



**BlueCross
BlueShield
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona's Prescription Medication

Formulary for Portfolio and SimpleHealth Plans

Effective 1/1/20

Your prescription medications fall into one of four categories or “tiers.” Each tier has a different out of pocket cost or coinsurance. Medications are categorized by—not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs.

Drug Benefit	Description
Tier 1	Retail and Mail Order Co-Insurance
Tier 2	Specialty Co-Insurance *Limited to a 30 day supply at the In-Network Specialty Pharmacies or Retail Pharmacy
Tier 3	Certain generic preventive drugs will have a very low or no cost share
Tier 4	Medical Benefit *When covered these medications would apply under medical benefit

Additional information about your pharmacy benefits can be found under Forms and Resources. This includes:

- Precertification Guidelines and Forms
- Quantity Limits
- Step Therapy
- Mail Order Enrollment Forms
- Claim Forms

The prescription drug benefit information provided through the use of this Web document is subject to all terms, conditions, limitations and exclusions of your benefit plan, including, but not limited to non-covered services. Please consult your Summary of Benefits for a complete description of your prescription drug benefit and a listing of exclusions and limitations. In the event of a discrepancy between information provided on this Web document and your benefit plan booklet, the terms of the benefit plan booklet will take precedence.

Additional Information About Your Prescription Benefits

What if my medications is not found on this formulary document?

Non-Formulary Exception Process:

- Non-Formulary medications are not covered unless an exception is made. A medication is considered non-formulary if it is not included on this formulary document below. If a provider feels there are no suitable formulary alternatives available, they may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form along with appropriate documentation supporting the request.
- You can find the non-formulary request form, along with other prior authorization request forms, at azblue.com. Click on the “Resource Center” tab, select “Pharmacy” and select the “View resources for QHP Pharmacy Plans”. A non-formulary exception request does not guarantee approval. Drugs that are not on the formulary and have specific plan benefit exclusions will not be covered, such as weight loss products.
- Formulary exception requests are reviewed within 72hours from the time that the complete request has been received via fax or over the phone. If a request is marked as having exigent circumstances the exception request will be reviewed within 24hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

Sometimes our members need access to drugs that are not listed on the plan's formulary (drug list). These medications are often referred to as non-formulary medications. These medications are initially reviewed by Blue Cross Blue Shield of Arizona through the formulary exception review process. If a member or provider feels there are no suitable formulary alternatives available, he or she may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form.

The member or provider can submit the request to us by faxing the Non-Formulary Exception Request Form along with appropriate documentation supporting the review to 602-864-3126. If the drug is denied, you have the right to an external review.

If you feel we have denied the non-formulary request incorrectly, you may ask us to submit the case to an external review by an impartial, third-party reviewer known as an Independent Review Organization (IRO). We must follow the IRO's decision.

An IRO review may be requested by a member, member's representative, or prescribing provider by mailing, calling, or faxing the request:

Pharmacy Management Department A115
Blue Cross Blue Shield of Arizona
P.O. Box 13466
Phoenix, AZ 85002-3466
Fax: (602) 864-3126
Phone: (602) 864-4028

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For standard exception review of medical requests where request was denied, the timeframe for review is 72 hours from when we receive the request.

For expedited exception review requests where the request was denied, the timeframe for review is 24 hours from when we receive the request.

To request an expedited review for exigent circumstance, select the box labeled “exigent” on the review form and provide a written explanation for the exigency.

For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services at (866)325-1794.

What if my medication requires Prior Authorization?

Medications Requiring Prior Authorization:

- Certain medications may be considered formulary however they require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. Medications are noted below if prior authorization is required. This is found in the “Additional Information” section and is noted with “PA” for Prior Authorization.
- A prior authorization request must be submitted and signed by your provider. Request forms are found at azblue.com. Click on the “Resource Center” tab, select “Pharmacy” and select the “View resources for QHP Pharmacy Plans”. Forms are listed at the bottom of the page by medication name under “Retail and Mail Order Prescription Drug Precertification Forms”. If the medication being requested is not listed under the specific forms section please utilize the general form listed on azblue.com at the top of the page under “Other Forms and Resources.” Instructions on where to submit the form and the required information is included within the form itself.
- Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services

Pharmacy Member Services	
Phone Number: (866) 325-1794	Hours of Operation: 24/7

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Blue Cross Blue Shield of Arizona Formulary

Portfolio and SimpleHealth

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List of Abbreviations

\$0: Zero Cost Share Preventive

MB: Medical Benefit

SP: Co-Insurance Specialty

T1: Co-Insurance Retail and Mail Order

\$0: \$0 cost share Prevention Drug

AI: Additional Information

F: Female Only

M: Male Only

MO: Mail Only

N: Notes

PA: PA Applies

QL: Quantity Limit

R&M: Retail & Mail

RO: Retail Only

SP: Specialty Pharmacy Only

ST: Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Portfolio and SimpleHealth

CURRENT AS OF 1/1/2020

Drug Name	Brand	Generic	Additional Information
Ahd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
*Ahd Agent - Selective Alpha Adrenergic Agonists***			
clonidine hcl er		T1	R&M; QL (2 EA per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 3 mg, 4 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
guanfacine hcl er oral tablet extended release 24 hour 2 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
*Ahd Agent - Selective Norepinephrine Reuptake Inhibitor***			
atomoxetine hcl oral capsule 10 mg		T1	R&M; AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 80 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 18 mg		T1	R&M; AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 25 mg		T1	R&M; AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 40 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 60 mg		T1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
*Amphetamine Mixtures***			
ADDERALL XR (Amphetamine-Dextroamphet ER)	T1	T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
*Amphetamines***			
ADZENYS ER (Amphetamine ER)	T1	T1	PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
ADZENYS XR-ODT	T1		PA; ST; R
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate oral solution		T1	R&M; QL (60 mg per 1 day)
DYANAVEL XR	T1		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
EVEKEO (Amphetamine Sulfate)	T1	T1	PA; ST; R
EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG	T1		PA; R
methamphetamine hcl		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
PROCENTRA	T1		R&M; QL (60 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
VYVANSE ORAL CAPSULE 10 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 20 MG, 40 MG, 50 MG, 60 MG, 70 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 30 MG	T1		R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG	T1	T1	R&M; QL (6 EA per 1 day)
*Anorexiants Non-Amphetamine***			
phentermine hcl oral capsule 15 mg, 30 mg		T1	R
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	T1		PA; R
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX	SP		PA; R
*Serotonin 2C Receptor Agonists***			
BELVIQ	T1		PA; ST; R
*Stimulants - Misc.***			
ADHANSIA XR	T1		PA; R
APTENSIO XR (Methylphenidate HCl ER (XR))	T1	T1	PA; R
armodafinil		T1	PA; R
DAYTRANA	T1		PA; ST; R&M; AI (); QL (1 EA per 1 Day); AG (Min 6 Years)
dexamethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
dexamethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
dexamethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
dexamethylphenidate hcl oral tablet 10 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 6 Years)
dexamethylphenidate hcl oral tablet 2.5 mg, 5 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)
METADATE ER ORAL TABLET EXTENDED RELEASE (Methylphenidate HCl ER) 20 MG	T1	T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd)		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 20 mg		T1	R

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Drug Name	Brand	Generic	Additional Information
methylphenidate hcl er oral tablet extended release 10 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 36 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T1	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T1	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 10 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 20 mg		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 5 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
modafinil		T1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	T1		R&M; QL (10 ML per 1 day); AG (Min 6 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T1		PA; ST; R
PALFORZIA (12 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
PALFORZIA (80 MG DAILY DOSE)	T1		R&M; AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T1		PA; ST; R
*Biologics Misc***			
ADAGEN	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mixed Allergenic Extracts***			
ODACTRA	T1		PA; R
ORALAIR	T1		PA; ST; R
Amebicides			
*Amebicides***			
SOLOSEC	T1		R&M; QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	SP		PA; R&M; AI (Limited Distribution PantheRx)
BETHKIS (Tobramycin)	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KITABIS PAK (Tobramycin)	SP	SP	PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
neomycin sulfate oral		T1	R
paromomycin sulfate oral		T1	RO
TOBI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TOBI PODHALER	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT ORAL TABLET 1 MG	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OLUMIANT ORAL TABLET 2 MG	SP		PA; R
RINVOQ	SP		PA; R
XELJANZ ORAL TABLET 10 MG	SP		PA; R

Drug Name	Brand	Generic	Additional Information
XELJANZ ORAL TABLET 5 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antirheumatic Antimetabolites***			
OTREXUP	T1		PA; R
RASUVO	T1		R
RHEUMATREX ORAL TABLET 2.5 MG	T1		R
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SIMPONI ARIA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
celecoxib oral		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Gold Compounds***			
RIDAURA	T1		R
*Interleukin-1 Receptor Antagonist (IL-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	SP		PA; R
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
diclofenac-misoprostol oral tablet delayed release		T1	R
*Nonsteroidal Anti-Inflammatory Agents (NSAIDs)***			
diclofenac potassium		T1	R
diclofenac sodium er		T1	R
diclofenac sodium oral		T1	R
etodolac er oral tablet extended release 24 hour 400 mg		T1	R&M; QL (3 EA per 1 day)
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg		T1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>etodolac oral capsule 200 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>etodolac oral capsule 300 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>etodolac oral tablet 400 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>etodolac oral tablet 500 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenoprofen calcium oral tablet</i>		T1	R
<i>flurbiprofen oral</i>		T1	R
<i>ibuprofen oral suspension</i>		T1	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	R
INDOCIN ORAL	T1		R
INDOCIN RECTAL	T1		R
<i>indomethacin er</i>		T1	R
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1	R
<i>ketoprofen oral</i>		T1	R
<i>ketorolac tromethamine oral</i>		T1	R&M; QL (20 EA per 5 days)
<i>meclofenamate sodium oral</i>		T1	R
<i>mefenamic acid oral</i>		T1	R
<i>meloxicam oral tablet</i>		T1	R&M; QL (1 EA per 1 Day)
<i>naproxen dr</i>		T1	R
<i>naproxen oral tablet</i>		T1	R
<i>naproxen sodium oral tablet 275 mg</i>		T1	R
<i>oxaprozin</i>		T1	R
<i>piroxicam oral</i>		T1	R
RELAFEN ORAL TABLET (Nabumetone) 500 MG	T1	T1	R
<i>sulindac oral</i>		T1	R
<i>tolmetin sodium</i>		T1	R
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET	SP		PA; SP; QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	SP		PA; SP; QL (1 EA per 1 Year); AG (Min 18 Years)
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (8 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 EA per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1	R
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>		T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		T1	R
<i>butalbital-asa-caffeine</i>		T1	R
CAPACET (Margesic)	T1	T1	R
<i>marten-tab</i>		T1	R
PHRENILIN FORTE ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG	T1	T1	R&M; AI (;); QL (6 EA per 1 day); AG (Min 12 Years)
<i>repan</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Salicylate Combinations***			
BUFFERIN LOW DOSE ORAL TABLET	\$0		R&M; QL (1 EA per 1 day); AG (Min 45 Years)
*Salicylates***			
<i>adult aspirin ec low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin 81 oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin adult low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec lo-dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin oral tablet 81 mg</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ASPIR-LOW (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirtab)	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN REGIMEN (Aspirtab)	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)

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Drug Name	Brand	Generic	Additional Information
cvs aspirin child		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low strength oral tablet chewable		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin oral tablet 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
cvs aspirin oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
diflunisal oral		T1	R
ec-81 aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ECOTRIN (Aspirtab)	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN LOW STRENGTH (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ECPIRIN (Aspirtab)	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eq adult aspirin low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin adult low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin low dose oral tablet chewable		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin oral tablet		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eq aspirin oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eq childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eql adult aspirin low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eql aspirin		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eql aspirin ec oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eql aspirin low dose oral tablet delayed release		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
eql childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
gnp adult aspirin low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
gnp aspirin low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
gnp aspirin oral tablet 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
gnp aspirin oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
gnp aspirin oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
goodsense aspirin low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
hm aspirin ec		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin ec low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
hm aspirin oral tablet		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin oral tablet chewable		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
kls aspirin ec		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
kls aspirin low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
kp aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
meijer aspirin ec		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
MINIPRIN LOW DOSE (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
mm aspirin		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
NORWICH ASPIRIN ORAL TABLET (Aspirin) 325 MG	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
px aspirin oral tablet		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
px aspirin oral tablet chewable		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
px enteric aspirin oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
px enteric aspirin oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
qc aspirin		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
qc aspirin low dose oral tablet delayed release		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
qc childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin adult low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin adult low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin childrens		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec adult low st		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 325 mg		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin oral tablet 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
ra childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
salsalate oral		T1	R
sb aspirin ec		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
sb aspirin oral tablet		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
sb aspirin oral tablet delayed release		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
sb childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
sb low dose asa ec		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
sm aspirin adult low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin ec		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
sm aspirin ec low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin low dose oral tablet delayed release		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
sm childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ADULT	\$0		R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ADULT LOW DOSE	\$0		R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>tgt aspirin ec</i>		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet</i>		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin oral tablet chewable</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt childrens aspirin</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>th aspirin</i>		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>th aspirin low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>th enteric aspirin</i>		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine #2</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (13 EA per 1 day)
<i>acetaminophen-codeine #3</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (10 EA per 1 day)
<i>acetaminophen-codeine #4</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
<i>acetaminophen-codeine oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (136 ML per 1 day)
ASCOMP-CODEINE (Butalbital-ASA-Caff-Codeine)	T1	T1	R&M; QL (6 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1	R&M; AI (60 tablets per copay); QL (60 EA per 1 Copay)
*Dihydrocodeine Combinations***			
<i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i>		T1	R&M; QL (5 EA per 1 Day)
SYNALGOS-DC (Aspirin-Caff-Dihydrocodeine)	T1	T1	PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (11 EA per 1 day)
TREZIX ORAL CAPSULE (APAP-Caff-Dihydrocodeine) 320.5-30-16 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12 EA per 1 day)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-500 mg/15ml</i>		T1	R
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-500 mg, 7.5-500 mg</i>		T1	R&M; QL (8 EA per 1 Day)
<i>hydrocodone-acetaminophen oral tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>		T1	R&M; QL (6 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
hydrocodone-acetaminophen oral tablet 5-325 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-500 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (8 EA per 1 Day)
hydrocodone-acetaminophen oral tablet 7.5-325 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-750 mg		T1	R&M; QL (5 EA per 1 Day)
hydrocodone-ibuprofen oral tablet 10-200 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
HYDROGESIC (Stagesic)	T1	T1	R&M; QL (8 EA per 1 Day)
IBUDONE ORAL TABLET (Hydrocodone-Ibuprofen) 5-200 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
REPREXAIN ORAL TABLET 10-200 MG	T1		R&M; QL (5 EA per 1 Day)
VICODIN ES ORAL TABLET (Hydrocodone-Acetaminophen) 7.5-300 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
VICODIN HP ORAL TABLET (Hydrocodone-Acetaminophen) 10-300 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
VICODIN ORAL TABLET (Hydrocodone-Acetaminophen) 5-300 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
XYLON	T1		R
*Opioid Agonists***			
ABSTRAL	T1		PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AG (Min 18 Years)
ACTIQ	T1		PA; R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>codeine sulfate oral solution 30 mg/5ml</i>		T1	R
<i>codeine sulfate oral tablet 15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
CONZIP (traMADol HCl ER)	T1	T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DOLOPHINE (Methadone HCl)	T1	T1	PA; R
DURAGESIC-100 (FentaNYL)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DURAGESIC-12 (<i>fentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-25 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-50 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-75 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
EMBEDA	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (<i>HYDROmorphine HCl ER</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (1 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>		T1	PA; RO; AI (;); QL (3 EA per 1 day); AG (Min 16 Years)
<i>fentanyl citrate buccal tablet</i>		T1	PA; R&M; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA Buccal TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; ST; RO; AI (;); QL (90 EA per 1 Copay); AG (Min 18 Years)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrant 20 mg</i>		T1	PA; R&M; QL (2 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>		T1	PA; R&M; QL (1 EA per 1 day)
<i>hydromorphone hcl oral liquid</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12.25 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl oral tablet 8 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
<i>hydromorphone hcl rectal</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
HYSINGLA ER	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T1		RO; AI (30 capsules per copay)
LAZANDA	T1		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T1	PA; R&M; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>		T1	PA; R&M; QL (8 EA per 1 Day)
<i>meperidine hcl oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (49 ML per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
<i>meperitab oral tablet 100 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
meperitab oral tablet 50 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
METHADONE HCL INTENSOL (<i>Methadone HCl</i>)	T1	T1	PA; R
<i>methadone hcl oral</i>		T1	PA; R
METHADOSE ORAL CONCENTRATE (<i>Methadone HCl</i>)	T1	T1	PA; R
METHADOSE ORAL TABLET SOLUBLE (<i>Methadone HCl</i>)	T1	T1	PA; R
METHADOSE SUGAR-FREE (<i>Methadone HCl</i>)	T1	T1	PA; R
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (2.4 ML per 1 day)
<i>morphine sulfate er beads</i>		T1	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		T1	RO; AI (30 capsules per copay); QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>		T1	RO; AI (30 capsules per copay)
<i>morphine sulfate oral solution 10 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12.25 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate oral tablet 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (2 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE (Morphine Sulfate ER)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
NUCYNTA	T1		R
NUCYNTA ER	T1		PA; RO; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
ONSOLIS	T1		R
OXAYDO ORAL TABLET ABUSE-DETERRENT	T1		PA; R
<i>oxycodone hcl oral capsule</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1.6 ML per 1 day)
<i>oxycodone hcl oral concentrate 20 mg/ml</i>		T1	R
<i>oxycodone hcl oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (32.6 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (oxyCODONE HCl ER)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
<i>oxymorphone hcl er</i>		T1	PA; RO; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
oxymorphone hcl oral tablet 10 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)
ROXYBOND	T1		PA; R
SUBSYS	T1		PA; ST; RO; AI (Limited to 30 day supply.); QL (60 EA per 1 Copay); AG (Min 18 Years)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg		T1	RO; AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
tramadol hcl er oral tablet extended release 24 hour		T1	RO; QL (1 EA per 1 day); AG (Min 18 Years)
tramadol hcl oral tablet 50 mg		T1	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (7 EA per 1 day); AG (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day); AG (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG, 9 MG	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT (HYDROcodone Bitartrate ER)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
*Opioid Combinations***			
benzhydrocodone-acetaminophen		T1	R&M; QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-325 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
ENDODAN (oxyCODONE-Aspirin)	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral capsule</i>		T1	R&M; QL (8 EA per 1 Day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (32.6 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-650 mg</i>		T1	R&M; QL (6 EA per 1 Day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (8 EA per 1 Day)
<i>oxycodone-ibuprofen</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PERCOCET ORAL TABLET 10-325 MG	T1		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification)
PRIMLEV ORAL TABLET (oxyCODONE-Acetaminophen) 10-300 MG	T1	T1	R&M; QL (3 EA per 1 day)
PRIMLEV ORAL TABLET (oxyCODONE-Acetaminophen) 5-300 MG	T1	T1	R&M; QL (6 EA per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	T1		R&M; QL (4 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG	T1		R&M; QL (3 tablets per 1 day)
PROLATE ORAL TABLET 5-300 MG	T1		R&M; QL (6 tablets per 1 day)
PROLATE ORAL TABLET 7.5-300 MG	T1		R&M; QL (4 tablets per 1 day)
ROXICET ORAL TABLET 5-325 MG	T1		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12 EA per 1 Day)
XARTEMIS XR	T1		PA; R
*Opioid Partial Agonists***			
BELBUCA	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
BUNAVAIL	T1		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T1	R&M; QL (2 EA per 1 Day)
<i>butorphanol tartrate nasal</i>		T1	R
BUTRANS (Buprenorphine)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.143 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>pentazocine-naloxone hcl</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	T1		R&M; QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	T1		R&M; AI (;); QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG	T1		R&M; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	T1		R&M; AI (;); QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T1		R&M; QL (22 EA per 1 day)
*Pentazocine Combinations***			
<i>pentazocine-acetaminophen</i>		T1	R&M; QL (6 EA per 1 Day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		T1	R&M; QL (8 EA per 1 Day)
Androgens-Anabolic			
*Anabolic Steroids***			
ANADROL-50	T1		PA; R
<i>oxandrolone oral</i>		T1	R
*Androgens***			
ANDROXY	T1		PA; R
<i>danazol oral</i>		T1	R
JATENZO	T1		PA; R
<i>methitest</i>		T1	PA; R
<i>methyltestosterone oral</i>		T1	PA; R
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>		T1	R&M; M
<i>testosterone enanthate intramuscular solution</i>		T1	R&M; M
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>		T1	PA; R&M; M
XYOSTED	T1		PA; R
Anorectal And Related Products			
*Intrarectal Steroids***			
COLOCORT (Hydrocortisone)	T1	T1	R
*Nitrate Vasodilating Agents***			
RECTIV	T1		R
*Rectal Anesthetic/Steroids***			
ANALPRAM-HC RECTAL LOTION 1-2.5 %	T1		R
PROCTOFOAM HC RECTAL	T1		R

Drug Name	Brand	Generic	Additional Information
*Rectal Steroids***			
PROCTOSOL HC RECTAL	T1		R
PROCTOZONE-HC RECTAL	T1		R
Antacids			
*Antacids - Calcium Salts***			
calcium carbonate antacid oral tablet 648 mg		T1	PA; R
Anthelmintics			
*Anthelmintics***			
ALBENZA (Albendazole)	T1	T1	PA; R
benznidazole		T1	R&M; AI (); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
praziquantel oral		SP	R
STROMECTOL (ivermectin)	SP	SP	PA; R
Antiangular Agents			
*Antiangulars-Other***			
ranolazine er oral tablet extended release 12 hour 1000 mg		T1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
ranolazine er oral tablet extended release 12 hour 500 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR	T1		R
isosorbide dinitrate er		T1	R
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		T1	R
isosorbide mononitrate er		T1	R
isosorbide mononitrate oral tablet 20 mg		T1	R
NITRO-BID	T1		R
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin sublingual		T1	R
nitroglycerin transdermal patch 24 hour		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin translingual solution		T1	R
NITROMIST (Nitroglycerin)	T1	T1	R&M; QL (0.6 GM per 1 day)
NITRO-TIME (Nitroglycerin ER)	T1	T1	R
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
buspirone hcl oral tablet 10 mg		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
buspirone hcl oral tablet 15 mg		T1	R&M; AI (Max #120 Mail Order); QL (4 EA per 1 Day)
buspirone hcl oral tablet 30 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
buspirone hcl oral tablet 5 mg		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
buspirone hcl oral tablet 7.5 mg		T1	R
hydroxyzine hcl oral		T1	R
hydroxyzine pamoate oral		T1	R
meprobamate oral tablet 200 mg		T1	R
*Benzodiazepines***			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
alprazolam er oral tablet extended release 24 hour 1 mg		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 1 mg, 2 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg		T1	R&M; QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet dispersible 1 mg, 2 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
alprazolam xr		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
chlordiazepoxide hcl oral capsule 25 mg		T1	R&M; QL (8 EA per 1 day); AG (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg		T1	R&M; QL (3 EA per 1 Day); AG (Min 9 Years)
diazepam oral solution 1 mg/ml		T1	R&M; QL (10 ML per 1 day)
diazepam oral tablet 10 mg, 5 mg		T1	R&M; QL (2 EA per 1 day)
diazepam oral tablet 2 mg		T1	R&M; QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1		R&M; QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral concentrate 2 mg/ml		T1	R&M; QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral tablet 0.5 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
lorazepam oral tablet 1 mg, 2 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
oxazepam oral capsule 10 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
oxazepam oral capsule 15 mg, 30 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
disopyramide phosphate oral		T1	R

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Drug Name	Brand	Generic	Additional Information
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T1		R
<i>quinidine gluconate er</i>		T1	R
<i>quinidine sulfate er</i>		T1	R
<i>quinidine sulfate oral</i>		T1	R
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		T1	R
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		T1	R
<i>propafenone hcl</i>		T1	R
<i>propafenone hcl er</i>		T1	R
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MULTAQ	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG	T1	T1	R
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		T1	PA; ST; R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day); AG (Min 12 Years)
ZYFLO	T1		PA; ST; R&M; AI (ST: Trial of both of the following for at least 3 months each in last 12 months: Montelukast, Zafirlukast.)
ZYFLO CR	T1		ST; R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day); AG (Min 12 Years)
*Adrenergic Combinations***			
ADVAIR DISKUS	T1		R&M; QL (2 EA per 1 day)
ADVAIR HFA	T1		R&M; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGITALER	T1		PA; ST; R&M; AI (Trial of two of the following for 3 months each in the last 12 months: ADVAIR (DISKUS or HFA), BREO ELLIPTA, fluticasone propionate/salmeterol, SYMBICORT); QL (0.035 EA per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
AIRDUO RESPICLICK 113/14	T1		PA; ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (0.035 EA per 2 days); AG (Min 12 Years)
AIRDUO RESPICLICK 232/14	T1		PA; ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (0.035 EA per 2 days); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14	T1		PA; ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (0.035 EA per 2 days); AG (Min 12 Years)
ANORO ELLIPTA	T1		R
BEVESPI AEROSPHERE	T1		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo)
BREO ELLIPTA	T1		R
BREZTRI AEROSPHERE	T1		PA; ST; R&M; AI (ST: Trial of 2 of the following for 3 months each in the last 12 months: Bevespi, Duaklir Pressair, Lonhaler Magnair)
COMBIVENT RESPIMAT	T1		R&M; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T1		PA; ST; R&M; AI (ST: Trial of both of the following in last 6 months: Anoro Ellipta and Symbicort)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	T1		PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (13 GM per 30 Days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	T1		PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1	R&M; QL (0.035 EA per 2 days); AG (Min 12 Years)
<i>ipratropium-albuterol</i>		T1	R&M; AI (Max #1620ml mail order); QL (540 ML per 30 Days)

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Drug Name	Brand	Generic	Additional Information
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T1		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT (Budesonide-Formoterol Fumarate)	T1	T1	R&M; AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA	T1		R
WIXELA INHUB (Fluticasone-Salmeterol)	T1	T1	PA; ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 EA per 1 day)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		T1	R
*Beta Adrenergics***			
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		T1	R
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1	R&M; AI (Max #15 Mail Order); AG (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	R&M; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AG (Max 13 Years)
<i>albuterol sulfate oral</i>		T1	R
ARCAPTA NEOHALER	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
BROVANA	T1		R&M; AI (Max #180ml Mail order); QL (60 ML per 30 days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>		T1	R&M; QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	R&M; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
<i>levalbuterol tartrate</i>		T1	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
<i>metaproterenol sulfate oral</i>		T1	R
PERFOROMIST	T1		R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
PROAIR DIGIHALER	T1		R
PROAIR HFA	T1		R
PROAIR RESPICLICK	T1		R
PROVENTIL HFA (Albuterol Sulfate HFA)	T1	T1	PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)

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Drug Name	Brand	Generic	Additional Information
SEREVENT DISKUS	T1		R&M; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
STRIVERDI RESPIMAT	T1		PA; ST; R&M; AI (EST: Trial of three of the following for 3 months each In the last 12 months:ANORO ELLIPTA,ARCAPTA NEOHALER, SEREVENT DISKUS simultaneous use of SPRIVA with SEREVENT DISKUS; simultaneous use of SPRIVA with ARCAPTA NEOHALER)
terbutaline sulfate oral		T1	R
VENTOLIN HFA	T1		R
XOPENEX HFA	T1		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA	T1		R&M; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA	T1		R
ipratropium bromide inhalation		T1	R
LONHALA MAGNAIR REFILL KIT	\$0		PA; ST; R&M; AI (EST: Trial of two of the following for 3 months each in the last 12 months: INCRUSE ELLIPTA, SEEBRI NEOHALER, SPIRIVA (HANDIHALER or RESPIMAT), TUDORZA PRESSAIR); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	\$0		PA; ST; R&M; AI (EST: Trial of two of the following for 3 months each in the last 12 months: INCRUSE ELLIPTA, SEEBRI NEOHALER, SPIRIVA (HANDIHALER or RESPIMAT), TUDORZA PRESSAIR); AG (Min 18 Years)
SEEBRI NEOHALER	T1		R
SPIRIVA HANDIHALER	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T1		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T1		R&M; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T1		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	T1		PA; R
*Interleukin-5 Antagonists (IgG1 Kappa)***			
FASENRA PEN	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; R

