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"                          | 2     |           | Y                       |                                     |
| SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"                         | 2     |           | Y                       |                                     |
| SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"                            | 2     |           | Y                       |                                     |
| SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"                            | 2     |           | Y                       |                                     |
| SAFETY LANCETS 21 GAUGE  | 1     |           | Y                       |                                     |
| SAFETY LANCETS 26 GAUGE  | 3     |           | Y                       |                                     |
| SAFETY LANCETS 28 GAUGE  | 1     |           | Y                       |                                     |
| SAFETY PEN NEEDLE 31 GAUGE X 3/16"                                       | 1     |           | Y                       |                                     |
| SAFETY SEAL LANCETS 28 GAUGE   | 1     |           | Y                       |                                     |
| SAFETY SEAL LANCETS 30 GAUGE   | 1     |           | Y                       |                                     |
| SAFETY-LET LANCETS 30 GAUGE  | 1     |           | Y                       |                                     |
| SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET                   | 3     |           | Y                       |                                     |
| SAIZEN 5 MG SUBCUTANEOUS SOLUTION  | 4     | Y         | Y                       | PA, QL                              |
| SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION                                      | 4     | Y         | Y                       | PA, QL                              |
| SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.)<br>SUBCUTANEOUS CARTRIDGE | 4     | Y         | Y                       | PA, QL                              |
| SALAGEN (PILOCARPINE) 5 MG TABLET  | 3     |           | Y                       |                                     |
| SALAGEN (PILOCARPINE) 7.5 MG TABLET                                      | 3     |           | Y                       |                                     |
| SAMSCA 15 MG TABLET  | 4     | Y         | Y                       | QL, ST                              |
| SAMSCA 30 MG TABLET  | 4     | Y         | Y                       | QL, ST                              |
| SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH                                 | 4     |           |                         | QL                                  |
| SANDIMMUNE 100 MG CAPSULE  | 4     |           | Y                       | QL                                  |
| SANDIMMUNE 100 MG/ML ORAL SOLUTION                                       | 3     |           | Y                       |                                     |
| SANDIMMUNE 25 MG CAPSULE   | 4     |           | Y                       |                                     |
| SANDOSTATIN 100 MCG/ML INJECTION SOLUTION                                | 4     |           | Y                       | PA                                  |
| SANDOSTATIN 50 MCG/ML INJECTION SOLUTION                                 | 4     |           | Y                       | PA                                  |
| SANDOSTATIN 500 MCG/ML INJECTION SOLUTION                                | 4     |           | Y                       | PA                                  |
| SANTYL 250 UNIT/GRAM TOPICAL OINTMENT                                    | 4     |           |                         | PA                                  |
| SAPHRIS 10 MG SUBLINGUAL TABLET  | 4     | Y         | Y                       | PA, QL                              |
| SAPHRIS 2.5 MG SUBLINGUAL TABLET   | 4     | Y         | Y                       | PA, QL                              |
| SAPHRIS 5 MG SUBLINGUAL TABLET   | 4     | Y         | Y                       | PA, QL                              |
| SAPS ALCOHOL 70% PREP PADS   | 3     |           |                         |                                     |
| SAPS TWIST TOP 30G LANCET  | 1     |           | Y                       |                                     |
| SAPS TWIST TOP 30G LANCETS   | 1     |           | Y                       |                                     |
| SARAFEM 10 MG TABLET   | 3     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SARAFEM 20 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| SAVAYSA 15 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| SAVAYSA 30 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| SAVAYSA 60 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| SAVELLA 100 MG TABLET  | 3     |           | Y                       | PA, QL                              |
| SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK       | 3     |           |                         | PA, QL                              |
| SAVELLA 12.5 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| SAVELLA 25 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| SAVELLA 50 MG TABLET   | 3     |           | Y                       | PA, QL                              |
| scopolamine 1 mg/3 day patch                                       | 3     |           |                         | QL                                  |
| SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK | 3     |           | Y                       | QL                                  |
| SECONAL SODIUM 100 MG CAPSULE                                      | 3     |           |                         |                                     |
| SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH                   | 4     | Y         | Y                       | PA, QL                              |
| SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH                   | 4     | Y         | Y                       | PA, QL                              |
| SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH                   | 4     | Y         | Y                       | PA, QL                              |
| SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE            | 3     |           | Y                       | PA, QL                              |
| SEGLUROMET 2.5 MG-1,000 MG TABLET                                  | 3     |           | Y                       | QL, ST                              |
| SEGLUROMET 2.5 MG-500 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| SEGLUROMET 7.5 MG-1,000 MG TABLET                                  | 3     |           | Y                       | QL, ST                              |
| SEGLUROMET 7.5 MG-500 MG TABLET                                    | 3     |           | Y                       | QL, ST                              |
| SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET             | 2     |           | Y                       |                                     |
| SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK                   | 3     |           | Y                       |                                     |
| SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET                          | 3     |           | Y                       |                                     |
| selegiline hcl 5 mg capsule  | 3     |           | Y                       |                                     |
| selegiline hcl 5 mg tablet   | 3     |           | Y                       |                                     |
| selenium sulfide 2.5% lotion                                       | 2     |           |                         |                                     |
| SELZENTRY 150 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| SELZENTRY 20 MG/ML ORAL SOLUTION                                   | 4     | Y         | Y                       | QL                                  |
| SELZENTRY 25 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| SELZENTRY 300 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| SELZENTRY 75 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| SEMPREX-D 8 MG-60 MG CAPSULE                                       | 3     |           |                         |                                     |
| se-natal 19 chewable 29 mg iron-1 mg tablet                        | 1     |           | Y                       |                                     |
| SENSIPAR 30 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| SENSIPAR 60 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| SENSIPAR 90 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION                  | 2     |           | Y                       | QL                                  |
| SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP                             | 4     | Y         |                         | QL, ST                              |
| SEROQUEL 100 MG TABLET   | 4     |           | Y                       | QL                                  |
| SEROQUEL 200 MG TABLET   | 4     |           | Y                       | QL                                  |
| SEROQUEL 25 MG TABLET  | 4     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SEROQUEL 300 MG TABLET   | 4     |           | Y                       | QL                                  |
| SEROQUEL 400 MG TABLET   | 4     |           | Y                       | QL                                  |
| SEROQUEL 50 MG TABLET  | 4     |           | Y                       | QL                                  |
| SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE                           | 4     |           | Y                       | QL, ST                              |
| SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE                           | 4     |           | Y                       | QL, ST                              |
| SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE                           | 4     |           | Y                       | QL, ST                              |
| SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE                           | 4     |           | Y                       | QL, ST                              |
| SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE                            | 4     |           | Y                       | QL, ST                              |
| SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK | 4     |           |                         | PA, QL                              |
| SEROSTIM 4 MG SUBCUTANEOUS SOLUTION                                  | 4     | Y         | Y                       | PA, QL                              |
| SEROSTIM 5 MG SUBCUTANEOUS SOLUTION                                  | 4     | Y         | Y                       | PA, QL                              |
| SEROSTIM 6 MG SUBCUTANEOUS SOLUTION                                  | 4     | Y         | Y                       | PA, QL                              |
| sertraline 20 mg/ml oral conc  | 2     |           | Y                       | QL                                  |
| sertraline hcl 100 mg tablet   | 1     |           | Y                       | QL                                  |
| sertraline hcl 25 mg tablet  | 1     |           | Y                       | QL                                  |
| sertraline hcl 50 mg tablet  | 1     |           | Y                       | QL                                  |
| se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule                    | 2     |           |                         |                                     |
| setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack               | 1     |           | Y                       | QL                                  |
| sevelamer 0.8 gm powder packet                                       | 4     |           | Y                       | QL                                  |
| sevelamer 2.4 gm powder packet                                       | 4     |           | Y                       | QL                                  |
| sevelamer carbonate 800 mg tab                                       | 3     |           | Y                       | QL                                  |
| sevelamer hcl 400 mg tablet  | 4     |           | Y                       | ST                                  |
| sevelamer hcl 800 mg tablet  | 4     |           | Y                       | ST                                  |
| SEYSARA 100 MG TABLET  | 4     | Y         |                         | QL, ST                              |
| SEYSARA 150 MG TABLET  | 4     | Y         |                         | QL, ST                              |
| SEYSARA 60 MG TABLET   | 4     | Y         |                         | QL, ST                              |
| SFROWASA 4 GRAM/60 ML ENEMA  | 4     |           | Y                       | QL                                  |
| sharobel 0.35 mg tablet  | 1     |           | Y                       |                                     |
| SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT            | 4     |           |                         | QL                                  |
| SIDEKICK BLOOD GLUCOSE SYSTEM  | 1     |           | Y                       |                                     |
| SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION                      | 4     | Y         | Y                       | PA, QL                              |
| SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION                      | 4     | Y         | Y                       | PA, QL                              |
| SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION                      | 4     | Y         | Y                       | PA, QL                              |
| SIKLOS 1,000 MG TABLET   | 4     | Y         | Y                       | PA                                  |
| SIKLOS 100 MG TABLET   | 4     | Y         | Y                       | PA                                  |
| sildenafil 10 mg/ml oral susp  | 4     | Y         | Y                       | PA, QL                              |
| sildenafil 20 mg tablet  | 2     |           | Y                       | PA, QL                              |
| SILENOR 3 MG TABLET  | 4     |           |                         | QL, ST                              |
| SILENOR 6 MG TABLET  | 4     |           |                         | QL, ST                              |
| SILICONE MASK - INFANT   | 1     |           |                         |                                     |
| SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE                             | 4     | Y         | Y                       | PA, QL                              |
| silodosin 4 mg capsule   | 3     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| silodosin 8 mg capsule   | 3     |           | Y                       | QL, ST                              |
| SILVADENE 1 % TOPICAL CREAM  | 3     |           |                         |                                     |
| silver sulfadiazine 1% cream                                       | 2     |           |                         |                                     |
| SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION                           | 3     |           | Y                       | QL, ST                              |
| simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet               | 1     |           | Y                       |                                     |
| simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack   | 1     |           | Y                       | QL                                  |
| SIMPLE DIAGNOSTIC LANCET DEVICE                                    | 1     |           |                         |                                     |
| SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR                        | 4     | Y         | Y                       | PA, QL                              |
| SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE                             | 4     | Y         | Y                       | PA, QL                              |
| SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR                     | 4     | Y         | Y                       | PA, QL                              |
| SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE                          | 4     | Y         | Y                       | PA, QL                              |
| simvastatin 10 mg tablet   | 1     |           | Y                       |                                     |
| simvastatin 20 mg tablet   | 1     |           | Y                       |                                     |
| simvastatin 20 mg/5 ml susp  | 3     |           | Y                       | QL, ST                              |
| simvastatin 40 mg tablet   | 1     |           | Y                       |                                     |
| simvastatin 5 mg tablet  | 1     |           | Y                       |                                     |
| simvastatin 80 mg tablet   | 1     |           | Y                       |                                     |
| SINEMET 10 MG-100 MG TABLET  | 3     |           | Y                       |                                     |
| SINEMET 25 MG-100 MG TABLET  | 3     |           | Y                       |                                     |
| SINEMET 25 MG-250 MG TABLET  | 3     |           | Y                       |                                     |
| SINEMET CR 25-100 TABLET   | 3     |           | Y                       |                                     |
| SINEMET CR 50-200 TABLET   | 3     |           | Y                       |                                     |
| SINGLE-LET MISC  | 3     |           | Y                       |                                     |
| SINGULAIR 10 MG TABLET   | 3     |           | Y                       | QL                                  |
| SINGULAIR 4 MG CHEWABLE TABLET                                     | 3     |           | Y                       | QL                                  |
| SINGULAIR 4 MG ORAL GRANULES IN PACKET                             | 3     |           | Y                       | QL                                  |
| SINGULAIR 5 MG CHEWABLE TABLET                                     | 3     |           | Y                       | QL                                  |
| sirolimus 0.5 mg tablet  | 3     |           | Y                       |                                     |
| sirolimus 1 mg tablet  | 3     |           | Y                       | QL                                  |
| sirolimus 1 mg/ml solution   | 4     |           | Y                       |                                     |
| sirolimus 2 mg tablet  | 3     |           | Y                       | QL                                  |
| SIRTURO 100 MG TABLET  | 4     |           |                         | PA, QL                              |
| SIRTURO 20 MG TABLET   | 4     |           |                         | PA, QL                              |
| SITAVIG 50 MG BUCCAL TABLET  | 4     |           |                         | PA, QL                              |
| SIVEXTRO 200 MG TABLET   | 4     |           |                         | QL                                  |
| SKELAXIN 800 MG TABLET   | 3     |           |                         | QL                                  |
| SKLICE 0.5 % LOTION  | 3     |           |                         |                                     |
| SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE            | 4     | Y         | Y                       |                                     |
| SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT | 4     | Y         | Y                       | PA, QL                              |
| SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE                         | 4     | Y         | Y                       | PA, QL                              |
| SLYND 4 MG (28) TABLET   | 3     |           | Y                       |                                     |
| SMART CARESENS N KIT   | 3     |           | Y                       | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| smart sense glucose 4 gram tab                                       | 1     |           |                         |                                     |
| SMART SENSE LANCETS 21 GAUGE   | 1     |           | Y                       |                                     |
| SMART SENSE LANCETS 26 GAUGE   | 1     |           | Y                       |                                     |
| SMART SENSE LANCETS 33 GAUGE   | 1     |           | Y                       |                                     |
| SMART SENSE MONITORING SYSTEM  | 3     |           | Y                       | ST                                  |
| SMART SENSE TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| SMARTDIABETES VANTAGE  | 3     |           |                         |                                     |
| SMARTEST CONTROL SOLUTION  | 3     |           | Y                       |                                     |
| SMARTEST EJECT KIT   | 3     |           | Y                       | ST                                  |
| SMARTEST LANCET  | 1     |           | Y                       |                                     |
| SMARTEST PERSONA GLUCOSE METER                                       | 3     |           | Y                       | ST                                  |
| SMARTEST PERSONA STARTER KIT   | 3     |           | Y                       | ST                                  |
| SMARTEST PRONTO GLUCOSE METER  | 3     |           | Y                       | ST                                  |
| SMARTEST PRONTO STARTER KIT  | 3     |           | Y                       | ST                                  |
| SMARTEST PROTEGE KIT   | 3     |           | Y                       | ST                                  |
| SMARTEST SMART CODE METER KIT  | 3     |           | Y                       | ST                                  |
| SMARTEST TALKING METER KIT   | 3     |           | Y                       | ST                                  |
| SMARTEST TEST STRIPS   | 3     |           | Y                       | QL, ST                              |
| sodium chloride 0.9% inhal vl  | 2     |           |                         |                                     |
| sodium chloride 0.9% irrig   | 2     |           |                         |                                     |
| sodium chloride 0.9% irrig.  | 2     |           |                         |                                     |
| sodium chloride 0.9% prcss sol                                       | 2     |           |                         |                                     |
| sodium chloride 10% vial   | 2     |           |                         |                                     |
| sodium chloride 3% vial  | 2     |           |                         |                                     |
| sodium chloride 7% vial  | 2     |           |                         |                                     |
| sodium citrate 4% soln   | 4     |           |                         |                                     |
| sodium phenylbutyrate 500mg tb                                       | 4     | Y         | Y                       |                                     |
| sodium phenylbutyrate powder   | 4     | Y         | Y                       |                                     |
| sodium polystyrene sulf powder                                       | 3     |           |                         |                                     |
| sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp | 2     |           |                         |                                     |
| sodium sulfacetamide 10% lotn  | 3     |           |                         |                                     |
| sofosbuvir-velpatasvir 400-100                                       | 4     | Y         |                         | PA, QL                              |
| SOF-SENSOR   | 3     |           | Y                       | PA                                  |
| SOFT TOUCH LANCETS   | 1     |           | Y                       |                                     |
| SOLARAZE 3 % TOPICAL GEL   | 4     |           |                         | PA                                  |
| solifenacin 10 mg tablet   | 1     |           | Y                       | QL                                  |
| solifenacin 5 mg tablet  | 1     |           | Y                       | QL                                  |
| SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN           | 2     |           | Y                       | QL                                  |
| SOLODYN 105 MG TABLET,EXTENDED RELEASE                               | 4     |           |                         | QL, ST                              |
| SOLODYN 115 MG TABLET,EXTENDED RELEASE                               | 4     |           |                         | QL, ST                              |
| SOLODYN 55 MG TABLET,EXTENDED RELEASE                                | 4     |           |                         | QL, ST                              |
| SOLODYN 65 MG TABLET,EXTENDED RELEASE                                | 4     |           |                         | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SOLODYN 80 MG TABLET,EXTENDED RELEASE               | 4     |           |                         | QL, ST                              |
| SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET           | 3     |           |                         | PA                                  |
| soloxide dr 150 mg tablet                           | 4     |           |                         | QL, ST                              |
| SOLTAMOX 20 MG/10 ML ORAL SOLUTION                  | 3     |           | Y                       | QL                                  |
| SOLUS V2 AUDIBLE METER                              | 3     |           | Y                       | ST                                  |
| SOLUS V2 AUDIBLE METER KIT                          | 3     |           | Y                       | ST                                  |
| SOLUS V2 CONTROL SOLUTION, LOW                      | 3     |           | Y                       |                                     |
| SOLUS V2 CONTROL SOLUTION,HIGH                      | 3     |           | Y                       |                                     |
| SOLUS V2 LANCETS 28 GAUGE                           | 1     |           | Y                       |                                     |
| SOLUS V2 LANCETS 30 GAUGE                           | 1     |           | Y                       |                                     |
| SOLUS V2 LANCING DEVICE KIT                         | 1     |           | Y                       |                                     |
| SOLUS V2 TEST STRIPS                                | 3     |           | Y                       | QL, ST                              |
| SOMA 250 MG TABLET                                  | 4     |           |                         | QL                                  |
| SOMA 350 MG TABLET                                  | 4     |           |                         | QL                                  |
| SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE | 4     | Y         | Y                       | PA, QL                              |
| SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE  | 4     | Y         | Y                       | PA, QL                              |
| SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE  | 4     | Y         | Y                       | PA, QL                              |
| SOMAVERT 10 MG SUBCUTANEOUS SOLUTION                | 4     | Y         | Y                       | PA, QL                              |
| SOMAVERT 15 MG SUBCUTANEOUS SOLUTION                | 4     | Y         | Y                       | PA, QL                              |
| SOMAVERT 20 MG SUBCUTANEOUS SOLUTION                | 4     | Y         | Y                       | PA, QL                              |
| SOMAVERT 25 MG SUBCUTANEOUS SOLUTION                | 4     | Y         | Y                       | PA, QL                              |
| SOMAVERT 30 MG SUBCUTANEOUS SOLUTION                | 4     | Y         | Y                       | PA, QL                              |
| SONATA 10 MG CAPSULE                                | 3     |           |                         | QL                                  |
| SONATA 5 MG CAPSULE                                 | 3     |           |                         | QL                                  |
| SOOLANTRA 1 % TOPICAL CREAM                         | 4     |           |                         | ST                                  |
| sorbitol-mannitol irrig                             | 3     |           |                         |                                     |
| SORIATANE 10 MG CAPSULE                             | 4     | Y         |                         | PA                                  |
| SORIATANE 25 MG CAPSULE                             | 4     | Y         |                         | PA                                  |
| SORILUX 0.005 % TOPICAL FOAM                        | 4     | Y         |                         | PA, QL                              |
| sorine 120 mg tablet                                | 1     |           | Y                       |                                     |
| sorine 160 mg tablet                                | 1     |           | Y                       |                                     |
| sorine 240 mg tablet                                | 1     |           | Y                       |                                     |
| sorine 80 mg tablet                                 | 1     |           | Y                       |                                     |
| sotalol 120 mg tablet                               | 1     |           | Y                       |                                     |
| sotalol 160 mg tablet                               | 1     |           | Y                       |                                     |
| sotalol 240 mg tablet                               | 1     |           | Y                       |                                     |
| sotalol 80 mg tablet                                | 1     |           | Y                       |                                     |
| sotalol af 120 mg tablet                            | 1     |           | Y                       |                                     |
| sotalol af 160 mg tablet                            | 1     |           | Y                       |                                     |
| sotalol af 80 mg tablet                             | 1     |           | Y                       |                                     |
| SOTYLIZE 5 MG/ML ORAL SOLUTION                      | 4     |           | Y                       |                                     |
| SOVALDI 150 MG ORAL PELLETS IN PACKET               | 4     | Y         |                         | PA, QL                              |
| SOVALDI 200 MG ORAL PELLETS IN PACKET               | 4     | Y         |                         | PA, QL                              |
| SOVALDI 200 MG TABLET                               | 4     | Y         |                         | PA, QL                              |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SOVALDI 400 MG TABLET                                       | 4     | Y         |                         | PA, QL                              |
| SPACE CHAMBER PLUS  | 2     |           |                         |                                     |
| SPECTRACEF 400 MG TABLET                                    | 3     |           |                         |                                     |
| spinosad 0.9% topical susp                                  | 3     |           |                         | QL                                  |
| SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION | 2     |           | Y                       | QL                                  |
| SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION  | 2     |           | Y                       | QL                                  |
| SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES      | 2     |           | Y                       | QL                                  |
| spironolactone 100 mg tablet                                | 1     |           | Y                       |                                     |
| spironolactone 25 mg tablet                                 | 1     |           | Y                       |                                     |
| spironolactone 50 mg tablet                                 | 1     |           | Y                       |                                     |
| spironolactone-hctz 25-25 tab                               | 2     |           | Y                       |                                     |
| SPORANOX 10 MG/ML ORAL SOLUTION                             | 4     |           |                         | QL                                  |
| SPORANOX 100 MG CAPSULE                                     | 4     |           |                         | QL                                  |
| SPORANOX PULSEPAK 100 MG CAPSULE                            | 4     |           |                         | QL                                  |
| SPRAVATO 28 MG NASAL SPRAY                                  | 4     | Y         | Y                       | PA                                  |
| SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY                      | 4     | Y         | Y                       | PA, QL                              |
| SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY                      | 4     | Y         | Y                       | PA, QL                              |
| sprintec (28) 0.25 mg-35 mcg tablet                         | 1     |           | Y                       |                                     |
| SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION                 | 4     |           | Y                       | QL, ST                              |
| SPRITAM 250 MG TABLET FOR ORAL SUSPENSION                   | 4     |           | Y                       | QL, ST                              |
| SPRITAM 500 MG TABLET FOR ORAL SUSPENSION                   | 4     |           | Y                       | QL, ST                              |
| SPRITAM 750 MG TABLET FOR ORAL SUSPENSION                   | 4     |           | Y                       | QL, ST                              |
| SPRIX 15.75 MG/SPRAY NASAL SPRAY                            | 4     | Y         |                         | PA, QL                              |
| SPRYCEL 100 MG TABLET                                       | 4     | Y         | Y                       | PA, QL                              |
| SPRYCEL 140 MG TABLET                                       | 4     | Y         | Y                       | PA, QL                              |
| SPRYCEL 20 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| SPRYCEL 50 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| SPRYCEL 70 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| SPRYCEL 80 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION   | 3     |           |                         |                                     |
| SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA            | 3     |           |                         |                                     |
| sps 15 gm/60 ml suspension                                  | 3     |           |                         |                                     |
| sps 30 gm/120 ml enema                                      | 2     |           |                         |                                     |
| sps 50 gm/200 ml enema                                      | 2     |           |                         |                                     |
| sronyx 0.1 mg-20 mcg tablet                                 | 1     |           | Y                       |                                     |
| SSD 1 % TOPICAL CREAM                                       | 3     |           |                         |                                     |
| SSKI 1 GRAM/ML ORAL SOLUTION                                | 2     |           |                         |                                     |
| STALEVO 100 25 MG-100 MG-200 MG TABLET                      | 3     |           | Y                       |                                     |
| STALEVO 125 31.25 MG-125 MG-200 MG TABLET                   | 3     |           | Y                       |                                     |
| STALEVO 150 37.5 MG-150 MG-200 MG TABLET                    | 3     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| STALEVO 200 50 MG-200 MG-200 MG TABLET                             | 3     |           | Y                       |                                     |
| STALEVO 50 12.5 MG-50 MG-200 MG TABLET                             | 3     |           | Y                       |                                     |
| STALEVO 75 18.75 MG-75 MG-200 MG TABLET                            | 3     |           | Y                       |                                     |
| STARLIX 120 MG TABLET  | 3     |           | Y                       |                                     |
| STARLIX 60 MG TABLET   | 3     |           | Y                       |                                     |
| stavudine 15 mg capsule  | 2     |           | Y                       | QL                                  |
| stavudine 20 mg capsule  | 2     |           | Y                       | QL                                  |
| stavudine 30 mg capsule  | 2     |           | Y                       | QL                                  |
| stavudine 40 mg capsule  | 2     |           | Y                       | QL                                  |
| STEGLATRO 15 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| STEGLATRO 5 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| STEGLUJAN 15 MG-100 MG TABLET                                      | 3     |           | Y                       | PA, QL                              |
| STEGLUJAN 5 MG-100 MG TABLET                                       | 3     |           | Y                       | PA, QL                              |
| STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION                         | 4     | Y         | Y                       | PA, QL                              |
| STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE                          | 4     | Y         | Y                       | PA, QL                              |
| STELARA 90 MG/ML SUBCUTANEOUS SYRINGE                              | 4     | Y         | Y                       | PA, QL                              |
| STERILANCE TL 30 GAUGE   | 1     |           | Y                       |                                     |
| STERILANCE TL 32 GAUGE   | 1     |           | Y                       |                                     |
| STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY                         | 4     | Y         | Y                       |                                     |
| STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION | 2     |           | Y                       | QL                                  |
| STIVARGA 40 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| STRATTERA 10 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| STRATTERA 100 MG CAPSULE   | 4     |           | Y                       | QL, ST                              |
| STRATTERA 18 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| STRATTERA 25 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| STRATTERA 40 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| STRATTERA 60 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| STRATTERA 80 MG CAPSULE  | 4     |           | Y                       | QL, ST                              |
| STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION                       | 4     | Y         | Y                       | PA, QL                              |
| STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION                        | 4     | Y         | Y                       | PA, QL                              |
| STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION                            | 4     | Y         | Y                       | PA, QL                              |
| STRENSIQ 80 MG/0.8 ML SUBCUTANEOUS SOLUTION                        | 4     | Y         | Y                       | PA, QL                              |
| STRIANT 30 MG MUCOADHESIVE   | 4     | Y         | Y                       | PA                                  |
| STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET                        | 4     | Y         | Y                       | QL                                  |
| STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION       | 2     |           | Y                       | QL                                  |
| STROMECTOL 3 MG TABLET   | 3     |           |                         |                                     |
| strong iodine 5 % oral solution                                    | 2     |           |                         |                                     |
| SUBOXONE 12 MG-3 MG SUBLINGUAL FILM                                | 3     |           | Y                       | PA, QL                              |
| SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM                               | 3     |           | Y                       | PA, QL                              |
| SUBOXONE 4 MG-1 MG SUBLINGUAL FILM                                 | 3     |           | Y                       | PA, QL                              |
| SUBOXONE 8 MG-2 MG SUBLINGUAL FILM                                 | 3     |           | Y                       | PA, QL                              |
| SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY               | 4     | Y         |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY                   | 4     | Y         |                         | PA, QL                              |
| SUBSYS 100 MCG/SPRAY SUBLINGUAL SPRAY                                  | 4     | Y         |                         | PA, QL                              |
| SUBSYS 200 MCG/SPRAY SUBLINGUAL SPRAY                                  | 4     | Y         |                         | PA, QL                              |
| SUBSYS 400 MCG/SPRAY SUBLINGUAL SPRAY                                  | 4     | Y         |                         | PA, QL                              |
| SUBSYS 600 MCG/SPRAY SUBLINGUAL SPRAY                                  | 4     | Y         |                         | PA, QL                              |
| SUBSYS 800 MCG/SPRAY SUBLINGUAL SPRAY                                  | 4     | Y         |                         | PA, QL                              |
| subvenite 100 mg tablet  | 1     |           | Y                       |                                     |
| subvenite 150 mg tablet  | 1     |           | Y                       |                                     |
| subvenite 200 mg tablet  | 1     |           | Y                       |                                     |
| subvenite 25 mg tablet   | 1     |           | Y                       |                                     |
| subvenite starter (blue) kit 25 mg (35) tablets in a dose pack         | 1     |           |                         |                                     |
| subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack | 1     |           |                         |                                     |
| subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack | 1     |           |                         |                                     |
| SUCRAID 8,500 UNIT/ML ORAL SOLUTION                                    | 4     | Y         | Y                       |                                     |
| sucralfate 1 gm tablet   | 2     |           | Y                       |                                     |
| sucralfate 1 gm/10 ml susp   | 3     |           | Y                       |                                     |
| SULAR 17 MG TABLET,EXTENDED RELEASE                                    | 3     |           | Y                       | QL                                  |
| SULAR 34 MG TABLET,EXTENDED RELEASE                                    | 3     |           | Y                       | QL                                  |
| SULAR 8.5 MG TABLET,EXTENDED RELEASE                                   | 3     |           | Y                       | QL                                  |
| sulconazole nitrate 1% cream   | 4     |           |                         | ST                                  |
| sulconazole nitrate 1% soln  | 4     |           |                         | ST                                  |
| sulfacetamide 10% eye drops  | 2     |           |                         |                                     |
| sulfacetamide 10% eye ointment   | 3     |           |                         |                                     |
| sulfacetamide sod 10% top susp   | 3     |           |                         |                                     |
| sulfadiazine 500 mg tablet   | 3     |           |                         |                                     |
| sulfamethoxazole-tmp ds tablet   | 2     |           |                         |                                     |
| sulfamethoxazole-tmp ss tablet   | 2     |           |                         |                                     |
| sulfamethoxazole-tmp susp  | 2     |           |                         |                                     |
| SULFAMYLON 50 GRAM TOPICAL PACKET                                      | 3     |           |                         |                                     |
| SULFAMYLON 85 MG/G TOPICAL CREAM                                       | 3     |           |                         |                                     |
| sulfasalazine 500 mg tablet  | 2     |           | Y                       | QL                                  |
| sulfasalazine dr 500 mg tab  | 2     |           | Y                       | QL                                  |
| SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION                            | 3     |           |                         |                                     |
| sulf-pred 10-0.23% eye drops   | 1     |           |                         |                                     |
| sulindac 150 mg tablet   | 1     |           |                         |                                     |
| sulindac 200 mg tablet   | 1     |           |                         |                                     |
| sumatriptan 20 mg nasal spray  | 3     |           |                         | QL                                  |
| sumatriptan 4 mg/0.5 ml cart   | 3     |           |                         | QL                                  |
| sumatriptan 4 mg/0.5 ml inject   | 3     |           |                         | QL                                  |
| sumatriptan 5 mg nasal spray   | 3     |           |                         | QL                                  |
| sumatriptan 6 mg/0.5 ml cart   | 3     |           |                         | QL                                  |
| sumatriptan 6 mg/0.5 ml inject   | 3     |           |                         | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| sumatriptan 6 mg/0.5 ml syrng                                    | 3     |           |                         | QL                                  |
| sumatriptan 6 mg/0.5 ml vial                                     | 3     |           |                         | QL                                  |
| sumatriptan succ 100 mg tablet                                   | 1     |           |                         | QL                                  |
| sumatriptan succ 25 mg tablet                                    | 1     |           |                         | QL                                  |
| sumatriptan succ 50 mg tablet                                    | 1     |           |                         | QL                                  |
| sumatriptan-naproxen 85-500 mg                                   | 4     |           |                         | QL, ST                              |
| SUMAVEL DOSEPRO 6 MG/0.5 ML                                      | 4     | Y         |                         | QL, ST                              |
| SUNOSI 150 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| SUNOSI 75 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| SUPER THIN LANCETS   | 1     |           | Y                       |                                     |
| SUPER THIN LANCETS 28 GAUGE                                      | 1     |           | Y                       |                                     |
| SUPER THIN LANCETS 30 GAUGE                                      | 1     |           | Y                       |                                     |
| SUPRANE 100 % INHALATION LIQUID                                  | 4     |           |                         |                                     |
| SUPRAX 100 MG CHEWABLE TABLET                                    | 3     |           |                         |                                     |
| SUPRAX 100 MG/5 ML ORAL SUSPENSION                               | 3     |           |                         |                                     |
| SUPRAX 200 MG CHEWABLE TABLET                                    | 3     |           |                         |                                     |
| SUPRAX 200 MG/5 ML ORAL SUSPENSION                               | 3     |           |                         |                                     |
| SUPRAX 400 MG CAPSULE  | 3     |           |                         |                                     |
| SUPRAX 500 MG/5 ML ORAL SUSPENSION                               | 3     |           |                         |                                     |
| SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION | 2     |           |                         |                                     |
| SURE COMFORT ALCOHOL PREP PADS                                   | 3     |           |                         |                                     |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"              | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"                | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"              | 2     |           | Y                       |                                     |
| SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| SURE COMFORT LANCETS 18 GAUGE                                    | 1     |           | Y                       |                                     |
| SURE COMFORT LANCETS 21 GAUGE                                    | 1     |           | Y                       |                                     |
| SURE COMFORT LANCETS 23 GAUGE                                    | 1     |           | Y                       |                                     |
| SURE COMFORT LANCETS 28 GAUGE                                    | 1     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SURE COMFORT LANCETS 30 GAUGE                     | 1     |           | Y                       |                                     |
| SURE COMFORT LANCING PEN                          | 1     |           |                         |                                     |
| SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"           | 1     |           | Y                       |                                     |
| SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"          | 1     |           | Y                       |                                     |
| SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"          | 1     |           | Y                       |                                     |
| SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"          | 1     |           | Y                       |                                     |
| SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"           | 1     |           | Y                       |                                     |
| SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"          | 1     |           | Y                       |                                     |
| SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"             | 1     |           | Y                       |                                     |
| SURE-FINE PEN NEEDLES 31 GAUGE X 3/16"            | 1     |           | Y                       |                                     |
| SURE-FINE PEN NEEDLES 31 GAUGE X 5/16"            | 1     |           | Y                       |                                     |
| SUREFLEX LANCING DEVICE                           | 1     |           |                         |                                     |
| SUREFLEX LANCING DEVICE WITH LANCETS KIT          | 1     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| SURE-LANCE  | 1     |           | Y                       |                                     |
| SURE-LANCE 26 GAUGE                               | 1     |           | Y                       |                                     |
| SURE-LANCE 28 GAUGE                               | 1     |           | Y                       |                                     |
| SURE-LANCE ULTRA THIN 30 GAUGE                    | 1     |           | Y                       |                                     |
| SURE-PEN LANCING DEVICE                           | 1     |           |                         |                                     |
| SURE-PREP ALCOHOL PREP PADS                       | 3     |           |                         |                                     |
| SURE-TEST EASYPLUS MINI METER                     | 3     |           | Y                       | ST                                  |
| SURE-TEST EASYPLUS MINI SOLUTION                  | 3     |           | Y                       |                                     |
| SURE-TEST EASYPLUS MINI STRIPS                    | 3     |           | Y                       | QL, ST                              |
| SURE-TOUCH LANCET                                 | 1     |           | Y                       |                                     |
| SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE  | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE      | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE             | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE             | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE         | 2     |           |                         |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE                               | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE                           | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE                               | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE                           | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE                               | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE                           | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE                               | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE                           | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE                               | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 25 X 5/8" NEEDLE                                   | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE                             | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE                             | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE                     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE                         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE                         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE                     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE                         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE                         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE                       | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE                           | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE                     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE                         | 2     |           |                         |                                     |
| SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE                     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"                    | 2     |           |                         |                                     |
| SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"                     | 2     |           |                         |                                     |
| SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"                         | 2     |           |                         |                                     |
| SURMONTIL 100 MG CAPSULE  | 4     |           | Y                       |                                     |
| SURMONTIL 25 MG CAPSULE   | 4     |           | Y                       |                                     |
| SURMONTIL 50 MG CAPSULE   | 4     |           | Y                       |                                     |
| SURVANTA 25 MG/ML INTRATRACHEAL SUSPENSION                          | 4     |           |                         |                                     |
| SUSTIVA 200 MG CAPSULE  | 4     |           | Y                       | QL                                  |
| SUSTIVA 50 MG CAPSULE   | 4     |           | Y                       | QL                                  |
| SUSTIVA 600 MG TABLET   | 4     |           | Y                       | QL                                  |
| SUSTOL 10 MG/0.4 ML LIQUID,EXTENDED RELEASE<br>SUBCUTANEOUS SYRINGE | 4     | Y         |                         | PA, QL                              |
| SUTENT 12.5 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| SUTENT 25 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| SUTENT 37.5 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| SUTENT 50 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| syeda 3 mg-0.03 mg tablet   | 1     |           | Y                       |                                     |
| SYLATRON 200 MCG SUBCUTANEOUS KIT                                   | 4     | Y         | Y                       | PA, QL                              |
| SYLATRON 300 MCG SUBCUTANEOUS KIT                                   | 4     | Y         | Y                       | PA, QL                              |
| SYLATRON 600 MCG KIT  | 4     | Y         | Y                       | PA, QL                              |
| symax fastabs 0.125 mg disintegrating tablet                        | 2     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| symax-sl 0.125 mg sublingual tablet                                    | 3     |           | Y                       |                                     |
| symax-sr 0.375 mg tablet,extended release                              | 3     |           | Y                       |                                     |
| SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER                | 2     |           | Y                       | QL                                  |
| SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER                 | 2     |           | Y                       | QL                                  |
| SYMBYAX 12 MG-50 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| SYMBYAX 12-25 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| SYMBYAX 3 MG-25 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| SYMBYAX 6 MG-25 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| SYMBYAX 6 MG-50 MG CAPSULE   | 3     |           | Y                       | QL                                  |
| SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS                     | 4     | Y         | Y                       | PA, QL                              |
| SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS                        | 4     | Y         | Y                       | PA, QL                              |
| SYMFI 600 MG-300 MG-300 MG TABLET                                      | 4     | Y         | Y                       | QL                                  |
| SYMFI LO 400 MG-300 MG-300 MG TABLET                                   | 4     | Y         | Y                       | QL                                  |
| SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) | 2     |           |                         | QL                                  |
| SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE                                | 2     |           |                         | QL                                  |
| SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR               | 4     | Y         | Y                       | QL                                  |
| SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR                | 4     | Y         | Y                       | QL                                  |
| SYMPAZAN 10 MG ORAL FILM   | 4     | Y         | Y                       | PA, QL                              |
| SYMPAZAN 20 MG ORAL FILM   | 4     | Y         | Y                       | PA, QL                              |
| SYMPAZAN 5 MG ORAL FILM  | 4     | Y         | Y                       | PA, QL                              |
| SYMPROIC 0.2 MG TABLET   | 3     |           |                         | PA, QL                              |
| SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET                              | 4     | Y         | Y                       | QL                                  |
| SYNALAR 0.01 % TOPICAL SOLUTION  | 4     |           |                         |                                     |
| SYNALAR 0.025 % TOPICAL CREAM  | 4     |           |                         |                                     |
| SYNALAR 0.025 % TOPICAL OINTMENT                                       | 4     |           |                         |                                     |
| SYNAREL 2 MG/ML NASAL SPRAY  | 4     | Y         |                         | PA, QL                              |
| SYNDROS 5 MG/ML ORAL SOLUTION  | 4     | Y         |                         | PA, QL                              |
| SYNERA 70 MG-70 MG PATCH   | 4     |           |                         | PA                                  |
| SYNJARDY 12.5 MG-1,000 MG TABLET                                       | 2     |           | Y                       | QL                                  |
| SYNJARDY 12.5 MG-500 MG TABLET   | 2     |           | Y                       | QL                                  |
| SYNJARDY 5 MG-1,000 MG TABLET  | 2     |           | Y                       | QL                                  |
| SYNJARDY 5 MG-500 MG TABLET  | 2     |           | Y                       | QL                                  |
| SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE                    | 2     |           | Y                       | QL                                  |
| SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE                  | 2     |           | Y                       | QL                                  |
| SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE                    | 2     |           | Y                       | QL                                  |
| SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE                     | 2     |           | Y                       | QL                                  |
| SYNTHROID 100 MCG TABLET   | 2     |           | Y                       |                                     |
| SYNTHROID 112 MCG TABLET   | 2     |           | Y                       |                                     |
| SYNTHROID 125 MCG TABLET   | 2     |           | Y                       |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SYNTHROID 137 MCG TABLET                                       | 2     |           | Y                       |                                     |
| SYNTHROID 150 MCG TABLET                                       | 2     |           | Y                       |                                     |
| SYNTHROID 175 MCG TABLET                                       | 2     |           | Y                       |                                     |
| SYNTHROID 200 MCG TABLET                                       | 2     |           | Y                       |                                     |
| SYNTHROID 25 MCG TABLET  | 2     |           | Y                       |                                     |
| SYNTHROID 300 MCG TABLET                                       | 2     |           | Y                       |                                     |
| SYNTHROID 50 MCG TABLET  | 2     |           | Y                       |                                     |
| SYNTHROID 75 MCG TABLET  | 2     |           | Y                       |                                     |
| SYNTHROID 88 MCG TABLET  | 2     |           | Y                       |                                     |
| SYPRINE 250 MG CAPSULE   | 4     | Y         |                         | PA                                  |
| SYRINGE W-O NEEDLE 60 ML                                       | 1     |           |                         |                                     |
| TABLOID 40 MG TABLET   | 4     |           |                         | QL                                  |
| TABRECTA 150 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| TABRECTA 200 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT                      | 4     |           |                         | PA, QL                              |
| TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION                    | 4     | Y         |                         | PA, QL                              |
| tacrolimus 0.03% ointment                                      | 3     |           |                         |                                     |
| tacrolimus 0.1% ointment                                       | 3     |           |                         |                                     |
| tacrolimus 0.5 mg capsule                                      | 2     |           | Y                       |                                     |
| tacrolimus 1 mg capsule  | 2     |           | Y                       |                                     |
| tacrolimus 5 mg capsule  | 2     |           | Y                       | QL                                  |
| tadalafil 20 mg tablet   | 3     |           | Y                       | PA, QL                              |
| TAFINLAR 50 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| TAFINLAR 75 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| TAGRISSO 40 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| TAGRISSO 80 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION         | 4     | Y         | Y                       | PA, QL                              |
| TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE | 4     | Y         |                         | QL                                  |
| TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS              | 4     | Y         | Y                       | PA, QL                              |
| TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS              | 4     | Y         | Y                       | PA, QL                              |
| TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS                       | 4     | Y         | Y                       | PA, QL                              |
| TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS                            | 4     | Y         | Y                       | PA, QL                              |
| TALZENNA 0.25 MG CAPSULE                                       | 4     | Y         |                         | PA, QL                              |
| TALZENNA 1 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| TAMIFLU 30 MG CAPSULE  | 3     |           |                         | QL                                  |
| TAMIFLU 45 MG CAPSULE  | 3     |           |                         | QL                                  |
| TAMIFLU 6 MG/ML ORAL SUSPENSION                                | 3     |           |                         | QL                                  |
| TAMIFLU 75 MG CAPSULE  | 3     |           |                         | QL                                  |
| tamoxifen 10 mg tablet   | 1     |           | Y                       |                                     |
| tamoxifen 20 mg tablet   | 1     |           | Y                       |                                     |
| tamsulosin hcl 0.4 mg capsule                                  | 1     |           | Y                       | QL                                  |
| TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE              | 3     |           |                         |                                     |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| TAPAZOLE 10 MG TABLET                                     | 3     |           | Y                       |                                     |
| TAPAZOLE 5 MG TABLET                                      | 3     |           | Y                       |                                     |
| taperdex 1.5 mg (21 tabs) tablets in a dose pack          | 3     |           |                         |                                     |
| taperdex 1.5 mg (27 tabs) tablets in a dose pack          | 3     |           |                         |                                     |
| TAPERDEX 1.5 MG (49 TABS) TABLETS IN A DOSE PACK          | 3     |           |                         |                                     |
| TARCEVA 100 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| TARCEVA 150 MG TABLET                                     | 4     | Y         | Y                       | PA, QL                              |
| TARCEVA 25 MG TABLET                                      | 4     | Y         | Y                       | PA, QL                              |
| TARGADOX 50 MG TABLET                                     | 4     | Y         |                         | QL, ST                              |
| TARGRETIN 1 % TOPICAL GEL                                 | 4     | Y         |                         | PA                                  |
| TARGRETIN 75 MG CAPSULE                                   | 4     | Y         | Y                       | PA, QL                              |
| tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet            | 1     |           | Y                       |                                     |
| tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet     | 1     |           | Y                       |                                     |
| tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet  | 1     |           | Y                       |                                     |
| TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE                | 3     |           | Y                       |                                     |
| TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE                | 3     |           | Y                       |                                     |
| TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE                | 3     |           | Y                       |                                     |
| taron forte 150 mg-60 mg-25 mcg-1 mg capsule              | 2     |           |                         |                                     |
| TASIGNA 150 MG CAPSULE                                    | 4     | Y         | Y                       | PA, QL                              |
| TASIGNA 200 MG CAPSULE                                    | 4     | Y         | Y                       | PA, QL                              |
| TASIGNA 50 MG CAPSULE                                     | 4     | Y         | Y                       | PA, QL                              |
| TASMAR 100 MG TABLET                                      | 4     |           | Y                       | PA, QL                              |
| TAVALISSE 100 MG TABLET                                   | 4     | Y         |                         | PA, QL                              |
| TAVALISSE 150 MG TABLET                                   | 4     | Y         |                         | PA, QL                              |
| TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE               | 2     |           | Y                       |                                     |
| tazarotene 0.1% cream                                     | 4     |           |                         | PA                                  |
| TAZORAC 0.05 % TOPICAL CREAM                              | 4     |           |                         | PA                                  |
| TAZORAC 0.05 % TOPICAL GEL                                | 4     |           |                         | PA                                  |
| TAZORAC 0.1 % TOPICAL CREAM                               | 4     |           |                         | PA                                  |
| TAZORAC 0.1 % TOPICAL GEL                                 | 4     |           |                         | PA                                  |
| tazia xt 120 mg capsule,extended release                  | 2     |           | Y                       | QL                                  |
| tazia xt 180 mg capsule,extended release                  | 2     |           | Y                       | QL                                  |
| tazia xt 240 mg capsule,extended release                  | 2     |           | Y                       | QL                                  |
| tazia xt 300 mg capsule,extended release                  | 2     |           | Y                       | QL                                  |
| tazia xt 360 mg capsule,extended release                  | 2     |           | Y                       | QL                                  |
| TAZVERIK 200 MG TABLET                                    | 4     | Y         | Y                       | PA                                  |
| TD GOLD BLOOD GLUCOSE MONITOR                             | 3     |           | Y                       | ST                                  |
| TD GOLD LEVEL 1 CONTROL SOLUTION                          | 3     |           | Y                       |                                     |
| TD GOLD LEVEL 2 CONTROL SOLUTION                          | 3     |           | Y                       |                                     |
| TD GOLD LEVEL 3 CONTROL SOLUTION                          | 3     |           | Y                       |                                     |
| TD GOLD TEST STRIP  | 3     |           | Y                       | QL, ST                              |
| TD GOLD VOICE GLUCOSE MONITOR                             | 3     |           | Y                       | ST                                  |
| tdvax 2 lf unit-2 lf unit/0.5 ml intramuscular suspension | 4     |           |                         |                                     |
| TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED         | 4     | Y         |                         | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| RELEASE   |       |           |                         |                                     |
| TECFIDERA 120 MG CAPSULE,DELAYED RELEASE                    | 4     | Y         | Y                       | PA, QL                              |
| TECFIDERA 240 MG CAPSULE,DELAYED RELEASE                    | 4     | Y         | Y                       | PA, QL                              |
| TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"               | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"               | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"              | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"             | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"              | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2"   | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 1/2"   | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16"  | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64" | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16"  | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2"   | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 1/2"   | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16"  | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 15/64" | 3     |           | Y                       |                                     |
| TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 31 GAUGE X 5/16"  | 3     |           | Y                       |                                     |
| TECHLITE LANCETS 25 GAUGE                                   | 3     |           | Y                       |                                     |
| TECHLITE LANCETS 28 GAUGE                                   | 3     |           | Y                       |                                     |
| TECHLITE LANCETS 30 GAUGE                                   | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 29 GAUGE X 1/2"                         | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 29 GAUGE X 3/8"                         | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 31 GAUGE X 1/4"                         | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 31 GAUGE X 3/16"                        | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 31 GAUGE X 5/16"                        | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 32 GAUGE X 1/4"                         | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 32 GAUGE X 5/16"                        | 1     |           | Y                       |                                     |
| TECHLITE PEN NEEDLE 32 GAUGE X 5/32"                        | 1     |           | Y                       |                                     |
| TECHNIVIE DOSE PACK   | 4     | Y         |                         | PA, QL                              |
| TEGRETOL 100 MG/5 ML ORAL SUSPENSION                        | 3     |           | Y                       |                                     |
| TEGRETOL 200 MG TABLET                                      | 3     |           | Y                       |                                     |
| TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE                  | 3     |           | Y                       | QL                                  |
| TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE                  | 3     |           | Y                       | QL                                  |
| TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE                  | 3     |           | Y                       | QL                                  |
| TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE                  | 4     | Y         | Y                       | PA, QL                              |
| TEKTURNA 150 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| TEKTURNA 300 MG TABLET                                      | 3     |           | Y                       | QL, ST                              |
| TEKTURNA HCT 150 MG-12.5 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| TEKTURNA HCT 150 MG-25 MG TABLET                            | 3     |           | Y                       | QL, ST                              |
| TEKTURNA HCT 300 MG-12.5 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| TEKTURNA HCT 300 MG-25 MG TABLET                            | 3     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| TELCARE BGM KIT  | 3     |           | Y                       | ST                                  |
| TELCARE BLOOD GLUCOSE KIT  | 3     |           | Y                       | ST                                  |
| TELCARE CONTROL SOLUTION   | 3     |           | Y                       |                                     |
| TELCARE LANCETS 30 GAUGE   | 1     |           | Y                       |                                     |
| TELCARE TEST STRIPS  | 3     |           | Y                       | QL, ST                              |
| telmisartan 20 mg tablet   | 2     |           | Y                       | QL                                  |
| telmisartan 40 mg tablet   | 2     |           | Y                       | QL                                  |
| telmisartan 80 mg tablet   | 2     |           | Y                       | QL                                  |
| telmisartan-amlodipine 40-10                                     | 3     |           | Y                       | QL, ST                              |
| telmisartan-amlodipine 40-5 mg                                   | 3     |           | Y                       | QL, ST                              |
| telmisartan-amlodipine 80-10                                     | 3     |           | Y                       | QL, ST                              |
| telmisartan-amlodipine 80-5 mg                                   | 3     |           | Y                       | QL, ST                              |
| telmisartan-hctz 40-12.5 mg tb                                   | 3     |           | Y                       | QL, ST                              |
| telmisartan-hctz 80-12.5 mg tb                                   | 3     |           | Y                       | QL, ST                              |
| telmisartan-hctz 80-25 mg tab                                    | 3     |           | Y                       | QL, ST                              |
| temazepam 15 mg capsule  | 2     |           |                         | QL                                  |
| temazepam 22.5 mg capsule  | 2     |           |                         | QL                                  |
| temazepam 30 mg capsule  | 2     |           |                         | QL                                  |
| temazepam 7.5 mg capsule   | 2     |           |                         | QL                                  |
| TEMIXYS 300 MG-300 MG TABLET                                     | 4     | Y         | Y                       | QL                                  |
| TEMODAR 100 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| TEMODAR 140 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| TEMODAR 180 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| TEMODAR 20 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| TEMODAR 250 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| TEMODAR 5 MG CAPSULE   | 4     | Y         |                         | PA, QL                              |
| TEMOVATE 0.05 % TOPICAL CREAM                                    | 4     |           |                         | ST                                  |
| TEMOVATE 0.05 % TOPICAL OINTMENT                                 | 3     |           |                         | ST                                  |
| temozolomide 100 mg capsule                                      | 4     | Y         |                         | PA, QL                              |
| temozolomide 140 mg capsule                                      | 4     | Y         |                         | PA, QL                              |
| temozolomide 180 mg capsule                                      | 4     | Y         |                         | PA, QL                              |
| temozolomide 20 mg capsule                                       | 4     | Y         |                         | PA, QL                              |
| temozolomide 250 mg capsule                                      | 4     | Y         |                         | PA, QL                              |
| temozolomide 5 mg capsule  | 4     | Y         |                         | PA, QL                              |
| tencon 50 mg-325 mg tablet                                       | 2     |           |                         | QL                                  |
| TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION | 4     |           |                         |                                     |
| TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE    | 4     |           |                         |                                     |
| tenofovir disop fum 300 mg tb                                    | 2     |           | Y                       | QL                                  |
| TENORETIC 100 100 MG-25 MG TABLET                                | 3     |           | Y                       |                                     |
| TENORETIC 50 50 MG-25 MG TABLET                                  | 3     |           | Y                       |                                     |
| TENORMIN 100 MG TABLET   | 3     |           | Y                       |                                     |
| TENORMIN 25 MG TABLET  | 3     |           | Y                       |                                     |