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Drug Name	Brand	Generic	Additional Information
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Leukotriene Receptor Antagonists***			
montelukast sodium oral packet		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 4 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 5 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
zafirlukast		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET 250 MCG	T1		PA; R
DALIRESP ORAL TABLET 500 MCG	T1		PA; ST; R
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T1		R&M; AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		R&M; AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARNUITY ELLIPTA	T1		R
ASMANEX (120 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (14 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (30 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (60 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (7 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T1		R
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	T1		R&M; AI (Max #6 Inhalers Mail Order)
budesonide inhalation suspension 0.25 mg/2ml		T1	R&M; AI (Max #360ml Mail Order); QL (8 ML per 1 day)
budesonide inhalation suspension 0.5 mg/2ml		T1	R&M; AI (Max #360ml Mail Order); QL (4 ML per 1 day)
budesonide inhalation suspension 1 mg/2ml		T1	R&M; AI (Max #180ml per 90 days); QL (60 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BILST, 50 MCG/BILST	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BILST	T1		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	T1		R&M; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	T1		R&M; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	T1		R&M; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail)
PULMICORT FLEXHALER	T1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	T1		R&M; AI (;); QL (1.2 GM per 1 day)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		R&M; AI (;); QL (0.6 GM per 1 day)
QVAR REDIHALER	T1		R
*Xanthines***			
aminophylline anhydrous		T1	PA; R
LUFYLLIN	T1		R
THEO-24	T1		R
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (Theophylline ER) 100 MG, 200 MG	T1	T1	R
theophylline		T1	R
theophylline er		T1	R
Anticoagulants			
*Coumarin Anticoagulants***			
COUMADIN	T1		R
JANTOVEN (Warfarin Sodium)	T1	T1	R
*Direct Factor Xa Inhibitors***			
BEVYXXA	T1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ELIQUIS	T1		R
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T1		R
SAVAYSA	T1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T1		R&M; AI ()
XARELTO ORAL TABLET 2.5 MG	T1		R
XARELTO STARTER PACK	T1		R&M; AI ()
*Heparins And Heparinoid-Like Agents***			
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		T1	R
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml		T1	R

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Drug Name	Brand	Generic	Additional Information
sash kit intravenous kit 10-0.9 unit/ml-%		T1	R
*Low Molecular Weight Heparins***			
enoxaparin sodium		T1	R
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T1		R
*Synthetic Heparinoid-Like Agents***			
fondaparinux sodium		T1	R
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA	T1		R
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	T1		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
clobazam oral suspension		T1	R
clobazam oral tablet 10 mg		T1	R&M; QL (2 EA per 1 day)
clobazam oral tablet 20 mg		T1	R&M; QL (8 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg		T1	R&M; QL (4 EA per 1 day)
clonazepam oral tablet 2 mg		T1	R&M; QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg		T1	R&M; QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.25 mg, 0.5 mg		T1	R&M; QL (4 EA per 1 day)
DIASTAT ACUDIAL (Diazepam)	T1	T1	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	T1		R&M; QL (3 EA per 1 day)
diazepam rectal		T1	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
NAYZILAM	T1		PA; R
SYMPAZAN	SP		ST; R&M; AI (ST: Step through the following in the last 3 months Onfi); QL (2 EA per 1 Day)
VALTOCO 10 MG DOSE	T1		PA; R
VALTOCO 15 MG DOSE	T1		PA; R
VALTOCO 20 MG DOSE	T1		PA; R
VALTOCO 5 MG DOSE	T1		PA; R

Drug Name	Brand	Generic	Additional Information
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG	T1		ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide); QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	T1		ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide); QL (2 EA per 1 day)
BANZEL	T1		PA; R
BRIVIACT ORAL SOLUTION	T1		ST; R&M; AI (ST:Step through Levetiracetam (genericKepra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET 10 MG	T1		ST; R&M; AI (ST:Step through Levetiracetam (genericKepra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	T1		ST; R&M; AI (ST:Step through Levetiracetam (generic Kepra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years)
<i>carbamazepine oral</i>		T1	R
CARBATROL (CarBAMazepine ER)	T1	T1	R
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPIDIOLEX	T1		PA; R
EPITOL (carBAMazepine)	T1	T1	R
FINTEPLA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>gabapentin oral capsule</i>		T1	R
<i>gabapentin oral solution 250 mg/5ml</i>		T1	R
<i>gabapentin oral tablet</i>		T1	R
LAMICTAL ODT ORAL KIT	T1		R&M; AG (Max 6 Years)
LAMICTAL ORAL TABLET CHEWABLE 2 MG	T1		R
<i>lamotrigine er</i>		T1	R
<i>lamotrigine oral tablet</i>		T1	R
<i>lamotrigine oral tablet chewable</i>		T1	R
<i>lamotrigine oral tablet dispersible</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1	R&M; QL (6 EA per 1 Day); AG (Min 12 Years)
<i>levetiracetam oral</i>		T1	R
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL SOLUTION (Pregabalin)	T1	T1	R
<i>oxcarbazepine</i>		T1	R
POTIGA	T1		PA; ST; R&M; AI (ST: Trial of 3 in 12mo: gabapentin, lamotrigine, levetiracetam, oxcarbazepine pregabalin, topiramate, zonisamide)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>pregabalin oral capsule 225 mg, 300 mg</i>		T1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>primidone oral</i>		T1	R
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG	T1		ST; R&M; AI (Trial of the following for 3 months in the last 12 months:topiramate (generic for TOPAMAX)); AG (Min 3 Years)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE (Topiramate ER) 150 MG, 200 MG, 25 MG, 50 MG	T1	T1	ST; R&M; AI (Trial of the following for 3 months in the last 12 months: topriamate (generic for Topamax)); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG	T1	T1	R
ROWEEPRA ORAL TABLET (LevETIRAcetam) 750 MG	T1	T1	R
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		R&M; QL (6 EA per 1 day); AG (Min 12 Years)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LevETIRAcetam ER) 750 MG	T1	T1	R&M; AG (Min 12 Years)
TEGRETOL-XR (CarBAMazepine ER)	T1	T1	R
TOPIRAGEN (Topiramate)	T1	T1	R
TROKENDI XR	T1		ST; R&M; AI (Trial of both of the following for 3 months each in the last 12 months: topriamate (generic for Topamax), topriamate ER capsule); AG (Min 6 Years)
VIMPAT ORAL	T1		R
<i>zonisamide oral capsule 100 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		T1	R
*Carbamates***			
<i>felbamate</i>		T1	R

Drug Name	Brand	Generic	Additional Information
XCOPRI	T1		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day)
XCOPRI (250 MG DAILY DOSE)	T1		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day)
XCOPRI (350 MG DAILY DOSE)	T1		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day)
*Gaba Modulators***			
SABRIL ORAL PACKET (<i>Vigabatrin</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SABRIL ORAL TABLET (<i>Vigabatrin</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>tiagabine hcl</i>		T1	R
VIGADRONE (<i>Vigabatrin</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hydantoins***			
DILANTIN ORAL CAPSULE (<i>Phenytoin Sodium Extended</i>)	T1	T1	R
PEGANONE	T1		R
PHENYTEK (<i>Phenytoin Sodium Extended</i>)	T1	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable</i>		T1	R
*Succinimides***			
CELONTIN	T1		R
<i>ethosuximide oral</i>		T1	R
*Valproic Acid***			
DEPAKENE ORAL SOLUTION (<i>Valproic Acid</i>)	T1	T1	R
DEPAKENE ORAL SYRUP (<i>Valproic Acid</i>)	T1	T1	R
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
divalproex sodium oral capsule sprinkle		T1	R
divalproex sodium oral tablet delayed release		T1	R
STAVZOR	T1		PA; R
valproic acid oral		T1	R
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclines)***			
mirtazapine oral tablet 15 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
mirtazapine oral tablet 30 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
mirtazapine oral tablet 45 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
mirtazapine oral tablet 7.5 mg		T1	R
mirtazapine oral tablet dispersible 15 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
mirtazapine oral tablet dispersible 30 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
mirtazapine oral tablet dispersible 45 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Antidepressants - Misc.***			
bupropion hcl er (sr)		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg		T1	R
bupropion hcl oral		T1	R
maprotiline hcl		T1	R
*Monoamine Oxidase Inhibitors (MAOIs)***			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
MARPLAN	T1		R
phenelzine sulfate oral		T1	R
tranylcypromine sulfate		T1	R
*Selective Serotonin Reuptake Inhibitors (SSRIs)***			
citalopram hydrobromide oral solution		T1	R
citalopram hydrobromide oral tablet 10 mg, 20 mg		T1	R&M; AI (Max #135 Mail Order)
citalopram hydrobromide oral tablet 40 mg		T1	R&M; AI (Max #180 Mail Order)
escitalopram oxalate oral solution		T1	R
escitalopram oxalate oral tablet 10 mg		T1	R&M; AI (Max #135 Mail Order)
escitalopram oxalate oral tablet 20 mg, 5 mg		T1	R&M; AI (Max #90 Mail Order)
fluoxetine hcl oral capsule		T1	R
fluoxetine hcl oral solution		T1	R
fluoxetine hcl oral tablet 10 mg, 20 mg		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>fluvoxamine maleate</i>		T1	R
<i>fluvoxamine maleate er</i>		T1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
PAXIL ORAL SUSPENSION	T1		PA; R
<i>sertraline hcl oral</i>		T1	R
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T1	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	R
<i>trazodone hcl oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIBRYD ORAL KIT	T1		R&M; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AG (Min 12 Years)
VIBRYD ORAL TABLET	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIBRYD STARTER PACK	T1		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine fumarate er</i>		T1	R&M; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er</i>		T1	R&M; QL (1 EA per 1 day)
DRIZALMA SPRINKLE	T1		ST; R&M; AI (ST: Trial of the following for 3 months in the last 6 months brand or generic Cymbalta); QL (1 EA per 1 day); AG (Min 7 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1	R&M; QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
duloxetine hcl oral capsule delayed release particles 30 mg		T1	R&M; QL (3 EA per 1 Day)
FETZIMA	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day)
FETZIMA TITRATION	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day)
venlafaxine hcl		T1	R
venlafaxine hcl er		T1	R
*Tricyclic Agents***			
amitriptyline hcl oral		T1	R
amoxapine oral tablet 100 mg		T1	R
clomipramine hcl oral		T1	R
desipramine hcl oral		T1	R
doxepin hcl oral capsule		T1	R
doxepin hcl oral concentrate		T1	R
imipramine hcl oral		T1	R
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg		T1	R&M; AI (Max #180 Mail Orden); QL (2 EA per 1 Day)
imipramine pamoate oral capsule 75 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
nortriptyline hcl oral capsule		T1	R
protriptyline hcl		T1	R
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
acarbose oral		T1	R
miglitol		T1	R
*Antidiabetic - Amylin Analogs***			
SYMLIN	T1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T1		ST; R&M; AI (ST: Step through both of the following for 3 months each in the last 12 months: generic Glucophage XR , generic Fortamet); QL (2 EA per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		ST; R&M; AI (ST: Step through both of the following for 3 months each in the last 12 months: generic Glucophage XR , generic Fortamet); QL (4 EA per 1 day)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	T1		R&M; AI (Max #270 Mail Order); QL (5 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		T1	ST; R&M; AI (ST: trial of the following for 3 months in the last 12 months: Glucophage XR); QL (2 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		T1	ST; R&M; AI (ST: trial of the following for 3 months in the last 12 months: Glucophage XR); QL (4 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 Day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>metformin hcl oral tablet</i>		T1	R
RIOMET ER	T1		ST; R&M; AI (ST: Trial of the following in last 6 months: generic for Glucophage ER tablet 500mg); QL (20 ML per 1 day)
*Diabetic Other - Combinations***			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1		R
*Diabetic Other***			
BAQSIMI ONE PACK	T1		R&M; QL (2 EA per 30 Days)
BAQSIMI TWO PACK	T1		R&M; QL (1 EA per 30 Days)
GLUCAGEN HYPOKIT	T1		R
<i>glucagon emergency injection kit</i>		T1	R&M; QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted</i>		T1	R&M; QL (2 EA per 30 days)
PROGLYCEM (Diazoxide)	T1	T1	R
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NESINA (Alogliptin Benzoate)	T1	T1	ST; R&M; AI (Trial of one the following for 3 months in last 12 months simultaneous use of metformin with Onglyza or simultaneous use of metformin with Januvia)
ONGLYZA	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 16 Years)
TRADJENTA	T1		PA; R
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T1		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T1		R
JENTADUETO XR	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KOMBIGLYZE XR	T1		R
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	T1		R
*Human Insulin***			
ADMELOG (Insulin Lispro)	T1	T1	PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
ADMELOG SOLOSTAR (Insulin Lispro (1 Unit Dial))	T1	T1	PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T1		PA; R&M; AG (Min 18 Years)
APIDRA	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T1		ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.)

Drug Name	Brand	Generic	Additional Information
HUMALOG JUNIOR KWIKPEN	T1		R&M; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION	T1		R&M; AI (;); QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1		R&M; QL (2 ML per 1 day)
HUMULIN 70/30	T1		R&M; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		PA; R&M; \$0; QL (2 ML per 1 day)
HUMULIN N	T1		R&M; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
HUMULIN R	T1		R&M; AI (;); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T1		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
<i>insulin asp prot & asp flexpen</i>	T1		ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog Mix 70/30); QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>	T1		ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin lispro junior kwikpen</i>	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
<i>insulin lispro prot & lispro</i>	T1		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
LANTUS	T1		R&M; AI (;); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
LEVEMIR	T1		PA; ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T1		ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
LYUMJEV	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (0.5 ML per 1 day)
NOVOLIN 70/30	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T1		ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T1		ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T1		ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T1		ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T1		PA; ST; R&M; AI (ST: Step through the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLOG (<i>Insulin Aspart</i>)	T1	T1	ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Aspart FlexPen</i>)	T1	T1	ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLOG MIX 70/30	T1		ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog Mix 70/30); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	T1	T1	ST; R&M; AI (ST: Step through the following in the last 12 months: Humalog); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T1		R&M; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T1		R&M; QL (2 ML per 1 day)
TRESIBA	T1		ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)
TRESIBA FLEXTOUCH	T1		ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE	T1		R&M; QL (0.13 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T1		R&M; AI (Max #12 Mail Order); QL (4 EA per 28 days); AG (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	T1		R&M; QL (4 EA per 28 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T1		PA; ST; R&M; AI (Electronic Step: Throught Trulicity and Victoza in last 12 months.)
OZEMPIC (1 MG/DOSE)	T1		PA; ST; R&M; AI (Electronic Step: Throught Trulicity and Victoza in last 12 months.)
RYBELSUS	T1		PA; R
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG	T1		R&M; QL (0.14 MG per 1 day); AG (Min 18 Years)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 50 MG	T1		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T1		R&M; QL (0.0715 ML per 1 day); AG (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T1		R&M; QL (0.0175 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T1		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
nateglinide		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
repaglinide		T1	R
*Progesterone Receptor Antagonists***			
KORLYM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T1		R&M; QL (1 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	T1		PA; ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
QTERN ORAL TABLET 5-5 MG	T1		PA; ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
STEGLUJAN	T1		ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA	T1		R&M; QL (1 EA per 1 day)
INVOKANA	T1		ST; R&M; AI (EST DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
JARDIANCE	T1		R&M; AI (:); QL (1 EA per 1 day)
STEGLATRO	T1		ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET	T1		ST; R&M; AI (EST DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
INVOKAMET XR	T1		ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
SEGLUROMET	T1		ST; R&M; AI (Est: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
SYNJARDY	T1		R
SYNJARDY XR	T1		R&M; AI (:)
XIGDUO XR	T1		R
*Sulfonylurea-Biguanide Combinations***			
glipizide-metformin hcl oral tablet 2.5-250 mg	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	T1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
glyburide-metformin oral tablet 1.25-250 mg	T1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
*Sulfonylureas***			
chlorpropamide	T1		R
glimepiride oral tablet 1 mg, 2 mg	T1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
glimepiride oral tablet 4 mg	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
glipizide er	T1		R
glipizide oral	T1		R
glipizide xl	T1		R
glyburide micronized	T1		R
glyburide oral	T1		R
tolazamide	T1		R
tolbutamide	T1		R
*Sulfonylurea-Thiazolidinedione Combinations***			
AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG	T1		R
*Thiazolidinedione-Biguanide Combinations***			
AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
AVANDAMET ORAL TABLET 2-500 MG	T1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>pioglitazone hcl-metformin hcl</i>		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
*Thiazolidinediones***			
AVANDIA	T1		R
<i>pioglitazone hcl</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
*Antidiarrheal - Chloride Channel Antagonists***			
FULYZAQ	T1		R
MYTESI	T1		R
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine</i>		T1	R
<i>loperamide hcl oral capsule</i>		T1	R
MOTOFEN	T1		R
<i>opium</i>		T1	ST; R
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	T1		PA; R
<i>deferasirox granules</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXJADE (Deferasirox)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX TWICE-A-DAY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JADENU (Deferasirox)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JADENU SPRINKLE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Antidotes And Specific Antagonists***			
RADIOGARDASE	T1		R&M; QL (18 EA per 1 day); AG (Min 2 Years)
*Opioid Antagonists***			
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		T1	R
naloxone hcl injection solution cartridge		T1	R
naloxone hcl injection solution prefilled syringe		T1	R
naltrexone hcl oral		T1	R
NARCAN	T1		R&M; QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiemetics			
*5-HT3 Receptor Antagonists***			
ANZEMET ORAL	T1		R&M; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
gransetron hcl oral		T1	R&M; AI (#6 per copay mail or retail. Max #36.); QL (2 EA per 1 day)
GRANISOL	T1		R&M; AI (60ml per copay retail or mail); QL (60 ML per 1 Copay)
ondansetron hcl injection solution 40 mg/20ml		T1	R
ondansetron hcl oral solution		T1	R
ondansetron hcl oral tablet 4 mg, 8 mg		T1	R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
ondansetron oral tablet dispersible 4 mg		T1	R&M; AI (#15 per Copay Retail or Mail); QL (4 EA per 1 day)
ondansetron oral tablet dispersible 8 mg		T1	R&M; AI (#15 per Copay Retail or Mail); QL (2 EA per 1 day)
SANCUSO	T1		RO; AI (;); QL (0.67 EA per 1 day)
ZUPLENZ	T1		R&M; AI (#10 per copay retail or mail); QL (0.34 EA per 1 day)
*Antiemetic Combinations***			
AKYNZEO ORAL	T1		PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.)
BONJESTA	T1		PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS	T1		PA; ST; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
doxylamine-pyridoxine		T1	PA; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
*Antiemetics - Anticholinergic***			
meclizine hcl oral tablet 12.5 mg, 25 mg		T1	R

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Drug Name	Brand	Generic	Additional Information
scopolamine		T1	R&M; QL (0.34 EA per 1 day)
TIGAN INTRAMUSCULAR	T1		R
<i>trimethobenzamide hcl oral</i>		T1	R
*Antiemetics - Miscellaneous***			
CESAMET	T1		R&M; AI (#30 per copay retail or mail. Max #90); QL (6 EA per 1 day); AG (Min 18 Years)
<i>dronabinol oral capsule 10 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T1		PA; R
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule</i>		T1	R&M; AI (:)
CINVANTI	MB		R
EMEND ORAL SUSPENSION RECONSTITUTED	T1		R
VARUBI INTRAVENOUS	MB		R
VARUBI ORAL	T1		RO; AI (Limited to 30 day supply.); QL (0.143 EA per 1 day)
Antifungals			
*Antifungals***			
<i>flucytosine oral</i>		T1	R
<i>griseofulvin microsize oral</i>		T1	R
<i>griseofulvin ultramicrosize</i>		T1	R
LAMISIL ORAL PACKET 125 MG	T1		R&M; AI (Max #180 Mail Order); QL (60 EA per 30 Days)
LAMISIL ORAL PACKET 187.5 MG	T1		R&M; AI (Max #90 Mail Order); QL (30 EA per 30 Days)
<i>nystatin oral tablet</i>		T1	R
<i>terbinafine hcl oral</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Imidazoles***			
<i>ketoconazole oral</i>		T1	R
<i>miconazole</i>		T1	R
*Triazoles***			
CRESEMBA ORAL	T1		PA; R
<i>fluconazole oral</i>		T1	R
<i>itraconazole oral</i>		T1	R
NOXAFIL ORAL	T1		PA; R
ONMEL	T1		R
<i>voriconazole oral</i>		T1	R&M; AI (:)

Drug Name	Brand	Generic	Additional Information
Antihistamines			
*Antihistamines - Alkylamines***			
dexchlorpheniramine maleate oral syrup		T1	R
RYCLORA ORAL SYRUP	T1		R&M; QL (3.93 ML per 1 Day)
*Antihistamines - Ethanolamines***			
carbinoxamine maleate oral tablet 4 mg		T1	R
clemastine fumarate oral syrup		T1	R
clemastine fumarate oral tablet 2.68 mg		T1	R
diphenhydramine hcl oral elixir		T1	PA; R
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T1		ST; R&M; AI (EST through carbinoxamine 4 mg tablet for at least 1 month in last 60 days.); QL (120 ML per 30 days); AG (Min 2 Years)
*Antihistamines - Non-Sedating***			
cetirizine hcl oral solution 1 mg/ml		T1	PA; R
cetirizine hcl oral syrup		T1	PA; R
CLARINEX ORAL SYRUP	T1		PA; ST; R&M; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
desloratadine oral tablet		T1	R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
levocetirizine dihydrochloride oral solution		T1	R
*Antihistamines - Phenothiazines***			
PHENADOZ (Promethazine HCl)	T1	T1	R
PHENERGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG	T1	T1	R
promethazine hcl injection		T1	R
promethazine hcl oral		T1	R
PROMETHEGAN (Promethazine HCl)	T1	T1	R
*Antihistamines - Piperidines***			
cyproheptadine hcl oral		T1	R
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET	T1		PA; ST; R&M; AI (Trial of the following for at least 2 months each in last 12 months:two statins plus ezetimbe (generic for ZETIA))
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL	T1		ST; R&M; AI (ST: Trial of the following for at least 2 months each in last 12 months: 2 statins plus ezetimbe (generic for Zetia))
*Antihyperlipidemics - Misc.***			
omega-3-acid ethyl esters		T1	R

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Drug Name	Brand	Generic	Additional Information
VASCEPA ORAL CAPSULE 0.5 GM	T1		R
VASCEPA ORAL CAPSULE (Icosapent Ethyl) 1 GM	T1	T1	PA; R
*Bile Acid Sequestrants***			
cholestyramine oral		T1	R
colesevelam hcl oral packet		T1	R&M; QL (1 EA per 1 day)
colesevelam hcl oral tablet		T1	R&M; QL (6 EA per 1 day)
colestipol hcl oral packet		T1	R
colestipol hcl oral tablet		T1	R
micronized colestipol hcl		T1	R
PREVALITE (Cholestyramine Light)	T1	T1	R
*Fibric Acid Derivatives***			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		T1	R
fenofibrate oral tablet 120 mg		T1	R&M; QL (1 EA per 1 day)
fenofibrate oral tablet 145 mg, 160 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
fenofibrate oral tablet 40 mg		T1	R&M; QL (2 EA per 1 day)
fenofibrate oral tablet 48 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenofibrate oral tablet 54 mg		T1	R&M; AI (Max #90 Mail Order)
fenofibric acid oral tablet 105 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
gemfibrozil oral		T1	R
LIPOFEN	T1		R
TRIGLIDE ORAL TABLET 160 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Hmg Coa Reductase Inhibitors***			
atorvastatin calcium oral tablet 10 mg, 40 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
atorvastatin calcium oral tablet 20 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 80 mg		T1	R&M; AI (Max #135 Mail Order); QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
fluvastatin sodium oral capsule 40 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	T1		PA; ST; R&M; AI (ST: Step through two of the following in the last 12 months: atorvastatin, simvastatin, rosuvastatin)
lovastatin oral tablet 10 mg, 20 mg		T1	R
lovastatin oral tablet 40 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
<i>pravastatin sodium oral tablet 40 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rosuvastatin calcium</i>		T1	R&M; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>simvastatin oral tablet 80 mg</i>		T1	PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day)
ZYPITAMAG	T1		ST; R&M; AI (ST: Step through two of the following in the last 12 months: atorvastatin, simvastatin, rosuvastatin)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		T1	PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe</i>		T1	R&M; QL (1 EA per 1 day)
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 18 Years)
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
REPATHA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 13 Years)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		T1	R
TARKA ORAL TABLET EXTENDED RELEASE (Trandolapril-Verapamil HCl ER) 1-240 MG	T1	T1	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1	R
<i>captopril-hydrochlorothiazide</i>		T1	R
<i>enalapril-hydrochlorothiazide</i>		T1	R
<i>fosinopril sodium-hctz</i>		T1	R
<i>lisinopril-hydrochlorothiazide</i>		T1	R
<i>moexipril-hydrochlorothiazide</i>		T1	R
<i>quinapril-hydrochlorothiazide</i>		T1	R
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		T1	R
<i>captopril oral</i>		T1	R
<i>enalapril maleate oral</i>		T1	R
<i>fosinopril sodium</i>		T1	R
<i>lisinopril oral</i>		T1	R
<i>moexipril hcl</i>		T1	R
<i>perindopril erbumine</i>		T1	R
<i>quinapril hcl</i>		T1	R
<i>ramipril</i>		T1	R
<i>trandolapril</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Agents For Pheochromocytoma***			
DIBENZYLINE (Phenoxybenzamine HCl)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***			
amlodipine besylate-valsartan		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
amlodipine-olmesartan		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
telmisartan-amlodipine		T1	R
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
candesartan cilexetil-hctz		T1	R&M; AI (:)
EDARBYCLOR	T1		R
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
losartan potassium-hctz		T1	R
olmesartan medoxomil-hctz oral tablet 20-12.5 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Angiotensin II Receptor Antagonists***			
candesartan cilexetil		T1	R&M; AI (:)
EDARBI	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
eprosartan mesylate		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
irbesartan oral tablet 150 mg, 75 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
irbesartan oral tablet 300 mg		T1	R&M; AI (Max #90 Mail Order)
losartan potassium oral		T1	R
olmesartan medoxomil oral tablet 20 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil oral tablet 40 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 5 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
telmisartan		T1	R
valsartan		T1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
amlodipine-valsartan-hctz		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg		T1	R
*Antidiuretics - Centrally Acting***			
CATAPRES-TTS-1 (CloNIDine)	T1	T1	R
CATAPRES-TTS-2 (CloNIDine)	T1	T1	R
CATAPRES-TTS-3 (CloNIDine)	T1	T1	R
clonidine hcl oral		T1	R
clonidine hcl transdermal		T1	R
guanfacine hcl oral		T1	R
methyldopa oral		T1	R
*Antidiuretics - Peripherally Acting***			
doxazosin mesylate oral		T1	R
prazosin hcl oral		T1	R
terazosin hcl oral		T1	R
*Beta Blocker & Diuretic Combinations***			
atenolol-chlorthalidone		T1	R
bisoprolol-hydrochlorothiazide		T1	R
metoprolol-hydrochlorothiazide		T1	R
propranolol-hctz		T1	R
*Direct Renin Inhibitors & Calcium Channel Blocker Comb***			
TEKAMLO	T1		R
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Direct Renin Inhibitors***			
aliskiren fumarate		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
*Reserpine***			
reserpine oral		T1	R
*Selective Aldosterone Receptor Antagonists (Saras)***			
eplerenone oral tablet 25 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
eplerenone oral tablet 50 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Vasodilators***			
hydralazine hcl oral		T1	R
minoxidil oral		T1	R