| Drug Name                                     | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| TENORMIN 50 MG TABLET                         | 3     |           | Y                       |                                     |
| terazosin 1 mg capsule                        | 1     |           | Y                       |                                     |
| terazosin 10 mg capsule                       | 1     |           | Y                       |                                     |
| terazosin 2 mg capsule                        | 1     |           | Y                       |                                     |
| terazosin 5 mg capsule                        | 1     |           | Y                       |                                     |
| terbutaline sulfate 2.5 mg tab                | 3     |           | Y                       |                                     |
| terbutaline sulfate 5 mg tab                  | 3     |           | Y                       |                                     |
| terconazole 0.4% cream                        | 2     |           |                         |                                     |
| terconazole 0.8% cream                        | 2     |           |                         |                                     |
| terconazole 80 mg suppository                 | 3     |           |                         |                                     |
| teriparatide 620 mcg/2.48 ml                  | 4     | Y         | Y                       | PA, QL                              |
| TERUMO INS SYR 0.3 ML 29GX1/2"                | 2     |           | Y                       |                                     |
| TERUMO INS SYRINGE U100-1 ML                  | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8"       | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8"       | 2     |           | Y                       |                                     |
| TESSALON PERLES 100 MG CAPSULE                | 3     |           |                         |                                     |
| TEST N'GO BLOOD GLUCOSE SYSTEM                | 3     |           | Y                       | ST                                  |
| TEST N'GO TEST STRIPS                         | 3     |           | Y                       | QL, ST                              |
| TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL     | 4     |           | Y                       | PA, QL                              |
| TESTOPEL 75 MG IMPLANT PELLETT                | 4     | Y         | Y                       | PA, QL                              |
| testosteron cyp 1,000 mg/10 ml                | 2     |           | Y                       | QL                                  |
| testosteron cyp 2,000 mg/10 ml                | 2     |           | Y                       | QL                                  |
| testosteron enan 1,000 mg/5 ml                | 2     |           |                         | QL                                  |
| testosterone 1.62% (2.5 g) pkt                | 3     |           | Y                       | PA, QL                              |
| testosterone 1.62% gel pump                   | 3     |           | Y                       | PA, QL                              |
| testosterone 1.62%(1.25 g) pkt                | 3     |           | Y                       | PA, QL                              |
| testosterone 10 mg gel pump                   | 3     |           | Y                       | PA, QL                              |
| testosterone 12.5 mg/1.25 gram                | 3     |           | Y                       | PA, QL                              |
| testosterone 25 mg/2.5 gm pkt                 | 3     |           | Y                       | PA, QL                              |
| testosterone 30 mg/1.5 ml pump                | 3     |           | Y                       | PA, QL                              |
| testosterone 50 mg/5 gram gel                 | 3     |           | Y                       | PA, QL                              |
| testosterone 50 mg/5 gram pkt                 | 3     |           | Y                       | PA, QL                              |
| testosterone cyp 1,000 mg/5 ml                | 2     |           | Y                       | QL                                  |
| testosterone cyp 100 mg/ml                    | 2     |           | Y                       | QL                                  |
| testosterone cyp 200 mg/ml                    | 2     |           | Y                       | QL                                  |
| testosterone cyp 500 mg/2.5 ml                | 2     |           | Y                       | QL                                  |
| testosterone cyp 500 mg/5 ml                  | 2     |           | Y                       | QL                                  |
| testosterone cyp 6,000 mg/30ml                | 2     |           | Y                       | QL                                  |