Drug Name	Brand	Generic	Additional Information
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
AEMCOLO	T1		R&M; AI (Limited to two fills per year); QL (12 EA per 3 Dayss)
FLAGYL ER	T1		R
metronidazole oral tablet		T1	R
NEBUPENT (Pentamidine Isethionate)	SP	SP	R
tinidazole oral		T1	R
trimethoprim oral		T1	R
XIFAXAN	T1		PA; R&M; AI (:)
*Anti-Infective Misc. - Combinations***			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml		T1	R
sulfamethoxazole-trimethoprim oral tablet 400-80 mg		T1	R
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED	T1		R&M; AI (30 days must pass before able to refill); QL (60 ML per 3 days)
ALINIA ORAL TABLET (Nitazoxanide)	T1	T1	R&M; AI (30 days must pass before able to refill); QL (6 EA per 3 days)
atovaquone oral		T1	R
*Carbapenem Combinations***			
VABOMERE	MB		R
*Glycopeptides***			
FIRVANQ	T1		R&M; QL (300 ML per 10 days)
vancomycin hcl oral capsule		T1	R
*Ketolides***			
KETEK ORAL TABLET 300 MG	T1		R
*Leprostatics***			
dapsone oral		T1	R
*Lincosamides***			
clindamycin hcl oral		T1	R
clindamycin palmitate hcl		T1	R
*Monobactams***			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Oxazolidinones***			
linezolid oral suspension reconstituted		T1	R
linezolid oral tablet		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
SIVEXTRO ORAL	T1		PA; RO; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
*Urinary Anti-Infectives***			
<i>methenamine hippurate</i>		T1	R
MONUROL (Fosfomycin Tromethamine)	T1	T1	R
<i>nitrofurantoin macrocrystal oral</i>		T1	R
<i>nitrofurantoin monohyd macro</i>		T1	R
<i>nitrofurantoin oral suspension</i>		T1	R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
AZUPHEN MB (Uticap)	T1	T1	R
PHOSPHASAL (Ur N-C)	T1	T1	R
USTELL (Uticap)	T1	T1	R
UTIRA-C (Ur N-C)	T1	T1	R
UTRONA-C (Ur N-C)	T1	T1	R
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl</i>		T1	R
COARTEM	T1		R
*Antimalarials***			
<i>chloroquine phosphate oral</i>		T1	ST; R&M; AI (New fills limited to #30 in 6 months.)
DARAPRIM (Pyrimethamine)	T1	T1	PA; ST; R
<i>hydroxychloroquine sulfate oral</i>		T1	ST; R&M; AI (New fills limited to #30 in 6 months.)
<i>mefloquine hcl</i>		T1	R&M; AI (Max #15 per 90 days); QL (5 EA per 30 Days)
<i>primaquine phosphate oral</i>		T1	PA; R
<i>quinine sulfate oral</i>		T1	R
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>guanidine hcl oral</i>		T1	R
PROSTIGMIN ORAL	T1		R
<i>pyridostigmine bromide oral solution</i>		T1	R
<i>pyridostigmine bromide oral tablet 60 mg</i>		T1	R
RUZURGI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
Antimycobacterial Agents			
*Anti Tb Combinations***			
RIFAMATE	T1		R

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Drug Name	Brand	Generic	Additional Information
RIFATER	T1		R
*Antimycobacterial Agents***			
cycloserine oral		T1	R
ethambutol hcl oral		T1	R
isoniazid oral syrup		T1	R
isoniazid oral tablet 100 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
isoniazid oral tablet 300 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
PASER	T1		PA; ST; R
PRIFTIN	T1		R
pyrazinamide oral		T1	R
rifabutin		T1	R
rifampin oral		T1	R
SIRTURO	SP		PA; R
TRECATOR	T1		R
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BELRAPZO (Bendamustine HCl)	MB	MB	R
BENDEKA (Bendamustine HCl)	MB	MB	R
HEXALEN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYLERAN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Androgen Biosynthesis Inhibitors***			
abiraterone acetate oral tablet 250 mg		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
YONSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA (Abiraterone Acetate)	T1	T1	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiadrenals***			
LYSODREN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Antiandrogens***			
CASODEX (Bicalutamide)	T1	T1	R
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>flutamide</i>		T1	R
NILANDRON (Nilutamide)	T1	T1	R&M; M
XTANDI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiestrogens***			
FARESTON (Toremifene Citrate)	T1	T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
SOLTAMOX	T1		R
<i>tamoxifen citrate oral</i>		\$0	R&M; AI (Limited to 30 day supply.); \$0
*Antimetabolites***			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	T1		PA; ST; R
<i>mercaptopurine oral</i>		T1	R
<i>methotrexate oral</i>		T1	R
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>		T1	R
<i>methotrexate sodium injection solution 25 mg/ml</i>		T1	R
ONUREG	T1		PA; R&M; AI (Limited to 30 day supply.)
PURIXAN	T1		R
TABLOID	T1		R
TREXALL	T1		R
XATMEP	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA ORAL TABLET (Capecitabine) 150 MG	T1	T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA ORAL TABLET 500 MG	T1		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
VENCLEXTA STARTING PACK	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
TAFINLAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	T1		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA ORAL TABLET 3 MG	T1		PA; R
PEMAZYRE	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Antineoplastic - Histone Deacetylase Inhibitors***			
FARYDAK	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)

Drug Name	Brand	Generic	Additional Information
ZOLINZA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Immunomodulators***			
POMALYST	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Mek Inhibitors***			
COTELLIC	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKINIST	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK	T1		PA; R&M; AI (Limited Distribution Onco360)
*Antineoplastic - Monoclonal Antibodies***			
BAVENCIO	MB		R
LARTRUVO	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Multikinase Inhibitors***			
NEXAVAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
RYDAPT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STIVARGA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
*Antineoplastic - Proteasome Inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1		PA; R
NINLARO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK	T1		PA; R
*Antineoplastic - Tyrosine Kinase Inhibitors***			
ALECensa	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG ORAL TABLET 30 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AYVAKIT	T1		PA; R&M; AI (Limited distribution Biologics & PantheRx)
BOSULIF ORAL TABLET 100 MG, 500 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BRUKINSA	T1		PA; R&M; AI (LIMITED DISTRIBUTION BY DIPLOMAT, BIOLOGICS OR ONCO360)
CABOMETYX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CALQUENCE	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
CAPRELSA	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAVRETO	T1		PA; R&M; AI (Limited to 30 day supply.)
GILOTRIF	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLEEVEC ORAL TABLET (<i>Imatinib Mesylate</i>) 100 MG	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day)
GLEEVEC ORAL TABLET (<i>Imatinib Mesylate</i>) 400 MG	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
ICLUSIG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL CAPSULE 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL TABLET 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IRESSA	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
<i>lapatinib ditosylate</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
LENVIMA (10 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (14 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (18 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (20 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (24 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (8 MG DAILY DOSE)	T1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LORBRENA	T1		PA; R
NERLYNX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
QINLOCK	T1		PA; SP; AI (Limited to 30 day supply.)
RETEVMO	T1		PA; SP; AI (Limited to 30 day supply.)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
TABRECTA	T1		PA; R
TAGRISSO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA (Erlotinib HCl)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASIGNA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TUKYSA	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
TURALIO	T1		PA; R
TYKERB	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
VIZIMPRO	T1		PA; R
VOTRIENT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XALKORI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AG (Min 16 Years)
XOSPATA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
ZYKADIA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY)	T1		PA; R
XPOVIO (40 MG ONCE WEEKLY)	T1		PA; R

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Drug Name	Brand	Generic	Additional Information
XPOVIO (40 MG TWICE WEEKLY)	T1		PA; R
XPOVIO (60 MG ONCE WEEKLY)	T1		PA; R
XPOVIO (60 MG TWICE WEEKLY)	T1		PA; R
XPOVIO (80 MG ONCE WEEKLY)	T1		PA; R
XPOVIO (80 MG TWICE WEEKLY)	T1		PA; R
*Antineoplastic Antibody-Drug Complexes***			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB		R
*Antineoplastic Combinations***			
INQOVI	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LONSURF	T1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum); AG (Min 18 Years)
RITUXAN HYCELA	MB		R
*Antineoplastics Misc.***			
ACTIMMUNE	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HYDREA (<i>Hydroxyurea</i>)	T1	T1	R
INTRON A	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	MB		R
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		\$0	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)
ARIMIDEX	T1		R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 day)
AROMASIN	T1		R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 day)
<i>exemestane</i>		\$0	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
FEMARA	T1		R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 day)
<i>letrozole oral</i>		\$0	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK	MB		R
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE	T1		PA; SP
KISQALI 200 DOSE	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 400 DOSE	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 600 DOSE	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VERZENIO	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION (Fulvestrant) 250 MG/5ML	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogens-Antineoplastic***			
EMCYT	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral</i>		T1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Imidazotetrazines***			
TEMODAR ORAL (Temozolomide)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
TIBSOVO	T1		PA; R
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	T1		PA; R
JAKAFI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 60 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 30 days); AG (Min 18 Years)
FENSOLVI	MB		R
<i>leuprolide acetate injection</i>	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (28 mg per 28 days); AG (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 60 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 180 days); AG (Min 18 Years)
TRELSTAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRELSTAR MIXJECT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VANTAS	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mitotic Inhibitors***			
<i>etoposide oral</i>		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nitrogen Mustards***			
ALKERAN ORAL (<i>Melphalan</i>)	T1	T1	R
cyclophosphamide oral capsule		T1	R
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>lomustine</i>		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1		PA; R
ZYDELIG	T1		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Poly (A dp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA	T1		PA; SP
RUBRACA ORAL TABLET 200 MG	T1		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 300 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TALZENNA	T1		PA; R
ZEJULA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*Progestins-Antineoplastic***			
<i>hydroxyprogesterone caproate intramuscular solution</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
MEGACE ORAL (Megestrol Acetate)	T1	T1	R
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>		T1	R
<i>megestrol acetate oral tablet</i>		T1	R
*Retinoids***			
<i>tretinoin oral</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Selective Retinoid X Receptor Agonists***			
TARGRETIN ORAL (Bexarotene)	T1	T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Urinary Tract Protective Agents***			
MESNEX ORAL	SP		SP
Antiparkinson And Related Therapy Agents			
*Adenosine Receptor Antagonist***			
NOURIANZ ORAL TABLET 20 MG	T1		PA; R&M; QL (1 EA per 1 day)
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		T1	R
<i>trihexyphenidyl hcl</i>		T1	R
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		T1	R
<i>amantadine hcl oral syrup</i>		T1	R
<i>bromocriptine mesylate oral</i>		T1	R
GOCOVRI	T1		PA; R
INBRIJA	T1		PA; R
OSMOLEX ER	T1		PA; R
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>selegiline hcl oral</i>		T1	R
XADAGO	T1		PA; R
*Central/Peripheral Comt Inhibitors***			
TASMAR ORAL TABLET (Tolcapone) 100 MG	T1	T1	PA; R
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1	R
*Levodopa Combinations***			
<i>carbidopa-levodopa</i>		T1	R
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1	R
STALEVO 100 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 125 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
STALEVO 150 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 200 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 50 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 75 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is th)
KYNMOBI	SP		PA; R
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>pramipexole dihydrochloride</i>		T1	R
<i>ropinirole hcl</i>		T1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		T1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T1	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (4 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
*Peripheral Comt Inhibitors***			
<i>entacapone</i>		T1	R
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium</i>		T1	R
<i>lithium carbonate er</i>		T1	R
<i>lithium carbonate oral</i>		T1	R
*Antipsychotics - Misc.***			
CAPLYTA	T1		PA; R
LATUDA	T1		R&M; QL (1 EA per 1 Day); AG (Min 10 Years)
<i>ziprasidone hcl</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Benzisoxazoles***			
FANAPT	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T1		R&M; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T1	R&M; AI (90 tablets per copay); QL (2 EA per 1 day); AG (Min 12 Years)

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Drug Name	Brand	Generic	Additional Information
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T1	R&M; AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE (RisperiDONE) 1 MG	T1	T1	R
<i>risperidone oral solution</i>		T1	R
<i>risperidone oral tablet</i>		T1	R
*Butyrophenones***			
<i>haloperidol lactate oral</i>		T1	R
<i>haloperidol oral</i>		T1	R
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1	R&M; AI (Max #810 Mail Order); QL (9 EA per 1 Day)
<i>clozapine oral tablet 200 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>clozapine oral tablet 50 mg</i>		T1	R&M; AI (Max #540 per 90days); QL (6 EA per 1 Day)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate</i>		T1	R&M; QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T1		R&M; QL (2 EA per 1 Day)
SECUADO	T1		R&M; QL (1 EA per 1 day)
*Dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>		T1	R
<i>quetiapine fumarate oral tablet 400 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>quetiapine fumarate oral tablet 50 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1	R
*Phenothiazines***			
<i>chlorpromazine hcl oral</i>		T1	R
<i>fluphenazine hcl oral</i>		T1	R
<i>perphenazine oral</i>		T1	R
<i>prochlorperazine</i>		T1	R
<i>prochlorperazine maleate oral</i>		T1	R
<i>thioridazine hcl oral</i>		T1	R
<i>trifluoperazine hcl oral</i>		T1	R
*Quinolinone Derivatives***			
ABILIFY ORAL SOLUTION	T1		R&M; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days)

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Drug Name	Brand	Generic	Additional Information
<i>aripiprazole oral solution</i>		T1	R&M; QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 day)
REXULTI	T1		PA; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine oral tablet 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (4 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Thioxanthenes***			
<i>thiothixene oral</i>		T1	R
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
FORMADON (Formaldehyde)	T1	T1	R
*Iodine Antiseptics***			
IODOSORB	T1		R
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1	R
<i>abacavir-lamivudine-zidovudine</i>		T1	R&M; AI (;); QL (2 EA per 1 day)
ATRIPLA	T1		R&M; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T1		R&M; QL (1 EA per 1 day)
CIMDUO	T1		R&M; QL (1 EA per 1 day)
COMPLERA	T1		R&M; AI (;
DELSTRIGO	T1		ST; R&M; AI (ST: No prior history of antiretroviral therapy within the last 6 months)
DESCOVY	T1		R&M; QL (1 EA per 1 day)
DOVATO	T1		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
<i>efavirenz-emtricitab-tenofovir</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>emtricitabine-tenofovir df</i>		\$0	R&M; QL (1 EA per 1 day)
EVOTAZ	T1		R&M; AI (:)
GENVOYA	T1		R&M; AI (:)
JULUCA	T1		PA; R
KALETRA ORAL TABLET	T1		R&M; AI (:)
<i>lamivudine-zidovudine</i>		T1	R&M; AI (:)
<i>lopinavir-ritonavir</i>		T1	R
ODEFSEY	T1		R&M; AI (:)
PREZCOBIX	T1		R&M; AI (:)
STRIBILD	T1		R&M; AI (:)
SYMF1 (Efavirenz-lamiVUDine-Tenofovir)	T1	T1	R&M; QL (1 EA per 1 day)
SYMF1 LO (Efavirenz-lamiVUDine-Tenofovir)	T1	T1	R&M; QL (1 EA per 1 day)
SYMTUZA	T1		PA; R
TEMIXYS	T1		R&M; QL (1 EA per 1 day)
TRIUMEQ	T1		R&M; AI (:); QL (1 EA per 1 day); AG (Min 16 Years)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	\$0		R&M; AI (:); \$0; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG	\$0		R&M; AI (:); \$0; QL (1 EA per 1 Day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION	T1		R
SELZENTRY ORAL TABLET 150 MG, 300 MG	T1		R&M; AI (:)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T1		R
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
rukobia		T1	PA; R
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T1		R&M; AI (:)
ISENTRESS HD	T1		R
TIVICAY ORAL TABLET 10 MG, 25 MG	T1		R
TIVICAY ORAL TABLET 50 MG	T1		R&M; AI (:)
TIVICAY PD	T1		R
VITEKTA	T1		R&M; AI (:)
*Antiretrovirals - Protease Inhibitors***			
APTIVUS	T1		R&M; AI (:)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T1	R&M; QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T1		R&M; AI (:)

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Drug Name	Brand	Generic	Additional Information
<i>fosamprenavir calcium</i>		T1	R
INVIRASE	T1		R&M; AI (:)
LEXIVA ORAL SUSPENSION	T1		R&M; AI (:)
NORVIR ORAL CAPSULE	T1		R&M; AI (:)
NORVIR ORAL PACKET	T1		R
NORVIR ORAL SOLUTION	T1		R&M; AI (:)
PREZISTA ORAL SUSPENSION	T1		R&M; AI (:)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T1		R&M; AI (:)
REYATAZ ORAL PACKET	T1		R&M; AI (:)
<i>ritonavir</i>		T1	R
VIRACEPT ORAL TABLET	T1		R&M; AI (:)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	T1		R&M; AI (:); QL (1 EA per 1 Day)
<i>efavirenz oral capsule 200 mg</i>		T1	R&M; QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		SP	R&M; QL (2 EA per 1 day)
<i>efavirenz oral tablet</i>		T1	R&M; QL (1 EA per 1 day)
INTELENCE	T1		R&M; AI (:)
<i>nevirapine</i>		T1	R&M; AI (:)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		T1	R
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T1	R&M; AI (:)
PIFELTRO	T1		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
RESCRIPTOR	T1		R&M; AI (:)
*Antiretrovirals - Rti-Nucleoside Analogues- Purines***			
<i>abacavir sulfate oral solution</i>		T1	R
<i>abacavir sulfate oral tablet</i>		T1	R&M; AI (:)
VIDEX	T1		R&M; AI (:)
VIDEX EC ORAL CAPSULE DELAYED RELEASE (Didanosine) 125 MG	T1	T1	R&M; AI (:)
*Antiretrovirals - Rti-Nucleoside Analogues- Pyrimidines***			
<i>emtricitabine</i>		T1	R&M; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	T1		R&M; AI (:); QL (1 EA per 1 Day)
EMTRIVA ORAL SOLUTION	T1		R&M; AI (:); QL (720 ML per 30 Days)
<i>lamivudine oral solution</i>		T1	R&M; AI (:)
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T1	R&M; AI (:)
*Antiretrovirals - Rti-Nucleoside Analogues- Thymidines***			
<i>stavudine</i>		T1	R&M; AI (:)

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Drug Name	Brand	Generic	Additional Information
ZERIT ORAL SOLUTION RECONSTITUTED (Stavudine)	T1	T1	R&M; AI (:)
<i>zidovudine</i>		T1	R&M; AI (:)
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T1	R
VIREAD ORAL POWDER	T1		R&M; AI (:)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T1		R&M; AI (:); QL (1 EA per 1 day)
*Antiretrovirals Adjuvants***			
TYBOST	T1		R&M; AI (:)
*Cmv Agents***			
PREVYMIS INTRAVENOUS	MB		R
PREVYMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>valganciclovir hcl oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
*Hepatitis B Agents***			
<i>adefovir dipivoxil</i>		SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BARACLUDÉ ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (20 ML per 1 Day); AG (Min 16 Years)
<i>entecavir</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 16 Years)
EPIVIR HBV ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>lamivudine oral tablet 100 mg</i>		SP	SP
TYZEKA	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
VEMLIDY	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPCLUSA ORAL TABLET 400-100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
HARVONI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HARVONI ORAL TABLET 45-200 MG	SP		PA; R
HARVONI ORAL TABLET (<i>Ledipasvir-Sofosbuvir</i>) 90-400 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
MAVYRET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sofosbuvir-velpatasvir</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
TECHNIVIE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1.9 EA per 1 day); AG (Min 18 Years)
VIEKIRA PAK	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIEKIRA XR	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOSEVI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hepatitis C Agents***			
COPEGUS (<i>Ribavirin</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
DAKLINZA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
MODERIBA (1000 MG PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA (1200 MG PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA (600 MG PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA (800 MG PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA 1200 DOSE PACK	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
MODERIBA 800 DOSE PACK	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
MODERIBA ORAL TABLET (<i>Ribavirin</i>) 200 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
OLYSIO	SP		PA; SP

Drug Name	Brand	Generic	Additional Information
PEGASYS PROCLICK	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGINTRON	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON REDIPEN	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON REDIPEN PAK 4	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBETOL ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIBAPAK ORAL TABLET 400 MG, 600 MG	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE ORAL CAPSULE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIBASPHERE ORAL TABLET (<i>Ribavirin</i>) 200 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE ORAL TABLET 400 MG, 600 MG	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
RIBASPHERE RIBAPAK (1000 PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK (1200 PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK (600 PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK (800 PACK)	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBATAB ORAL TABLET	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
<i>ribavirin oral capsule</i>	SP	R	
SOVALDI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOVALDI ORAL TABLET 200 MG	SP		PA; R
SOVALDI ORAL TABLET 400 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VICTRELIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (336 EA per 30 Days); AG (Min 18 Years)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral</i>		T1	R
<i>valacyclovir hcl oral tablet 1 gm</i>		T1	R&M; AI (;); QL (3 EA per 1 Day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1	R&M; QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
*Herpes Agents - Thymidine Analogues***			
famciclovir oral		T1	R
*Influenza Agents***			
rimantadine hcl		T1	R
*Neuraminidase Inhibitors***			
oseltamivir phosphate oral capsule		T1	RO; AI (;); QL (10 EA per 5 Dayss)
oseltamivir phosphate oral suspension reconstituted		T1	RO; AI (;); QL (24 ML per 5 days)
RELENZA DISKHALER	T1		R&M; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)
Beta Blockers			
*Alpha-Beta Blockers***			
carvedilol		T1	R
labetalol hcl oral		T1	R
*Beta Blockers Cardio-Selective***			
acebutolol hcl oral		T1	R
atenolol oral		T1	R
betaxolol hcl oral tablet 10 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
betaxolol hcl oral tablet 20 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
bisoprolol fumarate		T1	R
BYSTOLIC	T1		R&M; AI (;
KAPSPARGO SPRINKLE	T1		ST; R&M; AI (Step: metoprolol succinate er)
metoprolol succinate er		T1	R
metoprolol tartrate oral		T1	R
*Beta Blockers Non-Selective***			
HEMANGEOL	T1		R
LEVATOL	T1		R
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1	R
pindolol		T1	R
propranolol hcl er		T1	R
propranolol hcl oral		T1	R
SORINE (Sotalol HCl)	T1	T1	R
sotalol hcl (af)		T1	R
timolol maleate oral		T1	R
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	T1	T1	R
amlodipine besylate oral		T1	R
CARTIA XT (Diltiazem HCl ER Coated Beads)	T1	T1	R
dilt-cd		T1	R
diltiazem hcl cd		T1	R

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Drug Name	Brand	Generic	Additional Information
diltiazem hcl er oral capsule extended release 12 hour		T1	R
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		T1	R
diltiazem hcl oral		T1	R
dilt-xr		T1	R
diltzac		T1	R
felodipine er		T1	R
isradipine		T1	R
nicardipine hcl oral		T1	R
NIFEDIAC CC (NIFEdipine ER)	T1	T1	R
NIFEDICAL XL (NIFEdipine ER Osmotic Release)	T1	T1	R
nifedipine oral		T1	R
nimodipine oral		T1	R&M; AI (Max #756 Mail Order)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nisoldipine er oral tablet extended release 24 hour 30 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT (Diltiazem HCl ER Beads)	T1	T1	R
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 240 MG, 300 MG, 360 MG	T1	T1	R
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DilTAZem HCl ER Beads) 180 MG	T1	T1	R
verapamil hcl er oral capsule extended release 24 hour		T1	R
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		T1	R
verapamil hcl oral		T1	R
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Verapamil HCl ER) 200 MG	T1	T1	R
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (Digoxin)	T1	T1	R
DIGOX (Digoxin)	T1	T1	R
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T1		R
Cardiovascular Agents - Misc.			
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
ENTRESTO	T1		PA; R&M; QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
ORENITRAM	SP		PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS	SP		SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 18 Years)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
LETAIRIS (Ambrisentan)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
OPSUMIT	SP		PA; SP
TRACLEER ORAL TABLET (Bosentan)	SP	SP	PA; R&M; QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ADCIRCA (Tadalafil (PAH))	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ALYQ (Tadalafil (PAH))	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO INTRAVENOUS	MB		R
REVATIO ORAL SUSPENSION RECONSTITUTED (Sildenafil Citrate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL TABLET (Sildenafil Citrate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
UPTRAVI ORAL TABLET THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
CIALIS ORAL TABLET (<i>Tadalafil</i>) 2.5 MG, 5 MG	T1	T1	ST; R&M; AI (Trial of three of the following for benign prostatic hyperplasia (BPH) for 3 months each in the last 18 months: alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, dutasteride-tamsulosin (generic for JALYN), tadalafil (generic for CIALIS)); M; QL (1 EA per 1 day); AG (Min 18 Years)
*Sinus Node Inhibitors**			
CORLANOR	T1		PA; R
*Transthyretin Stabilizers***			
VYNDAMAX	SP		PA; R
VYNDAQEL	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cephalosporins			
*Cephalosporins - 1St Generation***			
cefadroxil		T1	R
cephalexin oral capsule 250 mg, 500 mg		T1	R
cephalexin oral suspension reconstituted		T1	R
*Cephalosporins - 2Nd Generation***			
cefaclor		T1	R
cefaclor er		T1	R
cefprozil		T1	R
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T1		R
cefuroxime axetil oral suspension reconstituted 125 mg/5ml		T1	R
cefuroxime axetil oral tablet		T1	R
*Cephalosporins - 3Rd Generation***			
CEDAX	T1		R
cefdinir		T1	R
cefditoren pivoxil		T1	R
cefixime oral suspension reconstituted		T1	R
cefpodoxime proxetil		T1	R
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T1		R