| Drug Name                                      | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| testosterone enan 200 mg/ml                    | 2     |           |                         | QL                                  |
| TESTRED 10 MG CAPSULE                          | 4     | Y         | Y                       |                                     |
| tetrabenazine 12.5 mg tablet                   | 4     | Y         | Y                       | PA, QL                              |
| tetrabenazine 25 mg tablet                     | 4     | Y         | Y                       | PA, QL                              |
| tetracycline 250 mg capsule                    | 3     |           |                         |                                     |
| tetracycline 500 mg capsule                    | 3     |           |                         |                                     |
| TEXACORT 2.5 % TOPICAL SOLUTION                | 4     |           |                         |                                     |
| THALOMID 100 MG CAPSULE                        | 4     | Y         | Y                       | PA, QL                              |
| THALOMID 150 MG CAPSULE                        | 4     | Y         | Y                       | PA, QL                              |
| THALOMID 200 MG CAPSULE                        | 4     | Y         | Y                       | PA, QL                              |
| THALOMID 50 MG CAPSULE                         | 4     | Y         | Y                       | PA, QL                              |
| THEO-24 100 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       |                                     |
| THEO-24 200 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       |                                     |
| THEO-24 300 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       |                                     |
| THEO-24 400 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       |                                     |
| theophylline 80 mg/15 ml soln                  | 3     |           | Y                       |                                     |
| theophylline er 100 mg tablet                  | 3     |           | Y                       |                                     |
| theophylline er 200 mg tablet                  | 3     |           | Y                       |                                     |
| theophylline er 300 mg tab                     | 3     |           | Y                       |                                     |
| theophylline er 400 mg tablet                  | 3     |           | Y                       |                                     |
| theophylline er 450 mg tab                     | 3     |           | Y                       |                                     |
| theophylline er 600 mg tablet                  | 3     |           | Y                       |                                     |
| thiamine 200 mg/2 ml vial                      | 2     |           |                         |                                     |
| THIN LANCETS 26 GAUGE                          | 1     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8"       | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8"       | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8"       | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"   | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8"   | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 1 ML 31 X 3/8"         | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" | 2     |           | Y                       |                                     |
| THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8"       | 2     |           | Y                       |                                     |
| THIOLA 100 MG TABLET                           | 4     | Y         | Y                       | PA                                  |
| THIOLA EC 100 MG TABLET,DELAYED RELEASE        | 4     | Y         | Y                       | PA                                  |
| THIOLA EC 300 MG TABLET,DELAYED RELEASE        | 4     | Y         | Y                       | PA                                  |
| thioridazine 10 mg tablet                      | 2     |           | Y                       |                                     |
| thioridazine 100 mg tablet                     | 2     |           | Y                       |                                     |
| thioridazine 25 mg tablet                      | 2     |           | Y                       |                                     |
| thioridazine 50 mg tablet                      | 2     |           | Y                       |                                     |
| thiothixene 1 mg capsule                       | 3     |           | Y                       |                                     |
| thiothixene 10 mg capsule                      | 3     |           | Y                       |                                     |

| Drug Name                                     | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| thiothixene 2 mg capsule                      | 3     |           | Y                       |                                     |
| thiothixene 5 mg capsule                      | 3     |           | Y                       |                                     |
| THRESHOLD IMT TRAINER DEVICE                  | 1     |           |                         |                                     |
| THRESHOLD PEP DEVICE                          | 1     |           |                         |                                     |
| thyroid 120 mg tablet                         | 3     |           | Y                       |                                     |
| thyroid 15 mg tablet                          | 3     |           | Y                       |                                     |
| thyroid 30 mg tablet                          | 3     |           | Y                       |                                     |
| thyroid 60 mg tablet                          | 3     |           | Y                       |                                     |
| thyroid 90 mg tablet                          | 3     |           | Y                       |                                     |
| THYROLAR-1 12.5 MCG-50 MCG TABLET             | 3     |           | Y                       |                                     |
| THYROLAR-1/2 6.25 MCG-25 MCG TABLET           | 3     |           | Y                       |                                     |
| THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET          | 3     |           | Y                       |                                     |
| THYROLAR-2 25 MCG-100 MCG TABLET              | 3     |           | Y                       |                                     |
| THYROLAR-3 37.5 MCG-150 MCG TABLET            | 3     |           | Y                       |                                     |
| tiadylt er 120 mg capsule,extended release    | 2     |           | Y                       | QL                                  |
| tiadylt er 180 mg capsule,extended release    | 2     |           | Y                       | QL                                  |
| tiadylt er 240 mg capsule,extended release    | 2     |           | Y                       | QL                                  |
| tiadylt er 300 mg capsule,extended release    | 2     |           | Y                       | QL                                  |
| tiadylt er 360 mg capsule,extended release    | 2     |           | Y                       | QL                                  |
| tiadylt er 420 mg capsule,extended release    | 2     |           | Y                       | QL                                  |
| tiagabine hcl 12 mg tablet                    | 4     |           | Y                       | QL                                  |
| tiagabine hcl 16 mg tablet                    | 4     |           | Y                       | QL                                  |
| tiagabine hcl 2 mg tablet                     | 4     |           | Y                       | QL                                  |
| tiagabine hcl 4 mg tablet                     | 4     |           | Y                       | QL                                  |
| TIAZAC 120 MG CAPSULE,EXTENDED RELEASE        | 4     |           | Y                       | QL                                  |
| TIAZAC 180 MG CAPSULE,EXTENDED RELEASE        | 4     |           | Y                       | QL                                  |
| TIAZAC 240 MG CAPSULE,EXTENDED RELEASE        | 4     |           | Y                       | QL                                  |
| TIAZAC 300 MG CAPSULE,EXTENDED RELEASE        | 4     |           | Y                       | QL                                  |
| TIAZAC 360 MG CAPSULE,EXTENDED RELEASE        | 4     |           | Y                       | QL                                  |
| TIAZAC 420 MG CAPSULE,EXTENDED RELEASE        | 4     |           | Y                       | QL                                  |
| TIBSOVO 250 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| TIGAN 300 MG CAPSULE                          | 3     |           |                         |                                     |
| TIGLUTIK 50 MG/10 ML ORAL SUSPENSION          | 4     | Y         | Y                       | PA, QL                              |
| TIKOSYN 125 MCG CAPSULE                       | 4     |           | Y                       | QL                                  |
| TIKOSYN 250 MCG CAPSULE                       | 4     |           | Y                       | QL                                  |
| TIKOSYN 500 MCG CAPSULE                       | 4     |           | Y                       | QL                                  |
| TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET | 1     |           | Y                       |                                     |
| timolol 0.25% gel-solution                    | 3     |           | Y                       |                                     |
| timolol 0.25% gfs gel-solution                | 3     |           | Y                       |                                     |
| timolol 0.5% eye drop                         | 3     |           | Y                       |                                     |
| timolol 0.5% gel-solution                     | 3     |           | Y                       | QL                                  |
| timolol 0.5% gfs gel-solution                 | 3     |           | Y                       | QL                                  |
| timolol maleate 0.25% eye drop                | 1     |           | Y                       | QL                                  |
| timolol maleate 0.5% eye drops                | 1     |           | Y                       | QL                                  |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| timolol maleate 10 mg tablet  | 3     |           | Y                       |                                     |
| timolol maleate 20 mg tablet  | 3     |           | Y                       |                                     |
| timolol maleate 5 mg tablet   | 3     |           | Y                       |                                     |
| TIMOPTIC 0.25 % EYE DROPS   | 3     |           | Y                       | QL                                  |
| TIMOPTIC 0.5 % EYE DROPS  | 3     |           | Y                       | QL                                  |
| TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPS IN A DROPPERETTE               | 3     |           | Y                       |                                     |
| TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPS IN A DROPPERETTE                | 3     |           | Y                       |                                     |
| TIMOPTIC-XE 0.25 % EYE GEL  | 3     |           | Y                       |                                     |
| TIMOPTIC-XE 0.5 % EYE GEL   | 3     |           | Y                       | QL                                  |
| TINDAMAX 500 MG TABLET  | 3     |           |                         |                                     |
| tinidazole 250 mg tablet  | 2     |           |                         |                                     |
| tinidazole 500 mg tablet  | 2     |           |                         |                                     |
| TIROSINT 100 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 112 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 125 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 13 MCG CAPSULE   | 3     |           | Y                       | ST                                  |
| TIROSINT 137 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 150 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 175 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 200 MCG CAPSULE  | 3     |           | Y                       | ST                                  |
| TIROSINT 25 MCG CAPSULE   | 3     |           | Y                       | ST                                  |
| TIROSINT 50 MCG CAPSULE   | 3     |           | Y                       | ST                                  |
| TIROSINT 75 MCG CAPSULE   | 3     |           | Y                       | ST                                  |
| TIROSINT 88 MCG CAPSULE   | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 100 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 112 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 125 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 13 MCG/ML ORAL SOLUTION                                  | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 137 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 150 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 175 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 200 MCG/ML ORAL SOLUTION                                 | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 25 MCG/ML ORAL SOLUTION                                  | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 50 MCG/ML ORAL SOLUTION                                  | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 75 MCG/ML ORAL SOLUTION                                  | 3     |           | Y                       | ST                                  |
| TIROSINT-SOL 88 MCG/ML ORAL SOLUTION                                  | 3     |           | Y                       | ST                                  |
| TIS-U-SOL PENTALYTE 800-40-20-8.75-6.25 MG/100 ML IRRIGATION SOLUTION | 3     |           |                         |                                     |
| TIVICAY 10 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| TIVICAY 25 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| TIVICAY 50 MG TABLET  | 4     | Y         | Y                       | QL                                  |
| TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION                            | 4     | Y         | Y                       | QL                                  |
| TIVORBEX 20 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |
| TIVORBEX 40 MG CAPSULE  | 4     | Y         |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| tizanidine hcl 2 mg capsule                        | 3     |           | Y                       | ST                                  |
| tizanidine hcl 2 mg tablet                         | 1     |           | Y                       |                                     |
| tizanidine hcl 4 mg capsule                        | 3     |           | Y                       | ST                                  |
| tizanidine hcl 4 mg tablet                         | 1     |           | Y                       |                                     |
| tizanidine hcl 6 mg capsule                        | 3     |           | Y                       | ST                                  |
| tl icon capsule                                    | 1     |           |                         |                                     |
| TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION         | 4     | Y         | Y                       | PA, QL                              |
| TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE | 4     | Y         | Y                       | PA, QL                              |
| TOBI PODHALER 28 MG INHALE CAP                     | 4     | Y         | Y                       | PA, QL                              |
| TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION          | 3     |           |                         |                                     |
| TOBRADEX 0.3 %-0.1 % EYE OINTMENT                  | 3     |           |                         |                                     |
| TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION      | 3     |           |                         |                                     |
| tobramycin 0.3% eye drop                           | 2     |           |                         |                                     |
| tobramycin 300 mg/5 ml ampule                      | 4     | Y         | Y                       | PA, QL                              |
| tobramycin pak 300 mg/5 ml                         | 4     | Y         | Y                       | PA, QL                              |
| tobramycin-dexameth ophth susp                     | 3     |           |                         |                                     |
| TOBREX 0.3 % EYE DROPS                             | 3     |           |                         |                                     |
| TOBREX 0.3 % EYE OINTMENT                          | 3     |           |                         |                                     |
| TOFRANIL 10 MG TABLET                              | 3     |           | Y                       |                                     |
| TOFRANIL 25 MG TABLET                              | 3     |           | Y                       |                                     |
| TOFRANIL 50 MG TABLET                              | 3     |           | Y                       |                                     |
| TOLAK 4 % TOPICAL CREAM                            | 4     |           |                         |                                     |
| tolazamide 250 mg tablet                           | 1     |           | Y                       |                                     |
| tolazamide 500 mg tablet                           | 1     |           | Y                       |                                     |
| tolbutamide 500 mg tablet                          | 1     |           | Y                       |                                     |
| tolcapone 100 mg tablet                            | 4     |           | Y                       | PA, QL                              |
| tolmetin sodium 200 mg tab                         | 3     |           |                         |                                     |
| tolmetin sodium 400 mg cap                         | 3     |           |                         |                                     |
| tolmetin sodium 600 mg tab                         | 3     |           |                         |                                     |
| TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE        | 4     | Y         |                         | PA, QL                              |
| tolterodine tart er 2 mg cap                       | 3     |           | Y                       | QL                                  |
| tolterodine tart er 4 mg cap                       | 3     |           | Y                       | QL                                  |
| tolterodine tartrate 1 mg tab                      | 3     |           | Y                       | QL                                  |
| tolterodine tartrate 2 mg tab                      | 3     |           | Y                       | QL                                  |
| tolvaptan 30 mg tablet                             | 4     | Y         | Y                       | QL                                  |
| TOOMEY SYRINGE 70 ML                               | 1     |           |                         |                                     |
| TOPAMAX 100 MG TABLET                              | 4     |           | Y                       | QL, ST                              |
| TOPAMAX 15 MG SPRINKLE CAPSULE                     | 4     |           | Y                       | QL                                  |
| TOPAMAX 200 MG TABLET                              | 4     |           | Y                       | QL, ST                              |
| TOPAMAX 25 MG SPRINKLE CAPSULE                     | 4     |           | Y                       | QL                                  |
| TOPAMAX 25 MG TABLET                               | 4     |           | Y                       | QL, ST                              |
| TOPAMAX 50 MG TABLET                               | 4     |           | Y                       | QL, ST                              |
| TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE           | 1     |           | Y                       |                                     |
| TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE          | 1     |           | Y                       |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE                     | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE                    | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE                    | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE                     | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE                    | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE                    | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE                       | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE                      | 2     |           | Y                       |                                     |
| TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE                      | 2     |           | Y                       |                                     |
| TOPCARE UNIVERSAL1 LANCET  | 1     |           | Y                       |                                     |
| TOPCARE UNIVERSAL1 LANCET 33 GAUGE                                       | 1     |           | Y                       |                                     |
| TOPICORT 0.05 % TOPICAL CREAM  | 4     |           |                         | ST                                  |
| TOPICORT 0.05 % TOPICAL GEL  | 4     |           |                         | ST                                  |
| TOPICORT 0.05 % TOPICAL OINTMENT   | 4     |           |                         | ST                                  |
| TOPICORT 0.25 % TOPICAL CREAM  | 4     |           |                         | ST                                  |
| TOPICORT 0.25 % TOPICAL OINTMENT   | 4     |           |                         | ST                                  |
| TOPICORT 0.25 % TOPICAL SPRAY  | 4     |           |                         | ST                                  |
| topiramate 100 mg tablet   | 1     |           | Y                       | QL                                  |
| topiramate 15 mg sprinkle cap  | 2     |           | Y                       | QL                                  |
| topiramate 200 mg tablet   | 1     |           | Y                       | QL                                  |
| topiramate 25 mg sprinkle cap  | 2     |           | Y                       | QL                                  |
| topiramate 25 mg tablet  | 1     |           | Y                       | QL                                  |
| topiramate 50 mg tablet  | 1     |           | Y                       | QL                                  |
| topiramate er 100 mg capsule   | 3     | Y         | Y                       | PA, QL                              |
| topiramate er 150 mg capsule   | 3     | Y         | Y                       | PA, QL                              |
| topiramate er 200 mg capsule   | 3     | Y         | Y                       | PA, QL                              |
| topiramate er 25 mg capsule  | 3     | Y         | Y                       | PA, QL                              |
| topiramate er 50 mg capsule  | 3     | Y         | Y                       | PA, QL                              |
| TOPROL XL 100 MG TABLET,EXTENDED RELEASE                                 | 3     |           | Y                       | QL                                  |
| TOPROL XL 200 MG TABLET,EXTENDED RELEASE                                 | 3     |           | Y                       | QL                                  |
| TOPROL XL 25 MG TABLET,EXTENDED RELEASE                                  | 3     |           | Y                       | QL                                  |
| TOPROL XL 50 MG TABLET,EXTENDED RELEASE                                  | 3     |           | Y                       | QL                                  |
| toremifene citrate 60 mg tab   | 4     | Y         | Y                       | QL                                  |
| torsemide 10 mg tablet   | 1     |           | Y                       |                                     |
| torsemide 100 mg tablet  | 1     |           | Y                       |                                     |
| torsemide 20 mg tablet   | 1     |           | Y                       |                                     |
| torsemide 5 mg tablet  | 1     |           | Y                       |                                     |
| TOSYMRA 10 MG/ACTUATION NASAL SPRAY                                      | 3     |           |                         | QL, ST                              |
| TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML)<br>SUBCUTANEOUS INSULIN PEN | 2     |           | Y                       |                                     |
| TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML)<br>SUBCUTANEOUS PEN   | 2     |           | Y                       |                                     |
| tovet emollient 0.05 % topical foam                                      | 3     |           |                         | ST                                  |
| TOVIAZ 4 MG TABLET,EXTENDED RELEASE                                      | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| TOVIAZ 8 MG TABLET,EXTENDED RELEASE                                 | 3     |           | Y                       | QL, ST                              |
| TRACLEER 125 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| TRACLEER 32 MG TABLET FOR ORAL SUSPENSION                           | 4     | Y         | Y                       | PA, QL                              |
| TRACLEER 62.5 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| TRADJENTA 5 MG TABLET   | 2     |           | Y                       | QL                                  |
| tramadol er 100 mg tablet   | 2     |           |                         | QL                                  |
| tramadol er 200 mg tablet   | 2     |           |                         | QL                                  |
| tramadol er 300 mg tablet   | 2     |           |                         | QL                                  |
| tramadol hcl 100 mg tablet  | 3     |           |                         | QL                                  |
| tramadol hcl 50 mg tablet   | 2     |           |                         | QL                                  |
| tramadol hcl er 100 mg capsule                                      | 3     |           |                         | QL, ST                              |
| tramadol hcl er 100 mg tablet                                       | 2     |           |                         | QL                                  |
| tramadol hcl er 150 mg capsule                                      | 3     |           |                         | QL, ST                              |
| tramadol hcl er 200 mg capsule                                      | 3     |           |                         | QL, ST                              |
| tramadol hcl er 200 mg tablet                                       | 2     |           |                         | QL                                  |
| tramadol hcl er 300 mg capsule                                      | 3     |           |                         | QL, ST                              |
| tramadol hcl er 300 mg tablet                                       | 2     |           |                         | QL                                  |
| tramadol-acetaminophn 37.5-325                                      | 2     |           |                         | QL                                  |
| trandolapril 1 mg tablet  | 1     |           | Y                       |                                     |
| trandolapril 2 mg tablet  | 1     |           | Y                       |                                     |
| trandolapril 4 mg tablet  | 1     |           | Y                       |                                     |
| trandolapr-verapam er 1-240 mg                                      | 3     |           | Y                       |                                     |
| trandolapr-verapam er 2-180 mg                                      | 3     |           | Y                       |                                     |
| trandolapr-verapam er 2-240 mg                                      | 3     |           | Y                       |                                     |
| trandolapr-verapam er 4-240 mg                                      | 3     |           | Y                       |                                     |
| tranexamic acid 650 mg tablet                                       | 3     |           | Y                       | QL                                  |
| TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS)          | 3     |           |                         | QL                                  |
| TRANXENE T-TAB 7.5 MG TABLET  | 3     |           |                         |                                     |
| tranylcypromine sulf 10 mg tab                                      | 3     |           | Y                       | QL                                  |
| TRAVATAN Z 0.004 % EYE DROPS  | 3     |           | Y                       | QL, ST                              |
| travoprost 0.004% eye drop  | 3     |           | Y                       | QL                                  |
| trazodone 100 mg tablet   | 1     |           | Y                       |                                     |
| trazodone 150 mg tablet   | 1     |           | Y                       |                                     |
| trazodone 300 mg tablet   | 1     |           | Y                       |                                     |
| trazodone 50 mg tablet  | 1     |           | Y                       |                                     |
| TRECTOR 250 MG TABLET   | 3     |           |                         |                                     |
| TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION       | 2     |           | Y                       | QL                                  |
| TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR                        | 4     | Y         | Y                       | PA, QL                              |
| TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE                              | 4     | Y         | Y                       | PA, QL                              |
| TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN | 3     |           | Y                       | ST                                  |
| TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML)                  | 3     |           | Y                       | ST                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| SUBCUTANEOUS PEN   |       |           |                         |                                     |
| TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION          | 3     |           | Y                       | ST                                  |
| tretinoin 0.01% gel  | 3     |           |                         | PA                                  |
| tretinoin 0.025% cream   | 3     |           |                         | PA                                  |
| tretinoin 0.025% gel   | 3     |           |                         | PA                                  |
| tretinoin 0.05% cream  | 3     |           |                         | PA                                  |
| tretinoin 0.05% gel  | 3     |           |                         | PA                                  |
| tretinoin 0.1% cream   | 3     |           |                         | PA                                  |
| tretinoin 10 mg capsule  | 4     | Y         |                         | PA, QL                              |
| tretinoin gel micro 0.04% pump                                   | 4     | Y         |                         | PA                                  |
| tretinoin gel micro 0.04% tube                                   | 4     |           |                         | PA                                  |
| tretinoin gel micro 0.1% pump                                    | 4     | Y         |                         | PA                                  |
| tretinoin gel micro 0.1% tube                                    | 4     |           |                         | PA                                  |
| TRETIN-X 0.075 % TOPICAL CREAM                                   | 4     |           |                         | PA                                  |
| TREXALL 10 MG TABLET   | 3     |           | Y                       | QL                                  |
| TREXALL 15 MG TABLET   | 3     |           | Y                       | QL                                  |
| TREXALL 5 MG TABLET  | 3     |           | Y                       | QL                                  |
| TREXALL 7.5 MG TABLET  | 3     |           | Y                       | QL                                  |
| TREXIMET 10-60 MG TABLET   | 4     | Y         |                         | QL, ST                              |
| TREXIMET 85 MG-500 MG TABLET                                     | 4     |           |                         | QL, ST                              |
| TREZIX 320.5 MG-30 MG-16 MG CAPSULE                              | 4     |           |                         | QL                                  |
| tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | 1     |           | Y                       |                                     |
| triamcinolone 0.025% cream                                       | 1     |           |                         |                                     |
| triamcinolone 0.025% lotion                                      | 2     |           |                         |                                     |
| triamcinolone 0.025% oint  | 1     |           |                         |                                     |
| triamcinolone 0.05% ointment                                     | 4     |           |                         | ST                                  |
| triamcinolone 0.1% cream   | 1     |           |                         |                                     |
| triamcinolone 0.1% lotion  | 2     |           |                         |                                     |
| triamcinolone 0.1% ointment                                      | 1     |           |                         |                                     |
| triamcinolone 0.1% paste   | 2     |           |                         |                                     |
| triamcinolone 0.147 mg/g spray                                   | 4     | Y         |                         | ST                                  |
| triamcinolone 0.5% cream   | 1     |           |                         |                                     |
| triamcinolone 0.5% ointment                                      | 1     |           |                         |                                     |
| triamterene 100 mg capsule                                       | 3     |           | Y                       |                                     |
| triamterene 50 mg capsule  | 3     |           | Y                       |                                     |
| triamterene-hctz 37.5-25 mg cp                                   | 1     |           | Y                       |                                     |
| triamterene-hctz 37.5-25 mg tb                                   | 1     |           | Y                       |                                     |
| triamterene-hctz 50-25 mg cap                                    | 1     |           | Y                       |                                     |
| triamterene-hctz 75-50 mg tab                                    | 1     |           | Y                       |                                     |
| trianex 0.05 % topical ointment                                  | 4     |           |                         | ST                                  |
| triazolam 0.125 mg tablet  | 3     |           |                         | QL                                  |
| triazolam 0.25 mg tablet   | 3     |           |                         | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| TRIBENZOR 20 MG-5 MG-12.5 MG TABLET                                | 3     |           | Y                       | QL, ST                              |
| TRIBENZOR 40 MG-10 MG-12.5 MG TABLET                               | 3     |           | Y                       | QL, ST                              |
| TRIBENZOR 40 MG-10 MG-25 MG TABLET                                 | 3     |           | Y                       | QL, ST                              |
| TRIBENZOR 40 MG-5 MG-12.5 MG TABLET                                | 3     |           | Y                       | QL, ST                              |
| TRIBENZOR 40 MG-5 MG-25 MG TABLET                                  | 3     |           | Y                       | QL, ST                              |
| TRICARE 27 MG IRON-1 MG TABLET                                     | 2     |           | Y                       |                                     |
| TRICARE PRENATAL DHA ONE SFTGL                                     | 2     |           | Y                       |                                     |
| tricon 110 mg-0.5 mg capsule                                       | 1     |           |                         |                                     |
| TRICOR 145 MG TABLET   | 3     |           | Y                       | QL                                  |
| TRICOR 48 MG TABLET  | 3     |           | Y                       | QL                                  |
| triderm 0.1 % topical cream  | 1     |           |                         |                                     |
| triderm 0.5% cream   | 1     |           |                         |                                     |
| TRIDESILON 0.05 % TOPICAL CREAM                                    | 4     |           |                         |                                     |
| trientine hcl 250 mg capsule                                       | 4     | Y         |                         | PA                                  |
| tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | 1     |           | Y                       |                                     |
| trifluoperazine 1 mg tablet  | 2     |           | Y                       |                                     |
| trifluoperazine 10 mg tablet                                       | 2     |           | Y                       |                                     |
| trifluoperazine 2 mg tablet  | 2     |           | Y                       |                                     |
| trifluoperazine 5 mg tablet  | 2     |           | Y                       |                                     |
| trifluridine 1% eye drops  | 3     |           |                         |                                     |
| trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule                  | 1     |           |                         |                                     |
| TRIGLIDE 160 MG TABLET   | 3     |           | Y                       | QL                                  |
| trihexyphenidyl 2 mg tablet  | 1     |           | Y                       |                                     |
| trihexyphenidyl 2 mg/5 ml elx                                      | 2     |           | Y                       |                                     |
| trihexyphenidyl 5 mg tablet  | 1     |           | Y                       |                                     |
| TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE           | 2     |           | Y                       | QL                                  |
| TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE       | 2     |           | Y                       | QL                                  |
| TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE           | 2     |           | Y                       | QL                                  |
| TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE          | 2     |           | Y                       | QL                                  |
| TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS                       | 4     | Y         | Y                       | PA, QL                              |
| triklo 1 gm capsule  | 3     |           | Y                       | PA, QL                              |
| tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet                 | 3     |           | Y                       |                                     |
| TRILEPTAL 150 MG TABLET  | 4     |           | Y                       | ST                                  |
| TRILEPTAL 300 MG TABLET  | 4     |           | Y                       | ST                                  |
| TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION                   | 4     |           | Y                       |                                     |
| TRILEPTAL 600 MG TABLET  | 4     |           | Y                       | ST                                  |
| tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet    | 1     |           | Y                       |                                     |
| TRILIPIX 135 MG CAPSULE,DELAYED RELEASE                            | 3     |           | Y                       | QL, ST                              |
| TRILIPIX 45 MG CAPSULE,DELAYED RELEASE                             | 3     |           | Y                       | QL, ST                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet           | 1     |           | Y                       |                                     |
| tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet              | 1     |           | Y                       |                                     |
| tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet                      | 1     |           | Y                       |                                     |
| tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet            | 1     |           | Y                       |                                     |
| trilyte with flavor packets 420 gram oral solution                | 2     |           |                         |                                     |
| trimethobenzamide 300 mg cap                                      | 2     |           |                         |                                     |
| trimethoprim 100 mg tablet  | 2     |           |                         |                                     |
| tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet     | 1     |           | Y                       |                                     |
| trimipramine maleate 100 mg cp                                    | 4     |           | Y                       |                                     |
| trimipramine maleate 25 mg cap                                    | 4     |           | Y                       |                                     |
| trimipramine maleate 50 mg cap                                    | 4     |           | Y                       |                                     |
| TRIMPEX 50 MG/5 ML ORAL SOLN                                      | 4     |           |                         |                                     |
| trinatal rx 1 60 mg iron-1 mg tablet                              | 1     |           | Y                       |                                     |
| TRINATE 28 MG IRON-1 MG TABLET                                    | 2     |           | Y                       |                                     |
| TRINESSA LO TABLET  | 1     |           | Y                       |                                     |
| TRINESSA TABLET   | 1     |           | Y                       |                                     |
| TRI-NORINYL 28 TABLET   | 3     |           | Y                       |                                     |
| TRINTELLIX 10 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| TRINTELLIX 20 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| TRINTELLIX 5 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| triphrocaps 1 mg capsule  | 2     |           |                         |                                     |
| tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | 1     |           | Y                       |                                     |
| TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION                        | 4     | Y         | Y                       | PA, QL                              |
| tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet | 1     |           | Y                       |                                     |
| TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE                       | 3     |           | Y                       |                                     |
| TRIUMEQ 600 MG-50 MG-300 MG TABLET                                | 4     | Y         | Y                       | QL                                  |
| triveen-duo dha 29 mg-1 mg-400 mg oral pack                       | 2     |           | Y                       |                                     |
| trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet                 | 1     |           | Y                       |                                     |
| tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet  | 1     |           | Y                       |                                     |
| tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet                   | 1     |           | Y                       |                                     |
| TRIZIVIR 300 MG-150 MG-300 MG TABLET                              | 4     |           | Y                       | QL                                  |
| TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE                      | 4     | Y         | Y                       | PA, QL                              |
| TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE                      | 4     | Y         | Y                       | PA, QL                              |
| TROKENDI XR 25 MG CAPSULE, EXTENDED RELEASE                       | 4     | Y         | Y                       | PA, QL                              |
| TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE                       | 4     | Y         | Y                       | PA, QL                              |
| TROPHAMINE 10 % INTRAVENOUS SOLUTION                              | 3     |           |                         |                                     |
| TROPHAMINE 6% IV SOLUTION   | 3     |           |                         |                                     |
| tropicamide 0.5% eye drop   | 2     |           |                         |                                     |
| tropicamide 0.5% eye drops  | 2     |           |                         |                                     |
| tropicamide 1% eye drop   | 2     |           |                         |                                     |
| tropicamide 1% eye drops  | 2     |           |                         |                                     |
| trospium chloride 20 mg tablet                                    | 3     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| tropium chloride er 60 mg cap                        | 3     |           | Y                       | QL                                  |
| TRUE COMFORT ALCOHOL PADS                            | 3     |           |                         |                                     |
| TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"   | 2     |           | Y                       |                                     |
| TRUE COMFORT LANCET 30 GAUGE                         | 1     |           | Y                       |                                     |
| TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4"              | 1     |           | Y                       |                                     |
| TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16"             | 1     |           | Y                       |                                     |
| TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32"             | 1     |           | Y                       |                                     |
| TRUE METRIX AIR GLUCOSE METER                        | 1     |           | Y                       |                                     |
| TRUE METRIX AIR GLUCOSE METER KIT                    | 1     |           | Y                       |                                     |
| TRUE METRIX GLUCOSE METER                            | 1     |           | Y                       |                                     |
| TRUE METRIX GLUCOSE TEST STRIP                       | 1     |           | Y                       | QL                                  |
| TRUE METRIX GO GLUCOSE METER                         | 1     |           | Y                       |                                     |
| TRUE METRIX LEVEL 1 SOLUTION                         | 3     |           | Y                       |                                     |
| TRUE METRIX LEVEL 2 SOLUTION                         | 3     |           | Y                       |                                     |
| TRUE METRIX LEVEL 3 SOLUTION                         | 3     |           | Y                       |                                     |
| TRUE METRIX PRO TEST STRIP                           | 1     |           | Y                       | QL                                  |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT                     | 1     |           | Y                       |                                     |
| TRUECONTROL LEVEL 0 SOLUTION                         | 3     |           | Y                       |                                     |
| TRUECONTROL LEVEL 1 SOLUTION                         | 3     |           | Y                       |                                     |
| TRUEDRAW LANCING DEVICE                              | 1     |           |                         |                                     |
| TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE      | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE     | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE     | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE      | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE     | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE     | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE        | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE        | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE       | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE       | 2     |           | Y                       |                                     |
| TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE      | 2     |           | Y                       |                                     |
| TRUEPLUS LANCETS 26 GAUGE                            | 1     |           | Y                       |                                     |
| TRUEPLUS LANCETS 28 GAUGE                            | 1     |           | Y                       |                                     |
| TRUEPLUS LANCETS 30 GAUGE                            | 1     |           | Y                       |                                     |
| TRUEPLUS LANCETS 33 GAUGE                            | 1     |           | Y                       |                                     |
| TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2"                  | 1     |           | Y                       |                                     |
| TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4"                  | 1     |           | Y                       |                                     |
| TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16"                 | 1     |           | Y                       |                                     |
| TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16"                 | 1     |           | Y                       |                                     |
| TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32"                 | 1     |           | Y                       |                                     |
| TRUERESULT BLOOD GLUCOSE SYSTEM KIT                  | 1     |           | Y                       |                                     |
| TRUETEST TEST STRIPS                                 | 1     |           | Y                       | QL                                  |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT                   | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| TRUETRACK SMART SYSTEM KIT                                       | 1     |           | Y                       |                                     |
| TRUETRACK TEST STRIPS  | 1     |           | Y                       | QL                                  |
| TRULANCE 3 MG TABLET   | 4     |           | Y                       | PA, QL                              |
| TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR               | 2     |           | Y                       | QL                                  |
| TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR                | 2     |           | Y                       | QL                                  |
| TRUSOPT 2 % EYE DROPS  | 3     |           | Y                       | QL                                  |
| trust natal dha  | 2     |           |                         |                                     |
| TRUVADA 100 MG-150 MG TABLET                                     | 4     | Y         | Y                       | QL                                  |
| TRUVADA 133 MG-200 MG TABLET                                     | 4     | Y         | Y                       | QL                                  |
| TRUVADA 167 MG-250 MG TABLET                                     | 4     | Y         | Y                       | QL                                  |
| TRUVADA 200 MG-300 MG TABLET                                     | 4     | Y         | Y                       | QL                                  |
| TRUZONE PEAK FLOW METER  | 1     |           |                         |                                     |
| TUBERCULIN SYRINGE 1 ML 25 GAUGE X 1"                            | 1     |           |                         |                                     |
| TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED              | 4     |           | Y                       | QL, ST                              |
| TUKYSA 150 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| TUKYSA 50 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| tulana 0.35 mg tablet  | 1     |           | Y                       |                                     |
| TURALIO 200 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE                    | 4     |           |                         | QL                                  |
| TUSSICAPS 5 MG-4 MG CAPSULE                                      | 4     |           |                         | QL                                  |
| tussigon 5-1.5 mg tablet   | 3     |           |                         |                                     |
| TUSSIONEX PENNKINETIC SUSP                                       | 3     |           |                         |                                     |
| TUXARIN ER 8 MG-54.3 MG TABLET,EXTENDED RELEASE                  | 3     |           |                         | QL                                  |
| TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE | 3     |           |                         |                                     |
| TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE      | 4     |           |                         |                                     |
| TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH                    | 3     |           | Y                       | QL                                  |
| TWIST LANCETS  | 1     |           | Y                       |                                     |
| TWIST LANCETS 30 GAUGE   | 1     |           | Y                       |                                     |
| TWIST LANCETS 32 GAUGE   | 1     |           | Y                       |                                     |
| TWYNSTA 40 MG-10 MG TABLET                                       | 3     |           | Y                       | QL, ST                              |
| TWYNSTA 40 MG-5 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| TWYNSTA 80 MG-10 MG TABLET                                       | 3     |           | Y                       | QL, ST                              |
| TWYNSTA 80 MG-5 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| TYBOST 150 MG TABLET   | 3     |           | Y                       | QL                                  |
| tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet                      | 3     |           | Y                       |                                     |
| TYKERB 250 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| TYLENOL WITH CODEINE #3 TABLET                                   | 3     |           |                         | QL                                  |
| TYLENOL WITH CODEINE #4 TABLET                                   | 3     |           |                         | QL                                  |
| TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR | 4     | Y         | Y                       | PA, QL                              |
| TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION      | 4     | Y         | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION  | 4     | Y         |                         | PA, QL                              |
| TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION | 4     | Y         | Y                       | PA, QL                              |
| TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION            | 4     | Y         |                         | PA, QL                              |
| UBRELVY 100 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| UBRELVY 50 MG TABLET   | 4     | Y         |                         | PA, QL                              |
| UCERIS 2 MG/ACTUATION RECTAL FOAM                                      | 4     |           |                         | PA                                  |
| UCERIS 9 MG TABLET, EXTENDED RELEASE                                   | 4     | Y         |                         | PA, QL                              |
| UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE                               | 4     | Y         |                         | PA, QL                              |
| ULESFIA 5 % LOTION   | 3     |           |                         |                                     |
| ULORIC 40 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| ULORIC 80 MG TABLET  | 3     |           | Y                       | QL, ST                              |
| ULTICARE INS SYR 1 ML 31GX5/16"  | 2     |           | Y                       |                                     |
| ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE                                | 2     |           | Y                       |                                     |
| ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE                               | 2     |           | Y                       |                                     |
| ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE                                | 2     |           | Y                       |                                     |
| ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE                               | 2     |           | Y                       |                                     |
| ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE                                  | 2     |           |                         |                                     |
| ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE                                  | 2     |           | Y                       |                                     |
| ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE                                 | 2     |           | Y                       |                                     |
| ULTICARE INS SAFETY 1ML 29X1/2   | 2     |           | Y                       |                                     |
| ULTICARE INS SYR 1 ML 28GX1/2"   | 2     |           | Y                       |                                     |
| ULTICARE INS SYR 1 ML 29GX1/2"   | 2     |           | Y                       |                                     |
| ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"                        | 2     |           | Y                       |                                     |
| ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"                          | 2     |           | Y                       |                                     |
| ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"                        | 2     |           | Y                       |                                     |
| ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4"              | 2     |           | Y                       |                                     |
| ULTICARE PEN NEEDLE 29 GAUGE X 1/2"                                    | 2     |           | Y                       |                                     |
| ULTICARE PEN NEEDLE 31 GAUGE X 1/4"                                    | 2     |           | Y                       |                                     |
| ULTICARE PEN NEEDLE 31 GAUGE X 3/16"                                   | 2     |           | Y                       |                                     |
| ULTICARE PEN NEEDLE 31 GAUGE X 5/16"                                   | 2     |           | Y                       |                                     |
| ULTICARE PEN NEEDLE 32 GAUGE X 1/4"                                    | 1     |           | Y                       |                                     |
| ULTICARE PEN NEEDLE 32 GAUGE X 5/32"                                   | 2     |           | Y                       |                                     |
| ULTICARE SAFETY 0.5 ML 29GX1/2   | 2     |           | Y                       |                                     |
| ULTICARE SYR 0.3 ML 30GX5/16"  | 2     |           | Y                       |                                     |
| ULTICARE SYR 0.3 ML 31GX5/16"  | 2     |           | Y                       |                                     |
| ULTICARE SYR 0.5 ML 29GX1/2"   | 2     |           | Y                       |                                     |
| ULTICARE SYR 0.5 ML 30GX5/16"  | 2     |           | Y                       |                                     |
| ULTICARE SYR 0.5 ML 31GX5/16"  | 2     |           | Y                       |                                     |
| ULTICARE SYR 1 ML 30GX5/16"  | 2     |           | Y                       |                                     |
| ULTICARE SYR 1.5 ML 22GX1 1/2"   | 2     |           |                         |                                     |
| ULTICARE SYRIN 0.3 ML 29GX1/2"   | 2     |           | Y                       |                                     |



| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ULTICARE SYRIN 0.5 ML 28GX1/2"                        | 2     |           | Y                       |                                     |
| ULTIGUARD SAFE PACK 31 GAUGE X 1/4" NEEDLE            | 1     |           | Y                       |                                     |
| ULTIGUARD SAFE PACK 31 GAUGE X 3/16" NEEDLE           | 1     |           | Y                       |                                     |
| ULTIGUARD SAFE PACK 31 GAUGE X 5/16" NEEDLE           | 1     |           | Y                       |                                     |
| ULTIGUARD SAFE PACK 32 GAUGE X 1/4" NEEDLE            | 1     |           | Y                       |                                     |
| ULTIGUARD SAFE PACK 32 GAUGE X 5/32" NEEDLE           | 1     |           | Y                       |                                     |
| ULTI-LANCE KIT  | 3     |           | Y                       |                                     |
| ULTI-LANCE MISC                                       | 3     |           |                         |                                     |
| ULTILET ALCOHOL SWAB                                  | 3     |           |                         |                                     |
| ULTILET BASIC LANCETS 30 GAUGE                        | 1     |           | Y                       |                                     |
| ULTILET CLASSIC LANCETS                               | 1     |           | Y                       |                                     |
| ULTILET CLASSIC LANCETS 28 GAUGE                      | 1     |           | Y                       |                                     |
| ULTILET CLASSIC LANCETS 30 GAUGE                      | 1     |           | Y                       |                                     |
| ULTILET CLASSIC LANCETS 33 GAUGE                      | 1     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE               | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"        | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"       | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 1 ML 29 GAUGE                 | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"          | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"         | 2     |           | Y                       |                                     |
| ULTILET INSULIN SYRINGE 1/2 ML 29                     | 2     |           | Y                       |                                     |
| ULTILET LANCETS 28 GAUGE                              | 1     |           | Y                       |                                     |
| ULTILET LANCETS 30 GAUGE                              | 1     |           | Y                       |                                     |
| ULTILET LANCETS 33 GAUGE                              | 1     |           | Y                       |                                     |
| ULTILET PEN NEEDLE 29 GAUGE                           | 1     |           | Y                       |                                     |
| ULTILET PEN NEEDLE 32 GAUGE X 5/32"                   | 1     |           | Y                       |                                     |
| ULTILET SAFETY LANCETS 23 GAUGE                       | 1     |           | Y                       |                                     |
| ULTIMA MONITOR  | 3     |           | Y                       | ST                                  |
| ULTIMA TEST STRIPS                                    | 3     |           | Y                       | QL, ST                              |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30               | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE           | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"    | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE           | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"              | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"             | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"             | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE                   | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"            | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29                         | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE                   | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2"  | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16" | 2     |           | Y                       |                                     |
| ULTRA FINE LANCETS 30 GAUGE                                     | 1     |           | Y                       |                                     |
| ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2"                            | 1     |           | Y                       |                                     |
| ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"                           | 1     |           | Y                       |                                     |
| ULTRA PRENATAL PLUS DHA 27 MG-800 MCG-250 MG-200 MG CAPSULE     | 2     |           |                         |                                     |
| ULTRA THIN II LANCETS 30 GAUGE                                  | 1     |           | Y                       |                                     |
| ULTRA THIN LANCETS  | 1     |           | Y                       |                                     |
| ULTRA THIN LANCETS 28 GAUGE                                     | 1     |           | Y                       |                                     |
| ULTRA THIN LANCETS 30 GAUGE                                     | 1     |           | Y                       |                                     |
| ULTRA THIN LANCETS 31 GAUGE                                     | 1     |           | Y                       |                                     |
| ULTRA THIN LANCETS 33 GAUGE                                     | 1     |           | Y                       |                                     |
| ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32"                          | 1     |           | Y                       |                                     |
| ULTRA THIN PLUS LANCETS 33 GAUGE                                | 1     |           | Y                       |                                     |
| ULTRA TLC LANCETS   | 3     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"                | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"               | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"                  | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"                 | 2     |           | Y                       |                                     |
| ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"                 | 2     |           | Y                       |                                     |
| ULTRA-CARE LANCETS 30 GAUGE                                     | 1     |           | Y                       |                                     |
| ULTRACARE PEN NEEDLE 31 GAUGE X 1/4"                            | 1     |           | Y                       |                                     |
| ULTRACARE PEN NEEDLE 31 GAUGE X 3/16"                           | 1     |           | Y                       |                                     |
| ULTRACARE PEN NEEDLE 31 GAUGE X 5/16"                           | 1     |           | Y                       |                                     |
| ULTRACARE PEN NEEDLE 32 GAUGE X 1/4"                            | 1     |           | Y                       |                                     |
| ULTRACARE PEN NEEDLE 32 GAUGE X 3/16"                           | 1     |           | Y                       |                                     |
| ULTRACARE PEN NEEDLE 32 GAUGE X 5/32"                           | 1     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| ULTRACARE PEN NEEDLE 33 GAUGE X 5/32"                         | 1     |           | Y                       |                                     |
| ULTRACET 37.5 MG-325 MG TABLET                                | 3     |           |                         | QL                                  |
| ULTRALANCE LANCETS 26 GAUGE                                   | 1     |           | Y                       |                                     |
| ULTRALANCE LANCETS 28 GAUGE                                   | 1     |           | Y                       |                                     |
| ULTRAM 50 MG TABLET   | 3     |           |                         | QL                                  |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" | 1     |           | Y                       |                                     |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | 1     |           | Y                       |                                     |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" | 1     |           | Y                       |                                     |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" | 1     |           | Y                       |                                     |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"   | 1     |           | Y                       |                                     |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"   | 1     |           | Y                       |                                     |
| ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE         | 1     |           | Y                       |                                     |
| ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2"             | 1     |           | Y                       |                                     |
| ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"          | 1     |           | Y                       |                                     |
| ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"            | 1     |           | Y                       |                                     |
| ULTRA-THIN II LANCETS 28 GAUGE                                | 1     |           | Y                       |                                     |
| ULTRATRAK GLUCOSE METER                                       | 3     |           | Y                       | ST                                  |
| ULTRATRAK GLUCOSE METER KIT                                   | 3     |           | Y                       | ST                                  |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION                           | 3     |           | Y                       |                                     |
| ULTRATRAK NORMAL CONTROL SOLUTION                             | 3     |           | Y                       |                                     |
| ULTRATRAK STRIPS  | 3     |           | Y                       | QL, ST                              |
| ULTRATRAK ULTIMATE  | 3     |           | Y                       | ST                                  |
| ULTRATRAK ULTIMATE SOLUTION                                   | 3     |           | Y                       |                                     |
| ULTRATRAK ULTIMATE STRIPS                                     | 3     |           | Y                       | QL, ST                              |
| ULTRAVATE 0.05 % LOTION                                       | 4     |           |                         | ST                                  |
| ULTRAVATE 0.05% CREAM   | 4     |           |                         | ST                                  |
| ULTRAVATE 0.05% OINTMENT                                      | 4     |           |                         | ST                                  |
| UNIFINE PENTIPS 29 GAUGE NEEDLE                               | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE                        | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE                        | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE                       | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE                       | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE                        | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE                       | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE                       | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE               | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE                   | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE                   | 1     |           | Y                       |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE         | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE         | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE         | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE         | 1     |           | Y                       |                                     |
| UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE | 1     |           | Y                       |                                     |
| UNIFINE SAFECONTROL 30 GAUGE X 3/16" NEEDLE          | 1     |           | Y                       |                                     |
| UNIFINE SAFECONTROL 30 GAUGE X 5/16" NEEDLE          | 1     |           | Y                       |                                     |
| UNILET COMFORTOUCH LANCET                            | 1     |           | Y                       |                                     |
| UNILET COMFORTOUCH LANCET 26 GAUGE                   | 1     |           | Y                       |                                     |
| UNILET EXCELITE II LANCET                            | 3     |           | Y                       |                                     |
| UNILET EXCELITE LANCET                               | 3     |           | Y                       |                                     |
| UNILET GP LANCET                                     | 1     |           | Y                       |                                     |
| UNILET LANCET 28 GAUGE                               | 1     |           | Y                       |                                     |
| UNILET LANCET 33 GAUGE                               | 1     |           | Y                       |                                     |
| UNILET LANCETS 30 GAUGE                              | 3     |           | Y                       |                                     |
| UNILET SUPER THIN LANCETS 30 GAUGE                   | 1     |           | Y                       |                                     |
| UNISTIK 2 DEVICE KIT                                 | 3     |           | Y                       |                                     |
| UNISTIK 2 EXTRA KIT                                  | 1     |           | Y                       |                                     |
| UNISTIK 2 NORMAL LANCET AND DEVICE KIT               | 1     |           | Y                       |                                     |
| UNISTIK 3 COMFORT DEVICE KIT                         | 3     |           | Y                       |                                     |
| UNISTIK 3 COMFORT LANCET                             | 1     |           | Y                       |                                     |
| UNISTIK 3 EXTRA LANCET 21 GAUGE                      | 1     |           | Y                       |                                     |
| UNISTIK 3 GENTLE 30 GAUGE                            | 3     |           | Y                       |                                     |
| UNISTIK 3 KIT  | 3     |           | Y                       |                                     |
| UNISTIK 3 LANCETS 21 GAUGE                           | 1     |           | Y                       |                                     |
| UNISTIK 3 NEONATAL DEVICE KIT                        | 3     |           | Y                       |                                     |
| UNISTIK 3 NEONATAL KIT                               | 3     |           | Y                       |                                     |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                     | 1     |           | Y                       |                                     |
| UNISTIK CZT LANCET 23 GAUGE                          | 1     |           | Y                       |                                     |
| UNISTIK CZT LANCET 28 GAUGE                          | 1     |           | Y                       |                                     |
| UNISTIK PRO LANCET 21 GAUGE                          | 1     |           | Y                       |                                     |
| UNISTIK PRO LANCET 25 GAUGE                          | 1     |           | Y                       |                                     |
| UNISTIK PRO LANCET 28 GAUGE                          | 1     |           | Y                       |                                     |
| UNISTIK SAFETY 28 GAUGE                              | 1     |           | Y                       |                                     |
| UNISTIK SAFETY 30 GAUGE                              | 1     |           | Y                       |                                     |
| UNISTIK TOUCH LANCETS 21 GAUGE                       | 1     |           | Y                       |                                     |
| UNISTIK TOUCH LANCETS 23 GAUGE                       | 1     |           | Y                       |                                     |
| UNISTIK TOUCH LANCETS 28 GAUGE                       | 1     |           | Y                       |                                     |
| UNISTIK TOUCH LANCETS 30 GAUGE                       | 1     |           | Y                       |                                     |
| UNISTRIP HIGH CONTROL SOLUTION                       | 3     |           | Y                       |                                     |
| UNISTRIP LOW CONTROL SOLUTION                        | 3     |           | Y                       |                                     |
| UNISTRIP1 TEST STRIP                                 | 3     |           | Y                       | QL, ST                              |
| UNITHROID 100 MCG TABLET                             | 2     |           | Y                       |                                     |
| UNITHROID 112 MCG TABLET                             | 2     |           | Y                       |                                     |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| UNITHROID 125 MCG TABLET  | 2     |           | Y                       |                                     |
| UNITHROID 137 MCG TABLET  | 2     |           | Y                       |                                     |
| UNITHROID 150 MCG TABLET  | 2     |           | Y                       |                                     |
| UNITHROID 175 MCG TABLET  | 2     |           | Y                       |                                     |
| UNITHROID 200 MCG TABLET  | 2     |           | Y                       |                                     |
| UNITHROID 25 MCG TABLET   | 2     |           | Y                       |                                     |
| UNITHROID 300 MCG TABLET  | 2     |           | Y                       |                                     |
| UNITHROID 50 MCG TABLET   | 2     |           | Y                       |                                     |
| UNITHROID 75 MCG TABLET   | 2     |           | Y                       |                                     |
| UNITHROID 88 MCG TABLET   | 2     |           | Y                       |                                     |
| UNIVERSAL 1 LANCETS 21 GAUGE                                      | 1     |           | Y                       |                                     |
| UNIVERSAL 1 LANCETS 26 GAUGE                                      | 1     |           | Y                       |                                     |
| UNIVERSAL 1 LANCETS 30 GAUGE                                      | 1     |           | Y                       |                                     |
| UNIVERSAL 1 LANCETS 33 GAUGE                                      | 1     |           | Y                       |                                     |
| UP & UP BLOOD MONITORING SYST                                     | 3     |           | Y                       | ST                                  |
| up&up glucose 4 gram tab chew                                     | 1     |           |                         |                                     |
| UPTRAVI 1,000 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 1,200 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 1,400 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 1,600 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK         | 4     | Y         |                         | PA, QL                              |
| UPTRAVI 200 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 400 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 600 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| UPTRAVI 800 MCG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| URECHOLINE 10 MG TABLET   | 3     |           | Y                       |                                     |
| URECHOLINE 25 MG TABLET   | 3     |           | Y                       |                                     |
| URECHOLINE 5 MG TABLET  | 3     |           | Y                       |                                     |
| URECHOLINE 50 MG TABLET   | 3     |           | Y                       |                                     |
| UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE             | 3     |           | Y                       |                                     |
| UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE             | 3     |           | Y                       |                                     |
| UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE                 | 3     |           | Y                       |                                     |
| UROXATRAL 10 MG TABLET,EXTENDED RELEASE                           | 4     |           | Y                       | QL, ST                              |
| URSO 250 250 MG TABLET  | 3     |           | Y                       |                                     |
| URSO FORTE 500 MG TABLET  | 3     |           | Y                       |                                     |
| ursodiol 250 mg tablet  | 3     |           | Y                       |                                     |
| ursodiol 300 mg capsule   | 3     |           | Y                       |                                     |
| ursodiol 500 mg tablet  | 3     |           | Y                       |                                     |
| UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE | 3     |           | Y                       | QL, ST                              |
| VAGIFEM 10 MCG VAGINAL TABLET                                     | 3     |           | Y                       |                                     |
| valacyclovir hcl 1 gram tablet                                    | 2     |           | Y                       | QL                                  |
| valacyclovir hcl 500 mg tablet                                    | 2     |           | Y                       | QL                                  |
| VALCHLOR 0.016 % TOPICAL GEL                                      | 4     | Y         | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| VALCYTE 450 MG TABLET                              | 4     | Y         | Y                       | QL                                  |
| VALCYTE 50 MG/ML ORAL SOLUTION                     | 4     | Y         | Y                       | QL                                  |
| valganciclovir 450 mg tablet                       | 4     | Y         | Y                       | QL                                  |
| valganciclovir hcl 50 mg/ml                        | 4     | Y         | Y                       | QL                                  |
| VALIUM 10 MG TABLET                                | 3     |           |                         | QL, ST                              |
| VALIUM 2 MG TABLET                                 | 3     |           |                         | QL, ST                              |
| VALIUM 5 MG TABLET                                 | 3     |           |                         | QL, ST                              |
| valproic acid 250 mg capsule                       | 1     |           | Y                       |                                     |
| valproic acid 250 mg/5 ml soln                     | 1     |           | Y                       |                                     |
| valproic acid 500 mg/10 ml sol                     | 1     |           | Y                       |                                     |
| valsartan 160 mg tablet                            | 1     |           | Y                       | QL                                  |
| valsartan 320 mg tablet                            | 1     |           | Y                       | QL                                  |
| valsartan 40 mg tablet                             | 1     |           | Y                       | QL                                  |
| valsartan 80 mg tablet                             | 1     |           | Y                       | QL                                  |
| valsartan-hctz 160-12.5 mg tab                     | 1     |           | Y                       | QL                                  |
| valsartan-hctz 160-25 mg tab                       | 1     |           | Y                       | QL                                  |
| valsartan-hctz 320-12.5 mg tab                     | 1     |           | Y                       | QL                                  |
| valsartan-hctz 320-25 mg tab                       | 1     |           | Y                       | QL                                  |
| valsartan-hctz 80-12.5 mg tab                      | 1     |           | Y                       | QL                                  |
| VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY           | 4     | Y         |                         | QL                                  |
| VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY  | 4     | Y         |                         | QL                                  |
| VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY  | 4     | Y         |                         | QL                                  |
| VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY            | 4     | Y         |                         | QL                                  |
| VALTRESX 1 GRAM TABLET                             | 4     |           | Y                       | QL                                  |
| VALTRESX 500 MG TABLET                             | 4     |           | Y                       | QL                                  |
| vanadom 350 mg tablet                              | 2     |           |                         | QL                                  |
| vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution  | 4     | Y         |                         | QL                                  |
| vanatol s 50 mg-325 mg-40 mg/15 ml oral solution   | 4     | Y         |                         | QL                                  |
| VANCOICIN 125 MG CAPSULE                           | 4     |           |                         | PA, QL                              |
| VANCOICIN 250 MG CAPSULE                           | 4     |           |                         | PA, QL                              |
| vancomycin 250 mg/5 ml soln                        | 3     |           |                         |                                     |
| vancomycin hcl 125 mg capsule                      | 3     |           |                         | PA, QL                              |
| vancomycin hcl 250 mg capsule                      | 3     |           |                         | PA, QL                              |
| VANDAZOLE 0.75 % VAGINAL GEL                       | 3     |           |                         |                                     |
| VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16"  | 2     |           | Y                       |                                     |
| VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2"         | 2     |           | Y                       |                                     |
| VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2"           | 2     |           | Y                       |                                     |
| VANOS 0.1 % TOPICAL CREAM                          | 4     |           |                         | ST                                  |
| VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION | 4     |           |                         |                                     |
| VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE    | 4     |           |                         |                                     |
| VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION     | 4     |           |                         |                                     |
| VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE        | 4     |           |                         |                                     |
| VARUBI 90 MG TABLET                                | 4     | Y         |                         | PA, QL                              |
| VASCEPA 0.5 GRAM CAPSULE                           | 3     |           | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| VASCEPA 1 GRAM CAPSULE   | 3     |           | Y                       | PA, QL                              |
| VASERETIC 10 MG-25 MG TABLET   | 3     |           | Y                       |                                     |
| VASOFLEX HD 150 MG-150 MG-150 MG-500 MG TABLET                       | 3     |           |                         |                                     |
| VASOTEC 10 MG TABLET   | 4     |           | Y                       |                                     |
| VASOTEC 2.5 MG TABLET  | 4     |           | Y                       |                                     |
| VASOTEC 20 MG TABLET   | 4     |           | Y                       |                                     |
| VASOTEC 5 MG TABLET  | 4     |           | Y                       |                                     |
| vecamyl 2.5 mg tablet  | 4     |           |                         | QL                                  |
| VECTICAL 3 MCG/GRAM TOPICAL OINTMENT                                 | 4     |           |                         | PA, QL                              |
| velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet | 1     |           | Y                       |                                     |
| VELPHORO 500 MG CHEWABLE TABLET                                      | 4     | Y         | Y                       | ST                                  |
| VELTASSA 16.8 GRAM ORAL POWDER PACKET                                | 4     | Y         | Y                       | PA, QL                              |
| VELTASSA 25.2 GRAM ORAL POWDER PACKET                                | 4     | Y         | Y                       | PA, QL                              |
| VELTASSA 8.4 GRAM ORAL POWDER PACKET                                 | 4     | Y         | Y                       | PA, QL                              |
| VELTIN 1.2 %-0.025 % TOPICAL GEL                                     | 4     |           |                         | ST                                  |
| VEMLIDY 25 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| VENCLEXTA 10 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| VENCLEXTA 100 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| VENCLEXTA 50 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK    | 4     | Y         |                         | PA, QL                              |
| venlafaxine hcl 100 mg tablet  | 1     |           | Y                       |                                     |
| venlafaxine hcl 25 mg tablet   | 1     |           | Y                       |                                     |
| venlafaxine hcl 37.5 mg tablet                                       | 1     |           | Y                       |                                     |
| venlafaxine hcl 50 mg tablet   | 1     |           | Y                       |                                     |
| venlafaxine hcl 75 mg tablet   | 1     |           | Y                       |                                     |
| venlafaxine hcl er 150 mg cap  | 1     |           | Y                       | QL                                  |
| venlafaxine hcl er 150 mg tab  | 3     |           | Y                       | QL, ST                              |
| venlafaxine hcl er 225 mg tab  | 3     |           | Y                       | QL, ST                              |
| venlafaxine hcl er 37.5 mg cap                                       | 1     |           | Y                       | QL                                  |
| venlafaxine hcl er 37.5 mg tab                                       | 3     |           | Y                       | QL, ST                              |
| venlafaxine hcl er 75 mg cap   | 1     |           | Y                       | QL                                  |
| venlafaxine hcl er 75 mg tab   | 3     |           | Y                       | QL, ST                              |
| VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION                         | 4     | Y         | Y                       | PA, QL                              |
| VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION                         | 4     | Y         | Y                       | PA, QL                              |
| VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER                        | 2     |           | Y                       | QL                                  |
| verapamil 120 mg tablet  | 1     |           | Y                       | QL                                  |
| verapamil 360 mg cap pellet  | 3     |           | Y                       | QL                                  |
| verapamil 40 mg tablet   | 1     |           | Y                       | QL                                  |
| verapamil 80 mg tablet   | 1     |           | Y                       | QL                                  |
| verapamil er 120 mg capsule  | 3     |           | Y                       | QL                                  |
| verapamil er 120 mg tablet   | 1     |           | Y                       | QL                                  |
| verapamil er 180 mg capsule  | 3     |           | Y                       | QL                                  |