Drug Name	Brand	Generic	Additional Information
SUPRAX ORAL TABLET	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SUPRAX ORAL TABLET CHEWABLE	T1		R
Chemicals			
*Bulk Chemicals - Be's***			
belladonna		T1	R
*Bulk Chemicals - En***			
enalapril maleate		T1	R
*Bulk Chemicals - Fl's***			
fluoxymesterone		T1	PA; RO
*Bulk Chemicals - Va's***			
vancomycin hcl		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
BEKYREE (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
KARIVA (Viorele)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
KIMIDESS (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
LO LOESTRIN FE	T1		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
PIMTREA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
VOLNEA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
*Combination Contraceptives - Oral***			
AFIRMELLE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ALTAVERA (Marlissa)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
APRI (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
AUBRA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
AUBRA EQ (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
AUROVELA 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
AUROVELA 1/20	\$0		R&M; \$0
AUROVELA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30	\$0		R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
AVIANE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
BALZIVA (<i>Brielllyn</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
BLISOVI 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20	\$0		R&M; AI (Max #112 for up to 90days Mail Order); QL (1.34 EA per 1 day)
BREVICON (28)	T1		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
CHATEAL (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CRYSELLLE-28	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYCLAFEM 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
DASETTA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
DELYLA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ELINEST	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
EMOQUETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ESTARYLLA	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol</i>		\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
FALMINA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
FEMYNOR (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
GIANVI (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	R&M; F; QL (1.34 EA per 1 day)
GILDAGIA (<i>Brielllyn</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
GILDESS 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
HAILEY 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 Day)
HAILEY 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
HAILEY FE 1.5/30	\$0		R&M; F; QL (1.34 EA per 1 day)
HAILEY FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ISIBLOOM	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
JASMIEL (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	R&M; F; QL (1.34 EA per 1 day)
JULEBER	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL 1/20 (<i>Norethindrone Acet-Ethiny Est</i>)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
JUNEL FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL FE 24 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
KAITLIB FE (<i>Norethin-Eth Estradiol-Fe</i>)	T1	T1	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KALLIGA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 Day)
KELNOR 1/35	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KELNOR 1/50 (<i>Ethyndiol Diac-Eth Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARIN 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARISSIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LAYOLIS FE (<i>Norethin-Eth Estradiol-Fe</i>)	T1	T1	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LESSINA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LILLOW (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21)	T1		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LOESTRIN FE 1/20	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LOMEDIA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	R&M; F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LOW-OGESTREL	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	T1		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LUTERA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
MELODETTA 24 FE (Norethin Ace-Eth Estrad-FE)	T1	T1	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MIBELAS 24 FE (Norethin Ace-Eth Estrad-FE)	T1	T1	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 (Norethindrone Acet-Ethynodiol)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
MICROGESTIN 24 FE (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
MONO-LINYAH (Norgestimate-Eth Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MONONESSA (Norgestimate-Eth Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NECON 0.5/35 (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
NECON 1/35 (28) (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NECON 1/50 (28)	SP		R&M; F; QL (1.34 EA per 1 day)
NIKKI (Drospirenone-Ethynodiol)	T1	T1	R&M; F; QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>		\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethindrone acet-ethynodiol oral tablet 1.5-30 mg-mcg</i>		\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
NORTREL 1/35 (28) (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
OCELLA (Drospirenone-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
OGESTREL	T1		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ORSYTHIA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
PHILITH (Briellyn)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PIRMELLA 1/35	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
PORTIA-28 (Marlissa)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PREVIFEM (Norgestimate-Eth Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
RECLIPSEN (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
SAFYRAL (Drospirene-Eth Estrad-Levomefol)	T1	T1	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
SOLIA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
SPRINTEC 28 (Norgestimate-Eth Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
SRONYX	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
SYEDA (Drospirenone-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TARINA 24 FE	\$0		R&M; \$0; QL (1.34 EA per 1 day)
TARINA FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TARINA FE 1/20 EQ (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TYBLUME (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TYDEMY (<i>Drospiren-Eth Estrad-Levomefol</i>)	T1	T1	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
VIENVA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
VYFEMLA	\$0		R&M; AI (Max #112); F; QL (1.34 EA per 1 day)
VYLIBRA	\$0		R&M; F; QL (1.34 EA per 1 day)
WERA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
WYMZYA FE (<i>Norethin-Eth Estradiol-Fe</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
ZARAH (<i>Drospirenone-Ethynodiol Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ZENCHENT	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
ZOVIA 1/35E (28)	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ZOVIA 1/50E (28) (<i>Ethyndiol Diac-Eth Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ZUMANDIMINE (<i>Drospirenone-Ethynodiol Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
*Combination Contraceptives - Transdermal***			
XULANE	T1		R&M; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG	\$0		R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 days)
NUVARING	\$0		R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days)
*Continuous Contraceptives - Oral***			
<i>levonorgestrel-ethynodiol estradiol oral tablet 90-20 mcg</i>		\$0	R&M; F; \$0; QL (1.25 EA per 1 day)
*Emergency Contraceptives***			
AFTERA (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
ECONTRA EZ (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
ECONTRA ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
ELLA	T1		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
MY CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
MY WAY (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
NEW DAY (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
OPCICON ONE-STEP (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
OPTION 2 (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
PLAN B ONE-STEP	T1		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
PREVENTEZA (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
REACT (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
TAKE ACTION (Levonorgestrel)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
AMETHIA LO (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
ASHLYNA (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
CAMRESE	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
CAMRESE LO (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
DAYSEE	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
FAYOSIM (Levonorgest-Eth Est & Eth Est)	T1	T1	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
INTROVALE (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
JAIMIESS (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
JOLESSA (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
LOJAIMIESS	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
QUARTETTE	T1		R&M; F; QL (91 EA per 91 days)
QUASENSE (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
RIVELSA (Levonorgest-Eth Est & Eth Est)	T1	T1	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
SETLAKIN	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)

Drug Name	Brand	Generic	Additional Information
*Four Phase Contraceptives - Oral***			
NATAZIA	T1		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T1		R&M; F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1		R&M; F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T1		R&M; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension</i>		\$0	R&M; F; \$0; QL (1 ML per 90 Days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>		\$0	R&M; F; \$0; QL (1 ML per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DEBLITANE	\$0		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
ERRIN (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
HEATHER (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
INCASSIA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
JENCYCLA (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
JOLIVETTE (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
LYZA (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORA-BE (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORLYDA	\$0		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
NORLYROC	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
SHAROBEL	\$0		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
TULANA	\$0		R&M; F; \$0; QL (1.25 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Triphasic Contraceptives - Oral***			
ARANELLE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (28 EA per 30 Days)
CAZIANT	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CESIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CYCLAFEM 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DASETTA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
ENPRESSE-28	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
ESTROSTEP FE	T1		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
LEENA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (28 EA per 30 Days)
LEVONEST	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
levonorg-eth estrad triphasic oral tablet		\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
MYZILRA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NECON 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg		\$0	R&M; F; QL (28 EA per 30 Days)
NORTREL 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
PIRMELLA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
TILIA FE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (28 EA per 30 Days)
TRI FEMYNOR	\$0		R&M; AI (;); F; QL (28 EA per 30 Dayss)
TRI-ESTARYLLA	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)

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Drug Name	Brand	Generic	Additional Information
TRI-LEGEST FE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (28 EA per 30 Days)
TRI-LINYAH	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MARZIA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MILI	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRINESSA (28)	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRINESSA LO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-NORINYL (28)	T1		R&M; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)
TRI-PREVIFEM	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-SPRINTEC	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRIVORA (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
TRI-VYLIBRA	\$0		R&M; F; QL (28 EA per 30 days)
VELIVET	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)

Corticosteroids

Glucocorticosteroids**

BAYCADRON (<i>Dexamethasone</i>)	T1	T1	R
<i>budesonide er oral capsule extended release 24 hour</i>		T1	R&M; AI (Max #270 Mail Orden); QL (3 EA per 1 Day)
<i>cortisone acetate oral</i>		T1	R
DELTASONE (<i>predniSONE</i>)	T1	T1	R
DEXAMETHASONE INTENSOL	T1		R
<i>dexamethasone oral solution</i>		T1	R
<i>dexamethasone oral tablet</i>		T1	R
DEXPAK 6 DAY ORAL TABLET	T1		R
EMFLAZA	T1		PA; R&M; AG (Min 5 Years)
FLO-PRED	T1		R
<i>hydrocortisone oral</i>		T1	R
MEDROL ORAL TABLET 2 MG	T1		R

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Drug Name	Brand	Generic	Additional Information
<i>methylprednisolone (pak) oral tablet</i>		T1	R
<i>methylprednisolone oral tablet</i>		T1	R
ORTIKOS	T1		ST; R&M; AI (EST: Trial of the following for at least 3 months in last 12 months: budesonide capsule 3 mg DR)
<i>prednisolone oral solution</i>		T1	R
<i>prednisolone oral syrup 15 mg/5ml</i>		T1	R
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		T1	R
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T1	R
<i>prednisone (pak)</i>		T1	R
PREDNISONE INTENSOL	T1		R
<i>prednisone oral solution</i>		T1	R
<i>prednisone oral tablet</i>		T1	R
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1	R
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	R
*Antitussive - Opioid***			
<i>hydrocodone-homatropine</i>		T1	R
<i>hydromet</i>		T1	R
TUSSIGON (Hydrocodone-Homatropine)	T1	T1	R
*Antitussive-Expectorant***			
<i>cheratussin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>g tussin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>guaiatussin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution</i>		T1	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral syrup</i>		T1	RO; QL (240 ML per 10 days)
<i>hydrocodone-guaifenesin</i>		T1	PA; R
<i>virtussin a/c</i>		T1	RO; QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>promethazine vc</i>		T1	R
<i>promethazine vc plain oral syrup</i>		T1	R
<i>promethazine-phenylephrine</i>		T1	R
*Decongestant W/ Expectorant***			
<i>lusair</i>		T1	R
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
*Iodine Expectorants***			
SSKI	T1		R
*Misc. Respiratory Inhalants***			
sodium chloride inhalation nebulization solution 0.9 %, 7 %		T1	R
*Mucolytics***			
acetylcysteine inhalation		T1	R
*Non-Narc Antitussive-Antihistamine***			
promethazine-dm oral syrup		T1	R
*Non-Narc Antitussive-Decongestant- Antihistamine***			
BROMFED DM (<i>Pseudoeph-Bromphen-DM</i>)	T1	T1	R
tgg 50pse/3brml/30dm		T1	R
*Opioid Antitussive-Antihistamine***			
hydrocod polst-cpm polst er oral liquid extended release		T1	R
lexuss 210		T1	R&M; QL (4 ML per 1 day)
promethazine-codeine oral syrup		T1	R
VITUZ	T1		R&M; AI (Max #360 Mail Order); QL (120 ML per 30 days)
*Opioid Antitussive-Decongestant- Antihistamine***			
M-END PE	T1		R
promethazine vc/codeine		T1	R
promethazine-phenyleph-codeine		T1	R
pseudoeph-chlorphen-hydrocod		T1	R
Dermatologicals			
*Acne Antibiotics***			
AMZEEQ	T1		ST; R&M; AI (ST: trial of both tretinoin gel 0.04% and minocycline hcl capsule 100mg in last 3 months)
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	T1	T1	R
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1	T1	R
clindamycin phosphate external		T1	R
dapsone external gel 5 %		T1	PA; R
ery		T1	R
erythromycin external		T1	R
sulfacetamide sodium (acne)		T1	R
*Acne Combinations***			
clindamycin phos-benzoyl perox external gel 1-5 %		T1	R
sulfacetamide sodium-sulfur external liquid 9-4 %, 9- 4.5 %		T1	R
sulfacetamide-sulfur in urea external emulsion		T1	R

Drug Name	Brand	Generic	Additional Information
*Acne Products***			
adapalene external cream		T1	R
adapalene external gel 0.1 %		T1	R
AKLIEF	T1		ST; R&M; AI (STEP: Through at least two of the following in last 12 months : Adapalene gel 0.1%, Tazarotene cream 0.1%, Tretinoin cream 0.1% or 0.05%)
ALTRENO	T1		R&M; QL (1.5 GM per 1 day)
AMNESTEEM (ISOTretinoin)	T1	T1	R
BENZEPRO SHORT CONTACT (Benzoyl Peroxide)	T1	T1	R
benzoyl peroxide short contact		T1	R
bp foam external foam 9.8 %		T1	R
bpo external gel 4 %		T1	R
bpo foaming cloths external 3 %		T1	R
CLARAVIS (ISOTretinoin)	T1	T1	R
MYORISAN (ISOTretinoin)	T1	T1	R
tretinoin external		T1	R
ZENATANE (ISOTretinoin)	T1	T1	R
*Agents For External Genital And Perianal Warts***			
VEREGEN	T1		R&M; AI (;); QL (1 GM per 1 day)
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL OINTMENT	T1		R
*Antibiotics - Topical***			
ALTABAX	T1		R&M; QL (1 GM per 1 day)
gentamicin sulfate external		T1	R
mupirocin external		T1	R
XEPI	T1		ST; R&M; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo)
*Antifungals - Topical Combinations***			
clotrimazole-betamethasone		T1	R
DERMAZENE (Hydrocortisone-Iodoquinol)	T1	T1	R
nystatin-triamcinolone		T1	R
*Antifungals - Topical***			
CICLODAN EXTERNAL CREAM (Ciclopirox Olamine)	T1	T1	R
ciclopirox external		T1	R
MENTAX	T1		R
naftifine hcl external cream		T1	R
NAFTIN EXTERNAL GEL 1 %	T1		R
NYAMYC (Pedi-Dri)	T1	T1	R
nystatin external		T1	R
NYSTOP (Pedi-Dri)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac sodium transdermal solution</i>		T1	R
FLECTOR TRANSDERMAL (Diclofenac Epolamine)	T1	T1	R
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (60 GM per 1 Copay); AG (Min 18 Years)
*Antineoplastic Antimetabolites - Topical***			
CARAC (Fluorouracil)	T1	T1	PA; ST; R&M; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM	T1		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLUOROPLEX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>fluorouracil external cream 5 %</i>		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>fluorouracil external solution</i>		T1	R
TOLAK	T1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
*Antineoplastic Or Premalignant Lesion Agent - Comb***			
FLUORAC	T1		R
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO	T1		PA; R
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium transdermal gel 3 %</i>		T1	PA; ST; R&M; AI (STEP: Both Tolak 4% cream and Imiquimod 5% cream.); QL (3.34 GM per 1 day)
*Antineoplastic Retinoids - Topical***			
PANRETIN	T1		PA; R
*Antipruritics - Topical***			
PRUDOXIN (Doxepin HCl)	T1	T1	PA; ST; R&M; AI (Trial: of two of the following within the last 6 months: fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
ZONALON (Doxepin HCl)	T1	T1	PA; ST; R&M; AI (Trial: of two of the following within the last 6 months: fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)
*Antipsoriatics - Systemic***			
8-MOP	T1		R
acitretin		T1	R
COSENTYX	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX (300 MG DOSE)	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX SENSOREADY (300 MG)	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>methoxsalen rapid</i>		T1	R
SILIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TREMFYA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antipsoriatics***			
<i>calcipotriene external cream</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>calcipotriene external solution</i>		T1	R
CALCITRENE (Calcipotriene)	T1	T1	R
DRITHO-CREME HP	T1		R
<i>tazarotene external</i>		T1	R&M; QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T1		R
TAZORAC EXTERNAL GEL	T1		R
VECTICAL (Calcitriol)	T1	T1	R&M; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
*Antiseborrheic Combinations***			
<i>selenium sulf-pyrithione-urea</i>		T1	R
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T1	R
<i>sodium sulfacetamide external shampoo</i>		T1	R
<i>sulfacetamide sodium external gel</i>		T1	R
<i>sulfacetamide sodium external liquid</i>		T1	R
*Antiviral Topical Combinations***			
XERESE	T1		R
*Antivirals - Topical***			
<i>acyclovir external</i>		T1	R
DENAVIR	T1		R
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Burn Products***			
SSD (Silver Sulfadiazine)	T1	T1	R
SULFAMYRON EXTERNAL CREAM	T1		R
THERMAZENE (Silver Sulfadiazine)	T1	T1	R
*Cauterizing Agents***			
<i>silver nitrate external ointment</i>		T1	R
TRI-CHLOR	T1		R
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1	R
<i>alclometasone dipropionate</i>		T1	R
<i>amcinonide</i>		T1	R
<i>betamethasone dipropionate aug</i>		T1	R
<i>betamethasone dipropionate external</i>		T1	R
<i>betamethasone valerate external</i>		T1	R
<i>clobetasol propionate e</i>		T1	R
<i>clobetasol propionate emulsion</i>		T1	R&M; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
<i>clobetasol propionate external</i>		T1	R
<i>clocortolone pivalate</i>		T1	R
<i>clocortolone pivalate pump</i>		T1	R
CLODAN EXTERNAL SHAMPOO (Clobetasol Propionate)	T1	T1	R
CORDRAN EXTERNAL TAPE	T1		ST; R&M; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (0.034 EA per 1 day)
<i>desonide external cream</i>		T1	R
<i>desonide external lotion</i>		T1	R
<i>desonide external ointment</i>		T1	R
<i>desoximetasone external cream</i>		T1	R
<i>desoximetasone external gel</i>		T1	R
<i>desoximetasone external ointment 0.25 %</i>		T1	R
<i>diflorasone diacetate external cream</i>		T1	ST; RO; AI (EST through at least 2 of the following in the last 3 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (60 GM per 30 days)
<i>diflorasone diacetate external ointment</i>		T1	PA; ST; R&M; AI (Trial of two of the following in the last three months: betamethasone, clobetasol, hydrocortisone, triamcinolone)
<i>fluocinolone acetonide body</i>		T1	R
<i>fluocinolone acetonide external</i>		T1	R
<i>fluocinolone acetonide scalp</i>		T1	R
<i>fluocinonide external cream 0.05 %</i>		T1	R
<i>fluocinonide external gel</i>		T1	R
<i>fluocinonide external ointment</i>		T1	R
<i>fluocinonide external solution</i>		T1	R
<i>fluocinonide-e</i>		T1	R
<i>flurandrenolide external cream</i>		T1	ST; R&M; AI (EST: Step through two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone.); QL (120 GM per 30 days)
<i>flurandrenolide external lotion</i>		T1	PA; ST; R&M; AI (EST: thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (20 ML per 30 days)
<i>flurandrenolide external ointment</i>		T1	ST; R&M; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (2 GM per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>fluticasone propionate external</i>		T1	R
<i>halcinonide</i>		T1	PA; ST; R&M; AI (EST thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (60 GM per 30 days)
<i>halobetasol propionate external cream</i>		T1	R&M; QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1	R&M; QL (1 GM per 1 day)
<i>hydrocortisone butyrate external cream</i>		T1	R
<i>hydrocortisone butyrate external ointment</i>		T1	R
<i>hydrocortisone butyrate external solution</i>		T1	R
<i>hydrocortisone external cream 2.5 %</i>		T1	R
<i>hydrocortisone external lotion 2.5 %</i>		T1	R
<i>hydrocortisone external ointment 2.5 %</i>		T1	R
<i>hydrocortisone valerate</i>		T1	R
<i>mometasone furoate external</i>		T1	R
NOLIX EXTERNAL LOTION	T1		R
<i>prednicarbate external cream</i>		T1	R
<i>triamcinolone acetonide external aerosol solution</i>		T1	R
<i>triamcinolone acetonide external cream</i>		T1	R
<i>triamcinolone acetonide external lotion</i>		T1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1	R
*Depigmenting Agents***			
ACLARO	T1		R
*Emollient/Keratolytic Agents***			
KERAFOAM 42	T1		R
UMECTA EXTERNAL EMULSION	T1		R
<i>urea external suspension 40 %</i>		T1	R
*Enzymes - Topical***			
REVINA	T1		R
SANTYL	T1		R
VASOLEX	T1		R
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1	R
<i>econazole nitrate external</i>		T1	R
EXELDERM	T1		R
<i>ketoconazole external cream</i>		T1	R
<i>ketoconazole external shampoo 2 %</i>		T1	R
<i>oxiconazole nitrate</i>		T1	R&M; AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external</i>		T1	R
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL	T1		R
<i>podofolox external</i>		T1	R
<i>salicylic acid external lotion</i>		T1	R
<i>salicylic acid external shampoo</i>		T1	R
*Local Anesthetics - Topical***			
GLYDO EXTERNAL GEL	T1		R
<i>lidocaine external patch 5 %</i>		T1	R
<i>lidocaine hcl external gel 2 %</i>		T1	R
<i>lidocaine hcl external solution</i>		T1	R
*Macrolide Immunosuppressants - Topical***			
ELIDEL	T1		PA; R&M; QL (1 GM per 1 day); AG (Min 2 Years)
<i>pimecrolimus</i>		T1	PA; R&M; QL (1 GM per 1 Day); AG (Min 2 Years)
PROTOPIC	T1		R&M; AI (Max #180gm Mail Order); QL (30 GM per 30 days)
<i>tacrolimus external ointment</i>		T1	R&M; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AG (Min 2 Years)
*Oxaborole-Related Antifungals - Topical***			
KERYDIN (Tavaborole)	T1	T1	PA; R
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T1		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)
*Photodynamic Therapy Agents - Topical***			
METVIXIA	T1		R
*Rosacea Agents***			
MIRVASO	T1		PA; R
ROSADAN EXTERNAL GEL (MetroNIDAZOLE)	T1	T1	R
SOOLANTRA (Ivermectin)	T1	T1	ST; R&M; AI (ST: Trial of following for 60 days in last 6 months: metronidazole cream, gel, or lotion.)
ZILXI	T1		ST; R&M; AI (ST: Trial of both of the following within the last 3 months: minocycline hcl capsule 100mg, tretinoin gel 0.04%)
*Scabicides & Pediculicides***			
CROTAN	T1		PA; R
ELIMITE (Permethrin)	T1	T1	R
EURAX EXTERNAL CREAM	T1		PA; ST; R
EURAX EXTERNAL LOTION	T1		PA; R

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Drug Name	Brand	Generic	Additional Information
<i>lindane external shampoo</i>		T1	R
NATROBA (Spinosad)	T1	T1	PA; R
OVIDE (Malathion)	T1	T1	R&M; QL (2.7 ML per 1 day)
SKLICE	T1		PA; ST; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
ULESFIA	T1		PA; R
*Steroid-Local Anesthetic Combinations***			
CORTANE-B EXTERNAL	T1		R
EPIFOAM	T1		R
PRAMOSONE E	T1		R
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T1		R
*Tar Products***			
SCYTERA	T1		R
*Topical Anesthetic Combinations***			
ITCH-X EXTERNAL SOLUTION	T1		R
<i>lidocaine-prilocaine external cream</i>		T1	R
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 Days)
*Topical Steroid Combinations***			
<i>calcipotriene-betameth diprop external ointment</i>		T1	R&M; QL (60 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>		T1	R&M; QL (2 GM per 1 day); AG (Min 18 Years)
CORTALO	T1		R
<i>hydrocortisone acetate-aloe external gel</i>		T1	R&M; AI (Max #129gm Mail Order); QL (43 GM Max Qty Per Fill Retail)
TACLONEX EXTERNAL SUSPENSION	T1		R&M; AI (#60gm per copay retail or mail); QL (2 GM per 1 day); AG (Min 18 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	T1		PA; R&M; AI (Limited to 30 day supply.)
Diagnostic Products			
*Diagnostic Drugs***			
THYROGEN	MB		R
*Diagnostic Tests***			
CHEMSTRIP K	T1		R&M; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
FASTTAKE TEST	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
KETOCARE	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
KETOSTIX	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
ONETOUCH TEST	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
ONETOUCH ULTRA	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
ONETOUCH ULTRA BLUE	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
RELION KETONE	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
SURESTEP PRO TEST	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
SURESTEP TEST	T1		R&M; AI (Limited to 30 day supply.); QL (10 EA per 1 day)
Digestive Aids			
*Digestive Enzymes***			
CREON	T1		R
PANCREAZE	T1		PA; ST; R&M; AI (STEP: Step through both of the following in the last 12 months: Creon, Zenep)
PERTZYE	T1		PA; ST; R&M; AI (STEP: Step through both of the following in the last 12 months: Creon, Zenep)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ULTRESA	T1		R
VIOKACE	T1		PA; ST; R&M; AI (STEP: Step through both of the following in the last 12 months: Creon, Zenep)
ZENPEP	T1		R
Diuretics			
*Carbonic Anhydrase Inhibitors***			
acetazolamide er		T1	R
acetazolamide oral		T1	R
KEVEYIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
methazolamide oral		T1	R
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T1		R
amiloride-hydrochlorothiazide		T1	R
spironolactone-hctz		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1	R
<i>triamterene-hctz oral tablet</i>		T1	R
*Loop Diuretics***			
<i>bumetanide oral</i>		T1	R
<i>ethacrynic acid oral</i>		T1	R
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1	R
<i>furosemide oral tablet</i>		T1	R
<i>torsemide oral</i>		T1	R
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		T1	R
DYRENIUM (Triamterene)	T1	T1	R
<i>spironolactone oral</i>		T1	R
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorothiazide oral</i>		T1	R
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1	R
DIURIL	T1		R
<i>hydrochlorothiazide oral</i>		T1	R
<i>indapamide oral</i>		T1	R
<i>methyclothiazide oral</i>		T1	R
<i>metolazone</i>		T1	R
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 35 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 70 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
<i>etidronate disodium</i>		T1	R
<i>ibandronate sodium oral</i>		T1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<i>pamidronate disodium</i>		MB	R
<i>risedronate sodium oral tablet 150 mg</i>		T1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days)
SKELID	T1		R
<i>zoledronic acid intravenous solution 5 mg/100ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
zoledronic acid intravenous solution reconstituted	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Calcimimetic Agents***			
cinacalcet hcl oral tablet 30 mg, 60 mg	SP		SP; QL (5 EA per 1 Day)
cinacalcet hcl oral tablet 90 mg	SP		SP; QL (4 EA per 1 Day)
*Calcitonins***			
FORTICAL (Calcitonin (Salmon))	T1	T1	R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
MIACALCIN INJECTION	T1		R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
*Carnitine Replenisher - Agents***			
levocarnitine oral solution		T1	PA; ST; R
levocarnitine oral tablet		T1	PA; ST; R
*Corticotropin***			
ACTHAR HP	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cortisol Synthesis Inhibitors***			
ISTURISA	SP		PA; R
*Dopamine Receptor Agonists***			
cabergoline		T1	R
*Fabry Disease - Agents***			
GALAFOLD	SP		PA; R&M; AI (limited distribution Accredo Pharmacy.)
*Gaa Deficiency Treatment - Agents***			
LUMIZYME	MB		R
MYOZYME	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Gnrh/Lhrh Antagonists***			
ORILISSA	T1		PA; R
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Growth Hormones***			
GENOTROPIN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.8 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ PEN	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN CLICK.EASY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TEV-TROPIN	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hereditary Orotic Aciduria Treatment - Agents**			
XURIDEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITYR	T1		PA; R
ORFADIN (<i>Nitisinone</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Homocystinuria Treatment - Agents***			
CYSTADANE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperammonemia Treatment - Agents***			
CARBAGLU	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral</i>		T1	R
<i>doxercalciferol oral</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T1	R&M; QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	T1		PA; R
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ	SP		PA; SP; AI (Limited Distribution- PatherRx. Some medications may be available at retail. 30ds limit applies.)
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Leptin Analogues***			
MYALEPT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH)	SP		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 30 days)
LUPRON DEPOT-PED (3-MONTH)	SP		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 90 days)
SYNAREL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mucopolysaccharidosis II (Mps II) - Agents***			
ELAPRASE	MB		R
*Mucopolysaccharidosis VI (Mps VI) - Agents***			
NAGLAZYME	MB		R
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phenylketonuria Treatment - Agents***			
KUVAN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PALYNZIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sapropterin dihydrochloride		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (90 tablets per copay)

Drug Name	Brand	Generic	Additional Information
*Selective Estrogen Receptor Modulators (Serm's)***			
raloxifene hcl		\$0	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
JYNARQUE ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JYNARQUE ORAL TABLET THERAPY PACK	SP		PA; SP; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
SAMSCA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
tolvaptan oral tablet 15 mg		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Somatostatic Agents***			
MYCAPSSA	SP		PA; R
octreotide acetate		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB		R
*Urea Cycle Disorder - Agents***			
RAVICTI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sodium phenylbutyrate oral powder 3 gm/tsp		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sodium phenylbutyrate oral tablet		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Vasopressin***			
DDAVP RHINAL TUBE (<i>Desmopressin Ace Rhinal Tube</i>)	T1	T1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig</i>		T1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin acetate injection</i>		T1	R
<i>desmopressin acetate oral tablet 0.1 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>desmopressin acetate spray</i>		T1	R
NOCDURNA	T1		PA; R
NOCTIVA	T1		PA; R
STIMATE	T1		R
Estrogens			
*Estrogen & Progestin***			
AMABELZ	T1		R&M; F
COMBIPATCH	T1		R&M; F
FYAVOLV ORAL TABLET (<i>Norethindrone-Eth Estradiol</i>) 0.5-2.5 MG-MCG	T1	T1	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
<i>jevantique lo</i>		T1	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY (<i>Estradiol-Norethindrone Acet</i>)	T1	T1	R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
MIMVEY LO (<i>Estradiol-Norethindrone Acet</i>)	T1	T1	R&M; F
PREMPHASE	T1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T1		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
*Estrogens***			
ALORA (<i>Estradiol</i>)	T1	T1	R&M; AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T1		R
DOTTI	T1		R&M; QL (2 EA per 1 Week)
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	T1		R&M; F; AG (Min 18 Years)
ENJUVIA ORAL TABLET 0.9 MG	T1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>estradiol oral</i>		T1	R
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>		T1	R&M; AI (Max #12 Mail Order); F; QL (0.145 mg per 1 day)
<i>estradiol transdermal patch weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>		T1	R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)