| Drug Name                                      | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| verapamil er 180 mg tablet                     | 1     |           | Y                       | QL                                  |
| verapamil er 240 mg capsule                    | 3     |           | Y                       | QL                                  |
| verapamil er 240 mg tablet                     | 1     |           | Y                       | QL                                  |
| verapamil er pm 100 mg capsule                 | 3     |           | Y                       | QL                                  |
| verapamil er pm 200 mg capsule                 | 3     |           | Y                       | QL                                  |
| verapamil er pm 300 mg capsule                 | 3     |           | Y                       | QL                                  |
| verapamil sr 120 mg capsule                    | 3     |           | Y                       | QL                                  |
| verapamil sr 180 mg capsule                    | 3     |           | Y                       | QL                                  |
| verapamil sr 240 mg capsule                    | 3     |           | Y                       | QL                                  |
| VERASENS BLOOD GLUCOSE METER                   | 3     |           | Y                       | ST                                  |
| VERASENS CONTROL SOLUTION-LEVEL 1              | 3     |           | Y                       |                                     |
| VERASENS METER STARTER KIT                     | 3     |           | Y                       | ST                                  |
| VERASENS TEST STRIP                            | 3     |           | Y                       | QL, ST                              |
| VERDESO 0.05 % TOPICAL FOAM                    | 4     | Y         |                         |                                     |
| VEREGEN 15 % TOPICAL OINTMENT                  | 4     | Y         |                         | PA, QL                              |
| VERELAN 120 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       | QL                                  |
| VERELAN 180 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       | QL                                  |
| VERELAN 240 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       | QL                                  |
| VERELAN 360 MG CAPSULE,EXTENDED RELEASE        | 3     |           | Y                       | QL                                  |
| VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE    | 4     |           | Y                       | QL                                  |
| VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE    | 4     |           | Y                       | QL                                  |
| VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE    | 4     |           | Y                       | QL                                  |
| VERIFINE PEN NEEDLE 31 GAUGE X 1/4"            | 1     |           | Y                       |                                     |
| VERIFINE PEN NEEDLE 31 GAUGE X 5/16"           | 1     |           | Y                       |                                     |
| VERIFINE PEN NEEDLE 32 GAUGE X 3/16"           | 1     |           | Y                       |                                     |
| VERIFINE PEN NEEDLE 32 GAUGE X 5/32"           | 1     |           | Y                       |                                     |
| VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION | 3     |           |                         |                                     |
| VERSACLOZ 50 MG/ML ORAL SUSPENSION             | 3     |           | Y                       | QL, ST                              |
| VERZENIO 100 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| VERZENIO 150 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| VERZENIO 200 MG TABLET                         | 4     | Y         | Y                       | PA, QL                              |
| VERZENIO 50 MG TABLET                          | 4     | Y         | Y                       | PA, QL                              |
| VESICARE 10 MG TABLET                          | 3     |           | Y                       | QL, ST                              |
| VESICARE 5 MG TABLET                           | 3     |           | Y                       | QL, ST                              |
| VFEND 200 MG TABLET                            | 4     | Y         |                         | PA, QL                              |
| VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION   | 4     | Y         |                         | PA, QL                              |
| VFEND 50 MG TABLET                             | 4     | Y         |                         | PA, QL                              |
| V-GO 20 DEVICE                                 | 2     |           | Y                       |                                     |
| V-GO 30 DEVICE                                 | 2     |           | Y                       |                                     |
| V-GO 40 DEVICE                                 | 2     |           | Y                       |                                     |
| VIBERZI 100 MG TABLET                          | 4     |           | Y                       | PA, QL                              |
| VIBERZI 75 MG TABLET                           | 4     |           | Y                       | PA, QL                              |
| VIBRAMYCIN 100 MG CAPSULE                      | 3     |           |                         | QL                                  |
| VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION          | 3     |           |                         |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| VIBRAMYCIN 50 MG/5 ML ORAL SYRUP                                   | 3     |           |                         |                                     |
| vicodin 5-300 mg tablet  | 3     |           |                         | QL                                  |
| vicodin hp 10 mg-300 mg tablet                                     | 3     |           |                         | QL                                  |
| VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR | 2     |           | Y                       | QL                                  |
| VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR | 2     |           | Y                       | QL                                  |
| VIDEX 2 GM PEDIATRIC SOLN  | 3     |           | Y                       | QL                                  |
| VIDEX 4 GM PEDIATRIC SOLN  | 3     |           | Y                       | QL                                  |
| VIDEX EC 125 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| VIDEX EC 200 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| VIDEX EC 250 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| VIDEX EC 400 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK      | 4     | Y         |                         | PA, QL                              |
| vienva 0.1 mg-20 mcg tablet  | 1     |           | Y                       |                                     |
| vigabatrin 500 mg powder packt                                     | 4     | Y         | Y                       | PA, QL                              |
| vigabatrin 500 mg tablet   | 4     | Y         | Y                       | PA, QL                              |
| vigadrone 500 mg oral powder packet                                | 4     | Y         | Y                       | PA, QL                              |
| VIGAMOX 0.5 % EYE DROPS  | 3     |           |                         | ST                                  |
| VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK                | 3     |           |                         | QL, ST                              |
| VIIBRYD 10 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VIIBRYD 20 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VIIBRYD 40 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VIMPAT 10 MG/ML ORAL SOLUTION                                      | 3     |           | Y                       | QL                                  |
| VIMPAT 100 MG TABLET   | 3     |           | Y                       |                                     |
| VIMPAT 150 MG TABLET   | 3     |           | Y                       |                                     |
| VIMPAT 200 MG TABLET   | 3     |           | Y                       |                                     |
| VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK               | 4     | Y         |                         | PA                                  |
| VIMPAT 50 MG TABLET  | 3     |           | Y                       |                                     |
| vinate m 27 mg iron-1 mg tablet                                    | 1     |           | Y                       |                                     |
| vinate one 60 mg iron-1 mg tablet                                  | 1     |           | Y                       |                                     |
| VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET                 | 4     |           | Y                       | ST                                  |
| VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET                 | 4     |           | Y                       | ST                                  |
| viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet               | 1     |           | Y                       |                                     |
| VIRACEPT 250 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| VIRACEPT 625 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| VIRAMUNE 200 MG TABLET   | 3     |           | Y                       | QL                                  |
| VIRAMUNE 50 MG/5 ML ORAL SUSPENSION                                | 3     |           | Y                       | QL                                  |
| VIRAMUNE XR 100 MG TABLET  | 4     |           | Y                       | QL                                  |
| VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE                         | 4     |           | Y                       | QL                                  |
| VIRAZOLE 6 GRAM SOLUTION FOR INHALATION                            | 3     |           |                         | QL                                  |
| VIREAD 150 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| VIREAD 200 MG TABLET   | 4     | Y         | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| VIREAD 250 MG TABLET   | 4     | Y         | Y                       | QL                                  |
| VIREAD 300 MG TABLET   | 4     |           | Y                       | QL                                  |
| VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER                          | 4     | Y         | Y                       | QL                                  |
| virt-caps 1 mg capsule   | 2     |           |                         |                                     |
| virt-gard 2.2 mg-25 mg-1 mg tablet                                   | 3     |           |                         |                                     |
| virt-nate dha 28 mg iron-1 mg-200 mg capsule                         | 3     |           | Y                       |                                     |
| virt-phos 250 neutral 250 mg tablet                                  | 2     |           |                         |                                     |
| virt-pn tablet   | 2     |           | Y                       |                                     |
| VISTARIL 25 MG CAPSULE   | 3     |           |                         |                                     |
| VISTARIL 50 MG CAPSULE   | 3     |           |                         |                                     |
| VISTOGARD 10 GRAM ORAL GRANULES IN PACKET                            | 4     | Y         |                         | QL                                  |
| VITAFOL 65 MG-1 MG TABLET  | 3     |           |                         |                                     |
| VITAFOL NANO 18 MG IRON-1 MG TABLET                                  | 3     |           | Y                       |                                     |
| VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE                         | 3     |           | Y                       |                                     |
| VITAFOL-OB 65 MG-1 MG TABLET   | 3     |           | Y                       |                                     |
| VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK                           | 3     |           | Y                       |                                     |
| VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE                           | 2     |           | Y                       |                                     |
| VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE                     | 2     |           | Y                       |                                     |
| VITAMEDMD REDICHEW RX 1.4 MG CHEW TABLET,IMMEDIATE - DELAYED RELEASE | 3     |           | Y                       |                                     |
| vitamin d2 1,250 mcg (50,000 unit) capsule                           | 1     |           | Y                       |                                     |
| vitamin d2 1.25mg(50,000 unit)                                       | 1     |           | Y                       |                                     |
| vitamin k 1 mg/0.5 ml injection solution                             | 4     |           |                         |                                     |
| vitamin k1 10 mg/ml injection solution                               | 4     |           |                         |                                     |
| VITAPEARL 30 MG-1.4 MG-200 MG CAPSULE,IMMEDIATE - DELAY RELEASE      | 3     |           | Y                       |                                     |
| VITA-RESPA 2.2 MG-25 MG-1.3 MG TABLET                                | 3     |           |                         |                                     |
| VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK                          | 3     |           | Y                       |                                     |
| VITRAKVI 100 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| VITRAKVI 20 MG/ML ORAL SOLUTION                                      | 4     | Y         | Y                       | PA, QL                              |
| VITRAKVI 25 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| VIVAGUARD INO CONTROL SOLUTION                                       | 3     |           | Y                       |                                     |
| VIVAGUARD INO GLUCOSE METER  | 3     |           | Y                       | ST                                  |
| VIVAGUARD INO TEST STRIP   | 3     |           | Y                       | QL, ST                              |
| VIVAGUARD LANCET 30 GAUGE  | 1     |           | Y                       |                                     |
| VIVAGUARD LANCING DEVICE   | 1     |           |                         |                                     |
| VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH                         | 3     |           | Y                       | QL                                  |
| VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH                        | 3     |           | Y                       | QL                                  |
| VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH                          | 3     |           | Y                       | QL                                  |
| VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH                         | 3     |           | Y                       | QL                                  |
| VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH                           | 3     |           | Y                       | QL                                  |
| VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE            | 4     | Y         |                         | QL                                  |
| VIVLODEX 10 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| VIVLODEX 5 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| VIZIMPRO 15 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| VIZIMPRO 30 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| VIZIMPRO 45 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| VOGELXO 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET                  | 3     |           | Y                       | PA, QL                              |
| VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL | 3     |           | Y                       | PA, QL                              |
| VOGELXO 50 MG/5 GRAM (1 %) TRANSDERMAL GEL                         | 3     |           | Y                       | PA, QL                              |
| volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet                | 1     |           | Y                       |                                     |
| VOLTAREN 1 % TOPICAL GEL   | 3     |           | Y                       | PA                                  |
| VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE                         | 4     |           |                         |                                     |
| voriconazole 200 mg tablet   | 4     | Y         |                         | PA, QL                              |
| voriconazole 40 mg/ml susp   | 4     | Y         |                         | PA, QL                              |
| voriconazole 50 mg tablet  | 4     | Y         |                         | PA, QL                              |
| VORTEX HOLDING CHAMBER   | 2     |           |                         |                                     |
| VORTEX HOLDING CHAMBER WITH CHILD MASK                             | 1     |           |                         |                                     |
| VORTEX HOLDING CHAMBER WITH TODDLER MASK                           | 1     |           |                         |                                     |
| VORTEX VHC FROG MASK-CHILD   | 1     |           |                         |                                     |
| VORTEX VHC LADYBUG MASK-TODDLER                                    | 1     |           |                         |                                     |
| VOSEVI 400 MG-100 MG-100 MG TABLET                                 | 4     | Y         |                         | PA, QL                              |
| VOTRIENT 200 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE                          | 3     |           | Y                       |                                     |
| VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK                | 4     | Y         |                         | PA                                  |
| VRAYLAR 1.5 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| VRAYLAR 3 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| VRAYLAR 4.5 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| VRAYLAR 6 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| vtol lq 50 mg-325 mg-40 mg/15 ml oral solution                     | 4     | Y         |                         | QL                                  |
| VUMERITY 231 MG CAPSULE,DELAYED RELEASE                            | 4     | Y         | Y                       | PA, QL                              |
| VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT                        | 4     |           |                         |                                     |
| vyfemla (28) 0.4 mg-35 mcg tablet                                  | 1     |           | Y                       |                                     |
| vylibra 0.25 mg-35 mcg tablet                                      | 1     |           | Y                       |                                     |
| VYNDAMAX 61 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| VYNDAQEL 20 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| VYTORIN 10 MG-10 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VYTORIN 10 MG-20 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VYTORIN 10 MG-40 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VYTORIN 10 MG-80 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| VYVANSE 10 MG CAPSULE  | 2     |           | Y                       | QL                                  |
| VYVANSE 10 MG CHEWABLE TABLET                                      | 2     |           | Y                       | QL                                  |
| VYVANSE 20 MG CAPSULE  | 2     |           | Y                       | QL                                  |
| VYVANSE 20 MG CHEWABLE TABLET                                      | 2     |           | Y                       | QL                                  |
| VYVANSE 30 MG CAPSULE  | 2     |           | Y                       | QL                                  |
| VYVANSE 30 MG CHEWABLE TABLET                                      | 2     |           | Y                       | QL                                  |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| VYVANSE 40 MG CAPSULE                                | 2     |           | Y                       | QL                                  |
| VYVANSE 40 MG CHEWABLE TABLET                        | 2     |           | Y                       | QL                                  |
| VYVANSE 50 MG CAPSULE                                | 2     |           | Y                       | QL                                  |
| VYVANSE 50 MG CHEWABLE TABLET                        | 2     |           | Y                       | QL                                  |
| VYVANSE 60 MG CAPSULE                                | 2     |           | Y                       | QL                                  |
| VYVANSE 60 MG CHEWABLE TABLET                        | 2     |           | Y                       | QL                                  |
| VYVANSE 70 MG CAPSULE                                | 2     |           | Y                       | QL                                  |
| VYZULTA 0.024 % EYE DROPS                            | 3     |           | Y                       | QL, ST                              |
| WAKIX 17.8 MG TABLET                                 | 4     | Y         | Y                       | PA, QL                              |
| WAKIX 4.45 MG TABLET                                 | 4     | Y         | Y                       | PA, QL                              |
| warfarin sodium 1 mg tablet                          | 1     |           | Y                       |                                     |
| warfarin sodium 10 mg tablet                         | 1     |           | Y                       |                                     |
| warfarin sodium 2 mg tablet                          | 1     |           | Y                       |                                     |
| warfarin sodium 2.5 mg tablet                        | 1     |           | Y                       |                                     |
| warfarin sodium 3 mg tablet                          | 1     |           | Y                       |                                     |
| warfarin sodium 4 mg tablet                          | 1     |           | Y                       |                                     |
| warfarin sodium 5 mg tablet                          | 1     |           | Y                       |                                     |
| warfarin sodium 6 mg tablet                          | 1     |           | Y                       |                                     |
| warfarin sodium 7.5 mg tablet                        | 1     |           | Y                       |                                     |
| WAVESENSE AMP KIT                                    | 3     |           | Y                       | ST                                  |
| WAVESENSE CONTROL SOLUTION                           | 3     |           | Y                       |                                     |
| WAVESENSE JAZZ STRIPS                                | 3     |           | Y                       | QL, ST                              |
| WAVESENSE PRESTO                                     | 3     |           | Y                       | ST                                  |
| WAVESENSE PRESTO KIT                                 | 3     |           | Y                       | ST                                  |
| WAVESENSE PRESTO STRIPS                              | 3     |           | Y                       | QL, ST                              |
| WEBCOL TOPICAL PADS                                  | 3     |           |                         |                                     |
| WELCHOL 3.75 GRAM ORAL POWDER PACKET                 | 4     |           | Y                       | PA                                  |
| WELCHOL 625 MG TABLET                                | 4     |           | Y                       | PA                                  |
| WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE | 3     |           | Y                       | QL                                  |
| WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE | 3     |           | Y                       | QL                                  |
| WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE | 3     |           | Y                       | QL                                  |
| WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE  | 4     |           | Y                       | PA, QL                              |
| WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE  | 4     |           | Y                       | PA, QL                              |
| wera (28) 0.5 mg-35 mcg tablet                       | 1     |           | Y                       |                                     |
| WESTHROID 130 MG TABLET                              | 3     |           | Y                       |                                     |
| WESTHROID 195 MG TABLET                              | 3     |           | Y                       |                                     |
| WESTHROID 32.5 MG TABLET                             | 3     |           | Y                       |                                     |
| WESTHROID 65 MG TABLET                               | 3     |           | Y                       |                                     |
| WESTHROID 97.5 MG TABLET                             | 3     |           | Y                       |                                     |
| WIDE-SEAL DIAPHRAGM 60 MM VAGINAL                    | 4     |           |                         |                                     |
| WIDE-SEAL DIAPHRAGM 65 MM VAGINAL                    | 4     |           |                         |                                     |
| WIDE-SEAL DIAPHRAGM 70 MM VAGINAL                    | 4     |           |                         |                                     |
| WIDE-SEAL DIAPHRAGM 75 MM VAGINAL                    | 4     |           |                         |                                     |
| WIDE-SEAL DIAPHRAGM 80 MM VAGINAL                    | 4     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| WIDE-SEAL DIAPHRAGM 85 MM VAGINAL                                      | 4     |           |                         |                                     |
| WIDE-SEAL DIAPHRAGM 90 MM VAGINAL                                      | 4     |           |                         |                                     |
| WIDE-SEAL DIAPHRAGM 95 MM VAGINAL                                      | 4     |           |                         |                                     |
| wixela inhub 100 mcg-50 mcg/dose powder for inhalation                 | 2     |           | Y                       | QL                                  |
| wixela inhub 250 mcg-50 mcg/dose powder for inhalation                 | 2     |           | Y                       | QL                                  |
| wixela inhub 500 mcg-50 mcg/dose powder for inhalation                 | 2     |           | Y                       | QL                                  |
| WP THYROID 113.75 MG TABLET  | 3     |           | Y                       |                                     |
| WP THYROID 130 MG TABLET   | 3     |           | Y                       |                                     |
| WP THYROID 16.25 MG TABLET   | 3     |           | Y                       |                                     |
| WP THYROID 32.5 MG TABLET  | 3     |           | Y                       |                                     |
| WP THYROID 48.75 MG TABLET   | 3     |           | Y                       |                                     |
| WP THYROID 65 MG TABLET  | 3     |           | Y                       |                                     |
| WP THYROID 81.25 MG TABLET   | 3     |           | Y                       |                                     |
| WP THYROID 97.5 MG TABLET  | 3     |           | Y                       |                                     |
| wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet                 | 2     |           | Y                       |                                     |
| XADAGO 100 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| XADAGO 50 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| XALATAN 0.005 % EYE DROPS  | 3     |           | Y                       | QL, ST                              |
| XALKORI 200 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| XALKORI 250 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| XANAX 0.25 MG TABLET   | 3     |           |                         | QL                                  |
| XANAX 0.5 MG TABLET  | 3     |           |                         | QL                                  |
| XANAX 1 MG TABLET  | 3     |           |                         | QL                                  |
| XANAX 2 MG TABLET  | 3     |           |                         | QL                                  |
| XANAX XR 0.5 MG TABLET,EXTENDED RELEASE                                | 3     |           |                         | QL                                  |
| XANAX XR 1 MG TABLET,EXTENDED RELEASE                                  | 3     |           |                         | QL                                  |
| XANAX XR 2 MG TABLET,EXTENDED RELEASE                                  | 3     |           |                         | QL                                  |
| XANAX XR 3 MG TABLET,EXTENDED RELEASE                                  | 3     |           |                         | QL                                  |
| XARELTO 10 MG TABLET   | 2     |           | Y                       | QL                                  |
| XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK                 | 2     |           |                         | QL                                  |
| XARELTO 15 MG TABLET   | 2     |           | Y                       | QL                                  |
| XARELTO 2.5 MG TABLET  | 2     |           | Y                       | QL                                  |
| XARELTO 20 MG TABLET   | 2     |           | Y                       | QL                                  |
| XATMEP 2.5 MG/ML ORAL SOLUTION   | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI 100 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI 150 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI 200 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI 50 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS  | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS | 4     | Y         | Y                       | PA, QL                              |
| XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK   | 3     | Y         |                         | PA, QL                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK | 4     | Y         |                         | PA, QL                              |
| XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK  | 4     | Y         |                         | PA, QL                              |
| XELJANZ 10 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| XELJANZ 5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| XELJANZ XR 11 MG TABLET,EXTENDED RELEASE                             | 4     | Y         | Y                       | PA, QL                              |
| XELJANZ XR 22 MG TABLET,EXTENDED RELEASE                             | 4     | Y         | Y                       | PA, QL                              |
| XELODA 150 MG TABLET   | 4     |           |                         | PA, QL                              |
| XELODA 500 MG TABLET   | 4     |           |                         | PA, QL                              |
| XELPROS 0.005 % EYE DROP EMULSION                                    | 2     |           | Y                       | QL, ST                              |
| XEMBIFY 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION                     | 4     | Y         | Y                       | PA                                  |
| XEMBIFY 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION                   | 4     | Y         | Y                       | PA                                  |
| XEMBIFY 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA                                  |
| XEMBIFY 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION                    | 4     | Y         | Y                       | PA                                  |
| XENAZINE 12.5 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| XENAZINE 25 MG TABLET  | 4     | Y         | Y                       | PA, QL                              |
| XENLETA 600 MG TABLET  | 4     | Y         |                         | QL                                  |
| XEPI 1 % TOPICAL CREAM   | 3     |           |                         | PA                                  |
| XERESE 5 %-1 % TOPICAL CREAM   | 4     |           |                         | PA                                  |
| XERMELO 250 MG TABLET  | 4     | Y         |                         | PA, QL                              |
| XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL                     | 4     | Y         | Y                       | PA, QL                              |
| XIFAXAN 200 MG TABLET  | 4     |           |                         | PA, QL                              |
| XIFAXAN 550 MG TABLET  | 4     |           | Y                       | PA, QL                              |
| XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE                     | 3     |           | Y                       | QL, ST                              |
| XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE                       | 3     |           | Y                       | QL, ST                              |
| XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE                    | 3     |           | Y                       | QL, ST                              |
| XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE                      | 3     |           | Y                       | QL, ST                              |
| XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE                        | 3     |           | Y                       | QL, ST                              |
| XIIDRA 5 % EYE DROPS IN A DROPPERETTE                                | 4     |           | Y                       | PA, QL                              |
| XIMINO 135 MG CAPSULE, EXTENDED RELEASE                              | 4     |           |                         | QL, ST                              |
| XIMINO 45 MG CAPSULE, EXTENDED RELEASE                               | 4     |           |                         | QL, ST                              |
| XIMINO 90 MG CAPSULE, EXTENDED RELEASE                               | 4     |           |                         | QL, ST                              |
| XOFLUZA 20 MG TABLET   | 3     |           |                         | QL                                  |
| XOFLUZA 40 MG TABLET   | 3     |           |                         | QL                                  |
| XOLEGEL 2 % TOPICAL  | 4     |           |                         | ST                                  |
| XOPENEX 0.31 MG/3 ML SOLUTION FOR NEBULIZATION                       | 4     |           | Y                       |                                     |
| XOPENEX 0.63 MG/3 ML SOLUTION FOR NEBULIZATION                       | 4     |           | Y                       |                                     |
| XOPENEX 1.25 MG/3 ML SOLUTION FOR NEBULIZATION                       | 4     |           | Y                       |                                     |
| XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION         | 4     |           | Y                       |                                     |
| XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER                         | 3     |           | Y                       | QL, ST                              |
| XOSPATA 40 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| XPOVIO 100 MG/WEEK (20 MG X 5) TABLET                                | 4     | Y         | Y                       | PA, QL                              |