Drug Name	Brand	Generic	Additional Information
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>		T1	R
<i>estropipate oral</i>		T1	R
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	T1		R&M; QL (2 EA per 1 Weeo)
MENEST	T1		R
MENOSTAR	T1		R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T1		R
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL	T1		PA; R
<i>ciprofloxacin hcl oral</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ciprofloxacin oral</i>		T1	R
<i>ciprofloxacin-ciproflox hcl er</i>		T1	R&M; AI (;); QL (1 EA per 1 Day)
FACTIVE	T1		R
<i>levofloxacin oral solution</i>		T1	R
<i>levofloxacin oral tablet 250 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>moxifloxacin hcl oral</i>		T1	R
NOROXIN	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ofloxacin oral</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
*5-HT4 Receptor Agonists***			
MOTEGRITY	T1		PA; R
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Farnesoid X Receptor (FXR) Agonists***			
OCALIVA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Gallstone Solubilizing Agents***			
CHENODAL	T1		R
<i>ursodiol oral</i>		T1	R
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG	T1		R&M; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AG (Min 16 Years)
AMITIZA ORAL CAPSULE 8 MCG	T1		R&M; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
GIMOTI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
metoclopramide hcl oral solution 5 mg/5ml		T1	R
metoclopramide hcl oral tablet		T1	R
metoclopramide hcl oral tablet dispersible 5 mg		T1	R
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS	T1		R
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T1		PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Inflammatory Bowel Agents***			
APRISO	T1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
balsalazide disodium		T1	R
DIPENTUM	T1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
GIAZO	T1		R
mesalamine er		T1	R
mesalamine oral capsule delayed release		T1	R
mesalamine oral tablet delayed release 1.2 gm		T1	R&M; QL (4 EA per 1 Day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T1	R
mesalamine rectal enema		T1	R
mesalamine rectal suppository		T1	R&M; QL (1 EA per 1 Day)
mesalamine-cleanser		T1	R
PENTASA	T1		R
SFROWASA	T1		R
SULFAZINE (SulfaSALAzine)	T1	T1	R
SULFAZINE EC (SulfaSALAzine)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
*Intestinal Acidifiers***			
enulose		T1	R
generlac		T1	R
lactulose encephalopathy		T1	R
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK	T1		R
RELISTOR ORAL	T1		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T1		PA; R
SYMPROIC	T1		PA; R
*Phosphate Binder Agents***			
FOSRENOL ORAL TABLET CHEWABLE <i>(Lanthanum Carbonate) 1000 MG, 750 MG</i>	SP	SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 16 Years)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	SP		R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 16 Years)
sevelamer carbonate oral packet 0.8 gm		T1	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer carbonate oral packet 2.4 gm		T1	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)
sevelamer carbonate oral tablet		T1	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer hcl oral tablet 800 mg		T1	R&M; QL (17.5 EA per 1 day)
VELPHORO	T1		PA; ST; R
*Tryptophan Hydroxylase Inhibitors***			
XERMELO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED	SP		PA; R
CIMZIA STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
dutasteride oral		T1	R&M; AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
finasteride oral tablet 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Alpha 1-Adrenoceptor Antagonists***			
alfuzosin hcl er		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
CARDURA XL	T1		R
silodosin		T1	R
tamsulosin hcl		T1	R
*Citrates***			
cytra k crystals		T1	R
cytra-2		T1	R
cytra-k		T1	R
potassium citrate er		T1	R
tricitrates		T1	R
*Cystinosis Agents***			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL PACKET 300 MG	SP		PA; R
PROCYSBI ORAL PACKET 75 MG	SP		PA; R&M; AI (Limited Distribution Accredo)
*Genitourinary Irrigants***			
ARGYLE STERILE SALINE (Sodium Chloride)	T1	T1	R
CURITY STERILE SALINE (Sodium Chloride)	T1	T1	R
RENACIDIN	T1		R
*Interstitial Cystitis Agents***			
ELMIRON	T1		R&M; QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
dutasteride-tamsulosin hcl		T1	R&M; M
*Urinary Analgesics***			
PHENAZO ORAL TABLET (Phenazopyridine HCl) 200 MG	T1	T1	R
phenazopyridine hcl oral tablet 100 mg		T1	R
*Urinary Stone Agents***			
THIOLA	T1		PA; R
THIOLA EC	T1		PA; R

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Drug Name	Brand	Generic	Additional Information
Gout Agents			
*Gout Agent Combinations***			
colchicine-probenecid		T1	R
DUZALLO	T1		PA; R
*Gout Agents***			
allopurinol oral		T1	R
COLCRYS (Colchicine)	T1	T1	R
febuxostat oral tablet 40 mg		T1	ST; R&M; AI (STEP: Step through the following for 3 months in the last 6 months: allopurinal 100mg, 300ng tablet); QL (1 EA per 1 Day); AG (Min 18 Years)
febuxostat oral tablet 80 mg		T1	ST; R&M; AI (STEP: Step through the following for 3 months each in the last 6 months: allopurinal 100mg, 300ng tablet); QL (1 EA per 1 Day); AG (Min 18 Years)
GLOPERBA	T1		ST; R&M; AI (ST: Trial of any of the following in the last 3 months: colchicine 0.6mg tablet or 0.6mg capsule)
ULORIC ORAL TABLET 40 MG	T1		ST; R&M; AI (STEP: Step through both of the following for 3 months each in the last 12 months: allopurinal 100mg, 300ng tablet, febuxostat 40mg, 80mg tablet); QL (1 EA per 1 day); AG (Min 18 Years)
ULORIC ORAL TABLET 80 MG	T1		ST; R&M; AI (STEP: Step through the following for 3 months each in the last 6 months: allopurinal 100mg, 300ng tablet); QL (1 EA per 1 day); AG (Min 18 Years)
ZURAMPIC	T1		PA; ST; R
*Uricosurics***			
probenecid oral		T1	R
Hematological Agents - Misc.			
*Anti-Von Willebrand Factor Agents***			
CABLIVI	\$0		PA; R
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR (Icatibant Acetate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*C1 Inhibitors***			
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Direct-Acting P2y12 Inhibitors***			
BRILINTA	T1		R
*Hematorheologic Agents***			
<i>pentoxifylline er</i>		T1	R
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
TAKHZYRO	SP		PA; SP
*Plasma Kallikrein Inhibitors***			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T1	R
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1	R
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T1		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
*Quinazoline Agents***			
<i>anagrelide hcl</i>		T1	R
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>prasugrel hcl</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>ticlopidine hcl</i>		T1	R
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA	SP		PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
ZAVESCA (Miglustat)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cobalamins***			
cyanocobalamin injection solution 1000 mcg/ml		T1	R
NASCOBAL	T1		PA; R
*Cxcr4 Receptor Antagonist***			
MOZOBIL	MB		R
*Cytotoxic Agents***			
DROXIA	SP		ST; R&M; AI (Step applies; step through Siklos and Hydroxyurea for 3 mo in last year)
SIKLOS ORAL TABLET 100 MG	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	SP		PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCRIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Folic Acid/Folates***			
folic acid oral tablet 1 mg		\$0	R&M; QL (2 EA per 1 Day)
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)
NEUPOGEN	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NIVESTYM INJECTION SOLUTION	SP		SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NYVEPRIA	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UDENYCA	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZARXIO	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***			
LEUKINE INTRAVENOUS	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA	SP		PA; R
*Interleukins***			
NEUMEGA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Iron W/ Folic Acid***			
FOLIVANE-F	T1		R
INTEGRA F	T1		R
*Iron***			
fer-iron		\$0	R&M; AG (Max 1 Years)
FERRLECIT (Na Ferric Gluc Cplx in Sucrose)	MB	MB	R
ferrous sulfate oral liquid		\$0	R&M; AG (Max 1 Years)
ferrous sulfate oral solution 75 (15 fe) mg/ml		\$0	R&M; AG (Max 1 Years)
iron supplement childrens		\$0	R&M; AG (Max 1 Years)
SPATONE PUR-ABSORB IRON	\$0		R&M; AG (Max 1 Years)

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Drug Name	Brand	Generic	Additional Information
*Thrombopoietin (Tpo) Receptor Agonists***			
DOPTELET ORAL TABLET 20 MG	SP		PA; R
MULPLETA	SP		PA; R
NPLATE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA ORAL PACKET 12.5 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
*Hemostatics - Systemic***			
AMICAR ORAL SOLUTION (Aminocaproic Acid)	T1	T1	R
tranexamic acid oral		T1	R&M; F
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
phenobarbital oral tablet		T1	R
SECONAL	T1		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
*Benzodiazepine Hypnotics***			
estazolam		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
midazolam hcl oral		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)
temazepam		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
triazolam oral tablet 0.125 mg, 0.25 mg		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
*Hypnotics - Tricyclic Agents***			
doxepin hcl oral tablet 3 mg		T1	ST; R&M; AI (STEP: Step through the following for 3 months in the last 12 months: doxepin hcl 10ng capsule); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>doxepin hcl oral tablet 6 mg</i>		T1	ST; R&M; AI (STEP: Step through the following for 3 months in the last 12 months: doxepin hcl 10ng capsule); QL (1 EA per 1 day); AG (Min 18 Years)
SILENOR ORAL TABLET 3 MG	T1		ST; R&M; AI (STEP: Step through the following for 3 months in the last 12 months: doxepin hcl 10ng capsule); QL (1 EA per 1 Day); AG (Min 18 Years)
SILENOR ORAL TABLET 6 MG	T1		ST; R&M; AI (STEP: Step through the following for 3 months in the last 12 months: doxepin hcl 10ng capsule); QL (1 EA per 1 Day); AG (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (15 EA per 1 Copay)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 Day)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day)
<i>zolpidem tartrate oral</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 Day)
*Orexin Receptor Antagonists***			
BELSOMRA	T1		ST; R&M; AI (ST: Trial of at least 2 of the following in last 6 months: eszopiclone tab, zaleplon cap and rozerem tab); QL (1 EA per 1 Day); AG (Min 18 Years)
DAYVIGO	T1		ST; R&M; AI (EST through the following for at least 2 in last 6 months: Eszopiclone tab, Zaleplon cap and Rozerem tab.); QL (1 EA per 1 day); AG (Min 18 Years)
*Selective Melatonin Receptor Agonists***			
HETLIOZ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
ROZEREM	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Laxatives			
*Bowel Evacuant Combinations***			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM	T1		R
GAVILYTE-C	Non-Formulary		R
GAVILYTE-G (PEG-3350/Electrolytes)	\$0	\$0	R&M; \$0
GAVILYTE-H	\$0		R&M; \$0
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	T1		R
MOVIPREP	T1		R
PCP 100	\$0		R&M; \$0
<i>peg 3350/electrolytes</i>		\$0	R&M; \$0
PEG-PREP	\$0		R&M; \$0
PREPOPIK	T1		R
SUPREP BOWEL PREP KIT	T1		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
*Laxatives - Miscellaneous***			
<i>constulose</i>		T1	R
<i>lactulose oral solution</i>		T1	R
*Saline Laxative Mixtures***			
OSMOPREP	T1		R&M; QL (1.34 EA per 1 day)
Local Anesthetics-Parenteral			
*Local Anesthetic & Sympathomimetic***			
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	MB	MB	R
Macrolides			
*Azithromycin***			
<i>azithromycin oral packet</i>		T1	R
<i>azithromycin oral suspension reconstituted</i>		T1	R
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>		T1	R
*Clarithromycin***			
<i>clarithromycin er</i>		T1	R
<i>clarithromycin oral</i>		T1	R
*Erythromycins***			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate)	T1	T1	R
ERY-TAB	T1		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1		R
<i>erythromycin base oral capsule delayed release particles</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
erythromycin base oral tablet		T1	R
erythromycin ethylsuccinate oral		T1	R
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED	T1		PA; R
DIFICID ORAL TABLET	T1		PA; RO; QL (4 EA per 1 day)
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
alcohol swabs pad		T1	R
*Cervical Caps***			
FEMCAP	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF CAVITY-RIM CERV CAP	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF FITTING SET	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
*Condoms - Female***			
FC FEMALE CONDOM	\$0		R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
FC2 FEMALE CONDOM	\$0		R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
*Diaphragms***			
CAYA	\$0		R
OMNIFLEX DIAPHRAGM	\$0		R&M; F
ORTHO DIAPHRAGM COIL	\$0		R&M; F
ORTHO DIAPHRAGM FLAT	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 60	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 65	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 70	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 75	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 80	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 85	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 90	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 95	\$0		R&M; F
*Glucose Monitoring Test Supplies***			
1st choice lancets super thin		T1	R&M; QL (10 EA per 1 day)
1st choice lancets thin		T1	R&M; QL (10 EA per 1 day)
1st choice lancets ultra thin		T1	R&M; QL (10 EA per 1 day)
1st tier unilet comfortouch		T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK FASTCLIX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK MULTICLIX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SAFE-T PRO LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SOFT TOUCH LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
ACCU-CHEK SOFTCLIX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>acti-lance 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>acti-lance lite lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>acti-lance special lancets 17g</i>		T1	R&M; QL (10 EA per 1 day)
<i>acti-lance universal 23g</i>		T1	R&M; QL (10 EA per 1 day)
ADVOCATE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ADVOCATE SAFETY LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>af lancets super thin</i>		T1	R&M; QL (10 EA per 1 day)
AGAMATRIX ULTRA-THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>aimsco twist lancets 32g</i>		T1	R&M; QL (10 EA per 1 day)
AIMSCO TWIST LANCETS 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>assure comfort lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>assure comfort lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS HIGH (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS LOW (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS MICRO (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS NORMAL (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS PED (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ASSURE LANCE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ASSURE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
AT LAST LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>aurora lancet super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>aurora lancet thin 23g</i>		T1	R&M; QL (10 EA per 1 day)
BAYER MICROLET LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
BD LANCET ULTRAFINE 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
BD LANCET ULTRAFINE 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
BD MICROTAINER LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
BD ULTRA-FINE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>bullseye mini safety lancets</i>		T1	R&M; QL (10 EA per 1 day)
BULLSEYE SAFETY LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>careone lancet thin 23g</i>		T1	R&M; QL (10 EA per 1 day)
<i>careone lancet ultra thin 28g</i>		T1	R&M; QL (10 EA per 1 day)
CLEANLET LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
CLEVER CHEK LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
COAGUCHEK LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>comfort assured lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>comfort assured lancets 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>comfort lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
cvs lancets micro thin 33g		T1	R&M; QL (10 EA per 1 day)
cvs lancets original		T1	R&M; QL (10 EA per 1 day)
cvs lancets thin		T1	R&M; QL (10 EA per 1 day)
cvs lancets thin 26g		T1	R&M; QL (10 EA per 1 day)
cvs lancets ultra thin 30g		T1	R&M; QL (10 EA per 1 day)
cvs ultra thin lancets		T1	R&M; QL (10 EA per 1 day)
DEXCOM G6 RECEIVER	T1		PA; ST; RO; AI (ST: Covered if on any insulin within last 90 days.); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	T1		PA; ST; RO; AI (ST: Covered if on any insulin within last 90 days.); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	T1		PA; ST; RO; AI (ST: Covered if on any insulin within last 90 days.); QL (1 EA per 3 months)
DIASTAR EASY TEST II LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
DIASTAR EASY TEST LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
DROPLET LANCETS ULTRA THIN 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
drug mart lancets thin 26g		T1	R&M; QL (10 EA per 1 day)
drug mart lancets ultra thin		T1	R&M; QL (10 EA per 1 day)
DRUG MART ON-THE-GO LANCET 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
DRUG MART UNILET LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
DRUG MART UNILET LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
duane reade lancet altern site		T1	R&M; QL (10 EA per 1 day)
duane reade lancet super thin		T1	R&M; QL (10 EA per 1 day)
duane reade lancet ultra thin		T1	R&M; QL (10 EA per 1 day)
easy comfort lancets		T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 23G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 28G/TWIST (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 30G/TWIST (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 32G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 32G/TWIST (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 33G/TWIST (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 23G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
EASY TOUCH SAFETY LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASY TWIST & CAP LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASYTEST II LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EASYTEST LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EMBRACE LANCETS ULTRA THIN 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>eql color lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>eql color lancets micro 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>eql super thin lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>eql thin lancets 26g</i>		T1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCET MICRO-THIN 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCET SUPER THIN 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCETS 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCETS THIN 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EZ SMART BLOOD GLUCOSE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EZ-LETS LANCETS 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EZ-LETS LANCETS 23G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EZ-LETS LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EZ-LETS LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
EZ-LETS LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
FIFTY50 SAFETY SEAL LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
FINE 30 (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
FINGERSTIX LANCETS (Lancets)	T1	T1	R&M; QL (10 EA per 1 Day)
FORA LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>freds pharmacy unilet lanc 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>freds pharmacy unilet lanc 30g</i>		T1	R&M; QL (10 EA per 1 day)
FREESTYLE LANCETS	T1		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (10 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER	T1		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T1		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER SYSTM	T1		ST; R&M; AI (ST: Covered if history of diabetic medications with hypoglycemia potential within last 90 days.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR SYSTM	T1		ST; R&M; AI (ST: Covered if history of diabetic medications with hypoglycemia potential within last 90 days.); QL (3 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE READER	T1		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE SENSOR SYSTEM	T1		ST; RO; AI (ST: Covered if history of diabetic medications with hypoglycemia potential within last 90 days.); QL (3 EA per 30 days)
FREESTYLE UNISTICK II LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
GENTLE-LET GP LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
GENTLE-LET LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>global inject ease lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>global inject ease lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
GLUCOCOM LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
GLUCOCOM LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
GLUCOCOM LANCETS 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
GLUCOSOURCE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
GMATE LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>gnp lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>gnp lancets micro thin 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>gnp lancets super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>gnp lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>gnp lancets thin 26g</i>		T1	R&M; QL (10 EA per 1 day)
<i>gnp micro thin lancets 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>gnp super thin lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
H&H THINLET LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
H&H THINLET LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE LOW FLOW LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS HIGH FLOW (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS LOW FLOW (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS MAX FLOW (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS PEDIATRIC FLOW (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>healthwise lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>healthy accents unilet lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>h-e-b incontrol lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>h-e-b incontrol lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>hm lancets micro thin 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>hm lancets ultra thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
HY-VEE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>hy-vee thin lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>kinney lancets</i>		T1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
kinney thin lancets		T1	R&M; QL (10 EA per 1 day)
kroger lancets		T1	R&M; QL (10 EA per 1 day)
kroger lancets 21g		T1	R&M; QL (10 EA per 1 day)
kroger lancets micro thin 33g		T1	R&M; QL (10 EA per 1 day)
kroger lancets super thin		T1	R&M; QL (10 EA per 1 day)
kroger lancets thin		T1	R&M; QL (10 EA per 1 day)
kroger lancets thin 26g		T1	R&M; QL (10 EA per 1 day)
kroger lancets ultrathin 30g		T1	R&M; QL (10 EA per 1 day)
lady lite lancets		T1	R&M; QL (10 EA per 1 day)
lancets 28g		T1	R&M; QL (10 EA per 1 day)
lancets 30g		T1	R&M; QL (10 EA per 1 day)
lancets micro thin 33g		T1	R&M; QL (10 EA per 1 day)
lancets super thin 28g		T1	R&M; QL (10 EA per 1 day)
lancets thin		T1	R&M; QL (10 EA per 1 day)
LANCETS ULTRA FINE (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
LANCETS ULTRA THIN (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>lancets ultra thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
LIFESCAN UNISTIK 2	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
LIFESCAN UNISTIK II LANCETS	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<i>lite touch lancets</i>		T1	R&M; QL (10 EA per 1 day)
LITETOUCH LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>live better lancet super thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>live better lancet ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>longs lancets standard</i>		T1	R&M; QL (10 EA per 1 day)
<i>longs lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>longs lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>major comfort lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet</i>		T1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet extra</i>		T1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet norm</i>		T1	R&M; QL (10 EA per 1 day)
<i>medicine shoppe lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>medicine shoppe lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>medi-lance lancets</i>		T1	R&M; QL (10 EA per 1 day)
MEDISENSE THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE EXTRA 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE LITE 25G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS EXTRA 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS LITE 25G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
MEDLANCE PLUS SPECIAL 0.8MM (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS SUPERLITE 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS UNIVERSAL 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEDLANCE UNIVERSAL 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS THIN (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MEIJER SUPER THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MICROLET LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MICROTAINER SAFETY FLOW LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MONOLET LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MONOLET OPD LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MONOLETTOR SAFETY LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
MYGLUCOHEALTH LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
NETGROUP LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
NOVA SAFETY LANCETS 23G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
NOVA SAFETY LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
NOVA SUREFLEX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ON CALL LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ON CALL PLUS LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ONETOUCH CLUB LANCETS FINE PT	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH COMBO PACK	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH DELICA LANCETS 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ONETOUCH DELICA LANCETS FINE	T1		R&M; AI (#100 per copay retail or mail.); QL (10 EA per 1 Day)
ONETOUCH FINEPOINT LANCETS	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH LANCETS	T1		R&M; AI (#100 per copay retail or mail.); QL (10 EA per 1 Day)
ONETOUCH ULTRASOFT LANCETS	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
pc lancets super thin 30g		T1	R&M; QL (10 EA per 1 day)
PERFECT LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PERFECT LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PHARMACIST CHOICE LANCETS	T1		R&M; AI (Max #300 Mail Order); QL (10 EA per 1 Day)

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PHARMACY COUNTER LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRECISION THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRECISION THINS GP LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRECISION ULTRA LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>preferred plus lancets colored</i>		T1	R&M; QL (10 EA per 1 day)
<i>preferred plus lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
PRODIGY LANCETS 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRODIGY LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRODIGY LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRODIGY SAFETY LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PRODIGY TWIST TOP LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PSS SELECT GP LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
PSS SELECT SAFETY LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>px lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>px lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>qc lancets super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>qc lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
RA E-ZJECT COLOR LANCETS 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RA E-ZJECT LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RA E-ZJECT LANCETS THIN 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RA E-ZJECT LANCETS THIN 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RA E-ZJECT LANCETS ULTRA THIN (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>reality lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>reality trigger lancets</i>		T1	R&M; QL (10 EA per 1 day)
RELION LANCETS MICRO-THIN 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RELION LANCETS STANDARD 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RELION LANCETS THIN 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RELION LANCETS ULTRA-THIN 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RELION ULTRA THIN LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RENEW ADV CARTRIDGE REFILLS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
REXALL LANCETS ULTRA THIN 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
RIGHTEST GL300 LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SAFE-T-LANCE (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SAFE-T-LANCE PLUS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>safety lancet 21g/pressure act</i>		T1	R&M; QL (10 EA per 1 day)
<i>safety lancet 28g/pressure act</i>		T1	R&M; QL (10 EA per 1 day)
SAFETY LANCET 2MM (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SAFETY LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SAFETY LANCETS 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

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safety lancets 28g		T1	R&M; QL (10 EA per 1 day)
SAFETY LET LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SAFETY SEAL LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>sb lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>sb lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
SHOPKO ON-THE-GO LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SHOPKO UNILET LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SHOPKO UNILET LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SINGLE-LET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>sm lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sm lancets 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sm super thin lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sm thin lancets 26g</i>		T1	R&M; QL (10 EA per 1 day)
SMART DIABETES VANTAGE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SMART SENSE COLOR LANCETS 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SMART SENSE STANDARD LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SMART SENSE SUPER THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SMART SENSE THIN LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SMARTTEST LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SOLUS V2 LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SOLUS V2 TWIST LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
STERILANCE TL (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>super thin lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>sure comfort lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sure comfort lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
SURE-LANCE FLAT LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SURE-LANCE LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SURE-LANCE THIN LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SURE-LANCE ULTRA THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SURELITE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
SURE-TOUCH LANCETS UNIVERSAL (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TECHLITE AST LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TECHLITE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TECHLITE LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet alternate site</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet micro thin 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)

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tgt lancet thin 23g		T1	R&M; QL (10 EA per 1 day)
tgt lancet thin 26g		T1	R&M; QL (10 EA per 1 day)
tgt lancet ultra thin 28g		T1	R&M; QL (10 EA per 1 day)
tgt lancet ultra thin 30g		T1	R&M; QL (10 EA per 1 day)
THINLETS GP LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
THINLETS LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
todays health thin lancets 28g		T1	R&M; QL (10 EA per 1 day)
todays health thin lancets 30g		T1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 33G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
TRUEPLUS SAFETY LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ULTICARE THIN LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ULTILET BASIC LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ULTILET CLASSIC LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ULTILET LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ULTILET SAFETY LANCETS 23G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ultra thin lancets 28g		T1	R&M; QL (10 EA per 1 day)
ultra thin lancets 30g		T1	R&M; QL (10 EA per 1 day)
ULTRA-THIN II AUTO LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ULTRA-THIN II LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET COMFORTOUCH LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET EXCELITE (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET EXCELITE II (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET G.P. LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET G.P. SUPERLITE LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET GP 28 ULTRA THIN (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNILET SUPERLITE LANCET (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNISTIK 3 GENTLE (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNIVERSAL 1 LANCETS THIN 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
UNIVERSAL 1 LANCETS ULTRA THIN (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
value plus lancet standard 21g		T1	R&M; QL (10 EA per 1 day)
value plus lancets super thin		T1	R&M; QL (10 EA per 1 day)
value plus lancets thin 26g		T1	R&M; QL (10 EA per 1 day)
valumark lancet super thin 30g		T1	R&M; QL (10 EA per 1 day)
valumark lancet ultra thin 28g		T1	R&M; QL (10 EA per 1 day)
VIDA MIA UNILET LANCETS 28G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
VIDA MIA UNILET LANCETS 30G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
VITALET PRO LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

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VITALET PRO PLUS LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
W&F LANCETS 26G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
W&F LANCETS COLORED 21G (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
walgreens adv travel lancets		T1	R&M; QL (10 EA per 1 day)
WALGREENS LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
walgreens lancets micro thin		T1	R&M; QL (10 EA per 1 day)
walgreens lancets super thin		T1	R&M; QL (10 EA per 1 day)
WALGREENS THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
WALGREENS ULTRA THIN LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
*Insulin Administration Supplies***			
OMNIPOD DASH 5 PACK PODS	T1		PA; R&M; AI (Pharmacy coverage available for DASH cartridges (pods) ONLY, not DASH pump device. Please consult manufacturer and/or medical benefits for information on DASH pump device coverage.)
*Needles & Syringes***			
BD INSULIN SYRINGE U-500	T1		R
DROPLET MICRON	T1		R
FREESTYLE PRECISION INS SYR (Insulin Syringe)	T1	T1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml		T1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
MAXICOMFORT II PEN NEEDLE (Pen Needles)	T1	T1	R
MAXICOMFORT SYR 27G X 1/2" (Insulin Syringe/Needle)	T1	T1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
pen needles 1/2"		T1	R
pen needles 29g x 12mm		T1	R
pen needles 3/16"		T1	R
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	T1		R
ULTICARE SHORT PEN NEEDLES (Pen Needles 5/16")	T1	T1	R
UNIFINE PENTIPS 30G X 5 MM	T1		R
UNIFINE PENTIPS PLUS 30G X 5 MM	T1		R
*Respiratory Therapy Supplies***			
VORTEX HOLDING CHAMBER/MASK	T1		R
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER MV (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)

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Drug Name	Brand	Generic	Additional Information
AEROCHAMBER PLUS FLO-VU (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS W/MASK SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
AEROVENT PLUS (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
ARIAL CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER ADULT (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER CHILD (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER INFANT (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE RIGID SPACER/MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE SPACER NEONATE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE SPACER SMALL CHILD (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE/LARGE MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE/MEDIUM MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE/SMALL MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)

Drug Name	Brand	Generic	Additional Information
CLEVER CHOICE HOLDING CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
EASIVENT (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
EASIVENT MASK LARGE	T1		R&M; QL (1 EA per 2 Years)
EASIVENT MASK MEDIUM	T1		R&M; QL (1 EA per 2 Years)
EASIVENT MASK SMALL	T1		R&M; QL (1 EA per 2 Years)
FLEXICHAMBER	T1		R&M; QL (1 EA per 2 Years)
FLEXICHAMBER ADULT MASK/SMALL	T1		R&M; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1		R&M; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1		R&M; QL (2 EA per 1 Year)
INSPIRACHAMBER/LARGE	T1		R&M; QL (1 EA per 2 Years)
INSPIRACHAMBER/MEDIUM	T1		R&M; QL (1 EA per 2 Years)
INSPIRACHAMBER/MOUTHPIECE	T1		R&M; QL (1 EA per 2 Years)
INSPIRACHAMBER/SMALL	T1		R&M; QL (1 EA per 2 Years)
INSPIREASE	T1		R&M; QL (1 EA per 2 Years)
INSPIREASE RESERVOIR BAGS	T1		R&M; QL (2 EA per 1 Year)
LITEAIRE	T1		R&M; QL (1 EA per 2 Years)
MASK VORTEX	T1		R&M; QL (2 EA per 1 Year)
MICROCHAMBER	T1		R&M; QL (1 EA per 2 Years)
MICROSPACER	T1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-LG MASK	T1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-MED MASK	T1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-SM MASK	T1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND	T1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND-LG MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-LARGE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTIHALER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)

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Drug Name	Brand	Generic	Additional Information
PANDA MASK LARGE	T1		R&M; QL (2 EA per 1 Year)
PANDA MASK MEDIUM	T1		R&M; QL (2 EA per 1 Year)
PANDA MASK SMALL	T1		R&M; QL (2 EA per 1 Year)
PEDIATRIC PANDA MASK	T1		R&M; QL (2 EA per 1 Year)
POCKET CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
POCKET SPACER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
procare spacer/adult mask		T1	R&M; QL (2 EA per 1 year)
procare spacer/child mask		T1	R&M; QL (2 EA per 1 year)
RITEFLO (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
WATCHHALER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antagonist (Cgrp)***			
NURTEC	T1		PA; R
UBRELVY	T1		PA; R&M; QL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monoclonal Antibodies***			
AIMOVIG	SP		PA; R&M; AI (Limited to 30 day supply.)
AIMOVIG (140 MG DOSE)	SP		PA; R&M; AI (Limited to 30 day supply.)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; R
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Limited to 30 day supply.); QL (0.05 ML per 1 day)
EMGALITY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EMGALITY (300 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ergot Combinations***			
ergotamine-caffeine		T1	R
MIGERGOT	T1		R
*Migraine Combinations***			
isometheptene-apap-dichloral oral capsule 65-325-100 mg		T1	R
*Migraine Products***			
dihydroergotamine mesylate injection		T1	PA; R&M; AI (.)
ERGOMAR	T1		R&M; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRAL (Dihydroergotamine Mesylate)	T1	T1	PA; R&M; QL (0.27 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
*Selective Serotonin Agonists 5-HT(1)***			
<i>almotriptan malate</i>		T1	R&M; QL (0.14 EA per 1 Day)
<i>eletriptan hydrobromide</i>		T1	R&M; QL (0.9 EA per 1 day)
<i>frovatriptan succinate</i>		T1	ST; R&M; AI (ST: through 2 of the following in last 12 mo-almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan.); QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg</i>		T1	R&M; QL (5 EA per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1	R&M; QL (6 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1	R&M; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T1	R&M; QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T1	R&M; QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1	R&M; QL (20 tabs per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)
TOSYMRA	T1		R&M; QL (30 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1	R&M; AI (:); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T1	R&M; AI (:); QL (2 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1	R&M; AI (:); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T1	R&M; AI (:); QL (2 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG	T1		R&M; AI (:); QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T1		R&M; AI (:); QL (2 EA per 1 day)
*Selective Serotonin Agonists 5-HT(1F)***			
REYVOW	T1		PA; R&M; AI (Limited to 30 day supply.); QL (4 EA per 1 Month)
Minerals & Electrolytes			
*Fluoride Combinations***			
FLUOR-A-DAY ORAL TABLET CHEWABLE	\$0		R&M; AG (Max 6 Years)
*Fluoride***			
FLUORABON	\$0		R&M; AG (Max 6 Years)

Drug Name	Brand	Generic	Additional Information
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	\$0		R&M; AG (Max 6 Years)
LOZI-FLUR	\$0		R&M; AG (Max 6 Years)
LUDENT (Fluoritab)	\$0	\$0	R&M; AG (Max 6 Years)
NAFRINSE (Fluoritab)	\$0	\$0	R&M; AG (Max 6 Years)
NAFRINSE DROPS (Fluoritab)	\$0	\$0	R&M; AG (Max 6 Years)
<i>sodium fluoride oral</i>		\$0	R&M; AG (Max 6 Years)
*Phosphate***			
<i>av-phos 250 neutral</i>		T1	R
K-PHOS	T1		R
PHOSPHA 250 NEUTRAL (Virt-Phos 250 Neutral)	T1	T1	R
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T1		R
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ	T1	T1	R
KLOR-CON (Potassium Chloride)	T1	T1	R
KLOR-CON 10 (Potassium Chloride ER)	T1	T1	R
KLOR-CON M10 (Potassium Chloride Crys ER)	T1	T1	R
KLOR-CON M15	T1		R
KLOR-CON M20 (Potassium Chloride Crys ER)	T1	T1	R
KLOR-CON/EF (K-Effervescent)	T1	T1	R
K-PRIME (K-Effervescent)	T1	T1	R
K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 8 MEQ	T1	T1	R
<i>k-vescent</i>		T1	R
<i>potassium bicarbonate oral</i>		T1	R
<i>potassium chloride er oral capsule extended release</i>		T1	R
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		T1	R
Miscellaneous Therapeutic Classes			
*Antileprotics***			
THALOMID	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Chelating Agents***			
DEPEN TITRATABS (penicillAMINE)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
<i>trientine hcl</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclosporine Analogs***			
cyclosporine modified oral capsule 25 mg		SP	SP
cyclosporine modified oral capsule 50 mg		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
cyclosporine oral capsule		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE (CycloSPORINE Modified) 100 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 25 MG	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 50 MG	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL SOLUTION (CycloSPORINE Modified)	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE INTRAVENOUS (CycloSPORINE)	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Enzymes***			
XIAFLEX	MB		R
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Inosine Monophosphate Dehydrogenase Inhibitors***			
<i>mycophenolate mofetil oral</i>		T1	R
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		T1	R&M; AI (:); QL (6 EA per 1 Day)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		T1	R&M; AI (:); QL (4 EA per 1 Day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	T1		R
ENVARSUS XR	T1		PA; R
PROGRAF ORAL (Tacrolimus)	T1	T1	R
<i>sirolimus oral</i>		T1	R
ZORTRESS ORAL TABLET (Everolimus) 0.25 MG, 0.5 MG, 0.75 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORTRESS ORAL TABLET 1 MG	SP		R
*Monoclonal Antibodies***			
ENSPRYNG	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Potassium Removing Agents***			
KIONEX (Sodium Polystyrene Sulfonate)	T1	T1	R
LOKELMA	T1		PA; R
SPS (Sodium Polystyrene Sulfonate)	T1	T1	R
VELTASSA	T1		PA; R
*Purine Analogs***			
<i>azathioprine oral</i>		T1	R
*Selective T-Cell Costimulation Blockers***			
NULOJIX	MB		R
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous</i>		T1	R
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat</i>		T1	R
<i>nystatin mouth/throat</i>		T1	R
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL	T1		R
*Antiseptics - Mouth/Throat***			
PERIOGARD (Chlorhexidine Gluconate)	T1	T1	R
*Fluoride Dental Products***			
ACT ANTICAVITY FLUORIDE RINSE (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)
ACT RESTORING FLUORIDE RINSE (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)

Drug Name	Brand	Generic	Additional Information
ACT TOTAL CARE (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)
CAVAREST (SF)	\$0	\$0	R&M; AG (Max 6 Years)
CLINPRO 5000	\$0		R&M; AG (Max 6 Years)
DENTA 5000 PLUS (SF 5000 Plus)	\$0	\$0	R&M; AG (Max 6 Years)
DENTAGEL (SF)	\$0	\$0	R&M; AG (Max 6 Years)
FLUORIDEX	\$0		R&M; AG (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	\$0		R
FLUORIGARD (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)
NAFRINSE DAILY/NEUTRAL	\$0		R&M; AG (Max 6 Years)
<i>neutral sodium fluoride</i>		\$0	R&M; AG (Max 6 Years)
<i>sm anticavity fluoride rinse</i>		\$0	R&M; AG (Max 6 Years)
<i>sodium fluoride 5000 plus</i>		\$0	R
<i>sodium fluoride dental gel 1.1 %</i>		\$0	R
<i>sodium fluoride dental paste</i>		\$0	R&M; \$0; AG (Max 6 Years)
THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION	T1		R&M; \$0; AG (Max 6 Years)
*Periodontal Anti-Infectives***			
ARESTIN	T1		PA; R
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>pilocarpine hcl oral</i>		T1	R
*Steroids - Mouth/Throat/Dental***			
ORALONE (Triamcinolone Acetonide)	T1	T1	R
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
<i>c-nate dha</i>		T1	R&M; F
<i>completenate</i>		T1	R&M; F
CO-NATAL FA (Prenatabs FA)	T1	T1	R&M; F
CONCEPT DHA	T1		R&M; F
CONCEPT OB	T1		R&M; F
ELITE-OB	T1		R&M; F
FOLIVANE-OB	T1		R&M; F
INATAL ADVANCE (Vinate Ultra)	T1	T1	R&M; F
INATAL GT (Vinate Ultra)	T1	T1	R&M; F
INATAL ULTRA ORAL TABLET (Vinate Ultra)	T1	T1	R&M; F
<i>m-natal plus</i>		T1	R&M; F
M-VIT (Prenatal Plus/Iron)	T1	T1	R&M; F
MYNATAL ADVANCE (Vinate Ultra)	T1	T1	R&M; F
MYNATAL ORAL TABLET (Vinate Ultra)	T1	T1	R&M; F
NATELLE ONE ORAL CAPSULE (Calcium PNV) 28-1-250 MG	T1	T1	R&M; F

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Drug Name	Brand	Generic	Additional Information
<i>neonatal complete oral tablet 27-1 mg</i>		T1	R&M; F
NIVA-PLUS (Prenatal Plus/Iron)	T1	T1	R&M; F
OB COMPLETE ONE	T1		R&M; F
OB COMPLETE ORAL TABLET	T1		R&M; F
OB COMPLETE PETITE	T1		R&M; F
OB COMPLETE/DHA	T1		R&M; F
OB-NATAL ONE ORAL CAPSULE (UltimateCare ONE NF) 20-7-1 MG	T1	T1	R&M; F
<i>one vite womens plus</i>		T1	R&M; F
<i>pnv folic acid + iron</i>		T1	R&M; F
<i>pnv prenatal plus multivitamin</i>		T1	R&M; F
<i>pnv tabs 29-1</i>		T1	R&M; F
PREFERA OB + DHA ORAL (HemeNatal OB + DHA) 28-6-1 & 203 MG	T1	T1	R&M; F
PREFERA OB ORAL TABLET (HemeNatal OB) 28-6-1 MG	T1	T1	R&M; F
PRENATABS RX (Vol-Tab Rx)	T1	T1	R&M; F
<i>prenatal 19 oral tablet 29-1 mg</i>		T1	R&M; F
<i>prenatal 19 oral tablet chewable</i>		T1	R&M; F
PRENATAL AD (Vinate Ultra)	T1	T1	R&M; F
<i>prenatal low iron oral tablet 27-1 mg</i>		T1	R&M; F
<i>prenatal oral tablet 27-1 mg</i>		T1	R&M; F
<i>prenatal plus</i>		T1	R&M; F
<i>prenatal plus iron</i>		T1	R&M; F
<i>prenatal vitamin plus low iron</i>		T1	R&M; F
PRENATAL/FOLIC ACID (Prenatal Plus/Iron)	T1	T1	R&M; F
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG	T1		R&M; F
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG	T1		R&M; F
<i>preplus</i>		T1	R&M; F
<i>pretab</i>		T1	R&M; F
<i>se-natal 19</i>		T1	R&M; F
TARON-C DHA	T1		R&M; F
THERANATAL CORE NUTRITION (Prenatal Plus/Iron)	T1	T1	R&M; F
<i>thrivite rx</i>		T1	R&M; F
<i>triadvance</i>		T1	R&M; F
TRICARE (Prenatal Plus/Iron)	T1	T1	R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG	T1	T1	R&M; F
<i>trinatal gt</i>		T1	R&M; F
<i>trinatal ultra</i>		T1	R&M; F
<i>ultra tabs</i>		T1	R&M; F

Drug Name	Brand	Generic	Additional Information
VINATE DHA	T1		R&M; F
VINATE GT (<i>Vinate Ultra</i>)	T1	T1	R&M; F
VINATE M	T1		R&M; F
<i>virt-nate dha</i>		T1	R&M; F
<i>virt-pn</i>		T1	R&M; F
VITATHELY WITH GINGER (Prenatal Plus/Iron)	T1	T1	R&M; F
VIVA DHA (Relnate DHA)	T1	T1	R&M; F
<i>vol-plus</i>		T1	R&M; F
<i>vp-heme ob</i>		T1	R&M; F
<i>vp-heme ob + dha</i>		T1	R&M; F
ZATEAN-PN (PNV-Select)	T1	T1	R&M; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha</i>		T1	R&M; F
PR NATAL 400	T1		R&M; F
PR NATAL 400 EC	T1		R&M; F
TRIVEEN-DUO DHA	T1		R&M; F
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CITRANATAL 90 DHA ORAL (Prenaissance 90 DHA) 90-1 & 300 MG	T1	T1	R&M; F
CITRANATAL ASSURE ORAL (Prenaissance Promise) 35-1 & 300 MG	T1	T1	R&M; F
CITRANATAL DHA (PNV OB+DHA)	T1	T1	R&M; F
<i>extra-virt plus dha</i>		T1	R&M; F
FOCALGIN 90 DHA (Prenaissance 90 DHA)	T1	T1	R&M; F
FOCALGIN CA (Prenaissance Promise)	T1	T1	R&M; F
<i>folcal dha oral capsule 27-1.25-300 mg</i>		T1	R&M; F
FOLIVANE-EC CALCIUM DHA NF	T1		R&M; F
FOLIVANE-PRX DHA NF	T1		R&M; F
GESTICARE DHA ORAL 27-1 & 250 MG	T1		R&M; F
MACNATAL CN DHA (Prenaissance Plus)	T1	T1	R&M; F
NATALVIRT 90 DHA (Prenaissance 90 DHA)	T1	T1	R&M; F
NATALVIRT CA (Prenaissance Promise)	T1	T1	R&M; F
NEXA PLUS (TL-Select DHA)	T1	T1	R&M; F
PREFERAOB ONE (VP-HEME One)	T1	T1	R&M; F
<i>prenaissance</i>		T1	R&M; F
<i>prenaissance dha</i>		T1	R&M; F
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	T1		R&M; F
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	T1		R&M; F
<i>rulavite dha</i>		T1	R&M; F
SELECT-OB+DHA (Choice-OB+DHA)	T1	T1	R&M; F
TARON-PREX	T1		R&M; F
<i>tl-select</i>		T1	R&M; F

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Drug Name	Brand	Generic	Additional Information
TRIVEEN-TEN	T1		R&M; F
VEMAVITE-PRX 2 (PNV-DHA+Docusate)	T1	T1	R&M; F
virt-pn dha		T1	R&M; F
virt-select		T1	R&M; F
VITAMEDMD ONE RX/QUATREFOLIC (Prena1/Quatrefolic)	T1	T1	R&M; F
VITAMEDMD PLUS RX/QUATREFOLIC (Prena1 Plus/Quatrefolic)	T1	T1	R&M; F
ZATEAN-PN DHA (PNV-DHA)	T1	T1	R&M; F
*Prenatal Vitamins***			
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prena1/Quatrefolic) 0.6-0.4 MG	T1	T1	R&M; F
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
baclofen oral tablet 10 mg, 20 mg		T1	R
carisoprodol oral tablet 350 mg		T1	RO; AI (Max #84 per 21 days); QL (84 EA per 21 days)
chlorzoxazone oral tablet 500 mg		T1	R
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		T1	R
metaxalone oral tablet 800 mg		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
methocarbamol oral		T1	R
orphenadrine citrate er		T1	R
tizanidine hcl oral tablet		T1	R
*Direct Muscle Relaxants***			
dantrolene sodium oral		T1	R
*Muscle Relaxant Combinations***			
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg		T1	R
Nasal Agents - Systemic And Topical			
*Nasal Antibiotics***			
BACTROBAN NASAL	T1		R
*Nasal Anticholinergics***			
ipratropium bromide nasal solution 0.03 %		T1	R&M; AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
ipratropium bromide nasal solution 0.06 %		T1	R&M; AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
*Nasal Antihistamines***			
azelastine hcl nasal solution 0.1 %		T1	R&M; AI (;)
azelastine hcl nasal solution 0.15 %		T1	R
olopatadine hcl nasal		T1	R&M; QL (1.02 GM per 1 day); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	T1		R&M; AI (Max #75gm Mail Order); QL (25 GM per 30 Days)

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Drug Name	Brand	Generic	Additional Information
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T1	R&M; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T1		R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
*Topical Decongestants***			
TYZINE NASAL SOLUTION 0.05 %	T1		R
Neuromuscular Agents			
*Benzathiazoles***			
<i>riluzole</i>		T1	R
TIGLUTIK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T1		R
*Artificial Tear Inserts***			
LACRISERT	T1		R
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN	T1		R&M; AI (:)
COSOPT PF OPHTHALMIC SOLUTION (Dorzolamide HCl-Timolol Mal PF) 22.3-6.8 MG/ML	T1	T1	PA; R
<i>dorzolamide hcl-timolol mal</i>		T1	R
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	T1		R
<i>carteolol hcl</i>		T1	R
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	R
<i>metipranolol</i>		T1	R
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		T1	R
TIMOPTIC-XE (Timolol Maleate)	T1	T1	R
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %	T1	T1	R
<i>atropine sulfate ophthalmic solution 1 %</i>		T1	R
<i>atropine-care</i>		T1	R
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %</i>		T1	R
HOMATROPAIRE	T1		R

Drug Name	Brand	Generic	Additional Information
<i>tropicamide ophthalmic</i>		T1	R
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
IIIDRA	T1		PA; R
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	T1		R
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	R
*Ophthalmic Antiallergic***			
ALOCRIL	T1		R
ALOMIDE	T1		R
<i>azelastine hcl ophthalmic</i>		T1	R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
BEPREVE	T1		R
<i>cromolyn sodium ophthalmic</i>		T1	R
EMADINE	T1		PA; ST; R
<i>epinastine hcl</i>		T1	R
LASTACAFT	T1		PA; ST; R&M; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>		T1	R
ZERVIATE	T1		PA; ST; R&M; AI (EST through Azelastine drops 0.05% for at least 2 month in last 6 months.)
*Ophthalmic Antibiotics***			
BACIGUENT OPHTHALMIC (Bacitracin)	T1	T1	R
BESIVANCE	T1		R
CILOXAN OPHTHALMIC OINTMENT	T1		R
<i>ciprofloxacin hcl ophthalmic</i>		T1	R
<i>erythromycin ophthalmic</i>		T1	R
<i>gatifloxacin ophthalmic</i>		T1	R
GENTAK OPHTHALMIC OINTMENT (Gentamicin Sulfate)	T1	T1	R
<i>levofloxacin ophthalmic</i>		T1	R
MOXEZA (Moxifloxacin HCl (2X Day))	T1	T1	R
<i>moxifloxacin hcl ophthalmic solution</i>		T1	R
<i>ofloxacin ophthalmic</i>		T1	R
<i>romycin</i>		T1	R
TOBREX OPHTHALMIC OINTMENT	T1		R
*Ophthalmic Antifungal***			
NATACYN	T1		R
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T1	R
NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)	T1	T1	R
POLYCIN (AK-Poly-Bac)	T1	T1	R
<i>polymyxin b-trimethoprim</i>		T1	R
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T1	R
ZIRGAN	T1		R
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT	T1		R&M; AI (Max #30ml Mail Order); QL (0.34 ML per 1 day)
<i>dorzolamide hcl ophthalmic</i>		T1	R
*Ophthalmic Decongestants***			
NEOFRIN	T1		R
*Ophthalmic Immunomodulators***			
CEQUA	T1		R&M; QL (2 EA per 1 day)
RESTASIS	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Ophthalmic Local Anesthetics***			
<i>parcaine</i>		T1	R
<i>proparacaine hcl ophthalmic</i>		T1	R
TETCAINE (Tetracaine HCl)	T1	T1	R
*Ophthalmic Nerve Growth Factors***			
OXERVATE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T1	R
<i>bromfenac sodium ophthalmic</i>		T1	R&M; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AG (Min 18 Years)
<i>diclofenac sodium ophthalmic</i>		T1	R
<i>flurbiprofen sodium</i>		T1	R
<i>ketorolac tromethamine ophthalmic</i>		T1	R
NEVANAC	T1		R&M; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	T1		PA; R

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T1		R
<i>apraclonidine hcl</i>		T1	R
<i>brimonidine tartrate ophthalmic</i>		T1	R
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1	R
BLEPHAMIDE	T1		R
BLEPHAMIDE S.O.P.	T1		R
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1	R
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T1	R
<i>poly-dex ophthalmic ointment</i>		T1	R
PRED-G	T1		R
PRED-G S.O.P.	T1		R
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T1	R
TOBRADEX OPHTHALMIC OINTMENT	T1		R
TOBRADEX ST	T1		R
<i>tobramycin-dexamethasone</i>		T1	R
*Ophthalmic Steroids***			
ALREX	T1		R
<i>dexamethasone sodium phosphate ophthalmic</i>		T1	R
DUREZOL	T1		R
FLAREX	T1		R
<i>fluorometholone ophthalmic</i>		T1	R
FML	T1		R
FML FORTE	T1		R
INVELTYS	T1		R
LOTEMAX OPHTHALMIC GEL	T1		R&M; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	T1		R
LOTEMAX SM	T1		R
<i>loteprednol etabonate</i>		T1	R
MAXIDEX	T1		R
PRED FORTE (prednisolONE Acetate)	T1	T1	R
PRED MILD	T1		R
<i>prednisolone acetate p-f</i>		T1	R
<i>prednisolone sodium phosphate ophthalmic</i>		T1	R
VEXOL	T1		R
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
*Ophthalmics - Cystinosis Agents**			
CYSTADROPS	SP		PA; SP; AI (Limited to 30 day supply.)
CYSTARAN	T1		PA; R
*Prostaglandins - Ophthalmic***			
<i>latanoprost ophthalmic</i>		T1	R&M; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T1		R&M; AI (:)
TRAVATAN Z	T1		R&M; AI (:)
VYZULTA	T1		PA; ST; R&M; AI (STEP: Step through two of the the following in the last 12 months: Lumigan, Xalatan, Zioptan)
XELPROS	T1		R
ZIOPTAN	T1		R
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1	R
<i>acetic acid-aluminum acetate</i>		T1	R
*Otic Anti-Infectives***			
ciprofloxacin hcl otic		T1	R
ofloxacin otic		T1	R
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	T1		R
CIPRODEX	T1		R&M; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days)
<i>ciprofloxacin-dexamethasone</i>		T1	R&M; QL (1.25 ML per 1 day)
CORTISPORIN-TC	T1		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	R
<i>neomycin-polymyxin-hc otic suspension</i>		T1	R
*Otic Steroids***			
ACETASOL HC (Hydrocortisone-Acetic Acid)	T1	T1	R
<i>fluocinolone acetonide otic</i>		T1	R&M; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (Methylergonovine Maleate)	T1	T1	R
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
SYNAGIS	MB		R
*Immune Serums***			
BIVIGAM	MB		R
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	MB		R

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Drug Name	Brand	Generic	Additional Information
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	MB		R
CYTOGAM	MB		R
FLEBOGAMMA DIF	MB		R
GAMASTAN	MB		R
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	MB		R
GAMMAGARD	MB		R
GAMMAGARD S/D LESS IGA	MB		R
GAMMAKED	MB		R
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML	MB		R
GAMUNEX-C	MB		R
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB		R
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; R
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	MB		R
PRIVIGEN	MB		R
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WINRHO SDF	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Passive Immunizing Agents - Combinations***			
HYQVIA	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Penicillins			
*Aminopenicillins***			
amoxicillin oral capsule		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>amoxicillin oral suspension reconstituted</i>		T1	R
<i>amoxicillin oral tablet</i>		T1	R
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1	R
<i>ampicillin</i>		T1	R
MOXATAG (Amoxicillin ER)	T1	T1	R
*Natural Penicillins***			
<i>penicillin v potassium</i>		T1	R
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		T1	R
<i>amoxicillin-pot clavulanate oral</i>		T1	R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T1		R
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		T1	R
Progestins			
*Progestins***			
<i>hydroxyprogesterone caproate intramuscular oil</i>		MB	R
MAKENA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>medroxyprogesterone acetate oral</i>		T1	R
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T1	R&M; AI (Max #450ml Mail Order); QL (150 ML per 30 days)
<i>norethindrone acetate oral</i>		T1	R&M; F
<i>progesterone intramuscular</i>		T1	R&M; F
<i>progesterone micronized oral</i>		T1	R&M; F
Psychotherapeutic And Neurological Agents - Misc.			
*Agents For Opioid Withdrawal***			
LUCEMYRA	T1		PA; R&M; QL (224 EA per 14 days)
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		T1	R&M; QL (6 EA per 1 day)
<i>disulfiram oral</i>		T1	R
*Anti-Cataplectic Agents***			
XYREM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
*Anti-Cataplectic Combinations***			
XYWAV	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
*Cholinomimetics - Ache Inhibitors***			
donepezil hcl oral tablet 10 mg, 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
donepezil hcl oral tablet 23 mg		T1	R
donepezil hcl oral tablet dispersible		T1	R
EXELON ORAL SOLUTION	T1		R
galantamine hydrobromide er		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
galantamine hydrobromide oral solution		T1	R
galantamine hydrobromide oral tablet 12 mg, 8 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
galantamine hydrobromide oral tablet 4 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
rivastigmine		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
*Fibromyalgia Agent - Snris***			
SAVELLA	T1		R&M; AI (:)
SAVELLA TITRATION PACK	T1		R&M; AI (:)
*Movement Disorder Drug Therapy***			
AUSTEDO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INGREZZA	T1		PA; R&M; QL (1 EA per 1 day)
XENAZINE (Tetrabenazine)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
AUBAGIO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (4 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
MAVENCLAD (5 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (6 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (7 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (8 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (9 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Interferons***			
AVONEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXTAVIA SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA	SP		PA; R
ZINBRYTA	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TECFIDERA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY (STARTER)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
AMPYRA (Dalfampridine ER)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years)
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate) 20 MG/ML	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*N-Methyl-D-Aspartate (Nmida) Receptor Antagonists***			
memantine hcl er		T1	R
memantine hcl oral solution 2 mg/ml		T1	R&M; AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
memantine hcl oral tablet 10 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg		T1	R
memantine hcl oral tablet 5 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)
NAMENDA XR TITRATION PACK	T1		R
*Phenothiazines & Tricyclic Agents***			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg		T1	R
*Pseudobulbar Affect Agent Combinations***			
NUEDEXTA	T1		PA; R
*Psychotherapeutic And Neurological Agents - Misc.***			
ergoloid mesylates oral		T1	PA; R
pimozide		T1	R
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	T1		R&M; AI (;); F; QL (1 EA per 1 day); AG (Min 18 Years)
*Smoking Deterrents***			
bupropion hcl er (smoking det)		\$0	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX	\$0		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	\$0		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX STARTING MONTH PAK	\$0		R&M; AG (Min 18 Years)
cvs nicotine		\$0	R&M; AG (Min 18 Years)
cvs nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
eq nicotine mouth/throat gum 4 mg		\$0	R&M; AG (Min 18 Years)
eq nicotine mouth/throat lozenge		\$0	R&M; AG (Min 18 Years)
eq nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
eq nicotine step 3		\$0	R&M; AG (Min 18 Years)
eq nicotine transdermal		\$0	R&M; AG (Min 18 Years)
eql nicotine polacrilex mouth/throat gum 2 mg		\$0	R&M; AG (Min 18 Years)
eql nicotine polacrilex mouth/throat lozenge		\$0	R&M; AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
gnp nicotine		\$0	R&M; AG (Min 18 Years)
gnp nicotine mini		\$0	R&M; AG (Min 18 Years)
gnp nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
goodsense nicotine mouth/throat gum 4 mg		\$0	R&M; AG (Min 18 Years)
goodsense nicotine mouth/throat lozenge		\$0	R&M; AG (Min 18 Years)
hm nicotine		\$0	R&M; AG (Min 18 Years)
hm nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
KLS QUIT2 (Nicotine Polacrilex)	\$0	\$0	R&M; AG (Min 18 Years)
KLS QUIT4 (Nicotine Polacrilex)	\$0	\$0	R&M; AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	R&M; AG (Min 18 Years)
NICORETTE MOUTH/THROAT GUM (Nicotine Polacrilex) 4 MG	\$0	\$0	R&M; AG (Min 18 Years)
nicotine		\$0	R&M; AG (Min 18 Years)
nicotine mini		\$0	R&M; AG (Min 18 Years)
nicotine step 1		\$0	R&M; AG (Min 18 Years)
nicotine step 2		\$0	R&M; AG (Min 18 Years)
nicotine step 3		\$0	R&M; AG (Min 18 Years)
NICOTROL	\$0		R&M; AG (Min 18 Years)
NICOTROL NS	\$0		R&M; QL (4 ML per 1 Day); AG (Min 18 Years)
px stop smoking aid		\$0	R&M; AG (Min 18 Years)
ra mini nicotine		\$0	R&M; AG (Min 18 Years)
ra nicotine		\$0	R&M; AG (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg		\$0	R&M; AG (Min 18 Years)
ra nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
sm nicotine		\$0	R&M; AG (Min 18 Years)
sm nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
sr nicotine		\$0	R&M; AG (Min 18 Years)
tgt nicotine		\$0	R&M; AG (Min 18 Years)
tgt nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
tgt nicotine step one		\$0	R&M; AG (Min 18 Years)
tgt nicotine step three		\$0	R&M; AG (Min 18 Years)
tgt nicotine step two		\$0	R&M; AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	R&M; AG (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
MAYZENT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Thienbenzodiazepines & Ssris***			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KALYDECO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AG (Min 6 Years)
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
ORKAMBI ORAL TABLET 100-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	SP		PA; SP
TRIKAFTA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hydrolytic Enzymes***			
PULMOZYME	SP		SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days)

Drug Name	Brand	Generic	Additional Information
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
ESBRIET ORAL TABLET 801 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day)
*Respiratory Agents - Misc.***			
INFASURF INHALATION	T1		R
Sulfonamides			
*Sulfonamides***			
sulfadiazine oral		T1	R
Tetracyclines			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	T1		PA; R
*Tetracyclines***			
demeclercycline hcl oral		T1	R
doxycycline hydiate oral capsule		T1	R
doxycycline hydiate oral tablet 100 mg		T1	R
doxycycline hydiate oral tablet 20 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline hydiate oral tablet delayed release 100 mg, 75 mg		T1	R&M; QL (2 EA per 1 Day)
doxycycline monohydrate oral capsule 100 mg, 50 mg		T1	R
doxycycline monohydrate oral suspension reconstituted		T1	R
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg		T1	R
minocycline hcl oral		T1	R
MORGIDOX ORAL CAPSULE (Doxycycline Hydiate) 50 MG	T1	T1	R
tetracycline hcl oral		T1	R
VIBRAMYCIN ORAL SYRUP	T1		R

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Drug Name	Brand	Generic	Additional Information
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1	R
<i>propylthiouracil oral</i>		T1	R
*Thyroid Hormones***			
ARMOUR THYROID	T1		R
EUTHYROX (Levothyroxine Sodium)	T1	T1	R
LEVO-T (Levothyroxine Sodium)	T1	T1	R
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg</i>		T1	R
LEVOXYL (Levothyroxine Sodium)	T1	T1	R
<i>liothyronine sodium oral</i>		T1	R
NATURE-THROID	T1		R
SYNTHROID (Levothyroxine Sodium)	T1	T1	R
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T1		R
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T1		R
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T1		R
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T1		R
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T1		R
TIROSINT (Levothyroxine Sodium)	T1	T1	R
TIROSINT-SOL	T1		R
UNITHROID DIRECT (Levothyroxine Sodium)	T1	T1	R
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1		R
WP THYROID	T1		R
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0		RO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	\$0		RO
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5	\$0		RO
<i>diphtheria-tetanus toxoids dt</i>		\$0	RO
DIPHTHERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU	\$0		RO
INFANRIX	\$0		RO

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Drug Name	Brand	Generic	Additional Information
KINRIX INTRAMUSCULAR SUSPENSION	\$0		RO
PEDIARIX	\$0		RO
QUADRACEL	\$0		RO
TENIVAC	\$0		RO
tetanus-diphtheria toxoids td		\$0	RO
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Anticholinergic Combinations***			
belladonna alkaloids-opium rectal suppository 16.2-60 mg		T1	R
belladonna-opium		T1	R
chlordiazepoxide-clidinium		T1	R
phenobarbital-belladonna alk oral elixir		T1	R
PHENOHYTRO ORAL TABLET	T1		R
*Antispasmodics***			
dicyclomine hcl intramuscular		T1	R
dicyclomine hcl oral		T1	R
*Belladonna Alkaloids***			
ed-spaz		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
HYOMAX-SL (Hyoscyamine Sulfate)	T1	T1	R
hyoscyamine sulfate oral elixir		T1	R
hyoscyamine sulfate oral solution		T1	R
hyoscyamine sulfate oral tablet		T1	R
hyoscyamine sulfate oral tablet dispersible		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
hyosyne oral solution		T1	R
oscimin oral tablet		T1	R
oscimin oral tablet dispersible		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
oscimin sublingual		T1	R
*H-2 Antagonists***			
cimetidine hcl oral		T1	R
cimetidine oral tablet 300 mg, 400 mg, 800 mg		T1	R
famotidine oral suspension reconstituted		T1	R
famotidine oral tablet 20 mg, 40 mg		T1	R
nizatidine oral capsule 150 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
nizatidine oral capsule 300 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nizatidine oral solution		T1	R
ranitidine hcl oral capsule		T1	R
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (Sucralfate)	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
*Proton Pump Inhibitors***			
esomeprazole magnesium oral capsule delayed release 20 mg		T1	R&M; QL (4 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 40 mg		T1	R&M; QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	T1		RO
FIRST-OMEPRAZOLE	T1		RO
lansoprazole oral capsule delayed release 15 mg		T1	R&M; QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 30 mg		T1	R
lansoprazole oral tablet delayed release dispersible 15 mg		T1	R&M; QL (1 EA per 1 day)
lansoprazole oral tablet delayed release dispersible 30 mg		T1	R
omeprazole oral capsule delayed release		T1	R
OMEPRAZOLE+SYRSPEND SF ALKA	T1		RO
pantoprazole sodium oral tablet delayed release 20 mg		T1	R&M; QL (3 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg		T1	R&M; QL (6 EA per 1 day)
rabeprazole sodium oral tablet delayed release		T1	R
*Quaternary Anticholinergics***			
CANTIL	T1		R
glycopyrrolate oral tablet 1 mg, 2 mg		T1	R
methscopolamine bromide oral tablet 2.5 mg		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
methscopolamine bromide oral tablet 5 mg		T1	R
propantheline bromide oral		T1	R
*Ulcer Anti-Infective W/ Bismuth Combinations***			
HELIDAC	T1		R&M; AI (Max #1 box (#224) retail or 90); QL (1 EA per 30 Days)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
TALICIA	T1		ST; R&M; AI (Must step thru clarithromycin, amoxicillin, and pantoprazole in last 90 days.)
*Ulcer Drugs - Prostaglandins***			
misoprostol oral		T1	R
Urinary Anti-Infectives			
*Methenamine Combos***			
UROQID #2	T1		R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
urin ds oral tablet		T1	R

Drug Name	Brand	Generic	Additional Information
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>oxybutynin chloride er</i>		T1	R
<i>oxybutynin chloride oral</i>		T1	R
<i>solifenacin succinate</i>		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1	R
<i>trospium chloride</i>		T1	R
<i>trospium chloride er</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ	T1		R
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	R
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		T1	R
Vaccines			
*Bacterial Vaccines***			
BEXSERO	\$0		RO; \$0
MENACTRA	\$0		RO
MENOMUNE SUBCUTANEOUS INJECTABLE	\$0		RO
MENQUADFI	\$0		RO
MENVEO	\$0		RO
PNEUMOVAX 23	\$0		RO
PREVNAR 13	\$0		RO; QL (0.5 ML per 1 Lifetime)
TRUMENBA	\$0		RO; AG (Max 26 Years)
*Viral Vaccine Combinations***			
M-M-R II SUBCUTANEOUS	\$0		R
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0		R
*Viral Vaccines***			
AFLURIA	\$0		RO
AFLURIA PRESERVATIVE FREE	\$0		RO
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
CERVARIX	\$0		RO; F; AG (Max 27 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0		RO
ENGERIX-B INTRAMUSCULAR	\$0		RO
FLUAD	\$0		RO; \$0; AG (Min 65 Years)
FLUAD QUADRIVALENT	\$0		R&M; AG (Min 65 Years)
FLUARIX	\$0		RO

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Drug Name	Brand	Generic	Additional Information
FLUARIX QUADRIVALENT	\$0		RO
FLUBLOK	\$0		RO
FLUBLOK QUADRIVALENT	\$0		RO; \$0
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		R&M; \$0
FLULAVAL INTRAMUSCULAR INJECTABLE	\$0		RO
FLULAVAL QUADRIVALENT	\$0		RO
FLUMIST QUADRIVALENT	\$0		RO
FLUVIRIN	\$0		RO
FLUVIRIN PRESERVATIVE FREE	\$0		RO
FLUZONE HIGH-DOSE	\$0		RO
FLUZONE HIGH-DOSE QUADRIVALENT	\$0		R
FLUZONE INTRADERMAL DEVICE	\$0		RO
FLUZONE INTRAMUSCULAR	\$0		RO
FLUZONE QUADRIVALENT	\$0		RO
GARDASIL 9	\$0		RO; AG (Max 45 Years)
GARDASIL INTRAMUSCULAR SUSPENSION	\$0		RO; AG (Max 27 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0		RO
HEPLISAV-B INTRAMUSCULAR SOLUTION	\$0		RO; \$0
<i>moderna covid-19 vaccine</i>		\$0	RO; \$0
<i>pfizer-biontech covid-19 vacc</i>		\$0	R&M; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		RO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	\$0		RO; \$0; AG (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0		RO
VARIVAX	\$0		RO
ZOSTAVAX	\$0		RO; AG (Min 50 Years)
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	T1		R&M; F
ZAZOLE (<i>Terconazole</i>)	T1	T1	R&M; F
*Miscellaneous Vaginal Combinations***			
RELAGARD	T1		R&M; F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS CONCEPTROL	\$0		R

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Drug Name	Brand	Generic	Additional Information
OPTIONS GYNOL II CONTRACEPTIVE	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
<i>today sponge</i>		\$0	R&M; F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		R
*Vaginal Anti-Infectives***			
CLEOCIN VAGINAL SUPPOSITORY	T1		R&M; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<i>clindamycin phosphate vaginal</i>		T1	R&M; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
VANDAZOLE (MetroNIDAZOLE)	T1	T1	R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
*Vaginal Estrogens***			
<i>estradiol vaginal</i>		T1	R&M; F
FEMRING VAGINAL RING 0.05 MG/24HR	T1		R&M; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T1		R&M; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T1		R&M; F
YUVAFEM (Estradiol)	T1	T1	R&M; F
*Vaginal Progestins***			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
ENDOMETRIN	T1		PA; R&M; F
Vasopressors			
*Anaphylaxis Therapy Agents***			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		T1	R&M; AI (Non Mylan pens are non formulary. Limit to one fill of two pens in one month.); QL (2 EA per 2 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
NORTHERA ORAL CAPSULE 100 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NORTHERA ORAL CAPSULE 200 MG, 300 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
*Vasopressors***			
<i>epinephrine pf injection solution</i>		T1	R
<i>midodrine hcl</i>		T1	R
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T1		R
POTABA ORAL TABLET	T1		R
*Vitamin D***			
<i>cvs childrens vitamin d</i>		\$0	R&M; AG (Min 65 Years)
<i>cvs vit d 5000 high-potency</i>		\$0	R&M; AG (Min 65 Years)
<i>cvs vitamin d</i>		\$0	R&M; AG (Min 65 Years)
<i>cvs vitamin d3 oral capsule 1000 unit, 400 unit</i>		\$0	R&M; AG (Min 65 Years)
<i>d 1000</i>		\$0	R&M; AG (Min 65 Years)
<i>d 10000</i>		\$0	R&M; AG (Min 65 Years)
<i>d 2000</i>		\$0	R&M; AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	R&M; AG (Min 65 Years)
<i>d 5000</i>		\$0	R&M; AG (Min 65 Years)
<i>d-1000</i>		\$0	R&M; AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	R&M; AG (Min 65 Years)
<i>d-2000 maximum strength</i>		\$0	R&M; AG (Min 65 Years)
<i>d2000 ultra strength</i>		\$0	R&M; AG (Min 65 Years)
<i>d3 adult</i>		\$0	R&M; AG (Min 65 Years)
<i>d3 high potency oral capsule 125 mcg (5000 ut)</i>	T1		R&M; \$0; AG (Min 65 Years)
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>d3 kids</i>		\$0	R&M; AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		\$0	R&M; AG (Min 65 Years)
<i>d3 super strength</i>		\$0	R&M; AG (Min 65 Years)
<i>d3-1000</i>		\$0	R&M; AG (Min 65 Years)
D3-50 (Vitamin D3)	\$0	\$0	R&M; AG (Min 65 Years)
<i>d-400</i>		\$0	R&M; AG (Min 65 Years)
<i>d-5000</i>		\$0	R&M; AG (Min 65 Years)
<i>d-5000 maximum strength</i>		\$0	R&M; AG (Min 65 Years)
DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)	\$0	\$0	R&M; AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	\$0		R&M; AG (Min 65 Years)
<i>delta d3</i>		\$0	R&M; AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 (D-3-5)	\$0	\$0	R&M; AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	\$0		R&M; AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
eql vitamin d gummies child		\$0	R&M; AG (Min 65 Years)
eql vitamin d-3		\$0	R&M; AG (Min 65 Years)
eql vitamin d3 oral tablet		\$0	R&M; AG (Min 65 Years)
ergocalciferol oral capsule		T1	R
gnp vitamin d maximum strength		\$0	R&M; AG (Min 65 Years)
gnp vitamin d oral tablet 25 mcg (1000 ut)		\$0	R&M; AG (Min 65 Years)
gnp vitamin d oral tablet chewable		\$0	R&M; AG (Min 65 Years)
gnp vitamin d super strength		\$0	R&M; AG (Min 65 Years)
gnp vitamin d3 extra strength		\$0	R&M; AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 (D 400)	\$0	\$0	R&M; AG (Min 65 Years)
hm vitamin d		\$0	R&M; AG (Min 65 Years)
hm vitamin d3 oral capsule		\$0	R&M; AG (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)		\$0	R&M; AG (Min 65 Years)
kp vitamin d oral tablet chewable		\$0	R&M; AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT	\$0	\$0	R&M; AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	T1		R&M; \$0; AG (Min 65 Years)
OPTIMAL-D (Vitamin D3)	\$0	\$0	R&M; AG (Min 65 Years)
pa vitamin d-3		\$0	R&M; AG (Min 65 Years)
pa vitamin d-3 gummy		\$0	R&M; AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 (Vitamin D3)	\$0	\$0	R&M; AG (Min 65 Years)
qc vitamin d3 oral capsule		\$0	R&M; AG (Min 65 Years)
qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)		\$0	R&M; AG (Min 65 Years)
ra vitamin d-3		\$0	R&M; AG (Min 65 Years)
sm vitamin d		\$0	R&M; AG (Min 65 Years)
sm vitamin d3 oral capsule 100 mcg (4000 ut), 50 mcg (2000 ut)		\$0	R&M; AG (Min 65 Years)
sm vitamin d3 oral tablet		\$0	R&M; AG (Min 65 Years)
super daily d3 oral liquid 2000 ut/0.028ml		\$0	R
th vitamin d3		\$0	R&M; AG (Min 65 Years)
THERA-D 2000 (Vitamin D)	\$0	\$0	R&M; AG (Min 65 Years)
THERA-D 4000	\$0		R&M; AG (Min 65 Years)
THERA-D RAPID REPLETION (Vitamin D)	\$0	\$0	R&M; AG (Min 65 Years)
vitamin d (cholecalciferol) oral tablet chewable		\$0	R&M; AG (Min 65 Years)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)		T1	R
vitamin d high potency		\$0	R&M; AG (Min 65 Years)
vitamin d oral capsule 125 mcg (5000 ut)		\$0	R&M; \$0; AG (Min 65 Years)
vitamin d oral capsule 50 mcg (2000 ut)		\$0	R&M; AG (Min 65 Years)
vitamin d oral tablet 400 unit		\$0	R&M; AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D)	\$0	\$0	R&M; AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>vitamin d3 gummies</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 high potency</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d-400</i>		\$0	R&M; AG (Min 65 Years)
WEEKLY-D (Vitamin D3)	\$0	\$0	R&M; AG (Min 65 Years)
*Vitamin K***			
<i>phytonadione oral</i>		T1	R

Medical Benefit

Drug Name	Brand	Generic	Additional Information
ABELCET	MB		SP
ABILITY INTRAMUSCULAR	MB		SP
ABRAXANE	MB		SP
ACTEMRA INTRAVENOUS	MB		R
ADCETRIS	MB		SP
ADRUCIL	MB		SP
ADVATE	MB		R
adynovate	MB		R
AFSTYLA	MB		R
ALDURAZYME	MB		R
ALFERON N	MB		SP
ALIMTA	MB		SP
ALPHANATE/VWF COMPLEX/HUMAN	MB		R
ALPHANINE SD	MB		R
ALPROLIX	MB		R
<i>alternaria</i>	MB		SP
AMBISOME	MB		SP
<i>american cockroach</i>	MB		SP
<i>american elm</i>	MB		SP
AMEVIVE	MB		SP
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	MB		SP
<i>aminophylline intravenous</i>	MB		SP
<i>ammonium chloride intravenous</i>	MB		SP
<i>amphotericin b injection</i>	MB		SP
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	MB		SP
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	MB		SP
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	MB		R
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	MB		R
ARCALYST	MB		R
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB		SP
ARRANON	MB		SP
ARZERRA	MB		SP
<i>aspergillus fumigatus subcutaneous solution 20000 pu/ml</i>	MB		SP
ATGAM	MB		SP
ATROOPEN INTRAMUSCULAR DEVICE	MB		SP

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Drug Name	Brand	Generic	Additional Information
AVASTIN	MB		SP
<i>azacitidine</i>	MB		SP
<i>aztreonam</i>	MB		SP
BEBULIN	MB		R
BELEODAQ	MB		SP
BENEFIX	MB		R
BENLYSTA INTRAVENOUS	MB		R
BERINERT	MB		R
<i>bermuda grass subcutaneous</i>	MB		SP
BETASERON SUBCUTANEOUS KIT	SP		PA; SP
<i>bleomycin sulfate</i>	MB		SP
BLINCYTO	MB		SP
BOTOX	MB		R
BRINEURA INJECTION	MB		SP
BRIVIACT INTRAVENOUS	MB		SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	MB		SP
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML	MB		SP
CAPASTAT SULFATE	MB		SP
<i>carboplatin intravenous solution</i>	MB		SP
<i>cat hair extract subcutaneous</i>	MB		SP
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	MB		SP
<i>cefazolin sodium intravenous solution</i>	MB		SP
<i>cefazolin sodium intravenous solution reconstituted</i>	MB		SP
<i>cefepime hcl injection</i>	MB		SP
<i>cefepime hcl intravenous solution</i>	MB		SP
<i>ceftotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	MB		SP
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%, 2-2.08 gm-%</i>	MB		SP
<i>cefoxitin sodium intravenous</i>	MB		SP
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%, 2-2.2 gm-%</i>	MB		SP
<i>ceftazidime and dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml</i>	MB		SP
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>ceftriaxone sodium in dextrose</i>	MB		SP
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	MB		SP
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%, 2-2.22 gm-%</i>	MB		SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	MB		R
<i>chloramphenicol sod succinate</i>	MB		SP
<i>chorionic gonadotropin intramuscular</i>	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cidofovir intravenous</i>	MB		SP
CINQAIR	MB		R
CINRYZE	MB		R
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	MB		SP
<i>cladribine intravenous solution 1 mg/ml</i>	MB		SP
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml</i>	MB		SP
COAGADEX	MB		R
CORIFACT	MB		R
CRESEMBOLA INTRAVENOUS	MB		SP
<i>cyclophosphamide injection</i>	MB		SP
CYRAMZA	MB		SP
<i>cytarabine (pf)</i>	MB		SP
<i>cytarabine injection solution</i>	MB		SP
<i>dacarbazine intravenous</i>	MB		SP
<i>daunorubicin hcl intravenous injectable</i>	MB		SP
DAUNOXOME	MB		SP
<i>decitabine</i>	MB		SP
<i>deferoxamine mesylate</i>	MB		SP
DEPOCYT	MB		SP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	MB		SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	MB		SP
<i>diphenhydramine hcl injection</i>	MB		SP
DOCEFREZ	MB		SP
<i>docetaxel intravenous concentrate 140 mg/7ml, 160 mg/8ml, 20 mg/0.5ml, 20 mg/ml, 80 mg/2ml, 80 mg/4ml</i>	MB		SP
<i>docetaxel intravenous solution</i>	MB		SP
<i>dog epithelium subcutaneous solution 1:10</i>	MB		SP
DORIBAX	MB		SP
<i>doxorubicin hcl intravenous solution</i>	MB		SP
<i>doxorubicin hcl intravenous solution reconstituted 10 mg</i>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>doxorubicin hcl liposomal</i>	MB		SP
DYSPORT	MB		R
<i>eastern cottonwood</i>	MB		SP
ELELYSO	MB		R
ELOCTATE	MB		R
EMPLICITI	MB		SP
ENLON	MB		SP
ENTYVIO	MB		PA; SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	MB		SP
<i>epoprostenol sodium</i>	MB		R
ERAXIS	MB		SP
ERBITUX	MB		SP
ETOPOPHOS	MB		SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	MB		SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	MB		PA; SP
EVZIO	MB		SP
EYLEA INTRAOCULAR	MB		R
FABRAZYME	MB		R
FASENRA	MB		PA; R
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	MB		R
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED	MB		R
<i>fentanyl citrate (pf) injection solution cartridge</i>	MB		SP
<i>flouxuridine injection</i>	MB		SP
<i>fludarabine phosphate</i>	MB		SP
<i>fluorouracil intravenous</i>	MB		SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML	MB		SP
<i>foscarnet sodium intravenous solution 24 mg/ml</i>	MB		SP
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	MB		SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	MB		SP
GAZYVA	MB		SP
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	MB		PA; SP
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	MB		SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	MB		SP
GENVISC 850	MB		PA; SP
GLASSIA	MB		R
GLIADEL WAFER	MB		SP
GONAL-F	MB		SP

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Drug Name	Brand	Generic	Additional Information
GONAL-F RFF	MB		SP
HALAVEN	MB		SP
HELIXATE FS	MB		R
HEMLIBRA	MB		R
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT	MB		R
HERCEPTIN	MB		SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB		R
HYALGAN	MB		PA; SP
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	MB		SP
HYMOVIS	MB		PA; SP
<i>idarubicin hcl</i>	MB		SP
IDEVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		R
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	MB		SP
<i>ifosfamide</i>	MB		SP
<i>ifosfamide-mesna intravenous kit 1-1 gm</i>	MB		SP
IMFINZI	MB		SP
IMLYGIC	MB		PA; SP
INFLECTRA	MB		R
INJECTAFER	MB		PA; SP
INVANZ INTRAVENOUS	MB		SP
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	MB		SP
ISTODAX	MB		SP
IXEMPRA KIT	MB		SP
IXIARO	MB		SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB		R
JEVTANA	MB		SP
JIVI	MB		R
<i>johson grass</i>	MB		SP
KADCYLA	MB		SP
<i>kanamycin sulfate injection</i>	MB		SP
KANUMA	MB		PA; SP
KCENTRA	MB		R
KEYTRUDA	MB		SP
KOATE-DVI	MB		R
KOGENATE FS	MB		R

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Drug Name	Brand	Generic	Additional Information
KOGENATE FS BIO-SET	MB		R
KOVALTRY	MB		R
KRYSTEXXA	MB		R
LEMTRADA	MB		R
LIPODOX	MB		SP
LIPODOX 50	MB		SP
LUCENTIS INTRAOCULAR	MB		R
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	MB		R
MACUGEN	MB		R
MARQIBO	MB		SP
<i>melphalan hcl</i>	MB		SP
<i>meropenem</i>	MB		SP
METASTRON	MB		SP
<i>methotrexate sodium injection solution reconstituted</i>	MB		SP
<i>methyldopate hcl</i>	MB		SP
MINIMED 530G INSULIN PUMP	MB		SP
<i>mite (d. farinae) subcutaneous</i>	MB		SP
<i>mite (d. pteronyssinus) subcutaneous</i>	MB		SP
<i>mitoxantrone hcl</i>	MB		R
<i>mixed ragweed</i>	MB		SP
MONOCLOATE-P	MB		R
MONONINE	MB		R
<i>mountain cedar</i>	MB		SP
MUSTARGEN	MB		SP
MYCAMINE	MB		SP
MYOBLOC	MB		R
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>naloxone hcl injection solution 1 mg/ml</i>	MB		SP
NATPARA	SP		PA; SP
<i>neostigmine methylsulfate injection</i>	MB		SP
NIPENT	MB		SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NOVOEIGHT	MB		R
NOVOSEVEN RT	MB		R
NUWIQ	MB		R
<i>obizur</i>	MB		R

Drug Name	Brand	Generic	Additional Information
OCREVUS	MB		R
OMNIPOD 5 PACK	MB		R
OMNIPOD DASH SYSTEM	MB		R
OMNIPOD STARTER	MB		R
ONCASPAR INJECTION	MB		SP
ONIVYDE	MB		SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	MB		PA; SP
ORENCIA INTRAVENOUS	MB		R
OTIPRIO	MB		SP
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	MB		SP
<i>oxaliplatin intravenous solution reconstituted</i>	MB		SP
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	MB		SP
<i>penicillin g pot in dextrose</i>	MB		SP
<i>penicillin g potassium</i>	MB		SP
<i>penicillin g procaine</i>	MB		SP
<i>penicillin g sodium</i>	MB		SP
PERJETA	MB		PA; SP
PHOTOFRIN	MB		SP
PHYSIOLYTE	MB		SP
PHYSIOSOL IRRIGATION	MB		SP
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	MB		SP
<i>polymyxin b sulfate injection</i>	MB		SP
PORTRAZZA	MB		SP
<i>potassium acetate intravenous solution 2 meq/ml</i>	MB		SP
<i>potassium chloride in nacl intravenous solution 20- 0.45 meq/l-%, 20-0.9 meq/l-%</i>	MB		SP
<i>potassium chloride intravenous solution 0.4 meq/ml</i>	MB		SP
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	MB		SP
PREGNYL	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROFILNINE	MB		R
PROFILNINE SD	MB		R
PROGRAF INTRAVENOUS	MB		SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	MB		R

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Drug Name	Brand	Generic	Additional Information
PROLEUKIN	MB		SP
PROLIA SUBCUTANEOUS SOLUTION	MB		R
PROVENGE	MB		SP
QUADRAMET	MB		SP
REBINYN	MB		R
RECOMBINATE	MB		R
REGONOL INTRAVENOUS	MB		SP
REMICADE	MB		R
RENFLEXIS	MB		R
RIASTAP	MB		R
<i>ringers irrigation</i>	MB		SP
RITUXAN INTRAVENOUS SOLUTION	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>rixubis</i>	MB		R
RUCONEST	MB		R
<i>saline bacteriostatic</i>	MB		SP
<i>scopolamine hbr injection</i>	MB		SP
SIGNIFOR	MB		R
<i>sildenafil citrate intravenous</i>	MB		R
SIMULECT	MB		SP
<i>sodium chloride injection solution 2.5 meq/ml</i>	MB		SP
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	MB		SP
<i>sodium phosphate</i>	MB		SP
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	MB		R
SOMATULINE DEPOT	MB		R
SPINRAZA	MB		PA; SP
STELARA INTRAVENOUS	MB		PA; SP
<i>streptomycin sulfate intramuscular</i>	MB		SP
SYLATRON SUBCUTANEOUS KIT 4 X 200 MCG, 4 X 300 MCG	MB		SP
SYLVANT	MB		R
TEFLARO	MB		SP
TEMODAR INTRAVENOUS	MB		SP
<i>teniposide</i>	MB		SP
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%</i>	MB		SP
THERACYS	MB		SP
THYMOGLOBULIN	MB		SP
<i>ticarcillin-pot clavulanate</i>	MB		SP
TICE BCG	MB		SP
TIMENTIN	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>timothy grass pollen allergen subcutaneous solution 100000 bua/ml</i>	MB		SP
TIS-U-SOL	MB		SP
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	MB		SP
<i>topotecan hcl</i>	MB		SP
<i>tranexamic acid intravenous solution 100 mg/ml</i>	MB		SP
TREANDA	MB		SP
TRETETEN	MB		R
TYSABRI	MB		R
TYVASO	SP		PA; R
TYVASO REFILL	SP		PA; R
TYVASO STARTER	SP		PA; R
UNITUXIN	MB		SP
UVADEX	MB		SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB		SP
VELCADE INJECTION	MB		SP
VELETRI	MB		R
V-GO 20	MB		R
V-GO 30	MB		R
V-GO 40	MB		R
VIBATIV	MB		SP
VIMIZIM	MB		R
<i>vinblastine sulfate intravenous solution</i>	MB		SP
VINCASAR PFS	MB		SP
<i>vincristine sulfate intravenous</i>	MB		SP
<i>vinorelbine tartrate</i>	MB		SP
VISUDYNE	MB		R
VONVENDI	MB		R
<i>voriconazole intravenous</i>	MB		SP
VPRIV	MB		R
VUMON	MB		SP
<i>white oak</i>	MB		SP
WILATE INTRAVENOUS KIT	MB		R
WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT	MB		R
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	MB		R
XGEVA	MB		R
XOFIGO INTRAVENOUS SOLUTION 27 MCCI/ML	MB		SP

Drug Name	Brand	Generic	Additional Information
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		R
XYNTHA SOLOFUSE	MB		R
YERVOY	MB		PA; SP
ZALTRAP	MB		SP
ZANOSAR	MB		SP
ZEMAIRA	MB		R
ZEVALIN Y-90	MB		SP
zoledronic acid intravenous concentrate	MB		R
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HIZENTRA	162	HYMOVIS	184	INTRON A	74
<i>hm aspirin</i>	18	HYOMAX-SL	172	INTROVALE	101
<i>hm aspirin ec</i>	18	<i>hyoscyamine sulfate</i>	172	INVANZ	184
<i>hm aspirin ec low dose</i>	18	<i>hyosyne</i>	172	INVELTYS	160
<i>hm lancets micro thin 33g</i>	139	HYPERRHO S/D	162	INVIRASE	84
<i>hm lancets ultra thin 30g</i>	139	HYQVIA	162	INVOKAMET	54
<i>hm nicotine</i>	168	HYSINGLA ER	25	INVOKAMET XR	54
<i>hm nicotine polacrilex</i>	168	HY-VEE LANCETS	139	INVOKANA	53
<i>hm vitamin d</i>	178	<i>hy-vee thin lancets</i>	139	IODOSORB	82
<i>hm vitamin d3</i>	178	<i>ibandronate sodium</i>	116	<i>ipratropium bromide</i>	38, 156
HOMATROPAIRE	157	IBRANCE	75	<i>ipratropium-albuterol</i>	36
HUMALOG	50	IBUDONE	22	<i>irbesartan</i>	62
HUMALOG JUNIOR KWIKPEN	50	<i>ibuprofen</i>	14	<i>irbesartan-hydrochlorothiazide</i>	62
HUMALOG KWIKPEN	50	ICLUSIG	71	IRESSA	72
HUMALOG MIX 50/50	50	<i>idarubicin hcl</i>	184	<i>irinotecan hcl</i>	184
HUMALOG MIX 50/50 KWIKPEN	50	IDELVION	184	<i>iron supplement childrens</i>	131
HUMALOG MIX 75/25	50	IDHIFA	76	ISENTRESS	83
HUMALOG MIX 75/25 KWIKPEN	50	IFEX	184	ISENTRESS HD	83
HUMATE-P	184	<i>ifosfamide</i>	184	ISIBLOOM	96
HUMATROPE	118	<i>ifosfamide-mesna</i>	184	<i>isomethcptene-apap-dichloral</i>	148
HUMIRA	12	ILARIS	13	<i>isoniazid</i>	66
HUMIRA PEDIATRIC CROHNS		IMBRUVICA	71, 72	<i>isosorbide dinitrate</i>	33
START	12	IMFINZI	184	<i>isosorbide dinitrate er</i>	33
HUMIRA PEN	12	<i>imipramine hcl</i>	47	<i>isosorbide mononitrate</i>	33
HUMIRA PEN-CD/UC/HS		<i>imipramine pamoate</i>	47	<i>isosorbide mononitrate er</i>	33
STARTER	12	<i>imiquimod</i>	113	<i>isradipine</i>	91
HUMIRA PEN-PS/UV/ADOL HS		IMLYGIC	184	ISTODAX	184
START	12	INATAL ADVANCE	153	ISTURISA	117
HUMULIN 70/30	50	INATAL GT	153	ITCH-X	114
HUMULIN 70/30 KWIKPEN	50	INATAL ULTRA	153	<i>itraconazole</i>	57
HUMULIN N	50	INBRIJA	79	IXEMPRA KIT	184
HUMULIN N KWIKPEN	50	INCASSIA	102	IXIARO	184
HUMULIN R	50	INCRELEX	120	IXINITY	184
HUMULIN R U-500		INCRUSE ELLIPTA	38	JADENU	55
(CONCENTRATED)	50	<i>indapamide</i>	116	JADENU SPRINKLE	55
HUMULIN R U-500 KWIKPEN	50	INDOCIN	14	JAIMESS	101
HYALGAN	184	<i>indomethacin</i>	14	JAKAFI	76
HYCAMTIN	79	<i>indomethacin er</i>	14	JANTOVEN	40
<i>hydralazine hcl</i>	63	INFANRIX	171	JANUMET	49
HYDREA	74	INFASURF	170	JANUMET XR	49
<i>hydrochlorothiazide</i>	116	INFLECTRA	184	JANUVIA	48
<i>hydrocod polst-cpm polst er</i>	106	INGREZZA	164	JARDIANC	53
<i>hydrocodone bitartrate er</i>	24	INJECTAFER	184	JASMIEL	96
<i>hydrocodone-acetaminophen</i>	21, 22	INLYTA	72	JATENZO	32
<i>hydrocodone-guaifenesin</i>	105	INQOVI	74	JENCYCLA	102
<i>hydrocodone-homatropine</i>	105	INREBIC	76	JENTADUETO	49
<i>hydrocodone-ibuprofen</i>	22	INSPIRACHAMBER/LARGE	147	JENTADUETO XR	49
<i>hydrocortisone</i>	104, 112	INSPIRACHAMBER/MEDIUM	147	<i>jevantique lo</i>	123
<i>hydrocortisone acetate-aloe</i>	114	INSPIRACHAMBER/MOUTHPIEC		JEVDTANA	184
<i>hydrocortisone butyrate</i>	112	E	147	JIVI	184
<i>hydrocortisone valerate</i>	112	INSPIRACHAMBER/SMALL	147	<i>johson grass</i>	184
HYDROGESIC	22	INSPIREASE	147	JOLESSA	101
<i>hydromet</i>	105	INSPIREASE RESERVOIR BAGS	147	JOLIVETTE	102

JULEBER	96	KORLYM	53	LEMTRADA	185
JULUCA	83	KOVALTRY	185	LENVIMA (10 MG DAILY DOSE)	72
JUNEL 1.5/30	96	<i>kp aspirin</i>	18	LENVIMA (14 MG DAILY DOSE)	72
JUNEL 1/20	96	<i>kp vitamin d</i>	178	LENVIMA (18 MG DAILY DOSE)	72
JUNEL FE 1.5/30	96	K-PHOS	150	LENVIMA (20 MG DAILY DOSE)	72
JUNEL FE 1/20	96	K-PRIME	150	LENVIMA (24 MG DAILY DOSE)	72
JUNEL FE 24	96	<i>kroger lancets</i>	140	LENVIMA (8 MG DAILY DOSE)	72
JUXTAPID	60	<i>kroger lancets 21g</i>	140	LESSINA	97
JYNARQUE	122	<i>kroger lancets micro thin 33g</i>	140	LETAIRIS	92
KADCYLA	184	<i>kroger lancets super thin</i>	140	<i>letrozole</i>	75
KADIAN	25	<i>kroger lancets thin</i>	140	<i>leucovorin calcium</i>	75
KAITLIB FE	97	<i>kroger lancets thin 26g</i>	140	LEUKERAN	77
KALBITOR	129	<i>kroger lancets ultrathin 30g</i>	140	LEUKINE	131
KALETRA	83	KRYSTEXXA	185	<i>leuprolide acetate</i>	76
KALLIGA	97	K-TAB	150	<i>levalbuterol hcl</i>	37
KALYDECO	169	KURVELO	97	<i>levalbuterol tartrate</i>	37
<i>kanamycin sulfate</i>	184	KUVAN	121	LEVATOL	90
KANUMA	184	<i>k-vescent</i>	150	LEVEMIR	50
KAPSPARGO SPRINKLE	90	KYNMOBI	80	LEVEMIR FLEXTOUCH	50
KARBINAL ER	58	KYPROLIS	70	<i>levetiracetam</i>	43
KARIVA	94	<i>labetalol hcl</i>	90	<i>levetiracetam er</i>	43
KCENTRA	184	LACRISERT	157	<i>levobunolol hcl</i>	157
KELNOR 1/35	97	<i>lactulose</i>	134	<i>levocarnitine</i>	117
KELNOR 1/50	97	<i>lactulose encephalopathy</i>	126	<i>levocetirizine dihydrochloride</i>	58
KERAFOAM 42	112	<i>lady lite lancets</i>	140	<i>levofloxacin</i>	124, 158
KERYDIN	113	LAMICTAL	42	LEVONEST	103
KESIMPTA	166	LAMICTAL ODT	42	<i>levonorgestrel-ethinyl estrad</i>	100
KETEK	64	LAMISIL	57	<i>levonorg-eth estrad triphasic</i>	103
KETOCARE	114	<i>lamivudine</i>	84, 85	LEVORA 0.15/30 (28)	97
<i>ketoconazole</i>	57, 112	<i>lamivudine-zidovudine</i>	83	<i>levorphanol tartrate</i>	25
<i>ketoprofen</i>	14	<i>lamotrigine</i>	42	LEVO-T	171
<i>ketorolac tromethamine</i>	14, 159	<i>lamotrigine er</i>	42	<i>levothyroxine-liothyronine</i>	171
KETOSTIX	115	<i>lancets 28g</i>	140	LEVOXYL	171
KEVEYIS	115	<i>lancets 30g</i>	140	LEXIVA	84
KEVZARA	13	<i>lancets micro thin 33g</i>	140	<i>lexuss 210</i>	106
KEYTRUDA	184	<i>lancets super thin 28g</i>	140	<i>lidocaine</i>	113
KIMIDESS	94	<i>lancets thin</i>	140	<i>lidocaine hcl</i>	113
KINERET	13	LANCETS ULTRA FINE	140	<i>lidocaine viscous</i>	152
<i>kinney lancets</i>	139	LANCETS ULTRA THIN	140	<i>lidocaine-prilocaine</i>	114
<i>kinney thin lancets</i>	140	<i>lancets ultra thin 30g</i>	140	LIFESCAN UNISTIK 2	140
KINRIX	172	LANOXIN	91	LIFESCAN UNISTIK II LANCETS	140
KIONEX	152	<i>lansoprazole</i>	173	LILLOW	97
KISQALI 200 DOSE	75	<i>lanthanum carbonate</i>	126	<i>lindane</i>	114
KISQALI 400 DOSE	75	LANTUS	50	<i>linezolid</i>	64
KISQALI 600 DOSE	75	LANTUS SOLOSTAR	50	LINZESS	125
KITABIS PAK	11	<i>lapatinib ditosylate</i>	72	<i>liothyronine sodium</i>	171
KLOR-CON	150	LARIN 1.5/30	97	LIPODOX	185
KLOR-CON 10	150	LARIN 1/20	97	LIPODOX 50	185
KLOR-CON M10	150	LARIN 24 FE	97	LIPOFEN	59
KLOR-CON M15	150	LARIN FE 1.5/30	97	<i>lisinopril</i>	61
KLOR-CON M20	150	LARIN FE 1/20	97	<i>lisinopril-hydrochlorothiazide</i>	61
KLOR-CON/EF	150	LARISSIA	97	<i>lite touch lancets</i>	140
<i>cls aspirin ec</i>	18	LARTRUVO	69	LITEAIRE	147
<i>cls aspirin low dose</i>	18	LASTACRAFT	158	LITETOUCH LANCETS	140
KLS QUIT2	168	<i>latanoprost</i>	161	<i>lithium</i>	80
KLS QUIT4	168	LATUDA	80	<i>lithium carbonate</i>	80
KOATE-DVI	184	LAYOLIS FE	97	<i>lithium carbonate er</i>	80
KOGENATE FS	184	LAZANDA	25	LIVALO	59
KOGENATE FS BIO-SET	185	LEENA	103	<i>live better lancet super thin</i>	140
KOMBIGLYZE XR	49	<i>leflunomide</i>	14	<i>live better lancet ultra thin</i>	140

LO LOESTRIN FE	94	<i>marten-tab</i>	15	memantine hcl er	167
LOESTRIN 1.5/30 (21)	97	MASK VORTEX	147	MENACTRA	174
LOESTRIN FE 1/20	97	MATULANE	74	M-END PE	106
LOJAIMIESS	101	MAVENCLAD (10 TABS)	164	MENEST	124
LOKELMA	152	MAVENCLAD (4 TABS)	164	MENOMUNE	174
LOMEDIA 24 FE	97	MAVENCLAD (5 TABS)	165	MENOSTAR	124
<i>lomustine</i>	78	MAVENCLAD (6 TABS)	165	MENQUADFI	174
<i>longs lancets standard</i>	140	MAVENCLAD (7 TABS)	165	MENTAX	107
<i>longs lancets thin</i>	140	MAVENCLAD (8 TABS)	165	MENVEO	174
<i>longs lancets ultra thin</i>	140	MAVENCLAD (9 TABS)	165	meperidine hcl	25
LONHALA MAGNAIR REFILL KIT ..	38	MAVYRET	86	meperitab	25, 26
LONHALA MAGNAIR STARTER KIT ..	38	MAXICOMFORT II PEN NEEDLE ..	145	meprobamate	34
LONSURF	74	MAXICOMFORT SYR 27G X 1/2" ..	145	mercaptopurine	67
<i>loperamide hcl</i>	55	MAXIDEX	160	meropenem	185
<i>lopinavir-ritonavir</i>	83	MAXIMUM D3	178	mesalamine	125
<i>lorazepam</i>	34	MAYZENT	169	mesalamine er	125
LORAZEPAM INTENSOL	34	MAYZENT STARTER PACK	169	mesalamine-cleanser	125
LORBRENA	72	<i>meclizine hcl</i>	56	MESNEX	79
LORYNA	97	<i>meclofenamate sodium</i>	14	METADATE ER	9
<i>losartan potassium</i>	62	<i>medichoice safety lancet</i>	140	metaproterenol sulfate	37
<i>losartan potassium-hctz</i>	62	<i>medichoice safety lancet extra</i>	140	METASTRON	185
LOTEMAX	160	<i>medichoice safety lancet norm</i>	140	metaxalone	156
LOTEMAX SM	160	<i>medicine shoppe lancets</i>	140	metformin hcl	48
<i>loteprednol etabonate</i>	160	<i>medicine shoppe lancets thin</i>	140	metformin hcl er	48
<i>lovastatin</i>	59	<i>medi-lance lancets</i>	140	metformin hcl er (osm)	48
LOW-OGESTREL	98	MEDISENSE THIN LANCETS	140	methadone hcl	26
<i>loxapine succinate</i>	81	MEDLANCE EXTRA 21G	140	METHADONE HCL INTENSOL	26
LOZI-FLUR	150	MEDLANCE LITE 25G	140	METHADOSE	26
LO-ZUMANDIMINE	98	MEDLANCE PLUS EXTRA 21G	140	METHADOSE SUGAR-FREE	26
LUCEMYRA	163	MEDLANCE PLUS LANCETS	140	<i>methamphetamine hcl</i>	8
LUCENTIS	185	MEDLANCE PLUS LITE 25G	140	<i>methazolamide</i>	115
LUDENT	150	MEDLANCE PLUS SPECIAL 0.8MM	141	<i>methenamine hippurate</i>	65
LUFYLLIN	40	MEDLANCE PLUS SUPERLITE 30G	141	METHERGINE	161
LUMIGAN	161	MEDLANCE PLUS UNIVERSAL 21G	141	<i>methimazole</i>	171
LUMIZYME	117	MEDLANCE UNIVERSAL 21G	141	<i>methitest</i>	32
LUPRON DEPOT (1-MONTH)	76	MEDROL	104	<i>methocarbamol</i>	156
LUPRON DEPOT (3-MONTH)	77	<i>medroxyprogesterone acetate</i>	102, 163	<i>methotrexate</i>	67
LUPRON DEPOT (4-MONTH)	77	<i>mefenamic acid</i>	14	<i>methotrexate sodium</i>	67, 185
LUPRON DEPOT (6-MONTH)	77	<i>mefloquine hcl</i>	65	<i>methotrexate sodium (pf)</i>	67
LUPRON DEPOT-PED (1-MONTH)	121	MEGACE ORAL	78	<i>methoxsalen rapid</i>	109
LUPRON DEPOT-PED (3-MONTH)	121	<i>megestrol acetate</i>	78, 163	<i>methscopolamine bromide</i>	173
<i>lusair</i>	105	<i>meijer aspirin ec</i>	18	<i>methyclothiazide</i>	116
LUTERA	98	MEIJER LANCETS	141	<i>methyldopa</i>	63
LYLLANA	124	MEIJER LANCETS THIN	141	<i>methyldopate hcl</i>	185
LYNPARZA	78	MEIJER LANCETS UNIVERSAL 21G	141	<i>methylphenidate hcl</i>	10
LYRICA	43	MEIJER LANCETS UNIVERSAL 30G	141	<i>methylphenidate hcl er</i>	10
LYSODREN	66	MEIJER SUPER THIN LANCETS	141	<i>methylphenidate hcl er (cd)</i>	9
LYUMJEV	51	MEKINIST	69	<i>methylphenidate hcl er (la)</i>	9
LYUMJEV KWIKPEN	51	MEKTOVI	69	<i>methylphenidate hcl er (xr)</i>	9
LYZA	102	MELODETTA 24 FE	98	<i>methylprednisolone</i>	105
MACNATAL CN DHA	155	<i>meloxicam</i>	14	<i>methylprednisolone (pak)</i>	105
MACUGEN	185	<i>melphalan hcl</i>	185	<i>methyltestosterone</i>	32
<i>major comfort lancets</i>	140	<i>memantine hcl</i>	167	<i>metipranolol</i>	157
MAKENA	163			<i>metoclopramide hcl</i>	125
<i>maprotiline hcl</i>	45			<i>metolazone</i>	116
MARPLAN	45			<i>metoprolol succinate er</i>	90
MARQIBO	185			<i>metoprolol tartrate</i>	90
				<i>metoprolol-hydrochlorothiazide</i>	63
				<i>metronidazole</i>	64
				METVIXIA	113

<i>mexiletine hcl</i>	35	MONUROL	65	NATAZIA	102
MIACALCIN	117	MORGIDOX	170	<i>nateglinide</i>	53
MIBELAS 24 FE	98	<i>morphine sulfate</i>	26, 27	NATELLE ONE	153
<i>miconazole</i>	57	<i>morphine sulfate (concentrate)</i>	26	NATPARA	185
MICRHOGAM ULTRA-FILTERED PLUS	162	<i>morphine sulfate er</i>	26	NATROBA	114
MICROCHAMBER	147	<i>morphine sulfate er beads</i>	26	NATURE-THROID	171
MICROGESTIN 1.5/30	98	MOTEGRITY	124	NAYZILAM	41
MICROGESTIN 1/20	98	MOTOFEN	55	NEBUPENT	64
MICROGESTIN 24 FE	98	<i>mountain cedar</i>	185	NECON 0.5/35 (28)	98
MICROGESTIN FE 1.5/30	98	MOVANTIK	126	NECON 1/35 (28)	98
MICROGESTIN FE 1/20	98	MOVIPREP	134	NECON 1/50 (28)	98
MICROLET LANCETS	141	MOXATAG	163	NECON 7/77	103
<i>micronized colestipol hcl</i>	59	MOXEZA	158	<i>nefazodone hcl</i>	46
MICROSPACER	147	<i>moxifloxacin hcl</i>	124, 158	NEOFRIN	159
MICROTAINER SAFETY FLOW LANCET	141	MOZOBIL	130	<i>neomycin sulfate</i>	11
<i>midazolam hcl</i>	132	MS CONTIN	27	<i>neomycin-polymyxin-dexameth</i>	160
<i>midodrine hcl</i>	177	MULPLETA	132	<i>neomycin-polymyxin-gramicidin</i>	159
MIGERGOT	148	MULTAQ	35	<i>neomycin-polymyxin-hc</i>	160, 161
<i>miglitol</i>	47	<i>mupirocin</i>	107	<i>neonatal complete</i>	154
MIGRANAL	148	MUSTARGEN	185	NEO-POLYCIN	159
MIMVEY	123	M-VIT	153	NEORAL	151
MIMVEY LO	123	MY CHOICE	100	<i>neostigmine methylsulfate</i>	185
MINIMED 530G INSULIN PUMP	185	MY WAY	101	NERLYNX	72
MINIPRIN LOW DOSE	18	MYALEPT	121	NESINA	49
<i>minocycline hcl</i>	170	MYCAMINE	185	NETGROUP LANCETS	141
<i>minoxidil</i>	63	MYCAPSSA	122	NEULASTA	131
MIRCERA	130	<i>mycophenolate mofetil</i>	152	NEULASTA ONPRO	130
<i>mirtazapine</i>	45	<i>mycophenolic acid</i>	152	NEUMEGA	131
MIRVASO	113	MYGLUCOHEALTH LANCETS		NEUPOGEN	131
<i>misoprostol</i>	173	30G	141	NEUPRO	80
<i>mite (d. farinae)</i>	185	MYLERAN	66	<i>neutral sodium fluoride</i>	153
<i>mite (d. pteronyssinus)</i>	185	MYLOTARG	74	NEVANAC	159
<i>mitoxantrone hcl</i>	185	MYNATAL	153	<i>nevirapine</i>	84
<i>mixed ragweed</i>	185	MYNATAL ADVANCE	153	<i>nevirapine er</i>	84
<i>mm aspirin</i>	18	MYOBLOC	185	NEW DAY	101
M-M-R II	174	MYORISAN	107	NEXA PLUS	155
<i>m-natal plus</i>	153	MYOZYME	117	NEXAVAR	69
<i>modafinil</i>	10	MYRBETRIQ	174	NEXLETOL	58
MODERIBA	87	MYTESI	55	NEXLIZET	58
MODERIBA (1000 MG PACK)	87	MYZILRA	103	<i>niacin er (antihyperlipidemic)</i>	60
MODERIBA (1200 MG PACK)	87	<i>nadolol</i>	90	<i>nicardipine hcl</i>	91
MODERIBA (600 MG PACK)	87	<i>nafcillin sodium</i>	185	NICORELIEF	168
MODERIBA (800 MG PACK)	87	NAFRINSE	150	NICORETTE	168
MODERIBA 1200 DOSE PACK	87	NAFRINSE DAILY/NEUTRAL	153	<i>nicotine</i>	168
MODERIBA 800 DOSE PACK	87	NAFRINSE DROPS	150	<i>nicotine mini</i>	168
<i>moderna covid-19 vaccine</i>	175	<i>naftifine hcl</i>	107	<i>nicotine step 1</i>	168
<i>moexipril hcl</i>	61	NAFTIN	107	<i>nicotine step 2</i>	168
<i>moexipril-hydrochlorothiazide</i>	61	NAGLAZYME	121	<i>nicotine step 3</i>	168
<i>mometasone furoate</i>	112	<i>naloxone hcl</i>	56, 185	NICOTROL	168
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MONOLET LANCETS	141	NAMENDA XR TITRATION PACK	167	NIFEDIAC CC	91
MONOLET OPD LANCETS	141	<i>naproxen</i>	14	NIFEDICAL XL	91
MONOLETTOR SAFETY LANCETS	141	<i>naproxen dr</i>	14	<i>nifedipine</i>	91
MONO-LINYAH	98	<i>naproxen sodium</i>	14	NIKKI	98
MONONESSA	98	<i>naratriptan hcl</i>	149	NILANDRON	67
MONONINE	185	NARCAN	56	<i>nimodipine</i>	91
<i>montelukast sodium</i>	39	NASCOBAL	130	NINLARO	70
		NATACYN	158	NIPENT	185
		NATALVIRT 90 DHA	155	<i>nisoldipine er</i>	91
		NATALVIRT CA	155	NITRO-BID	33

NITRO-DUR	33	NUCALA	38, 39	ONETOUCH CLUB LANCETS	
nitrofurantoin	65	NUCYNTA	27	FINE PT	141
nitrofurantoin macrocrystal	65	NUCYNTA ER	27	ONETOUCH COMBO PACK	141
nitrofurantoin monohyd macro	65	NUEDEXTA	167	ONETOUCH DELICA LANCETS	
nitroglycerin	33	NULOJIX	152	33G	141
NITROMIST	33	NURTEC	148	ONETOUCH DELICA LANCETS	
NITRO-TIME	33	NUTROPIN AQ	118	FINE	141
NITYR	120	NUTROPIN AQ NUSPIN 10	118	ONETOUCH FINEPOINT	
NIVA-PLUS	154	NUTROPIN AQ NUSPIN 20	119	LANCETS	141
NIVESTYM	131	NUTROPIN AQ NUSPIN 5	119	ONETOUCH LANCETS	141
nizatidine	172	NUTROPIN AQ PEN	119	ONETOUCH TEST	115
NOCDURNA	123	NUVARING	100	ONETOUCH ULTRA	115
NOCTIVA	123	NUWIQ	185	ONETOUCH ULTRA BLUE	115
NOLIX	112	NUZYRA	170	ONETOUCH ULTRASOFT	
NORA-BE	102	NYAMYC	107	LANCETS	141
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Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigií Blue Cross Blue Shield of Arizona haada yit'éego bína'ídílkidgo éí doodago Háida bíjá anilyeedígií t'áadoo le'é yína'ídílkidgo beehaz'áanii hólq díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'q doo baah ílinígóó. Ata' halne'ígií koj' bich'j' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدك بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكالفة للتحدث مع مترجم اتصل ب 877-475-4799.

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French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

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Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

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Assyrian:

Blue Cross Blue Shield of Arizona 877-475-4799

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