| Drug Name   | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|---|-------|-----------|-------------------------|-------------------------------------|
| XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET           | 4     |           | Y                       | PA, QL                              |
| XPOVIO 40 MG/WEEK (20 MG X 2) TABLET                                | 4     |           | Y                       | PA, QL                              |
| XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET          | 4     |           | Y                       | PA, QL                              |
| XPOVIO 60 MG/WEEK (20 MG X 3) TABLET                                | 4     | Y         | Y                       | PA, QL                              |
| XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET          | 4     | Y         | Y                       | PA, QL                              |
| XPOVIO 80 MG/WEEK (20 MG X 4) TABLET                                | 4     | Y         | Y                       | PA, QL                              |
| XTAMPZA ER 13.5 MG CAPSULE SPRINKLE                                 | 2     |           |                         | QL                                  |
| XTAMPZA ER 18 MG CAPSULE SPRINKLE                                   | 2     |           |                         | QL                                  |
| XTAMPZA ER 27 MG CAPSULE SPRINKLE                                   | 2     |           |                         | QL                                  |
| XTAMPZA ER 36 MG CAPSULE SPRINKLE                                   | 2     |           |                         | QL                                  |
| XTAMPZA ER 9 MG CAPSULE SPRINKLE                                    | 2     |           |                         | QL                                  |
| XTANDI 40 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| xulane 150 mcg-35 mcg/24 hr transdermal patch                       | 3     |           | Y                       | QL                                  |
| XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN | 4     |           | Y                       | QL, ST                              |
| XURIDEN 2 GRAM ORAL GRANULES IN PACKET                              | 4     | Y         | Y                       | PA, QL                              |
| XYOSTED 100 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR                    | 3     |           | Y                       | PA, QL                              |
| XYOSTED 50 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR                     | 3     |           | Y                       | PA, QL                              |
| XYOSTED 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR                     | 3     |           | Y                       | PA, QL                              |
| XYREM 500 MG/ML ORAL SOLUTION                                       | 4     | Y         |                         | PA, QL                              |
| YASMIN (28) 3 MG-0.03 MG TABLET                                     | 3     |           | Y                       |                                     |
| YAZ (28) 3 MG-0.02 MG TABLET  | 3     |           | Y                       |                                     |
| YONSA 125 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE            | 3     |           | Y                       | PA, QL                              |
| YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE             | 3     |           | Y                       | PA, QL                              |
| YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION                      | 4     | Y         | Y                       | PA, QL                              |
| yuvafem 10 mcg vaginal tablet                                       | 3     |           | Y                       |                                     |
| zafirlukast 10 mg tablet  | 3     |           | Y                       | QL                                  |
| zafirlukast 20 mg tablet  | 3     |           | Y                       | QL                                  |
| zaleplon 10 mg capsule  | 1     |           |                         | QL                                  |
| zaleplon 5 mg capsule   | 1     |           |                         | QL                                  |
| ZANAFLEX 2 MG CAPSULE   | 3     |           | Y                       | ST                                  |
| ZANAFLEX 4 MG CAPSULE   | 3     |           | Y                       | ST                                  |
| ZANAFLEX 4 MG TABLET  | 3     |           | Y                       | ST                                  |
| ZANAFLEX 6 MG CAPSULE   | 3     |           | Y                       | ST                                  |
| ZANTAC 300 MG TABLET  | 3     |           | Y                       |                                     |
| zarah 3 mg-0.03 mg tablet   | 1     |           | Y                       |                                     |
| ZARONTIN 250 MG CAPSULE   | 3     |           | Y                       |                                     |
| ZARONTIN 250 MG/5 ML ORAL SOLUTION                                  | 3     |           | Y                       |                                     |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE                              | 4     | Y         |                         | PA, QL                              |
| ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE                              | 4     | Y         |                         | PA, QL                              |
| ZAVESCA 100 MG CAPSULE   | 4     | Y         | Y                       | PA, QL                              |
| ZEBUTAL 50 MG-325 MG-40 MG CAPSULE                                   | 3     |           |                         | QL                                  |
| ZEGERID 20 MG-1,680 MG ORAL PACKET                                   | 4     | Y         | Y                       | QL, ST                              |
| ZEGERID 20 MG-1.1 GRAM CAPSULE                                       | 4     |           | Y                       | QL, ST                              |
| ZEGERID 40 MG-1,680 MG ORAL PACKET                                   | 4     | Y         | Y                       | QL, ST                              |
| ZEGERID 40 MG-1.1 GRAM CAPSULE                                       | 4     |           | Y                       | QL, ST                              |
| ZEJULA 100 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| ZELAPAR 1.25 MG DISINTEGRATING TABLET                                | 4     |           | Y                       |                                     |
| ZELBORAF 240 MG TABLET   | 4     | Y         | Y                       | PA, QL                              |
| ZELNORM 6 MG TABLET  | 3     |           |                         | PA, QL                              |
| ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR              | 4     | Y         |                         | QL                                  |
| ZEMPLAR 1 MCG CAPSULE  | 3     |           | Y                       | QL                                  |
| ZEMPLAR 2 MCG CAPSULE  | 3     |           | Y                       | QL                                  |
| zenatane 10 mg capsule   | 3     |           |                         | QL                                  |
| zenatane 20 mg capsule   | 3     |           |                         | QL                                  |
| zenatane 30 mg capsule   | 3     |           |                         | QL                                  |
| zenatane 40 mg capsule   | 3     |           |                         | QL                                  |
| ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE   | 4     | Y         | Y                       | ST                                  |
| ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE   | 4     | Y         | Y                       | ST                                  |
| ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE   | 4     | Y         | Y                       | ST                                  |
| ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE  | 4     | Y         | Y                       | ST                                  |
| ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE    | 4     | Y         | Y                       | ST                                  |
| ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE | 4     | Y         | Y                       | ST                                  |
| ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE    | 4     | Y         | Y                       | ST                                  |
| zenzedi 10 mg tablet   | 4     |           | Y                       | QL, ST                              |
| ZENZEDI 15 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| ZENZEDI 2.5 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| ZENZEDI 20 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| ZENZEDI 30 MG TABLET   | 4     |           | Y                       | QL, ST                              |
| zenzedi 5 mg tablet  | 4     |           | Y                       | QL, ST                              |
| ZENZEDI 7.5 MG TABLET  | 4     |           | Y                       | QL, ST                              |
| ZEPATIER 50 MG-100 MG TABLET   | 4     | Y         |                         | PA, QL                              |
| ZEPOSIA 0.92 MG CAPSULE  | 4     | Y         | Y                       | PA, QL                              |
| ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG CAPSULES IN A DOSE PACK  | 4     | Y         |                         | PA, QL                              |



| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK | 4     | Y         |                         | PA, QL                              |
| ZERIT 1 MG/ML SOLUTION   | 3     |           | Y                       | QL                                  |
| ZERIT 15 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| ZERIT 20 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| ZERIT 30 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| ZERIT 40 MG CAPSULE  | 3     |           | Y                       | QL                                  |
| ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE                           | 3     |           |                         | QL, ST                              |
| ZESTORETIC 10 MG-12.5 MG TABLET                                      | 3     |           | Y                       |                                     |
| ZESTORETIC 20 MG-12.5 MG TABLET                                      | 3     |           | Y                       |                                     |
| ZESTORETIC 20 MG-25 MG TABLET  | 3     |           | Y                       |                                     |
| ZESTRIL 10 MG TABLET   | 3     |           | Y                       |                                     |
| ZESTRIL 2.5 MG TABLET  | 3     |           | Y                       |                                     |
| ZESTRIL 20 MG TABLET   | 3     |           | Y                       |                                     |
| ZESTRIL 30 MG TABLET   | 3     |           | Y                       |                                     |
| ZESTRIL 40 MG TABLET   | 3     |           | Y                       |                                     |
| ZESTRIL 5 MG TABLET  | 3     |           | Y                       |                                     |
| ZETIA 10 MG TABLET   | 3     |           | Y                       | QL, ST                              |
| ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER                           | 3     |           | Y                       | QL, ST                              |
| ZIAC 10 MG-6.25 MG TABLET  | 3     |           | Y                       |                                     |
| ZIAC 2.5 MG-6.25 MG TABLET   | 3     |           | Y                       |                                     |
| ZIAC 5 MG-6.25 MG TABLET   | 3     |           | Y                       |                                     |
| ZIAGEN 20 MG/ML ORAL SOLUTION  | 4     |           | Y                       | QL                                  |
| ZIAGEN 300 MG TABLET   | 4     |           | Y                       | QL                                  |
| ZIANA 1.2 %-0.025 % TOPICAL GEL                                      | 4     |           |                         | ST                                  |
| zidovudine 100 mg capsule  | 3     |           | Y                       | QL                                  |
| zidovudine 300 mg tablet   | 1     |           | Y                       | QL                                  |
| zidovudine 50 mg/5 ml syrup  | 3     |           | Y                       | QL                                  |
| ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE                           | 4     | Y         |                         | PA, QL                              |
| zileuton er 600 mg tablet  | 4     | Y         | Y                       | QL, ST                              |
| ZILXI 1.5 % TOPICAL FOAM   | 3     |           |                         | PA, QL                              |
| zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet                         | 3     |           | Y                       |                                     |
| ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE                     | 3     |           | Y                       | QL, ST                              |
| ziprasidone 20 mg/ml vial  | 4     |           |                         |                                     |
| ziprasidone hcl 20 mg capsule  | 2     |           | Y                       | QL                                  |
| ziprasidone hcl 40 mg capsule  | 2     |           | Y                       | QL                                  |
| ziprasidone hcl 60 mg capsule  | 2     |           | Y                       | QL                                  |
| ziprasidone hcl 80 mg capsule  | 2     |           | Y                       | QL                                  |
| ZIRGAN 0.15 % EYE GEL  | 3     |           |                         | QL                                  |
| ZITHROMAX 1 GRAM ORAL PACKET   | 3     |           |                         |                                     |
| ZITHROMAX 100 MG/5 ML ORAL SUSPENSION                                | 3     |           |                         |                                     |
| ZITHROMAX 200 MG/5 ML ORAL SUSPENSION                                | 3     |           |                         |                                     |
| ZITHROMAX 250 MG TABLET  | 3     |           |                         |                                     |
| ZITHROMAX 500 MG TABLET  | 3     |           |                         |                                     |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ZITHROMAX 600 MG TABLET                              | 3     |           |                         | QL                                  |
| ZITHROMAX TRI-PAK 500 MG TABLET                      | 3     |           |                         |                                     |
| ZITHROMAX Z-PAK 250 MG TABLET                        | 3     |           |                         |                                     |
| ZOCOR 10 MG TABLET                                   | 3     |           | Y                       | ST                                  |
| ZOCOR 20 MG TABLET                                   | 3     |           | Y                       | ST                                  |
| ZOCOR 40 MG TABLET                                   | 3     |           | Y                       | ST                                  |
| ZOCOR 80 MG TABLET                                   | 3     |           | Y                       | ST                                  |
| ZOFRAN 4 MG TABLET                                   | 3     |           |                         | QL                                  |
| ZOFRAN 4 MG/5 ML ORAL SOLN                           | 3     |           |                         | QL                                  |
| ZOFRAN 8 MG TABLET                                   | 3     |           |                         | QL                                  |
| ZOFRAN ODT 4 MG TABLET                               | 3     |           |                         | QL                                  |
| ZOFRAN ODT 8 MG TABLET                               | 3     |           |                         | QL                                  |
| ZOXYDRO ER 10 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| ZOXYDRO ER 15 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| ZOXYDRO ER 20 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| ZOXYDRO ER 30 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| ZOXYDRO ER 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| ZOXYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE | 4     |           |                         | QL, ST                              |
| ZOLINZA 100 MG CAPSULE                               | 4     | Y         |                         | PA, QL                              |
| zolmitriptan 2.5 mg odt                              | 3     |           |                         | QL, ST                              |
| zolmitriptan 2.5 mg tablet                           | 3     |           |                         | QL, ST                              |
| zolmitriptan 5 mg odt                                | 3     |           |                         | QL, ST                              |
| zolmitriptan 5 mg tablet                             | 3     |           |                         | QL, ST                              |
| ZOLOFT 100 MG TABLET                                 | 3     |           | Y                       | QL, ST                              |
| ZOLOFT 20 MG/ML ORAL CONCENTRATE                     | 3     |           | Y                       | QL, ST                              |
| ZOLOFT 25 MG TABLET                                  | 3     |           | Y                       | QL, ST                              |
| ZOLOFT 50 MG TABLET                                  | 3     |           | Y                       | QL, ST                              |
| zolpidem tart 1.75 mg tab sl                         | 3     |           |                         | QL, ST                              |
| zolpidem tart 3.5 mg tablet sl                       | 3     |           |                         | QL, ST                              |
| zolpidem tart er 12.5 mg tab                         | 2     |           |                         | QL                                  |
| zolpidem tart er 6.25 mg tab                         | 2     |           |                         | QL                                  |
| zolpidem tartrate 10 mg tablet                       | 1     |           |                         | QL                                  |
| zolpidem tartrate 5 mg tablet                        | 1     |           |                         | QL                                  |
| ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY             | 3     |           |                         | QL, ST                              |
| ZOMACTON 10 MG SUBCUTANEOUS SOLUTION                 | 4     | Y         | Y                       | PA, QL                              |
| ZOMACTON 5 MG SUBCUTANEOUS SOLUTION                  | 4     | Y         | Y                       | PA, QL                              |
| ZOMIG 2.5 MG NASAL SPRAY                             | 3     |           |                         | QL, ST                              |
| ZOMIG 2.5 MG TABLET                                  | 4     |           |                         | QL, ST                              |
| ZOMIG 5 MG NASAL SPRAY                               | 3     |           |                         | QL, ST                              |
| ZOMIG 5 MG TABLET                                    | 4     |           |                         | QL, ST                              |
| ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET               | 4     |           |                         | QL, ST                              |
| ZOMIG ZMT 5 MG DISINTEGRATING TABLET                 | 4     |           |                         | QL, ST                              |
| ZONALON 5 % TOPICAL CREAM                            | 4     | Y         |                         | PA, QL                              |
| ZONEGRAN 100 MG CAPSULE                              | 4     |           | Y                       |                                     |

| Drug Name                                | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ZONEGRAN 25 MG CAPSULE                   | 4     |           | Y                       |                                     |
| zonisamide 100 mg capsule                | 1     |           | Y                       |                                     |
| zonisamide 25 mg capsule                 | 1     |           | Y                       |                                     |
| zonisamide 50 mg capsule                 | 1     |           | Y                       |                                     |
| ZONTIVITY 2.08 MG TABLET                 | 3     |           | Y                       | PA, QL                              |
| ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION    | 4     | Y         | Y                       | PA, QL                              |
| ZORTRESS 0.25 MG TABLET                  | 4     | Y         | Y                       | PA, QL                              |
| ZORTRESS 0.5 MG TABLET                   | 4     | Y         | Y                       | PA, QL                              |
| ZORTRESS 0.75 MG TABLET                  | 4     | Y         | Y                       | PA, QL                              |
| ZORTRESS 1 MG TABLET                     | 4     | Y         | Y                       | PA, QL                              |
| zovia 1/35e (28) 1 mg-35 mcg tablet      | 1     |           | Y                       |                                     |
| ZOVIRAX 200 MG CAPSULE                   | 3     |           | Y                       |                                     |
| ZOVIRAX 200 MG/5 ML ORAL SUSPENSION      | 3     |           | Y                       |                                     |
| ZOVIRAX 400 MG TABLET                    | 3     |           | Y                       |                                     |
| ZOVIRAX 5 % TOPICAL CREAM                | 4     |           |                         | PA                                  |
| ZOVIRAX 5 % TOPICAL OINTMENT             | 4     |           |                         | PA                                  |
| ZOVIRAX 800 MG TABLET                    | 3     |           | Y                       |                                     |
| ZTLIDO 1.8 % TOPICAL PATCH               | 3     |           |                         | PA, QL                              |
| ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET | 2     |           | Y                       | QL                                  |
| ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET | 2     |           | Y                       | QL                                  |
| ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET | 2     |           | Y                       | QL                                  |
| ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET | 2     |           | Y                       | QL                                  |
| ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET  | 2     |           | Y                       | QL                                  |
| ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET  | 2     |           | Y                       | QL                                  |
| zumandimine (28) 3 mg-0.03 mg tablet     | 1     |           | Y                       |                                     |
| ZUPLENZ 4 MG ORAL SOLUBLE FILM           | 3     |           |                         | PA, QL                              |
| ZUPLENZ 8 MG ORAL SOLUBLE FILM           | 3     |           |                         | PA, QL                              |
| ZURAMPIC 200 MG TABLET                   | 3     |           | Y                       | PA, QL                              |
| ZYCLARA 2.5 % TOPICAL CREAM IN A PUMP    | 4     | Y         |                         | QL, ST                              |
| ZYCLARA 3.75 % TOPICAL CREAM IN A PUMP   | 4     | Y         |                         | QL, ST                              |
| ZYCLARA 3.75 % TOPICAL CREAM PACKET      | 4     | Y         |                         | QL, ST                              |
| ZYDELIG 100 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| ZYDELIG 150 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| ZYFLO 600 MG TABLET                      | 4     | Y         | Y                       | QL, ST                              |
| ZYFLO CR 600 MG TABLET                   | 4     | Y         | Y                       | QL, ST                              |
| ZYKADIA 150 MG CAPSULE                   | 4     | Y         | Y                       | PA, QL                              |
| ZYKADIA 150 MG TABLET                    | 4     | Y         | Y                       | PA, QL                              |
| ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION   | 3     |           |                         | ST                                  |
| ZYLOPRIM 100 MG TABLET                   | 3     |           | Y                       |                                     |
| ZYLOPRIM 300 MG TABLET                   | 3     |           | Y                       |                                     |
| ZYMAXID 0.5 % EYE DROPS                  | 3     |           |                         | QL, ST                              |
| ZYPITAMAG 1 MG TABLET                    | 2     |           | Y                       | QL, ST                              |
| ZYPITAMAG 2 MG TABLET                    | 2     |           | Y                       | QL, ST                              |
| ZYPITAMAG 4 MG TABLET                    | 2     |           | Y                       | QL, ST                              |

| Drug Name  | Level | Specialty | Maintenance Medications | Utilization Management Requirements |
|--|-------|-----------|-------------------------|-------------------------------------|
| ZYPREXA 10 MG INTRAMUSCULAR SOLUTION             | 4     |           |                         | QL                                  |
| ZYPREXA 10 MG TABLET                             | 4     |           | Y                       | QL                                  |
| ZYPREXA 15 MG TABLET                             | 4     |           | Y                       | QL                                  |
| ZYPREXA 2.5 MG TABLET                            | 4     |           | Y                       | QL                                  |
| ZYPREXA 20 MG TABLET                             | 4     |           | Y                       | QL                                  |
| ZYPREXA 5 MG TABLET                              | 4     |           | Y                       | QL                                  |
| ZYPREXA 7.5 MG TABLET                            | 4     |           | Y                       | QL                                  |
| ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION | 4     |           | Y                       | QL                                  |
| ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION | 4     |           | Y                       | QL                                  |
| ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION | 4     |           | Y                       | QL                                  |
| ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET        | 4     |           | Y                       | QL                                  |
| ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET        | 4     |           | Y                       | QL                                  |
| ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET        | 4     |           | Y                       | QL                                  |
| ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET         | 4     |           | Y                       | QL                                  |
| ZYTIGA 250 MG TABLET                             | 4     | Y         | Y                       | PA, QL                              |
| ZYTIGA 500 MG TABLET                             | 4     | Y         | Y                       | PA, QL                              |
| ZYVOX 100 MG/5 ML ORAL SUSPENSION                | 3     |           |                         | QL                                  |
| ZYVOX 600 MG TABLET                              | 4     |           |                         | QL                                  |

**Prior authorization:** Before coverage for the drugs requiring prior authorization is extended, the prescribing physician must obtain prior authorization from Humana. Unless the physician requests and receives this approval from Humana, the prescription may not be covered. To request prior authorization, the physician should call Humana Clinical Pharmacy Review (HCPR) at **1-800-555-CLIN (2546)**. **This number is for physician use only.** Hours of operation are between 8 a.m. – 6:30 p.m. Eastern time, Monday – Friday.

**Please Note:** This is a partial list.

All lists are subject to change. Benefits vary by plan. This Drug List may not apply to all plans. Please check the Summary of Benefits or **Humana.com** for the specific prescription drug benefit, including copayments, limitations and exclusions. You may also call a Humana Customer Service representative at the phone number on the back of the Humana member ID card.

**Go to Humana.com for a current Drug List**

Visit Humana’s Website for the most up-to-date Drug List. The online list is updated regularly. You can also learn more about the prescription drug benefit and copayments. It is suggested that before members go to the pharmacy, they go to **Humana.com**, and log in to MyHumana or click on “Register Now” for access to this information and more.

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, 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, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

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

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 limitations and exclusions.





## Important!

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

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

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**فارسی (Farsi)**

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

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

**العربية (Arabic)**

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك