



**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 EverydayHealth, TrueHealth, and AdvanceHealth**

Effective 1/1/20

Your prescription medications fall into one of six categories or "tiers." Each tier has different copay or out of pocket expense. Medications are categorized by tier based on their quality, value and effectiveness—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. If you purchase a brand name medication when a generic equivalent is available, you will pay the Level 1 copay plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed.

Six Tier Drug Benefit	Description
Tier 1	Low Cost Share
Tier 2	Moderate Cost Share
Tier 3	Highest Cost Share
Tier 4	Specialty Drugs* Limited to a 30 day supply at the In-Network Specialty or Retail Pharmacy
Tier 5	Certain generic preventive drugs will have a very low or no cost share
Tier 6	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
- 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

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.

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

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.

Blue Cross Blue Shield of Arizona Formulary
EverydayHealth, TrueHealth, and AdvanceHealth

Table of Contents

Ahd/Anti-Narcolepsy/Anti-Obesity/Anorexiants	8
Allergenic Extracts/Biologicals Misc	10
Amebicides	11
Aminoglycosides	11
Analgesics - Anti-Inflammatory	11
Analgesics - Nonnarcotic	15
Analgesics - Opioid	20
Androgens-Anabolic	33
Anorectal And Related Products	33
Antacids	34
Anthelmintics	34
Antiangular Agents	34
Antianxiety Agents	34
Antiarrhythmics	36
Antiasthmatic And Bronchodilator Agents	36
Anticoagulants	42
Anticonvulsants	43
Antidepressants	46
Antidiabetics	49
Antidiarrheal/Probiotic Agents	56
Antidotes And Specific Antagonists	56
Antiemetics	57
Antifungals	58
Antihistamines	59
Antihyperlipidemics	60
Antihypertensives	62
Anti-Infective Agents - Misc.	65
Antimalarials	66
Antimyasthenic/Cholinergic Agents	67
Antimycobacterial Agents	67
Antineoplastics And Adjunctive Therapies	67
Antiparkinson And Related Therapy Agents	81
Antipsychotics/Antimanic Agents	82
Antiseptics & Disinfectants	84
Antivirals	85
Beta Blockers	92
Calcium Channel Blockers	93
Cardiotonics	94
Cardiovascular Agents - Misc.	94
Cephalosporins	96
Chemicals	97
Contraceptives	97
Corticosteroids	107
Cough/Cold/Allergy	108
Dermatologicals	109
Diagnostic Products	118
Digestive Aids	118
Diuretics	119
Endocrine And Metabolic Agents - Misc.	120
Estrogens	126
Fluoroquinolones	127
Gastrointestinal Agents - Misc.	128
Genitourinary Agents - Miscellaneous	130
Gout Agents	131
Hematological Agents - Misc.	132
Hematopoietic Agents	133

Hemostatics	135
Hypnotics/Sedatives/Sleep Disorder Agents	135
Laxatives	137
Local Anesthetics-Parenteral	137
Macrolides	137
Medical Devices And Supplies	138
Migraine Products	151
Minerals & Electrolytes	153
Miscellaneous Therapeutic Classes	154
Mouth/Throat/Dental Agents	155
Multivitamins	156
Musculoskeletal Therapy Agents	159
Nasal Agents - Systemic And Topical	159
Neuromuscular Agents	160
Ophthalmic Agents	160
Otic Agents	164
Oxytocics	165
Passive Immunizing And Treatment Agents	165
Penicillins	166
Pharmaceutical Adjuvants	166
Progestins	166
Psychotherapeutic And Neurological Agents - Misc.	167
Respiratory Agents - Misc.	172
Sulfonamides	174
Tetracyclines	174
Thyroid Agents	174
Toxoids	175
Ulcer Drugs/Antispasmodics/Anticholinergics	175
Urinary Anti-Infectives	177
Urinary Antispasmodics	177
Vaccines	178
Vaginal And Related Products	179
Vasopressors	180
Vitamins	180

List of Abbreviations

\$0: Zero Cost Share

MB: Medical Benefit

SP: Specialty Medications

T1: Tier 1

T2: Tier 2

T3: Tier 3

\$0: \$0 cost share Prevention Drug

AI: Additional Information

CI: Cost 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

EverydayHealth, TrueHealth, and AdvanceHealth

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		T3	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)	T2	T2	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)	T3	T3	PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
ADZENYS XR-ODT	T3		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	T3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
EVEKEO (Amphetamine Sulfate)	T3	T3	PA; ST; R
EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG	T3		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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
VYVANSE ORAL CAPSULE 10 MG	T2		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	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 30 MG	T2		R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
VENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG	T1	T1	R&M; QL (6 EA per 1 day)
*Anorexiants Non-Amphetamine***			
phendimetrazine tartrate		T3	R
phentermine hcl oral capsule 15 mg, 30 mg		T3	R
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	T3		PA; R
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX ORAL TABLET 17.8 MG	SP		PA; R
*Serotonin 2C Receptor Agonists***			
BELVIQ	T3		PA; ST; R
*Stimulants - Misc.***			
ADHANSIA XR	T3		PA; R
APTENSIO XR (Methylphenidate HCl ER (XR))	T3	T3	PA; R
armodafinil		T3	PA; R
DAYTRANA	T3		PA; ST; R&M; 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		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
dexamethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
dexamethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T2	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	T2	T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd)		T2	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		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		T3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 10 mg		T2	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; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 36 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T2	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T3	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 10 mg		T2	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 20 mg		T2	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 5 mg		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
modafinil		T2	R&M; AG (Min 16 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	T3		R&M; QL (10 ML per 1 day); AG (Min 6 Years)

Allergenic Extracts/Biologicals Misc

Allergenic Extracts**

GRASTEK	T3		PA; ST; R
PALFORZIA (12 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
PALFORZIA (80 MG DAILY DOSE)	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T3		PA; ST; R
*Biologics Misc***			
ADAGEN	MB		R
*Mixed Allergenic Extracts***			
ODACTRA	T3		PA; R
ORALAIR	T3		PA; ST; R
Amebicides			
*Amebicides***			
SOLOSEC	T3		R&M; QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	SP		PA; R&M; AI (Limited Distribution PantheRx)
BETHKIS (<i>Tobramycin</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KITABIS PAK (<i>Tobramycin</i>)	SP	SP	PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>neomycin sulfate oral</i>		T3	R
<i>paromomycin sulfate oral</i>		T2	RO
TOBI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TOBI PODHALER	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is 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 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
XELJANZ ORAL TABLET 5 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antirheumatic Antimetabolites***			
OTREXUP	T3		PA; R
RASUVO	T3		R
RHEUMATREX ORAL TABLET 2.5 MG	T3		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 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 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 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 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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI ARIA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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	T3		R
*Interleukin-1 Receptor Antagonist (IL-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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)
etodolac oral capsule 200 mg		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
etodolac oral capsule 300 mg		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
etodolac oral tablet 400 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
etodolac oral tablet 500 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenoprofen calcium oral tablet		T3	R
flurbiprofen oral		T1	R
ibuprofen oral suspension		T1	R
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		T1	R
INDOCIN ORAL	T3		R
INDOCIN RECTAL	T3		R
indomethacin er		T3	R
indomethacin oral capsule 25 mg, 50 mg		T1	R
ketoprofen oral		T1	R
ketorolac tromethamine oral		T1	R&M; QL (20 EA per 5 days)
meclofenamate sodium oral capsule 100 mg		T2	R
meclofenamate sodium oral capsule 50 mg		T3	R
mefenamic acid oral		T3	R
meloxicam oral tablet		T1	R&M; QL (1 EA per 1 Day)
naproxen dr		T1	R
naproxen oral tablet		T1	R
naproxen sodium oral tablet 275 mg		T1	R
oxaprozin		T1	R
piroxicam oral		T1	R
RELAFEN ORAL TABLET (Nabumetone) 500 MG	T1	T1	R
sulindac oral		T1	R
tolmetin sodium oral capsule		T1	R
tolmetin sodium oral tablet		T3	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***			
leflunomide oral		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 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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
butalbital-acetaminophen oral tablet 50-325 mg		T1	R
butalbital-apap-caffeine oral capsule		T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg		T1	R
butalbital-asa-caffeine		T1	R
CAPACET (Margesic)	T1	T1	R
marten-tab		T1	R
PHRENILIN FORTE ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG	T1	T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
repan		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)

Last revision date: 01/20/2021 To search for a drug use control + f

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)

Last revision date: 01/20/2021 To search for a drug use control + f

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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine oral tablet 300-15 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 (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 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)
ASCOMP-CODEINE (Butalbital-ASA-Caff-Codeine)	T1	T1	R&M; QL (6 EA per 1 Day)
<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>		T3	R&M; QL (5 EA per 1 Day)
SYNALGOS-DC (Aspirin-Caff-Dihydrocodeine)	T3	T3	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	T3	T3	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.); QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
LORCET (HYDROcodone-Acetaminophen)	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)
LORCET HD (HYDROcodone-Acetaminophen)	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)
LORCET PLUS ORAL TABLET (HYDROcodone-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 (6 EA per 1 day)
REPREXAIN ORAL TABLET (Hydrocodone-Ibuprofen) 10-200 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 (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
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)
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	T3	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 (Hydrocodone-Ibuprofen)	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)
*Opioid Agonists***			
ABSTRAL	T3		PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AG (Min 18 Years)
ACTIQ	T3		PA; RO; QL (3 EA per 1 day); AG (Min 16 Years)
<i>codeine sulfate oral solution 30 mg/5ml</i>		T3	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)

Drug Name	Brand	Generic	Additional Information
codeine sulfate oral tablet 30 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 (10 EA per 1 day)
codeine sulfate oral tablet 60 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 (5 EA per 1 day)
DOLOPHINE (Methadone HCl)	T3	T1	PA; R
DURAGESIC-100 (FentaNYL)	T3	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-12 (fentaNYL)	T3	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 (FentaNYL)	T3	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 (FentaNYL)	T3	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 (FentaNYL)	T3	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	T3		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 (HYDROmorphine HCl ER)	T3	T3	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)
fentanyl citrate buccal lozenge on a handle		T3	PA; RO; AI (;); QL (3 EA per 1 day); AG (Min 16 Years)
fentanyl citrate buccal tablet		T3	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	T3		PA; ST; RO; AI (;); QL (90 EA per 1 Copay); AG (Min 18 Years)
hydromorphone hcl er oral tablet extended release 24 hour		T3	PA; R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
hydromorphone hcl oral liquid		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)
hydromorphone hcl oral tablet 2 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)
hydromorphone hcl oral tablet 4 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)
hydromorphone hcl oral tablet 8 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)
hydromorphone hcl rectal		T3	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	T2		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	T3		RO; AI (;); QL (1 EA per 1 day)
LAZANDA	T3		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
levorphanol tartrate oral tablet 2 mg		T3	PA; R&M; QL (8 EA per 1 day)
levorphanol tartrate oral tablet 3 mg		T3	PA; R&M; QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<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)
METHADONE HCL INTENSOL (Methadone HCl)	T1	T1	PA; R
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		T3	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 10 mg/5ml oral</i>		T1	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 10 mg/5ml oral</i>		T3	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 5 mg/5ml oral</i>		T1	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 5 mg/5ml oral</i>		T3	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
METHADOSE ORAL CONCENTRATE (Methadone HCl)	T3	T1	PA; R
METHADOSE ORAL TABLET SOLUBLE (Methadone HCl)	T1	T1	PA; R
METHADOSE SUGAR-FREE (Methadone HCl)	T3	T1	PA; R
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</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 (2.4 EA per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<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>		T3	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>		T3	RO; AI (;); QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>		T3	RO; QL (1 EA per 1 day)
<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 (12.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T3	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>morphine sulfate oral tablet 30 mg</i>		T3	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>		T3	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
<i>morphine sulfate rectal suppository 20 mg</i>		T3	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>		T3	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>		T3	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)
MS CONTIN ORAL TABLET EXTENDED RELEASE (Morphine Sulfate ER)	T3	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
NUCYNTA ER	T3		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)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3		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)
NUCYNTA ORAL TABLET 50 MG	T3		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)
ONSOLIS	T3		R
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T3		PA; R&M; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3		PA; 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>oxycodone hcl er oral tablet er 12 hour abuse-deterrant 30 mg</i>		T3	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>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)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</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 EA per 1 day)
<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 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>		T2	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
oxycodone hcl oral tablet 15 mg, 20 mg, 30 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)
oxycodone 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 (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (oxyCODONE HCl ER)	T3	T3	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)
oxymorphone hcl er		T3	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)
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	T3		PA; 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.)
SUBSYS	T3		PA; ST; RO; AI (Limited to 30 day supply); QL (2 EA per 1 day)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg		T3	RO; QL (1 EA per 1 day); AG (Min 16 Years)
tramadol hcl er oral tablet extended release 24 hour		T3	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)

Drug Name	Brand	Generic	Additional Information
XTAMPZA ER	T3		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)	T3	T3	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***			
<i>benzhydrocodone-acetaminophen</i>		T3	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)
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)
<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
<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 300-5 mg</i>		T3	R&M; QL (3 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 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 (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
oxycodone-ibuprofen		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)
PERCOCET ORAL TABLET 10-325 MG	T3		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	T3	T3	R&M; QL (3 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG	T3		R&M; QL (6 EA per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	T3		R&M; QL (4 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG	T3		R&M; QL (3 tablets per 1 day)
PROLATE ORAL TABLET 5-300 MG	T3		R&M; QL (6 tablets per 1 day)
PROLATE ORAL TABLET 7.5-300 MG	T3		R&M; QL (4 tablets per 1 day)
XARTEMIS XR	T3		PA; R
*Opioid Partial Agonists***			
BELBUCA	T3		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
BUNAVAIL	T3		R
buprenorphine hcl sublingual tablet sublingual 2 mg		T1	R&M; QL (8 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1	R&M; QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg		T3	R&M; QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg		T3	R&M; QL (8 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg		T3	R&M; QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg		T3	R&M; QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1	R&M; QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1	R&M; QL (2 EA per 1 Day)
buprenorphine transdermal		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)
butorphanol tartrate nasal		T3	R
BUTRANS	T3		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)

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, 1.4-0.36 MG	T2		R&M; QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2		R&M; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		R&M; QL (2 EA per 1 day)
*Pentazocine Combinations***			
<i>pentazocine-acetaminophen</i>		T3	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	T3		PA; R
<i>oxandrolone oral</i>		T1	R
*Androgens***			
ANDROXY	T3		PA; R
<i>danazol oral</i>		T3	R
JATENZO	T3		PA; R
<i>methitest</i>		T3	PA; R
<i>methyltestosterone oral</i>		T3	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
Anorectal And Related Products			
*Intrarectal Steroids***			
<i>hydrocortisone rectal enema</i>		T1	R
*Nitrate Vasodilating Agents***			
RECTIV	T3		R
*Rectal Anesthetic/Steroids***			
ANALPRAM-HC RECTAL LOTION 1-2.5 %	T3		R
PROCTOFOAM HC RECTAL	T3		R
*Rectal Steroids***			
PROCTOSOL HC RECTAL	T1		R
PROCTOZONE-HC RECTAL	T1		R

Drug Name	Brand	Generic	Additional Information
Antacids			
*Antacids - Calcium Salts***			
calcium carbonate antacid oral tablet 648 mg		T3	PA; R
Anthelmintics			
*Anthelmintics***			
ALBENZA (Albendazole)	T3	T3	PA; R
benznidazole		T3	R&M; AI (); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
praziquantel oral		T3	R
STROMECTOL (Ivermectin)	T3	T1	PA; R
Antiangular Agents			
*Antiangulars-Other***			
ranolazine er oral tablet extended release 12 hour 1000 mg		T2	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
ranolazine er oral tablet extended release 12 hour 500 mg		T2	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR	T3		R
isosorbide dinitrate er		T3	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	T2		R
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2		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		T3	R
NITROMIST (Nitroglycerin)	T3	T3	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		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
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		T3	R
hydroxyzine hcl oral		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
hydroxyzine pamoate oral capsule 100 mg		T2	R
hydroxyzine pamoate oral capsule 25 mg, 50 mg		T1	R
meprobamate oral tablet 200 mg		T3	R
*Benzodiazepines***			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
alprazolam er oral tablet extended release 24 hour 1 mg		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 1 mg, 2 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet dispersible 1 mg, 2 mg		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)
alprazolam xr		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
chlordiazepoxide hcl oral capsule 25 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (8 EA per 1 day); AG (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 9 Years)
diazepam oral solution 1 mg/ml		T3	R&M; QL (10 ML per 1 day)
diazepam oral tablet 10 mg, 5 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day)
diazepam oral tablet 2 mg		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1		RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral concentrate 2 mg/ml		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>lorazepam oral tablet</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 15 mg, 30 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 6 Years)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
<i>disopyramide phosphate oral</i>		T1	R
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T3		R
<i>quinidine gluconate er</i>		T2	R
<i>quinidine sulfate er</i>		T2	R
<i>quinidine sulfate oral</i>		T1	R
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		T3	R
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		T1	R
<i>propafenone hcl</i>		T1	R
<i>propafenone hcl er</i>		T3	R
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MULTAQ	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 16 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>		T3	ST; R&M; AI (Max #360 Mail Order); CI (ST: Trial of both of the following for at least 3 months each in last 12 months: Montelukast, Zafirlukast.); QL (4 EA per 1 day); AG (Min 12 Years)
ZYFLO	T3		ST; R&M; AI (ST: Trial of both of the following for at least 3 months each in last 12 months: Montelukast, Zafirlukast.)

Drug Name	Brand	Generic	Additional Information
ZYFLO CR	T3		ST; R&M; AI (Max #360ml Mail Order); CI (ST: Trial of both of the following for at least 3 months each in last 12 months: Montelukast, Zafirlukast.); QL (4 EA per 1 day); AG (Min 12 Years)
*Adrenergic Combinations***			
ADVAIR DISKUS	T2		R&M; QL (2 EA per 1 day)
ADVAIR HFA	T2		R&M; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGIHALER	T3		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)
AIRDUO RESPICLICK 113/14	T3		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 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 232/14	T3		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 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14	T3		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 1 day); AG (Min 12 Years)
ANORO ELLIPTA	T2		R
BEVESPI AEROSPHERE	T3		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo)
BREO ELLIPTA	T2		R
BREZTRI AEROSPHERE	T3		PA; ST; R&M; AI (ST: Trial of 2 of the following for 3 months each in the last 12 months: Bevespi, Duaklir Pressair, Lonhala Magnair)
COMBIVENT RESPIMAT	T3		R&M; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)

Drug Name	Brand	Generic	Additional Information
DUAKLIR PRESSAIR	T3		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	T3		PA; ST; R&M; AI (ST: Trial of two of the following for 3 months in the last 12 months: Advair (Diskus or HFA), Breo Ellipta, fluticasone propionate/salmeterol, Symbicort); QL (13 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T3		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	T3		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)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose		T2	ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act		T1	R
fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act		T2	R
ipratropium-albuterol		T1	R&M; AI (Max #1620ml mail order); QL (540 ML per 30 Days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT (Budesonide-Formoterol Fumarate)	T2	T2	R&M; AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA	T2		R
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE	T2		ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone-Salmeterol) 250-50 MCG/DOSE, 500-50 MCG/DOSE	T2	T2	ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 MCG per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; R
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Anti-Inflammatory Agents***			
cromolyn sodium inhalation		T2	R

Drug Name	Brand	Generic	Additional Information
*Beta Adrenergics***			
albuterol sulfate er oral tablet extended release 12 hour 4 mg		T3	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
albuterol sulfate er oral tablet extended release 12 hour 8 mg		T3	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%		T1	R
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%		T1	R&M; AI (Max #15 Mail Order); AG (Max 13 Years)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1	R&M; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AG (Max 13 Years)
albuterol sulfate oral		T1	R
ARCAPTA NEOHALER	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
BROVANA	T3		R&M; AI (Max #180ml Mail order); QL (60 ML per 30 days); AG (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml		T2	R&M; AI (Max #810ml mail order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T2	R&M; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml		T1	R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
levalbuterol tartrate		T3	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
metaproterenol sulfate oral		T1	R
PERFOROMIST	T3		R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
PROAIR DIGIHALER	T2		R
PROAIR HFA (Albuterol Sulfate HFA)	T2	T3	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
PROAIR RESPICLICK	T2		R
PROVENTIL HFA	T3		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
SEREVENT DISKUS	T2		R&M; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
STRIVERDI RESPIMAT	T3		PA; ST; R&M; AI (ST: step thru three of the following for 3 months each in the last 12 months: Anoro Ellipta, Arcapta Neohaler, Serevent Diskus; simultaneous use of Spiriva with Serevent Diskus; simultaneous use of Spiriva with Arcapta neohaler)

Drug Name	Brand	Generic	Additional Information
<i>terbutaline sulfate oral</i>		T1	R
VENTOLIN HFA	T2		R
XOPENEX HFA	T3		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA	T2		R&M; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA	T2		R
<i>ipratropium bromide inhalation</i>		T1	R
LONHALA MAGNAIR REFILL KIT	T3		PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	T3		PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years)
SEEBRI NEOHALER	T3		R
SPIRIVA HANDIHALER	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T3		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3		R&M; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T3		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	T3		PA; R
*Interleukin-5 Antagonists (IgG1 Kappa)***			
FASENRA	MB		PA; R
FASENRA PEN	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
montelukast sodium oral tablet chewable 4 mg		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 5 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
zafirlukast		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP	T3		PA; ST; R
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T2		R&M; AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		R&M; AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARNUITY ELLIPTA	T2		R
ASMANEX (120 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 days)
ASMANEX (14 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (30 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (60 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (7 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T2		R
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	T2		R&M; AI (Max #6 Inhalers Mail Order)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml		T2	R&M; AI (Max #360ml Mail Order); QL (120 ML per 30 Days)
budesonide inhalation suspension 1 mg/2ml		T2	R&M; AI (Max #180ml per 90 days); QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	T2		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	T2		R&M; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	T2		R&M; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	T2		R&M; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail)
PULMICORT FLEXHALER	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	T2		R&M; AI (;); QL (1.2 GM per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		R&M; AI (:); QL (0.6 GM per 1 day)
QVAR REDIHALER	T2		R
*Xanthines***			
<i>aminophylline anhydrous</i>		T3	PA; R
LUFYLLIN	T3		R
THEO-24	T2		R
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (Theophylline ER) 100 MG, 200 MG	T1	T1	R
<i>theophylline</i>		T1	R
<i>theophylline er</i>		T1	R
Anticoagulants			
*Coumarin Anticoagulants***			
COUMADIN INTRAVENOUS	T3		R
COUMADIN ORAL (Warfarin Sodium)	T1	T1	R
JANTOVEN (Warfarin Sodium)	T1	T1	R
*Direct Factor Xa Inhibitors***			
BEVYXXA	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ELIQUIS	T2		R
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T2		R
SAVAYSA	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T2		R&M; AI (:)
XARELTO ORAL TABLET 2.5 MG	T2		R
XARELTO STARTER PACK	T2		R&M; AI (:)
*Heparins And Heparinoid-Like Agents***			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		T1	R
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		T1	R
<i>sash kit intravenous kit 10-0.9 unit/ml-%</i>		T3	R
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium</i>		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	T3		R
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium</i>		T1	R
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA	T2		R

Drug Name	Brand	Generic	Additional Information
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	T2		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension</i>		T3	R&M; QL (8 ML per 1 day)
<i>clobazam oral tablet</i>		T3	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1	R&M; QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1	R&M; QL (4 EA per 1 day)
DIASTAT ACUDIAL (Diazepam)	T3	T3	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	T3		R&M; QL (3 EA per 1 day)
<i>diazepam rectal</i>		T3	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
NAYZILAM	T3		PA; R
SYMPAZAN	T2		PA; ST; R&M; AI (ST: trial of the following in the last 3 months: Onfi); QL (2 EA per 1 Day)
VALTOCO 10 MG DOSE	T3		PA; R
VALTOCO 15 MG DOSE	T3		PA; R
VALTOCO 20 MG DOSE	T3		PA; R
VALTOCO 5 MG DOSE	T3		PA; R
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG	T3		PA; 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	T3		PA; 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	T3		PA; R
BRIVIACT ORAL SOLUTION	T3		PA; ST; R&M; AI (ST: step through the following for 2 months in the last 12 months: levtriacetam (generic Keppra)); QL (20 ML per 1 day); AG (Min 4 Years)

Drug Name	Brand	Generic	Additional Information
BRIVIACT ORAL TABLET	T3		PA; ST; R&M; AI (ST:Step through Levetiracetam (generic Keppra) 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)	T3	T1	R
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPIDIOLEX	T3		PA; R
EPITOL (carBAMazepine)	T1	T1	R
FINTEPLA	SP		PA; SP; AI (Optum Specialty Pharmacy is 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	T3		R&M; AG (Max 6 Years)
LAMICTAL ORAL TABLET CHEWABLE 2 MG	T3		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
<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	T3		R&M; AI (;); QL (3 EA per 1 Day); AG (Min 16 Years)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3		R&M; AI (;); QL (2 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL SOLUTION (Pregabalin)	T3	T1	R
<i>oxcarbazepine</i>		T1	R
POTIGA	T3		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, 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>pregabalin oral capsule 50 mg</i>		T1	R&M; AI (;); QL (3 EA per 1 day); AG (Min 16 Years)
<i>primidone oral</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG	T3		PA; 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 150 MG, 200 MG, 25 MG, 50 MG	T3		PA; ST; R&M; AI (ST: trial of the following for 3 months on the last 12 months: topiramate (generic for Topamax)); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (<i>levETIRAcetam</i>) 500 MG	T1	T1	R
ROWEEPRA ORAL TABLET (<i>LevETIRAcetam</i>) 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 (<i>LevETIRAcetam ER</i>) 750 MG	T1	T1	R&M; AG (Min 12 Years)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>CarBAMazepine ER</i>) 100 MG	T2	T1	R
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>CarBAMazepine ER</i>) 200 MG, 400 MG	T3	T1	R
TOPIRAGEN (<i>Topiramate</i>)	T1	T1	R
<i>topiramate er</i>		T2	ST; R&M; AI (ST: trial of the following for 3 months on the last 12 months: topiramate (generic for Topamax)); AG (Min 3 Years)
TROKENDI XR	T3		ST; R&M; AI (ST: trial of both of the following for 3 months each in the last 12 months: topiramate (generic for Topamax), topiramate ER capsule); AG (Min 6 Years)
VIMPAT ORAL	T3		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
XCOPRI	T3		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)	T3		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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
XCOPRI (350 MG DAILY DOSE)	T3		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 (Vigabatrin)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SABRIL ORAL TABLET (Vigabatrin)	SP	SP	PA; R
<i>tiagabine hcl</i>		T3	R
VIGADRONE (Vigabatrin)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hydantoins***			
DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended)	T3	T1	R
PEGANONE	T3		R
PHENYTEK (Phenytoin Sodium Extended)	T3	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable</i>		T1	R
*Succinimides***			
CELONTIN	T3		R
<i>ethosuximide oral</i>		T2	R
*Valproic Acid***			
DEPAKENE ORAL SOLUTION (Valproic Acid)	T3	T1	R
DEPAKENE ORAL SYRUP (Valproic Acid)	T3	T1	R
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1	R
<i>divalproex sodium oral capsule sprinkle</i>		T3	R
<i>divalproex sodium oral tablet delayed release</i>		T1	R
STAVZOR	T3		PA; R
<i>valproic acid oral</i>		T1	R
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclines)***			
<i>mirtazapine oral tablet 15 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet 45 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>mirtazapine oral tablet 7.5 mg</i>		T1	R

Drug Name	Brand	Generic	Additional Information
mirtazapine oral tablet dispersible 15 mg		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
mirtazapine oral tablet dispersible 30 mg		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
mirtazapine oral tablet dispersible 45 mg		T3	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		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
bupropion hcl oral		T1	R
maprotiline hcl		T1	R
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
MARPLAN	T3		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
fluvoxamine maleate		T2	R
fluvoxamine maleate er		T2	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
paroxetine hcl oral tablet 10 mg, 40 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
paroxetine hcl oral tablet 20 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
paroxetine hcl oral tablet 30 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
PAXIL ORAL SUSPENSION	T3		PA; R
sertraline hcl oral		T1	R
*Serotonin Modulators***			
nefazodone hcl		T3	R
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1	R
trazodone hcl oral tablet 300 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		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	T3		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)
VIIBRYD ORAL KIT	T3		R&M; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AG (Min 12 Years)
VIIBRYD ORAL TABLET	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIIBRYD STARTER PACK	T3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
desvenlafaxine fumarate er		T3	R&M; QL (1 EA per 1 day)
desvenlafaxine succinate er		T1	R&M; QL (1 EA per 1 day)
DRIZALMA SPRINKLE	T3		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)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg		T1	R&M; QL (2 EA per 1 Day)
duloxetine hcl oral capsule delayed release particles 30 mg		T1	R&M; QL (3 EA per 1 Day)
FETZIMA	T3		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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
FETZIMA TITRATION	T3		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)
<i>venlafaxine hcl</i>		T1	R
<i>venlafaxine hcl er</i>		T1	R
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		T1	R
<i>amoxapine oral tablet 100 mg</i>		T1	R
<i>clomipramine hcl oral</i>		T1	R
<i>desipramine hcl oral</i>		T1	R
<i>doxepin hcl oral capsule</i>		T1	R
<i>doxepin hcl oral concentrate</i>		T1	R
<i>imipramine hcl oral</i>		T1	R
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>imipramine pamoate oral capsule 75 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>nortriptyline hcl oral capsule</i>		T1	R
<i>protriptyline hcl</i>		T1	R
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1	R
<i>miglitol</i>		T1	R
*Antidiabetic - Amylin Analogs***			
SYMLIN	T2		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	T2		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	T2		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
*Biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T3		ST; R&M; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2 EA per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T3		ST; R&M; AI (ST: trial of both the following for 3 months in the last 12 months: generic Glucophage XR, generic Fortamet); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	T3		PA; ST; R&M; QL (3 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		T1	ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); 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	T3		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	T2		R&M; QL (2 EA per 30 days)
BAQSIMI TWO PACK	T2		R&M; QL (1 EA per 30 days)
GLUCAGEN HYPOKIT	T2		R
<i>glucagon emergency injection kit</i>		T2	R&M; QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted</i>		T2	R&M; QL (2 EA per 30 days)
PROGLYCEM (Diazoxide)	T3	T3	R
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA (Alogliptin Benzoate)	T3	T3	PA; ST; R&M; AI (Trial of one of the following for 3 months in last 12 months: use of metformin with Onglyza OR use of metformin with Januvia.)
ONGLYZA	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 16 Years)
TRADJENTA	T3		PA; R
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	T2		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	T2		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	T2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T3		R

Drug Name	Brand	Generic	Additional Information
JENTADUETO XR	T3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KOMBIGLYZE XR	T2		R
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	T3		R
*Human Insulin***			
ADMELOG (Insulin Lispro)	T3	T3	PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
ADMELOG SOLOSTAR (Insulin Lispro (1 Unit Dial))	T3	T3	PA; ST; R&M; AI (ST: Trial of 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	T3		PA; R&M; AG (Min 18 Years)
APIDRA	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T3		ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.)
HUMALOG	T2		R&M; QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T2		R&M; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2		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	T2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
HUMULIN 70/30	T2		R&M; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		R&M; \$0; QL (2 ML per 1 day)
HUMULIN N	T2		R&M; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
HUMULIN R	T2		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T2		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	T2		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>		T3	ST; R&M; AI (ST: trial pf the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>		T3	ST; R&M; AI (ST: trial pf the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin lispro junior kwikpen</i>		T3	PA; ST; R&M; AI (ST: trial pf the following in the last 12 months: Humalog); QL (2 ML per 1 day)
<i>insulin lispro prot & lispro</i>		T3	PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
LANTUS	T2		R&M; AI (;); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
LEVEMIR	T3		ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T3		ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LYUMJEV	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (0.5 ML per 1 day)
NOVOLIN 70/30	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN N	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T3		ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T3		ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T3		PA; ST; R&M; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		ST; R&M; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		ST; R&M; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T3		PA; ST; R&M; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLOG (Insulin Aspart)	T3	T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (Insulin Aspart FlexPen)	T3	T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T3		ST; R&M; AI (ST: trial pf 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	T3		ST; R&M; AI (ST: trial pf the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (Insulin Aspart PenFill)	T3	T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T2		R&M; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T2		R&M; QL (2 ML per 1 day)
TRESIBA	T3		ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)
TRESIBA FLEXTOUCH	T3		ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)

Drug Name	Brand	Generic	Additional Information
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE	T2		R&M; QL (0.13 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T2		R&M; AI (;); QL (4 EA per 28 days); AG (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	T2		R&M; AI (;); QL (4 EA per 28 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		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	T2		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)	T3		PA; ST; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
OZEMPIC (1 MG/DOSE)	T3		PA; ST; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
RYBELSUS	T3		PA; R
TANZEUM	T3		R&M; QL (0.14 MG per 1 day); AG (Min 18 Years)
TRULICITY	T2		R&M; QL (0.0715 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		R&M; AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 18 Years)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T2		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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T2		R&M; QL (1 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T3		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.)

Drug Name	Brand	Generic	Additional Information
STEGLUJAN	T3		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	T2		R&M; QL (1 EA per 1 day)
INVOKANA	T3		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	T2		R&M; AI (;); QL (1 EA per 1 day)
STEGLATRO	T3		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)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET	T3		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	T3		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	T3		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 ORAL TABLET 12.5-1000 MG, 5-1000 MG, 5-500 MG	T2		R
SYNJARDY ORAL TABLET 12.5-500 MG	T2		R&M; AI (EST thru any metformin for at least 2 months in last 6 months)
SYNJARDY XR	T2		R&M; AI (;
XIGDUO XR	T2		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)

Drug Name	Brand	Generic	Additional Information
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		T2	R
tolbutamide		T1	R
*Sulfonylurea-Thiazolidinedione Combinations***			
AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG	T3		R
*Thiazolidinedione-Biguanide Combinations***			
AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
AVANDAMET ORAL TABLET 2-500 MG	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day)
pioglitazone hcl-metformin hcl		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
*Thiazolidinediones***			
AVANDIA	T3		R
pioglitazone hcl		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
*Antidiarrheal - Chloride Channel Antagonists***			
FULYZAQ	T3		R
MYTESI	T3		R
*Antiperistaltic Agents***			
diphenoxylate-atropine		T1	R
loperamide hcl oral capsule		T1	R
MOTOFEN	T3		R
opium		T3	ST; R
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	T3		PA; R

Drug Name	Brand	Generic	Additional Information
deferasirox granules oral packet 90 mg		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 days limit applies)
EXJADE (Deferasirox)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX (Deferiprone)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JADENU (Deferasirox)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JADENU SPRINKLE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antidotes And Specific Antagonists***			
RADIOGARDASE	T3		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	T2		R&M; QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiemetics			
*5-HT3 Receptor Antagonists***			
ANZEMET ORAL	T3		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

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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		T3	R&M; AI (#15 per Copay Retail or Mail); QL (4 EA per 1 day)
ondansetron oral tablet dispersible 8 mg		T3	R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
SANCUSO	T3		RO; AI (;); QL (0.67 EA per 1 day)
ZUPLENZ	T3		R&M; AI (#10 per copay retail or mail); QL (0.34 EA per 1 day)
*Antiemetic Combinations***			
AKYNZEO ORAL	T3		PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.)
BONJESTA	T3		PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS	T3		PA; ST; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
doxylamine-pyridoxine		T3	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
scopolamine		T3	R&M; QL (0.34 EA per 1 day)
TIGAN INTRAMUSCULAR	T3		R
trimethobenzamide hcl oral		T2	R
*Antiemetics - Miscellaneous***			
CESAMET	T3		R&M; AI (#30 per copay retail or mail. Max #90); QL (6 EA per 1 day); AG (Min 18 Years)
dronabinol oral capsule 10 mg		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
dronabinol oral capsule 2.5 mg, 5 mg		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T3		PA; R
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
aprepitant oral capsule		T3	R&M; AI (;)
CINVANTI	MB		R
EMEND ORAL SUSPENSION RECONSTITUTED	T3		R
VARUBI INTRAVENOUS	MB		R
VARUBI ORAL	T3		RO; AI (Limited to 30 day supply); QL (0.143 EA per 1 day)
Antifungals			
*Antifungals***			
flucytosine oral		T3	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>griseofulvin microsize oral</i>		T1	R
<i>griseofulvin ultramicrosize</i>		T1	R
LAMISIL ORAL PACKET 125 MG	T3		R&M; AI (Max #180 Mail Order); QL (60 EA per 30 Days)
LAMISIL ORAL PACKET 187.5 MG	T3		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>		T3	R
*Triazoles***			
CRESEMPA ORAL	T3		PA; R
<i>fluconazole oral</i>		T1	R
<i>itraconazole oral</i>		T3	R
NOXAFIL ORAL	T3		PA; R
ONMEL	T3		R
<i>voriconazole oral</i>		T1	R
Antihistamines			
*Antihistamines - Alkylamines***			
<i>dexchlorpheniramine maleate oral syrup</i>		T3	R
RYCLORA ORAL SYRUP	T3		R&M; QL (3.93 ML per 1 Day)
*Antihistamines - Ethanolamines***			
ARBINOXA ORAL SOLUTION	T3		PA; R
<i>carbinoxamine maleate oral solution</i>		T1	R
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	R
<i>clemastine fumarate oral syrup</i>		T2	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		T3	R
<i>diphenhydramine hcl oral elixir</i>		T3	PA; R
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T3		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***			
<i>cetirizine hcl oral solution 1 mg/ml</i>		T1	PA; R
<i>cetirizine hcl oral syrup</i>		T1	PA; R
CLARINEX ORAL SYRUP	T3		PA; ST; R&M; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
<i>desloratadine oral tablet</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>levocetirizine dihydrochloride oral solution</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Antihistamines - Phenothiazines***			
PHENADOZ (<i>Promethazine HCl</i>)	T1	T1	R
PHENERGAN RECTAL SUPPOSITORY (<i>Promethazine HCl</i>) 50 MG	T2	T2	R
<i>promethazine hcl injection</i>		T3	R
<i>promethazine hcl oral</i>		T1	R
PROMETHEGAN RECTAL SUPPOSITORY (<i>Promethazine HCl</i>) 12.5 MG, 25 MG	T1	T1	R
PROMETHEGAN RECTAL SUPPOSITORY (<i>Promethazine HCl</i>) 50 MG	T2	T2	R
*Antihistamines - Piperidines***			
<i>ciproheptadine hcl oral</i>		T1	R
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET	T3		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	T3		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.***			
<i>omega-3-acid ethyl esters</i>		T1	R
VASCEPA (<i>Icosapent Ethyl</i>)	T3	T3	PA; R
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		T1	R
<i>colesevelam hcl oral packet</i>		T1	R&M; QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet</i>		T1	R&M; QL (6 EA per 1 day)
<i>colestipol hcl oral packet</i>		T1	R
<i>colestipol hcl oral tablet</i>		T1	R
<i>micronized colestipol hcl</i>		T1	R
PREVALITE (<i>Cholestyramine Light</i>)	T1	T1	R
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>		T1	R
<i>fenofibrate oral tablet 120 mg</i>		T1	R&M; QL (1 EA per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>fenofibrate oral tablet 40 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenofibrate oral tablet 54 mg</i>		T1	R&M; AI (Max #90 Mail Order)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>fenofibric acid oral capsule delayed release</i>		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>fenofibric acid oral tablet 105 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>gemfibrozil oral</i>		T1	R
LIPOFEN	T3		R
TRIGLIDE ORAL TABLET 160 MG	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 40 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>atorvastatin calcium oral tablet 20 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	T3		PA; ST; R&M; AI (ST: trial of two of the following in the last 12 months: atorvastatin, simvastatin, rosuvastatin)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1	R
<i>lovastatin oral tablet 40 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<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>		T2	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	T3		ST; R&M; AI (ST: trial of 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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Intestinal Cholesterol Absorption Inhibitors***			
ezetimibe		T1	R&M; QL (1 EA per 1 day)
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nicotinic Acid Derivatives***			
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T2	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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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***			
amlodipine besy-benazepril hcl		T1	R
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg		T3	R

Drug Name	Brand	Generic	Additional Information
trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg		T1	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
benazepril-hydrochlorothiazide		T1	R
captopril-hydrochlorothiazide		T3	R
enalapril-hydrochlorothiazide		T1	R
fosinopril sodium-hctz		T3	R
lisinopril-hydrochlorothiazide		T1	R
moexipril-hydrochlorothiazide		T1	R
quinapril-hydrochlorothiazide		T1	R
*Ace Inhibitors***			
benazepril hcl oral		T1	R
captopril oral		T1	R
enalapril maleate oral		T1	R
fosinopril sodium		T1	R
lisinopril oral		T1	R
moexipril hcl		T2	R
perindopril erbumine		T2	R
quinapril hcl		T1	R
ramipril		T1	R
trandolapril		T1	R
*Agents For Pheochromocytoma***			
DIBENZYLINE (Phenoxybenzamine HCl)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is 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		T3	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		T3	R&M; AI (:)
EDARBYCLOR	T3		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)

Drug Name	Brand	Generic	Additional Information
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Angiotensin II Receptor Antagonists***			
<i>candesartan cilexetil</i>		T3	R&M; AI (;)
EDARBI	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>eprosartan mesylate</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>irbesartan oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order)
<i>losartan potassium oral</i>		T1	R
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>telmisartan</i>		T1	R
<i>valsartan</i>		T1	R&M; QL (2 EA per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>amlodipine-valsartan-hctz</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	R
*Antidiuretics - Centrally Acting***			
CATAPRES-TTS-1 (CloNIDine)	T3	T3	R
CATAPRES-TTS-2 (CloNIDine)	T3	T3	R
CATAPRES-TTS-3 (CloNIDine)	T3	T3	R
<i>clonidine hcl oral</i>		T1	R
<i>clonidine hcl transdermal</i>		T3	R
<i>guanfacine hcl oral tablet 1 mg</i>		T2	R
<i>guanfacine hcl oral tablet 2 mg</i>		T1	R
<i>methyldopa oral</i>		T1	R
*Antidiuretics - Peripherally Acting***			
<i>doxazosin mesylate oral</i>		T1	R
<i>prazosin hcl oral</i>		T1	R
<i>terazosin hcl oral</i>		T1	R
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		T1	R
<i>bisoprolol-hydrochlorothiazide</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>metoprolol-hydrochlorothiazide</i>		T1	R
<i>propranolol-hctz</i>		T1	R
*Direct Renin Inhibitors & Calcium Channel Blocker Comb***			
TEKAMLO	T3		R
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T2	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
*Reserpine***			
<i>reserpine oral</i>		T3	R
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>eplerenone oral tablet 50 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Vasodilators***			
<i>hydralazine hcl oral</i>		T1	R
<i>minoxidil oral</i>		T1	R
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
AEMCOLO	T3		R&M; AI (Limited to two fills per year); QL (12 EA per 3 Dayss)
FLAGYL ER	T3		R
<i>metronidazole oral tablet</i>		T1	R
NEBUPENT (Pentamidine Isethionate)	SP	SP	R
<i>tinidazole oral</i>		T1	R
<i>trimethoprim oral</i>		T1	R
XIFAXAN	T3		PA; R&M; AI (:)
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		T1	R
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>		T1	R
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED	T3		R&M; AI (30 days must pass before able to refill); QL (60 ML per 3 days)
ALINIA ORAL TABLET (Nitazoxanide)	T3	T3	R&M; AI (30 days must pass before able to refill); QL (6 EA per 3 days)
<i>atovaquone oral</i>		T2	R
*Carbapenem Combinations***			
VABOMERE	MB		R
*Glycopeptides***			
FIRVANQ (Vancomycin HCl)	T3	T3	R&M; QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
VIBATIV	MB		SP
*Ketolides***			
KETEK ORAL TABLET 300 MG	T3		R
*Leprostatics***			
dapsone oral		T2	R
*Lincosamides***			
clindamycin hcl oral		T1	R
clindamycin palmitate hcl		T3	R
*Monobactams***			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is 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	T3		PA; RO; AI (Limited to 30 day supply)
*Polymyxins***			
polymyxin b sulfate injection		MB	SP
*Urinary Anti-Infectives***			
methenamine hippurate		T1	R
MONUROL (Fosfomycin Tromethamine)	T3	T3	R
nitrofurantoin macrocrystal oral		T1	R
nitrofurantoin monohyd macro		T1	R
nitrofurantoin oral suspension		T1	R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
AZUPHEN MB (Uticap)	T3	T3	R
PHOSPHASAL (Ur N-C)	T2	T2	R
USTELL (Uticap)	T3	T3	R
UTIRA-C (Ur N-C)	T2	T2	R
UTRONA-C (Ur N-C)	T2	T2	R
Antimalarials			
*Antimalarial Combinations***			
atovaquone-proguanil hcl oral tablet 250-100 mg		T3	R
atovaquone-proguanil hcl oral tablet 62.5-25 mg		T2	R
COARTEM	T3		R
*Antimalarials***			
chloroquine phosphate oral		T1	ST; R&M; AI (New fills limited to #30 in 6 months)
DARAPRIM (Pyrimethamine)	T3	T3	PA; ST; R

Drug Name	Brand	Generic	Additional Information
hydroxychloroquine sulfate oral		T1	ST; R&M; AI (New fills limited to #30 in 6 months)
mefloquine hcl		T3	R&M; AI (Max #15 per 90 days); QL (5 EA per 30 Days)
primaquine phosphate oral		T3	PA; R
quinine sulfate oral		T1	R
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
guanidine hcl oral		T3	R
PROSTIGMIN ORAL	T3		R
pyridostigmine bromide oral solution		T3	R
pyridostigmine bromide oral tablet 60 mg		T1	R
RUZURGI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
Antimycobacterial Agents			
*Anti Tb Combinations***			
RIFAMATE	T3		R
RIFATER	T3		R
*Antimycobacterial Agents***			
cycloserine oral		T3	R
ethambutol hcl oral tablet 100 mg		T1	R
ethambutol hcl oral tablet 400 mg		T2	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	T3		PA; ST; R
PRIFTIN	T2		R
pyrazinamide oral		T2	R
rifabutin		T1	R
rifampin oral		T1	R
SIRTURO	SP		PA; R
TRECATOR	T3		R
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BELRAPZO (Bendamustine HCl)	MB	MB	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
BENDEKA (Bendamustine HCl)	MB	MB	R
HEXALEN	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYLERAN	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Androgen Biosynthesis Inhibitors***			
YONSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA ORAL TABLET (Abiraterone Acetate) 250 MG	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA ORAL TABLET (Abiraterone Acetate) 500 MG	T1	T1	PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiadrenals***			
LYSODREN	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiandrogens***			
CASODEX (Bicalutamide)	T1	T1	R
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
flutamide		T1	R
NILANDRON (Nilutamide)	T1	T1	R&M; M
XTANDI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiestrogens***			
FARESTON (Toremifene Citrate)	T1	T1	R&M; QL (1 EA per 1 day)
SOLTAMOX	T1		R
tamoxifen citrate oral		\$0	R&M; AI (Limited to 30 day supply)
*Antimetabolites***			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	T1		PA; ST; SP
mercaptopurine oral		T1	R
methotrexate oral		T1	R
methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA (Capecitabine)	T1	T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TAFINLAR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	T1		PA; ST; SP; AI (Optum Specialty Pharmacy is 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)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 maximum)
ZOLINZA	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKINIST	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day); AG (Min 16 Years)
RYDAPT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STIVARGA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AYVAKIT	T1		PA; R&M; AI (Limited distribution Biologics & PantheRx)

Drug Name	Brand	Generic	Additional Information
BOSULIF ORAL TABLET 100 MG, 500 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CALQUENCE	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	T1		SP; AI (Optum Specialty Pharmacy is 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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLEEVEC	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>imatinib mesylate oral tablet 100 mg</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
IMBRUVICA ORAL CAPSULE 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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 TABLET 280 MG, 420 MG, 560 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 maximum)
<i>lapatinib ditosylate</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is 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 maximum)
LENVIMA (14 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (18 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (20 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (24 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (8 MG DAILY DOSE)	T1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LORBRENA	T1		PA; R

Drug Name	Brand	Generic	Additional Information
NERLYNX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
QINLOCK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA (<i>Erlotinib HCl</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASIGNA	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
XALKORI	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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
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 Antibiotics***			
mitoxantrone hcl		MB	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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 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 maximum); AG (Min 18 Years)
RITUXAN HYCELA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastics Misc.***			
ACTIMMUNE	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
HYDREA (Hydroxyurea)	T1	T1	R
INTRON A	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE	T1		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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)
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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
VERZENIO	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION <i>(Fulvestrant) 250 MG/5ML</i>	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogens-Antineoplastic***			
EMCYT	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	R
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		T1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Imidazotetrazines***			
TEMODAR ORAL (<i>Temozolomide</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
TIBSOVO	T1		PA; R
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
ELIGARD SUBCUTANEOUS KIT 30 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 90 days)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
TRELSTAR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRELSTAR MIXJECT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VANTAS	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mitotic Inhibitors***			
etoposide oral		T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nitrogen Mustards***			
ALKERAN ORAL (Melphalan)	T1	T1	R
cyclophosphamide oral capsule		T1	R
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>lomustine</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1		PA; R
PIQRAY (200 MG DAILY DOSE)	T1		PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PIQRAY (250 MG DAILY DOSE)	T1		PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PIQRAY (300 MG DAILY DOSE)	T1		PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYDELIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Poly (A dp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL CAPSULE	T1		PA; SP
LYNPARZA ORAL TABLET	T1		SP
RUBRACA ORAL TABLET 200 MG	T1		PA; ST; SP; AI (Optum Specialty Pharmacy is 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 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 preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*Progesterins-Antineoplastic***			
MEGACE ORAL (Megestrol Acetate)	T1	T1	R
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>megestrol acetate oral tablet</i>		T1	R
*Retinoids***			
<i>tretinoïn oral</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Selective Retinoid X Receptor Agonists***			
TARGRETIN ORAL (Bexarotene)	T1	T1	SP; AI (Optum Specialty Pharmacy is 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 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	T3		PA; R&M; QL (1 EA per 1 day)
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		T1	R
<i>trihexyphenidyl hcl oral elixir</i>		T3	R
<i>trihexyphenidyl hcl oral tablet</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	T3		PA; R
INBRIJA	T3		PA; R
OSMOLEX ER	T3		PA; R
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>selegiline hcl oral</i>		T1	R
XADAGO	T3		PA; R
*Central/Peripheral Comt Inhibitors***			
TASMAR ORAL TABLET (Tolcapone) 100 MG	T3	T1	PA; R
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1	R
*Levodopa Combinations***			
<i>carbidopa-levodopa</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1	R
RYTARY	T3		PA; R
STALEVO 100 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 125 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 150 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 200 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 50 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 75 (Carbidopa-Levodopa-Entacapone)	T3	T3	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 pr)
KYNMOBI	SP		PA; R
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is 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>		T3	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T3	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>		T3	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>		T3	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	T3		PA; R
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		R
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		R&M; AI (Max #450 Mail Order); QL (5 EA per 1 Day)
LATUDA	T3		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	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T3		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>		T3	R&M; AI (90 tablets per copay); QL (2 EA per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T3	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
*Butyrophенones***			
<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>		T3	R&M; QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T3		R&M; QL (2 EA per 1 Day)
SECUADO	T3		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>		T3	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>		T3	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)

Drug Name	Brand	Generic	Additional Information
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1	R
*Phenothiazines***			
<i>chlorpromazine hcl oral</i>		T1	R
<i>fluphenazine hcl oral concentrate</i>		T3	R
<i>fluphenazine hcl oral elixir</i>		T3	R
<i>fluphenazine hcl oral tablet</i>		T1	R
<i>perphenazine oral</i>		T1	R
<i>prochlorperazine</i>		T2	R
<i>prochlorperazine maleate oral</i>		T2	R
<i>thioridazine hcl oral</i>		T1	R
<i>trifluoperazine hcl oral</i>		T1	R
*Quinolinone Derivatives***			
ABILIFY ORAL SOLUTION	T3		R&M; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days)
<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	T3		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>		T3	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>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Thioxanthenes***			
<i>thiothixene oral</i>		T3	R
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
FORMADON (Formaldehyde)	T2	T2	R
*Iodine Antiseptics***			
IODOSORB	T3		R

Drug Name	Brand	Generic	Additional Information
Antivirals			
*Antiretroviral Combinations***			
abacavir sulfate-lamivudine		T1	R
abacavir-lamivudine-zidovudine		T1	R&M; AI (;); QL (2 EA per 1 day)
ATRIPLA	T2		R&M; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T3		R&M; QL (1 EA per 1 day)
CIMDUO	T2		R&M; QL (1 EA per 1 day)
COMPLERA	T2		R&M; AI (;
DELSTRIGO	T3		ST; R&M; AI (ST: No prior history of antiretroviral therapy within the last 6 months)
DESCOVY	T3		R&M; QL (1 EA per 1 day)
DOVATO	T3		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
efavirenz-emtricitab-tenofovir		T2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg		T2	R&M; QL (1 EA per 11 days)
emtricitabine-tenofovir df		\$0	R&M; QL (1 EA per 1 day)
EVOTAZ	T3		R&M; AI (;
GENVOYA	T2		R&M; AI (;
JULUCA	T3		PA; R
KALETRA ORAL TABLET	T2		R&M; AI (;
lamivudine-zidovudine		T1	R&M; AI (;
lopinavir-ritonavir		T2	R
ODEFSEY	T2		R&M; AI (;
PREZCOBIX	T3		R&M; AI (;
STRIBILD	T2		R&M; AI (;
SYMFIA	T2		R&M; QL (1 EA per 1 day)
SYMFIA LO (Efavirenz-lamiVUDine-Tenofovir)	T2	T2	R&M; QL (1 EA per 1 day)
SYMTUZA	T3		PA; R
TEMIXYS	T2		R&M; QL (1 EA per 1 day)
TRIUMEQ	T3		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	T2		R
SELZENTRY ORAL TABLET 150 MG, 300 MG	T2		R&M; AI (;
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		R

Drug Name	Brand	Generic	Additional Information
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
rukobia		T3	PA; R
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T2		R&M; AI (:)
ISENTRESS HD	T2		R
TIVICAY ORAL TABLET 10 MG, 25 MG	T2		R
TIVICAY ORAL TABLET 50 MG	T2		R&M; AI (:)
TIVICAY PD	T2		R
VITEKTA	T2		R&M; AI (:)
*Antiretrovirals - Protease Inhibitors***			
APTIVUS	T3		R&M; AI (:)
atazanavir sulfate oral capsule 150 mg, 200 mg		T2	R&M; QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg		T2	R&M; QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2		R&M; AI (:)
INVIRASE	T2		R&M; AI (:)
LEXIVA ORAL SUSPENSION	T2		R&M; AI (:)
NORVIR ORAL CAPSULE	T2		R&M; AI (:)
NORVIR ORAL PACKET	T2		R
NORVIR ORAL SOLUTION	T2		R&M; AI (:)
PREZISTA ORAL SUSPENSION	T2		R&M; AI (:)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2		R&M; AI (:)
REYATAZ ORAL PACKET	T2		R&M; AI (:)
ritonavir		T2	R
VIRACEPT ORAL TABLET	T2		R&M; AI (:)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	T2		R&M; AI (:); QL (1 EA per 1 Day)
efavirenz oral capsule 200 mg		T1	R&M; QL (1 EA per 1 day)
efavirenz oral capsule 50 mg		T1	R&M; QL (2 EA per 1 day)
efavirenz oral tablet		T1	R&M; QL (2 EA per 2 days)
INTELENCE	T2		R&M; AI (:)
nevirapine er oral tablet extended release 24 hour 100 mg		T1	R
nevirapine er oral tablet extended release 24 hour 400 mg		T1	R&M; AI (:)
nevirapine oral suspension		T2	R&M; AI (:)
nevirapine oral tablet		T1	R&M; AI (:)

Drug Name	Brand	Generic	Additional Information
PIFELTRO	T3		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
RESCRIPTOR	T3		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	T2		R&M; AI (:)
VIDEX EC ORAL CAPSULE DELAYED RELEASE (Didanosine) 125 MG	T3	T1	R&M; AI (:)
*Antiretrovirals - Rti-Nucleoside Analogues- Pyrimidines***			
<i>emtricitabine</i>		T3	R&M; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	T3		R&M; AI (:); QL (1 EA per 1 Day)
EMTRIVA ORAL SOLUTION	T2		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 (:)
ZERIT ORAL SOLUTION RECONSTITUTED (Stavudine)	T3	T1	R&M; AI (:)
<i>zidovudine</i>		T1	R&M; AI (:)
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T2	R
VIREAD ORAL POWDER	T2		R&M; AI (:)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2		R&M; AI (:); QL (1 EA per 1 day)
*Antiretrovirals Adjutants***			
TYBOST	T3		R&M; AI (:)
*Cmv Agents***			
PREVYMIS INTRAVENOUS	MB		R
PREVYMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<i>valganciclovir hcl oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BARACLUD ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>lamivudine oral tablet 100 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYZEKA	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
VEMLIDY	SP		SP; AI (Optum Specialty Pharmacy is 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***			
EPCLUSIA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
EPCLUSIA ORAL TABLET 400-100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
HARVONI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIEKIRA XR	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOSEVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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
MODERIBA (1000 MG PACK)	SP		SP; AI (Optum Specialty Pharmacy is 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 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; QL (2 EA per 1 day)
MODERIBA (800 MG PACK)	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA 1200 DOSE PACK	SP		R&M; QL (2 EA per 1 Day)
MODERIBA 800 DOSE PACK	SP		R&M; QL (2 EA per 1 Day)
MODERIBA ORAL TABLET (Ribavirin) 200 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
OLYSIO	SP		PA; SP
PEGASYS PROCLICK	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGINTRON	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON REDIPEN	SP		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
REBETOL ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIBASPHERE ORAL TABLET (Ribavirin) 200 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
RIBASPHERE RIBAPAK (1000 PACK)	SP		SP; AI (Optum Specialty Pharmacy is 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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBATAB ORAL TABLET 400 MG	SP		R&M; QL (2 EA per 1 day)
<i>ribavirin oral capsule</i>		SP	R

Drug Name	Brand	Generic	Additional Information
SOVALDI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VICTRELIS	SP		PA; SP; AI (Optum Specialty Pharmacy is 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
SITAVIG	T3		PA; R&M; AI (Max #15 tablets retail or mail order); AG (Min 16 Years)
<i>valacyclovir hcl oral tablet 1 gm</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1	R&M; QL (2 EA per 1 Day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		T1	R
*Influenza Agents***			
<i>rimantadine hcl</i>		T3	R
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		T1	RO; QL (10 EA per 5 Dayss)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1	RO; QL (24 ML per 5 days)
RELENZA DISKHALER	T3		R&M; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol</i>		T1	R
<i>labetalol hcl oral</i>		T1	R
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral</i>		T1	R
<i>atenolol oral</i>		T1	R
<i>betaxolol hcl oral tablet 10 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>betaxolol hcl oral tablet 20 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>bisoprolol fumarate</i>		T1	R
BYSTOLIC	T2		R&M; AI (:)
KAPSPARGO SPRINKLE	T3		ST; R&M; AI (Step: metoprolol succinate er)

Drug Name	Brand	Generic	Additional Information
<i>metoprolol succinate er</i>		T1	R
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		T1	R
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		T3	R
*Beta Blockers Non-Selective***			
HEMANGEOL	T3		R&M; AG (Max 2 Years)
LEVATOL	T3		R
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1	R
<i>pindolol</i>		T1	R
<i>propranolol hcl er</i>		T1	R
<i>propranolol hcl oral solution</i>		T2	R
<i>propranolol hcl oral tablet</i>		T1	R
SORINE (Sotalol HCl)	T1	T1	R
<i>sotalol hcl (af)</i>		T1	R
<i>timolol maleate oral</i>		T1	R
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	T1	T1	R
<i>amlodipine besylate oral</i>		T1	R
CARTIA XT (Diltiazem HCl ER Coated Beads)	T1	T1	R
<i>dilt-cd</i>		T1	R
<i>diltiazem hcl cd</i>		T1	R
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T1	R
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		T1	R
<i>diltiazem hcl oral</i>		T1	R
<i>dilt-xr</i>		T1	R
<i>diltzac</i>		T1	R
<i>felodipine er</i>		T2	R
<i>isradipine</i>		T1	R
<i>nicardipine hcl oral</i>		T1	R
NIFEDIAC CC (NIFEdipine ER)	T1	T1	R
NIFEDICAL XL (NIFEdipine ER Osmotic Release)	T1	T1	R
<i>nifedipine oral</i>		T1	R
<i>nimodipine oral</i>		T1	R&M; AI (Max #756 Mail Order)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT (Diltiazem HCl ER Beads)	T1	T1	R
TIADYLT ER (Diltiazem HCl ER Beads)	T1	T1	R
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 240 mg, 300 mg</i>		T1	R

Drug Name	Brand	Generic	Additional Information
verapamil hcl er oral capsule extended release 24 hour 360 mg		T3	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	T3		R
Cardiovascular Agents - Misc.			
*Neprilysin Inhib (Arni)-Angiotensin II Receptor Antagonist Comb***			
ENTRESTO	T3		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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS	SP		PA; SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 18 Years)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
ambrisentan oral tablet 5 mg	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
LETAIRIS ORAL TABLET (Ambrisentan) 10 MG	SP	SP	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
LETAIRIS ORAL TABLET 5 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
OPSUMIT	SP		PA; SP
TRACLEER ORAL TABLET (Bosentan) 125 MG	SP	SP	R&M; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TRACLEER ORAL TABLET (Bosentan) 62.5 MG	SP	SP	PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO INTRAVENOUS (Sildenafil Citrate)	MB	MB	R
REVATIO ORAL SUSPENSION RECONSTITUTED (Sildenafil Citrate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years)
UPTRAVI ORAL TABLET THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 2.5 MG, 5 MG	T3		PA; 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)); QL (1 EA per 1 day); AG (Min 18 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		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 ORAL SOLUTION	T3		PA; R
CORLANOR ORAL TABLET	T3		PA; ST; R
*Transthyretin Stabilizers***			
VYNDAMAX	SP		PA; R
VYNDAQEL	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil</i>		T1	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	R
<i>cephalexin oral suspension reconstituted</i>		T1	R
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er</i>		T3	R
<i>cefaclor oral capsule</i>		T2	R
<i>cefaclor oral suspension reconstituted</i>		T3	R
<i>cefprozil</i>		T3	R
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T3		R
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>		T1	R
<i>cefuroxime axetil oral tablet</i>		T1	R
*Cephalosporins - 3Rd Generation***			
CEDAX	T3		R
<i>cefdinir oral capsule</i>		T1	R
<i>cefdinir oral suspension reconstituted</i>		T3	R
<i>cefditoren pivoxil</i>		T3	R
<i>cefixime oral suspension reconstituted</i>		T1	R
<i>cefpodoxime proxetil oral suspension reconstituted</i>		T1	R
<i>cefpodoxime proxetil oral tablet</i>		T3	R
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%</i>		MB	SP
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		R

Drug Name	Brand	Generic	Additional Information
SUPRAX ORAL TABLET	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SUPRAX ORAL TABLET CHEWABLE	T3		R
Chemicals			
*Bulk Chemicals - Be's***			
belladonna		T3	R
*Bulk Chemicals - En***			
enalapril maleate		T3	R
*Bulk Chemicals - Fl's***			
fluoxymesterone		T3	PA; RO
*Bulk Chemicals - Va's***			
vancomycin hcl		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
BEKYREE	\$0		R&M; F; QL (28 EA per 30 days)
KARIVA (Viorele)	\$0	\$0	R&M; AI (;); F; QL (28 EA per 30 Days)
KIMIDESS	\$0		R&M; F; QL (28 EA per 30 days)
LO LOESTRIN FE	T3		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
PIMTREA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (;); F; QL (28 EA per 30 days)
VOLNEA	\$0		R&M; F; QL (28 EA per 30 days)
*Combination Contraceptives - Oral***			
AFIRMELLE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply 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)
AUBRA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
AUBRA EQ (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
AUROVELA 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$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
AUROVELA 1/20 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
AUROVELA 24 FE (Norethin Ace-Eth Estrad-FE)	\$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 Mail Order); F; QL (1.34 EA per 1 day)
AVIANE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
BALZIVA (Briellyn)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
BLISOVI 24 FE (Norethin Ace-Eth Estrad-FE)	\$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	T1		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
BREVICON (28)	T3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
CHATEAL (Marlissa)	\$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 (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYRED (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)
DASETTA 1/35 (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
DELYLA (Levonorgestrel-Ethinyl Estrad)	\$0	\$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)
EMOQUETTE (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)
ENSKYCE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
FALMINA (<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)
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 (<i>Norethindrone Acet-Ethinyl Est</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)
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	\$0		R&M; AI (Max #112 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 (<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)
JUNEL 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</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)
JUNEL 1/20 (<i>Norethindrone Acet-Ethinyl 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)
KAITLIB FE (<i>Norethin-Eth Estradiol-Fe</i>)	T3	T3	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; 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)

Drug Name	Brand	Generic	Additional Information
LARIN 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
LARIN 1/20 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN 24 FE (Norethin Ace-Eth Estrad-FE)	\$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 (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)
LARISSIA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LAYOLIS FE (Norethin-Eth Estradiol-Fe)	T3	T3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LESSINA (Levonorgestrel-Ethinyl Estrad)	\$0	\$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) (Marlissa)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LILLOW (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21)	T3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
LOESTRIN FE 1/20	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (134 EA per 1 day)
LOMEDIA 24 FE (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LORYNA (Drospirenone-Ethinyl Estradiol)	T1	T1	R&M; F; QL (1.34 EA per 1 day)
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 (Levonorgestrel-Ethinyl Estrad)	\$0	\$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)	T3	T3	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)	T3	T3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
MICROGESTIN 1/20 (Norethindrone Acet-Ethinyl Est)	\$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; 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)	T3		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 chewable</i>		T3	R&M; AI (Max #112 for up to 90days Mail Order); F; 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; QL (1.34 EA per 1 day)
NORTREL 1/35 (21)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
NORTREL 1/35 (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
OCELLA (Drospirenone-Ethynodiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
OGESTREL	T3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ORSYTHIA (Levonorgestrel-Ethynodiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
PHILITH (Brielllyn)	\$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)

Drug Name	Brand	Generic	Additional Information
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 (Drospirenen-Eth Estrad-Levomefol)	T3	T3	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 (Levonorgestrel-Ethinyl Estrad)	\$0	\$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	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
TYBLUME (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TYDEMY (Drospirenen-Eth Estrad-Levomefol)	T3	T3	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
VIENVA (Levonorgestrel-Ethinyl Estrad)	\$0	\$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 (Norgestimate-Eth Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
WERA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
WYMZYA FE (Norethin-Eth Estradiol-Fe)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
ZARAH (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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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>Ethynodiol 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	\$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***			
ORTHO EVRA	\$0		R&M; AI (Max #9 Patches Mail Order); F; \$0; QL (3 EA per 30 Days)
XULANE	T3		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***			
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg		\$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	T3		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)
MY WAY (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
NEW DAY (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
OPCICON ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
OPTION 2 (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
PLAN B ONE-STEP	T3		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
PREVENTEZA (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
REACT (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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 (Levonorgest-Eth Est & Eth Est)	T3	T1	R&M; AI (Max #91 Mail Order); 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)
*Four Phase Contraceptives - Oral***			
NATAZIA	T3		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3		R&M; F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3		R&M; F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		R&M; F; QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension		\$0	R&M; F; \$0; QL (1 ML per 90 Days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe		\$0	R&M; F; \$0; QL (1 ML per 90 days)

Drug Name	Brand	Generic	Additional Information
*Progestin Contraceptives - Oral***			
CAMILA (Norethindrone)	\$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 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
ERRIN (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
HEATHER (Norethindrone)	\$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 90days Mail Order); F; \$0; QL (1.25 EA per 1 day)
JENCYCLA (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
JOLIVETTE (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
LYZA (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORA-BE (Norethindrone)	\$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 for up to 90 day supply 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 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
TULANA	\$0		R&M; F; \$0; QL (1.25 EA per 1 day)
*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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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	T3		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 90days 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)
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; F; QL (28 EA per 30 Dayss)
TRI-ESTARYLLA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
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 (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-LO-ESTARYLLA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MARZIA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MILI	\$0		R&M; F; QL (28 EA per 30 days)
TRI-LO-SPRINTEC (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRINESSA (28) (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRINESSA LO (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TRI-NORINYL (28)	T3		R&M; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)
TRI-PREVIFEM (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-SPRINTEC (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; 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)
VELIVET	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
Corticosteroids			
*Glucocorticosteroids***			
BAYCADRON (Dexamethasone)	T1	T1	R
budesonide er oral capsule extended release 24 hour		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
cortisone acetate oral		T2	R
DELTASONE (predniSONE)	T1	T1	R
DEXAMETHASONE INTENSOL	T1		R
dexamethasone oral solution		T1	R
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg		T1	R
dexamethasone oral tablet 1 mg, 2 mg		T3	R
DEXPAK 6 DAY ORAL TABLET	T3		R
EMFLAZA	T3		PA; R&M; AG (Min 5 Years)
FLO-PRED	T2		R
hydrocortisone oral		T1	R
MEDROL ORAL TABLET 2 MG	T3		R
methylprednisolone (pak) oral tablet		T1	R
methylprednisolone oral tablet		T1	R
ORTIKOS	T3		ST; R&M; AI (EST: Trial of the following for at least 3 months in last 12 months: budesonide capsule 3 mg DR)
prednisolone oral solution		T3	R
prednisolone oral syrup 15 mg/5ml		T3	R
prednisolone sodium phosphate oral solution 10 mg/5ml		T3	R
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml		T1	R
prednisolone sodium phosphate oral tablet dispersible		T2	R
prednisone (pak)		T1	R
PREDNISONE INTENSOL	T2		R
prednisone oral		T1	R
*Mineralocorticoids***			
fludrocortisone acetate oral		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
benzonatate oral capsule 100 mg, 200 mg		T1	R
*Antitussive - Opioid***			
hydrocodone-homatropine		T1	R
hydromet		T1	R
TUSSIGON (Hydrocodone-Homatropine)	T1	T1	R
*Antitussive-Expectorant***			
cheratussin ac		T2	RO; QL (240 ML per 10 days)
FLOWTUSS	T3		PA; ST; R
g tussin ac		T2	RO; QL (240 ML per 10 days)
guaiatussin ac		T2	RO; QL (240 ML per 10 days)
guaifenesin ac		T2	RO; QL (240 ML per 10 days)
guaifenesin-codeine oral solution		T2	RO; QL (240 ML per 10 days)
guaifenesin-codeine oral syrup		T2	RO; QL (240 ML per 10 days)
hydrocodone-guaifenesin		T3	PA; R
OBREDON	T3		PA; ST; R
virtussin a/c		T2	RO; QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
promethazine vc		T1	R
promethazine vc plain oral syrup		T1	R
promethazine-phenylephrine		T1	R
*Decongestant W/ Expectorant***			
lusair		T3	R
*Expectorants***			
guaifenesin oral tablet 200 mg		T1	R
*Iodine Expectorants***			
SSKI	T2		R
*Misc. Respiratory Inhalants***			
sodium chloride inhalation nebulization solution 0.9 %, 7 %		T1	R
*Mucolytics***			
acetylcysteine inhalation solution 10 %		T1	R
acetylcysteine inhalation solution 20 %		T2	R
*Non-Narc Antitussive-Antihistamine***			
promethazine-dm oral syrup		T1	R
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM (Pseudoeph-Bromphen-DM)	T1	T1	R
tgg 50pse/3brm/30dm		T3	R

Drug Name	Brand	Generic	Additional Information
*Opioid Antitussive-Antihistamine***			
hydrocod polst-cpm polst er oral liquid extended release		T2	R
lexuss 210		T3	R&M; QL (4 ML per 1 day)
promethazine-codeine oral syrup		T1	R
VITUZ	T3		R&M; QL (120 ML per 30 days)
*Opioid Antitussive-Decongestant-Antihistamine***			
M-END PE	T1		R
POLY HIST NC	T3		PA; ST; R
promethazine vc/codeine		T1	R
promethazine-phenyleph-codeine		T1	R
pseudoeph-chlorphen-hydrocod		T3	R
Dermatologicals			
*Acne Antibiotics***			
AMZEEQ	T3		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 (Clindamycin Phosphate)	T1	T1	R
CLINDACIN-P (Clindamycin Phosphate)	T1	T1	R
clindamycin phosphate external		T1	R
dapsone external gel 5 %		T3	PA; R
ery		T3	R
erythromycin external gel		T3	R
erythromycin external pad		T2	R
erythromycin external solution		T1	R
sulfacetamide sodium (acne)		T1	R
*Acne Combinations***			
clindamycin phos-benzoyl perox external gel 1-5 %		T3	R
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %		T1	R
sulfacetamide-sulfur in urea external emulsion		T3	R
*Acne Products***			
adapalene external cream		T1	R
adapalene external gel 0.1 %		T2	R
AKLIEF	T3		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	T3		R&M; QL (1.5 GM per 1 day)
AMNESTEEM (ISOtretinoin)	T3	T3	R
BENZEPRO SHORT CONTACT (Benzoyl Peroxide)	T3	T3	R
benzoyl peroxide short contact		T3	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>bp foam external foam 9.8 %</i>		T3	R
<i>bpo external gel 4 %</i>		T3	R
<i>bpo foaming cloths external 3 %</i>		T3	R
CLARAVIS (ISOTRETINOIN)	T3	T3	R
MYORISAN (ISOTRETINOIN)	T3	T3	R
<i>tretinoin external cream</i>		T1	R
<i>tretinoin external gel 0.01 %, 0.025 %</i>		T1	R
<i>tretinoin external gel 0.05 %</i>		T3	R
<i>tretinoin microsphere external gel 0.04 %</i>		T1	R
ZENATANE (ISOTRETINOIN)	T3	T3	R
*Agents For External Genital And Perianal Warts***			
VEREGEN	T3		R&M; QL (1 GM per 1 day)
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL OINTMENT	T3		R
*Antibiotics - Topical***			
ALTABAX	T3		R&M; QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T2	R
<i>mupirocin external</i>		T1	R
XEPI	T3		ST; R&M; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo)
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone</i>		T1	R
DERMAZENE (Hydrocortisone-Iodoquinol)	T3	T3	R
<i>nystatin-triamcinolone</i>		T3	R
*Antifungals - Topical***			
CICLODAN EXTERNAL CREAM (Ciclopirox Olamine)	T1	T1	R
<i>ciclopirox external gel</i>		T2	R
<i>ciclopirox external shampoo</i>		T1	R
<i>ciclopirox external solution</i>		T2	R
MENTAX	T3		R
<i>naftifine hcl external cream</i>		T1	R
NAFTIN EXTERNAL GEL 1 %	T3		R
NYAMYC (Pedi-Dri)	T1	T1	R
<i>nystatin external</i>		T1	R
NYSTOP (Pedi-Dri)	T1	T1	R
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac epolamine transdermal</i>		T3	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<i>diclofenac sodium transdermal solution</i>		T1	R&M; AI (#150ml per copay retail or mail order); QL (5 ML per 1 day)
FLECTOR TRANSDERMAL	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 18 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 (<i>Fluorouracil</i>)	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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (ST: Both Tolak 4% and generic fluorouracil 5%).)
FLUOROPLEX	T1		PA; SP; AI (Optum Specialty Pharmacy is 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 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 maximum)
*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 (<i>Doxepin HCl</i>)	T3	T3	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)
ZONALON (<i>Doxepin HCl</i>)	T3	T3	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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Antipsoriatics - Systemic***			
8-MOP	T3		R
acitretin		T3	R
COSENTYX	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is 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 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 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 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 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 preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TREMFYA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antipsoriatics***			
calcipotriene external cream		T1	R
calcipotriene external solution		T1	R
CALCITRENE (Calcipotriene)	T1	T1	R
DRITHO-CREME HP	T3		R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>tazarotene external</i>		T1	R&M; QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T3		R
TAZORAC EXTERNAL GEL	T3		R
VECTICAL (Calcitriol)	T3	T3	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>		T2	R
<i>sodium sulfacetamide external shampoo</i>		T1	R
<i>sulfacetamide sodium external gel</i>		T3	R
<i>sulfacetamide sodium external liquid</i>		T3	R
*Antiviral Topical Combinations***			
XERESE	T3		R
*Antivirals - Topical***			
<i>acyclovir external</i>		T3	R
DENAVIR	T3		R
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Burn Products***			
SSD (Silver Sulfadiazine)	T1	T1	R
SULFAMYLON EXTERNAL CREAM	T3		R
THERMAZENE (Silver Sulfadiazine)	T1	T1	R
*Cauterizing Agents***			
<i>silver nitrate external ointment</i>		T3	R
TRI-CHLOR	T3		R
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1	R
<i>alclometasone dipropionate</i>		T1	R
<i>amcinonide</i>		T3	R
<i>betamethasone dipropionate aug external cream</i>		T1	R
<i>betamethasone dipropionate aug external gel</i>		T3	R
<i>betamethasone dipropionate aug external lotion</i>		T1	R
<i>betamethasone dipropionate aug external ointment</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>		T3	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 cream</i>		T1	R
<i>clobetasol propionate external foam</i>		T1	R
<i>clobetasol propionate external gel</i>		T1	R
<i>clobetasol propionate external liquid</i>		T1	R
<i>clobetasol propionate external lotion</i>		T3	R
<i>clobetasol propionate external ointment</i>		T1	R
<i>clobetasol propionate external solution</i>		T1	R
<i>clocortolone pivalate</i>		T3	R
<i>clocortolone pivalate pump</i>		T3	R
CLODAN EXTERNAL SHAMPOO (Clobetasol Propionate)	T3	T3	R
CORDRAN EXTERNAL TAPE	T3		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>		T3	R
<i>desonide external ointment</i>		T1	R
<i>desoximetasone external cream 0.25 %</i>		T2	R
<i>desoximetasone external gel</i>		T2	R
<i>desoximetasone external ointment 0.25 %</i>		T2	R
<i>diflorasone diacetate external cream</i>		T3	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>		T3	ST; R&M; AI (Trial of two of the following in the last three months: betamethasone, clobetasol, hydrocortisone, triamcinolone)
<i>fluocinolone acetonide body</i>		T2	R
<i>fluocinolone acetonide external</i>		T2	R
<i>fluocinolone acetonide scalp</i>		T2	R
<i>fluocinonide external</i>		T1	R
<i>fluocinonide-e</i>		T1	R
<i>flurandrenolide external cream</i>		T3	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>		T3	PA; ST; R&M; AI (EST: thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (120 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>flurandrenolide external ointment</i>		T3	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)
<i>fluticasone propionate external cream</i>		T1	R
<i>fluticasone propionate external lotion</i>		T3	R
<i>fluticasone propionate external ointment</i>		T1	R
<i>halcinonide</i>		T3	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>		T3	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	T3		R
<i>prednicarbate external cream</i>		T1	R
TOPICORT EXTERNAL CREAM (Desoximetasone) 0.05 %	T1	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	T2		R
*Emollient/Keratolytic Agents***			
KERAFOAM 42	T3		R
UMECTA EXTERNAL EMULSION	T3		R
<i>urea external suspension 40 %</i>		T3	R
*Enzymes - Topical***			
REVINA	T2		R
SANTYL	T3		R
VASOLEX	T2		R
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1	R
<i>econazole nitrate external</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
EXELDERM	T3		R
JUBLIA	T3		PA; R&M; AI (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AG (Min 18 Years)
<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 Dayss)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external</i>		T1	R
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL	T3		R
<i>podofilox external</i>		T1	R
<i>salicylic acid external lotion</i>		T1	R
<i>salicylic acid external shampoo</i>		T1	R
<i>salicylic acid wart remover</i>		T1	R
*Local Anesthetics - Topical***			
GLYDO EXTERNAL GEL	T1		R
<i>lidocaine external ointment</i>		T1	R
<i>lidocaine external patch 5 %</i>		T3	R
<i>lidocaine hcl external gel 2 %</i>		T1	R
<i>lidocaine hcl external solution</i>		T1	R
*Macrolide Immunosuppressants - Topical***			
ELIDEL	T3		PA; R&M; QL (1 GM per 1 day); AG (Min 2 Years)
<i>pimecrolimus</i>		T3	PA; R&M; QL (1 GM per 1 Day); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		R&M; AI (Max #180 Mail Order); QL (30 GM per 30 days)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; RO; AI (Limited to 30 day supply); QL (30 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.03 %</i>		T1	R&M; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T1	RO; AI (Limited to 30 day supply); QL (30 GM per 30 days); AG (Min 2 Years)
*Oxaborole-Related Antifungals - Topical***			
KERYDIN (Tavaborole)	T3	T3	PA; R
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T3		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Photodynamic Therapy Agents - Topical***			
METVIXIA	T1		R
*Rosacea Agents***			
<i>metronidazole external lotion</i>		T1	R
MIRVASO	T3		PA; ST; R
ROSADAN EXTERNAL GEL (MetroNIDAZOLE)	T1	T1	R
SOOLANTRA (Ivermectin)	T3	T3	ST; R&M; AI (ST: Trial of following for 60 days in last 6 months: metronidazole cream, gel, or lotion.)
ZILXI	T3		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	T3		PA; ST; R
ELIMITE	T3		PA; R
EURAX	T3		PA; ST; R
<i>lindane external shampoo</i>		T3	R
<i>malathion external</i>		T1	R&M; QL (2.7 ML per 1 day)
NATROBA (Spinosad)	T3	T3	PA; R
OVIDE	T3		PA; R&M; QL (2.7 ML per 1 day)
<i>permethrin external cream</i>		T1	R
SKLICE	T3		PA; ST; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
ULESFIA	T3		PA; R
*Steroid-Local Anesthetic Combinations***			
CORTANE-B EXTERNAL	T3		R
EPIFOAM	T2		R
PRAMOSONE E	T3		R
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3		R
*Tar Products***			
SCYTERA	T3		R
*Topical Anesthetic Combinations***			
ITCH-X EXTERNAL SOLUTION	T3		R
<i>lidocaine-prilocaine external cream</i>		T1	R
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL	T1		SP; AI (Optum Specialty Pharmacy is 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); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<i>calcipotriene-betameth diprop external suspension</i>		T3	R&M; QL (2 GM per 1 day); AG (Min 18 Years)
CORTALO	T3		R
TACLONEX EXTERNAL SUSPENSION	T3		R&M; AI (#60gm per copay retail or mail); QL (2 GM per 1 day); AG (Min 18 Years)
U-CORT	T3		R
*Wound Care - Growth Factor Agents***			
REGRANEX	T3		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)
KETOSTIX	T2		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	T2		R
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	T3		PA; ST; R&M; AI (ST: Trial of both of the following in the last 12 months: Creon, Zenpep.)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600 UNIT	T3		PA; ST; R&M; AI (ST: trial of both the following in the last 12 months: Creon, Zenpep)
PERTZYE	T3		PA; ST; R&M; AI (ST: Trial of both of the following in the last 12 months: Creon, Zenpep.)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ULTRESA	T3		R
VIOKACE	T3		PA; ST; R&M; AI (ST: Trial of both of the following in the last 12 months: Creon, Zenpep.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000-24000 UNIT	T2		R
zenpep oral capsule delayed release particles 3000-10000 unit		T2	R
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (Pancrelipase (Lip-Prot-Amyl)) 5000 UNIT	T2	T3	R
Diuretics			
*Carbonic Anhydrase Inhibitors***			
acetazolamide er		T3	R
acetazolamide oral		T1	R
KEVEYIS	SP		PA; SP; AI (Optum Specialty Pharmacy is 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		T2	R
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		R
amiloride-hydrochlorothiazide		T1	R
spironolactone-hctz		T1	R
triamterene-hctz oral capsule 37.5-25 mg		T1	R
triamterene-hctz oral tablet		T1	R
*Loop Diuretics***			
bumetanide oral		T1	R
ethacrynic acid oral		T1	R
furosemide oral solution 10 mg/ml, 8 mg/ml		T1	R
furosemide oral tablet		T1	R
torsemide oral		T1	R
*Potassium Sparing Diuretics***			
amiloride hcl oral		T3	R
DYRENIUM (Triamterene)	T3	T3	R
spironolactone oral		T1	R

Drug Name	Brand	Generic	Additional Information
*Thiazides And Thiazide-Like Diuretics***			
chlorothiazide oral		T1	R
chlorthalidone oral tablet 25 mg		T2	R
chlorthalidone oral tablet 50 mg		T1	R
DIURIL	T2		R
hydrochlorothiazide oral		T1	R
indapamide oral		T1	R
methyclothiazide oral		T3	R
metolazone		T1	R
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
alendronate sodium oral tablet 10 mg, 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
alendronate sodium oral tablet 35 mg		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
alendronate sodium oral tablet 40 mg		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
alendronate sodium oral tablet 70 mg		T1	R&M; AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
etidronate disodium		T3	R
ibandronate sodium oral		T2	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
pamidronate disodium		MB	R
risedronate sodium oral tablet 150 mg		T1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days)
SKELID	T3		R
zoledronic acid intravenous solution reconstituted		SP	PA; SP; AI (Optum Specialty Pharmacy is 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))	T3	T2	R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
MIACALCIN INJECTION	T3		R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
*Carnitine Replenisher - Agents***			
levocarnitine oral solution		T3	PA; ST; R
levocarnitine oral tablet		T3	PA; ST; R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Corticotropin***			
ACTHAR HP	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cortisol Synthesis Inhibitors***			
ISTURISA	SP		PA; R
*Dopamine Receptor Agonists***			
cabergoline		T3	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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Gnrh/Lhrh Antagonists***			
ORILISSA	T3		PA; R
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Growth Hormones***			
GENOTROPIN	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ	SP		PA; R
NUTROPIN AQ NUSPIN 10	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN CLICK.EASY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TEV-TROPIN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITYR	T3		PA; R
ORFADIN (Nitisinone)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Homocystinuria Treatment - Agents***			
CYSTADANE	SP		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral</i>		T2	R
<i>doxercalciferol oral</i>		SP	SP; AI (Optum Specialty Pharmacy is 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	T3		PA; R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ	SP		PA; SP; AI (Limited distribution- PantheRX. Some medications may be available at retail. 30 day supply limit applies.)
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Leptin Analogues***			
MYALEPT	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Phenylketonuria Treatment - Agents***			
KUVAN (Sapropterin Dihydrochloride)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PALYNZIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Rank Ligand (RankI) Inhibitors***			
PROLIA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XGEVA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Selective Estrogen Receptor Modulators (Serms)***			
OSPHENA	T3		PA; ST; R
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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Urea Cycle Disorder - Agents***			
RAVICTI	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sodium phenylbutyrate oral tablet		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Vasopressin***			
DDAVP RHINAL TUBE (Desmopressin Ace Rhinal Tube)	T3	T1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
desmopressin ace spray refrig		T3	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
desmopressin acetate injection		T3	R
desmopressin acetate oral tablet 0.1 mg		T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg		T3	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
desmopressin acetate spray		T3	R
NOCDURNA	T3		PA; R
NOCTIVA	T3		PA; R
STIMATE	T3		R
Estrogens			
*Estrogen & Progestin***			
AMABELZ	T1		R&M; F
COMBIPATCH	T3		R&M; F
FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG	T2	T2	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
jevantique lo		T2	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY (Estradiol-Norethindrone Acet)	T3	T3	R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
MIMVEY LO (Estradiol-Norethindrone Acet)	T1	T1	R&M; F
PREMPHASE	T2		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	T2		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	T2		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Estrogens***			
ALORA (<i>Estradiol</i>)	T3	T1	R&M; AI (;); QL (2 EA per 1 Week)
CENESTIN	T3		PA; ST; R
DEPO-ESTRADIOL	T3		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	T3		R&M; F; AG (Min 18 Years)
ENJUVIA ORAL TABLET 0.9 MG	T3		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)
<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 Week)
MENEST	T3		R
MENOSTAR	T3		R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T2		R
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE	T3		PA; ST; R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL	T3		PA; R
<i>ciprofloxacin hcl oral tablet 100 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</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>		T3	R&M; AI (;); QL (1 EA per 1 Day)
FACTIVE	T3		R
<i>levofloxacin oral solution</i>		T2	R
<i>levofloxacin oral tablet 250 mg</i>		T2	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>moxifloxacin hcl oral</i>		T1	R
NOROXIN	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
ofloxacin oral tablet 200 mg, 300 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ofloxacin oral tablet 400 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
*5-HT4 Receptor Agonists***			
MOTEGRITY	T3		PA; R
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Gallstone Solubilizing Agents***			
CHENODAL	T3		R
ursodiol oral capsule		T2	R
ursodiol oral tablet		T3	R
*Gastrointestinal Antiallergy Agents***			
cromolyn sodium oral		T2	R
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG	T3		R&M; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AG (Min 16 Years)
AMITIZA ORAL CAPSULE 8 MCG	T3		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 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		T3	R
*Glucagon-Like Peptide-2 (GLP-2) Analogs***			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS	T2		R

Drug Name	Brand	Generic	Additional Information
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T3		PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Inflammatory Bowel Agents***			
APRISO	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
balsalazide disodium		T1	R
DIPENTUM	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
GIAZO	T3		R
mesalamine er		T3	R
mesalamine oral capsule delayed release		T2	R
mesalamine oral tablet delayed release 1.2 gm		T3	R&M; QL (4 EA per 1 Day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T2	R
mesalamine rectal enema		T3	R
mesalamine rectal suppository		T3	R&M; QL (1 EA per 1 Day)
mesalamine-cleanser		T3	R
PENTASA	T3		R
SFROWASA	T3		R
SULFAZINE (SulfaSALAzine)	T1	T1	R
SULFAZINE EC (SulfaSALAzine)	T1	T1	R
*Intestinal Acidifiers***			
enulose		T1	R
generlac		T1	R
lactulose encephalopathy		T1	R
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK	T3		R
RELISTOR ORAL	T3		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T3		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMPROIC	T3		PA; R
*Phosphate Binder Agents***			
FOSRENOL ORAL TABLET CHEWABLE (Lanthanum Carbonate) 750 MG	SP	SP	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
lanthanum carbonate oral tablet chewable 500 mg		SP	SP; AI (Optum Specialty Pharmacy is 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		T3	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer carbonate oral packet 2.4 gm		T3	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
sevelamer carbonate oral tablet		T3	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer hcl oral tablet 400 mg		T1	R&M; QL (35 EA per 1 day)
sevelamer hcl oral tablet 800 mg		T1	R&M; QL (17.5 EA per 1 day)
VELPHORO	T3		PA; ST; R
*Tryptophan Hydroxylase Inhibitors***			
XERMELO	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	T3		R
silodosin		T3	R
tamsulosin hcl		T1	R
*Citrates***			
cytra k crystals		T2	R
cytra-2		T3	R
cytra-k		T2	R
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)		T2	R
potassium citrate er oral tablet extended release 15 meq (1620 mg)		T3	R
tricitrates		T1	R
*Cystinosis Agents***			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
PROCYNSBI ORAL CAPSULE DELAYED RELEASE	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYNSBI ORAL PACKET 300 MG	SP		PA; R
PROCYNSBI 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	T3		R&M; QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl</i>		T1	R&M; M
*Urinary Analgesics***			
PHENAZO ORAL TABLET (Phenazopyridine HCl) 200 MG	T1	T1	R
<i>phenazopyridine hcl oral tablet 100 mg</i>		T1	R
*Urinary Stone Agents***			
THIOLA	T3		PA; R
THIOLA EC	T3		PA; R
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid</i>		T1	R
*Gout Agents***			
<i>allopurinol oral</i>		T1	R
COLCRYS (Colchicine)	T3	T3	R
<i>febuxostat</i>		T2	ST; R&M; AI (STEP: Through the following for 3 months in last 6 months : Allopurinol); QL (1 EA per 1 Day); AG (Min 18 Years)
GLOPERBA	T3		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	T2		ST; R&M; AI (STEP: Through the following for 3 months in last 12 months : Allopurinol and Febuxostat); QL (1 EA per 1 day); AG (Min 18 Years)
ZURAMPIC	T3		PA; ST; R
*Uricosurics***			
<i>probenecid oral</i>		T1	R

Drug Name	Brand	Generic	Additional Information
Hematological Agents - Misc.			
*Anti-Von Willebrand Factor Agents***			
CABLIVI	SP		PA; R
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR (<i>Icatibant Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*C1 Inhibitors***			
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Direct-Acting P2y12 Inhibitors***			
BRILINTA	T2		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; R
*Plasma Kallikrein Inhibitors***			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T2	R
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1	R
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T2		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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*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
ZAVESCA (Miglustat)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		T1	R
NASCOBAL	T3		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 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
PROCRIT	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NYVEPRIA	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UDENYCA	SP		R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZARXIO	SP		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA	SP		PA; R

Drug Name	Brand	Generic	Additional Information
*Interleukins***			
NEUMEGA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Iron W/ Folic Acid***			
FOLIVANE-F	T2		R
INTEGRA F	T2		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)
*Thrombopoietin (Tpo) Receptor Agonists***			
DOPTELET ORAL TABLET 20 MG	SP		PA; R
MULPLETA	SP		PA; R
NPLATE	SP		SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
*Hemostatics - Systemic***			
AMICAR ORAL SOLUTION (Aminocaproic Acid)	T2	T2	R
tranexamic acid oral		T1	R&M; F
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
phenobarbital oral tablet		T1	R
SECONAL	T3		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
*Benzodiazepine Hypnotics***			
estazolam		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg		T3	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>midazolam hcl oral</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)
<i>temazepam</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		T3	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
*Hypnotics - Tricyclic Agents***			
<i>doxepin hcl oral tablet</i>		T3	ST; R&M; AI (ST: Trial of the following for 3 months in the last 12 months:doxepin hcl 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years)
SILENOR		T3	ST; R&M; AI (ST: Trial of the following for 3 months in the last 12 months:doxepin hcl 10mg capsule); QL (1 EA per 1 Day); AG (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (15 EA per 1 Copay)
<i>zolpidem tartrate er</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day)
<i>zolpidem tartrate oral</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 Day)
*Orexin Receptor Antagonists***			
BELSOMRA		T3	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		T3	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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
ROZEREM	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
Laxatives			
*Bowel Evacuant Combinations***			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM	T3		R
GAVILYTE-C (PEG 3350/Electrolytes)	Non-Formulary	\$0	R&M; \$0
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	T3		R
MOVIPREP	T3		R
PCP 100	\$0		R&M; \$0
PEG-PREP	\$0		R&M; \$0
PREPOPIK	T3		R
SUPREP BOWEL PREP KIT	T3		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
*Laxatives - Miscellaneous***			
constulose		T1	R
lactulose oral solution		T1	R
*Saline Laxative Mixtures***			
OSMOPREP	T3		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***			
azithromycin oral packet		T1	R
azithromycin oral suspension reconstituted		T1	R
azithromycin oral tablet 250 mg, 500 mg		T1	R
azithromycin oral tablet 600 mg		T2	R
*Clarithromycin***			
clarithromycin er		T2	R
clarithromycin oral suspension reconstituted		T2	R
clarithromycin oral tablet		T1	R
*Erythromycins***			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate)	T3	T3	R
ERY-TAB	T3		R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		R
erythromycin base oral capsule delayed release particles		T3	R
erythromycin base oral tablet		T3	R
erythromycin ethylsuccinate oral suspension reconstituted		T1	R
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED	T3		PA; R
DIFICID ORAL TABLET	T3		PA; RO; QL (4 EA per 1 day)
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
alcohol swabs pad		T3	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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
comfort assured lancets 28g		T1	R&M; QL (10 EA per 1 day)
comfort assured lancets 33g		T1	R&M; QL (10 EA per 1 day)
comfort lancets		T1	R&M; QL (10 EA per 1 day)
cvs lancets 21g		T1	R&M; QL (10 EA per 1 day)
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	T3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days.); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	T3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days.); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	T3		PA; ST; RO; AI (ST: Covered if history of 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)

Drug Name	Brand	Generic	Additional Information
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)
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 (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER	T2		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T2		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER SYSTM	T2		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE 2 SENSOR SYSTM	T2		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (3 EA per 30 days)
FREESTYLE LIBRE READER	T2		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE SENSOR SYSTEM	T2		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); 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)
global inject ease lancets 28g		T1	R&M; QL (10 EA per 1 day)
global inject ease lancets 30g		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)
gnp lancets 21g		T1	R&M; QL (10 EA per 1 day)
gnp lancets micro thin 33g		T1	R&M; QL (10 EA per 1 day)
gnp lancets super thin 30g		T1	R&M; QL (10 EA per 1 day)
gnp lancets thin		T1	R&M; QL (10 EA per 1 day)
gnp lancets thin 26g		T1	R&M; QL (10 EA per 1 day)
gnp micro thin lancets 33g		T1	R&M; QL (10 EA per 1 day)
gnp super thin lancets 30g		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)
healthwise lancets 30g		T1	R&M; QL (10 EA per 1 day)
healthy accents unilet lancets		T1	R&M; QL (10 EA per 1 day)
h-e-b incontrol lancets 28g		T1	R&M; QL (10 EA per 1 day)
h-e-b incontrol lancets 30g		T1	R&M; QL (10 EA per 1 day)
hm lancets micro thin 33g		T1	R&M; QL (10 EA per 1 day)
hm lancets ultra thin 30g		T1	R&M; QL (10 EA per 1 day)
HY-VEE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
hy-vee thin lancets		T1	R&M; QL (10 EA per 1 day)
kinney lancets		T1	R&M; QL (10 EA per 1 day)
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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
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)
<i>pc lancets super thin 30g</i>		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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
PHARMACIST CHOICE LANCETS	T1		R&M; AI (Max #300 Mail Order); QL (10 EA per 1 Day)
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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
tgt lancet micro thin 33g		T1	R&M; QL (10 EA per 1 day)
tgt lancet super thin 30g		T1	R&M; QL (10 EA per 1 day)
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)
<i>todays health thin lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>todays health thin lancets 30g</i>		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)
<i>ultra thin lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>ultra thin lancets 30g</i>		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)
<i>value plus lancet standard 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>value plus lancets super thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>value plus lancets thin 26g</i>		T1	R&M; QL (10 EA per 1 day)
<i>valumark lancet super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>valumark lancet ultra thin 28g</i>		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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
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	T3		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 MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	T1		R
BD INSULIN SYRINGE U-500	T1		R
BD PEN NEEDLE MINI U/F (Pen Needles 3/16")	T2	T1	R
BD PEN NEEDLE NANO U/F	T2		R
BD PEN NEEDLE ORIGINAL U/F	T2		R
BD PEN NEEDLE SHORT U/F (Pen Needles 5/16")	T2	T1	R
DROPLET MICRON	T1		R
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	T1		R
FREESTYLE PRECISION INS SYR (Insulin Syringe)	T1	T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<i>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" 0.5 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</i>		T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<i>insulin syringe/needle</i>		T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
INSUPEN ULTRAFIN (Pen Needles 5/16") 30G X 8 MM	T1	T1	R
MAXICOMFORT II PEN NEEDLE (Pen Needles)	\$0	T1	R
MAXICOMFORT SYR 27G X 1/2"	T1		R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<i>pen needles 1/2"</i>		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
pen needles 29g x 12mm		T1	R
SECURESAFE INSULIN SYRINGE	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
*Respiratory Therapy Supplies***			
VORTEX HOLDING CHAMBER/MASK	T2		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 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 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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
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 (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
EASIVENT MASK MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
EASIVENT MASK SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
FLEXICHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
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 (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
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 (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
MASK VORTEX	T1		R&M; QL (2 EA per 1 Year)
MICROCHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
MICROSPACER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-LG MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-MED MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-SM MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
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)
<i>procare spacer/adult mask</i>		T1	R&M; QL (2 EA per 1 year)
<i>procare spacer/child mask</i>		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	T3		PA; R
UBRELVY	T3		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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
EMGALITY (300 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ergot Combinations***			
<i>ergotamine-caffeine</i>		T3	R
MIGERGOT	T3		R
*Migraine Combinations***			
<i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i>		T3	R
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		T3	PA; R&M; AI (:)
ERGOMAR	T3		R&M; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL (Dihydroergotamine Mesylate)	T3	T3	PA; R&M; QL (0.27 ML per 1 day)
*Selective Serotonin Agonists 5-HT(1)***			
<i>almotriptan malate</i>		T3	ST; 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>		T3	R&M; QL (10 ML per 30 days)
TOSYMRA	T3		R&M; QL (30 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1	R&M; QL (4 EA per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
zolmitriptan oral tablet 5 mg		T1	R&M; QL (2 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg		T1	R&M; QL (4 EA per 1 day)
zolmitriptan oral tablet dispersible 5 mg		T1	R&M; QL (2 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG	T3		R&M; QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T3		R&M; QL (2 EA per 1 day)
*Selective Serotonin Agonists 5-HT(1F)***			
REYVOW	T3		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)
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	T2		R
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ	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 ORAL PACKET (Potassium Chloride) 20 MEQ	T1	T1	R
KLOR-CON ORAL PACKET 25 MEQ	T2		R
KLOR-CON ORAL TABLET EXTENDED RELEASE (Potassium Chloride 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

Drug Name	Brand	Generic	Additional Information
<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%)</i>		T1	R
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>		T3	R
Miscellaneous Therapeutic Classes			
*Antileprotics***			
THALOMID	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA INTRAVENOUS	MB		R
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Chelating Agents***			
DEPEN TITRATABS (penicillAMINE)	T3	T3	R
<i>trientine hcl</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclosporine Analogs***			
cyclosporine oral capsule		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF (CycloSPORINE Modified)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL (CycloSPORINE Modified)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE INTRAVENOUS (CycloSPORINE)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Enzymes***			
XIAFLEX	MB		R

Drug Name	Brand	Generic	Additional Information
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 18 Years)
*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	T3		R
ENVARSUS XR	T3		PA; R
PROGRAF ORAL (Tacrolimus)	T3	T1	R
<i>sirolimus oral solution</i>		T3	R
<i>sirolimus oral tablet</i>		T1	R
ZORTRESS ORAL TABLET (Everolimus) 0.25 MG, 0.5 MG, 0.75 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Monoclonal Antibodies***			
ENSPRYNG	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Potassium Removing Agents***			
KIONEX (Sodium Polystyrene Sulfonate)	T1	T1	R
LOKELMA	T3		PA; R
SPS (Sodium Polystyrene Sulfonate)	T1	T1	R
VELTASSA	T3		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	T3		R

Drug Name	Brand	Generic	Additional Information
*Antiseptics - Mouth/Throat***			
PERIOGARD (Chlorhexidine Gluconate)	T2	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)
ACT TOTAL CARE (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)
CAVAREST (Sodium Fluoride)	\$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 (Sodium Fluoride)	\$0	\$0	R&M; AG (Max 6 Years)
FLUORIDEX	\$0		R&M; AG (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	\$0		R&M; AG (Max 6 Years)
FLUORIGARD (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)
NAFRINSE DAILY/NEUTRAL	\$0		R&M; AG (Max 6 Years)
neutral sodium fluoride		\$0	R&M; AG (Max 6 Years)
sf		\$0	R&M; AG (Max 6 Years)
sm anticavity fluoride rinse		\$0	R&M; AG (Max 6 Years)
sodium fluoride 5000 plus		\$0	R&M; AG (Max 6 Years)
sodium fluoride dental paste		\$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	T3		PA; R
*Saliva Stimulants***			
cevimeline hcl		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral		T1	R
*Steroids - Mouth/Throat/Dental***			
ORALONE (Triamcinolone Acetonide)	T1	T1	R
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
c-nate dha		T3	R&M; F
completenate		T3	R&M; F
CO-NATAL FA (Prenatabs FA)	T3	T3	R&M; F
CONCEPT DHA	T3		R&M; F
CONCEPT OB	T3		R&M; F
ELITE-OB	T3		R&M; F
FOLIVANE-OB	T3		R&M; F
INATAL ADVANCE (Vinate Ultra)	T3	T3	R&M; F
INATAL GT (Vinate Ultra)	T3	T3	R&M; F

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
INATAL ULTRA ORAL TABLET (<i>Vinate Ultra</i>)	T3	T3	R&M; F
<i>m-natal plus</i>		T3	R&M; F
M-VIT (<i>Prenatal Plus/Iron</i>)	T3	T3	R&M; F
MYNATAL ADVANCE (<i>Vinate Ultra</i>)	T3	T3	R&M; F
MYNATAL ORAL TABLET (<i>Vinate Ultra</i>)	T3	T3	R&M; F
NATELLE ONE ORAL CAPSULE (<i>Calcium PNV</i>) 28-1-250 MG	T3	T3	R&M; F
<i>neonatal complete oral tablet 27-1 mg</i>		T3	R&M; F
NEONATAL PLUS (<i>Prenatal Plus/Iron</i>)	T3	T3	R&M; F
NIVA-PLUS (<i>Prenatal Plus/Iron</i>)	T3	T3	R&M; F
OB COMPLETE ONE	T3		R&M; F
OB COMPLETE ORAL TABLET	T3		R&M; F
OB COMPLETE PETITE	T3		R&M; F
OB COMPLETE/DHA	T3		R&M; F
OB-NATAL ONE ORAL CAPSULE (<i>UltimateCare ONE NF</i>) 20-7-1 MG	T3	T3	R&M; F
<i>one vite womens plus</i>		T3	R&M; F
<i>pnv folic acid + iron</i>		T3	R&M; F
<i>pnv prenatal plus multivitamin</i>		T3	R&M; F
<i>pnv tabs 29-1</i>		T3	R&M; F
PREFERA OB + DHA ORAL (<i>HemeNatal OB + DHA</i>) 28-6-1 & 203 MG	T3	T3	R&M; F
PREFERA OB ORAL TABLET (<i>HemeNatal OB</i>) 28-6-1 MG	T3	T3	R&M; F
PRENATABS RX (<i>Vol-Tab Rx</i>)	T3	T3	R&M; F
<i>prenatal 19 oral tablet 29-1 mg</i>		T3	R&M; F
<i>prenatal 19 oral tablet chewable</i>		T3	R&M; F
PRENATAL AD (<i>Vinate Ultra</i>)	T3	T3	R&M; F
<i>prenatal low iron oral tablet 27-1 mg</i>		T3	R&M; F
<i>prenatal oral tablet 27-1 mg</i>		T3	R&M; F
<i>prenatal plus</i>		T3	R&M; F
<i>prenatal plus iron</i>		T3	R&M; F
<i>prenatal vitamin plus low iron</i>		T3	R&M; F
PRENATAL/FOLIC ACID (<i>Prenatal Plus/Iron</i>)	T3	T3	R&M; F
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG	T3		R&M; F
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG	T3		R&M; F
<i>preplus</i>		T3	R&M; F
<i>pretab</i>		T3	R&M; F
<i>se-natal 19</i>		T3	R&M; F
TARON-C DHA	T3		R&M; F
THERANATAL CORE NUTRITION (<i>Prenatal Plus/Iron</i>)	T3	T3	R&M; F

Drug Name	Brand	Generic	Additional Information
thrivite rx		T3	R&M; F
triadventure		T3	R&M; F
TRICARE (Prenatal Plus/Iron)	T3	T3	R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG	T3	T3	R&M; F
trinatal gt		T3	R&M; F
trinatal ultra		T3	R&M; F
ultra tabs		T3	R&M; F
VINATE DHA	T3		R&M; F
VINATE GT (Vinate Ultra)	T3	T3	R&M; F
VINATE M	T3		R&M; F
virt-nate dha		T3	R&M; F
virt-pn		T3	R&M; F
VITATHELY WITH GINGER (Prenatal Plus/Iron)	T3	T3	R&M; F
VIVA DHA (Relnate DHA)	T3	T3	R&M; F
vol-plus		T3	R&M; F
vp-heme ob		T3	R&M; F
vp-heme ob + dha		T3	R&M; F
ZATEAN-PN (PNV-Select)	T3	T3	R&M; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
complete natal dha		T3	R&M; F
PR NATAL 400	T3		R&M; F
PR NATAL 400 EC	T3		R&M; F
TRIVEEN-DUO DHA	T3		R&M; F
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CITRANATAL 90 DHA ORAL (Prenaissance 90 DHA) 90-1 & 300 MG	T3	T3	R&M; F
CITRANATAL ASSURE ORAL (Prenaissance Promise) 35-1 & 300 MG	T3	T3	R&M; F
CITRANATAL DHA (PNV OB+DHA)	T3	T3	R&M; F
extra-virt plus dha		T3	R&M; F
FOCALGIN 90 DHA (Prenaissance 90 DHA)	T3	T3	R&M; F
FOCALGIN CA (Prenaissance Promise)	T3	T3	R&M; F
folcal dha oral capsule 27-1.25-300 mg		T3	R&M; F
FOLIVANE-EC CALCIUM DHA NF	T3		R&M; F
FOLIVANE-PRX DHA NF	T3		R&M; F
GESTICARE DHA ORAL 27-1 & 250 MG	T3		R&M; F
MACNATAL CN DHA (Prenaissance Plus)	T3	T3	R&M; F
NATALVIRT 90 DHA (Prenaissance 90 DHA)	T3	T3	R&M; F
NATALVIRT CA (Prenaissance Promise)	T3	T3	R&M; F
NEXA PLUS (TL-Select DHA)	T3	T3	R&M; F
PREFERAOB ONE (VP-HEME One)	T3	T3	R&M; F

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
prenaissance		T3	R&M; F
prenaissance dha		T3	R&M; F
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	T3		R&M; F
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	T3		R&M; F
rulavite dha		T3	R&M; F
SELECT-OB+DHA (Choice-OB+DHA)	T3	T3	R&M; F
TARON-PREX	T3		R&M; F
<i>tl-select</i>		T3	R&M; F
TRIVEEN-TEN	T3		R&M; F
VEMAVITE-PRX 2 (PNV-DHA+Docusate)	T3	T3	R&M; F
<i>virt-pn dha</i>		T3	R&M; F
<i>virt-select</i>		T3	R&M; F
VITAMEDMD ONE RX/QUATREFOLIC (Prena1/Quatrefolic)	T3	T3	R&M; F
VITAMEDMD PLUS RX/QUATREFOLIC (Prena1 Plus/Quatrefolic)	T3	T3	R&M; F
ZATEAN-PN DHA (PNV-DHA)	T3	T3	R&M; F
*Prenatal Vitamins***			
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prena1/Quatrefolic) 0.6-0.4 MG	T3	T3	R&M; F
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T1	R
<i>carisoprodol oral tablet 350 mg</i>		T1	RO; AI (Max #84 per 21 days); QL (84 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		T1	R
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T2	R
<i>metaxalone oral tablet 800 mg</i>		T2	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>methocarbamol oral</i>		T1	R
<i>orphenadrine citrate er</i>		T1	R
<i>tizanidine hcl oral tablet</i>		T1	R
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		T2	R
*Muscle Relaxant Combinations***			
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>		T3	R
Nasal Agents - Systemic And Topical			
*Nasal Antibiotics***			
BACTROBAN NASAL	T3		R
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %</i>		T1	R&M; AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T1	R&M; AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*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	T3		R&M; AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
flunisolide nasal solution 25 mcg/act (0.025%)		T1	R&M; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T3		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 %	T3		R
Neuromuscular Agents			
*Benzathiazoles***			
riluzole		T1	R
TIGLUTIK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Neuromuscular Blocking Agent - Neurotoxins***			
MYOBLOC	MB		R
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T3		R
*Artificial Tear Inserts***			
LACRISERT	T3		R
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN	T2		R&M; AI (:)
dorzolamide hcl-timolol mal		T1	R
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %		T1	PA; R
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml		T3	PA; R
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	T3		R
carteolol hcl		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	R
<i>metipranolol</i>		T3	R
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		T1	R
TIMOPTIC-XE (Timolol Maleate)	T3	T3	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 %</i>		T2	R
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1	R
HOMATROPAIRE	T1		R
<i>tropicamide ophthalmic</i>		T3	R
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA	T3		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	T3		R
ALOMIDE	T3		R
<i>azelastine hcl ophthalmic</i>		T2	R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
BEPREVE	T3		R
<i>cromolyn sodium ophthalmic</i>		T1	R
EMADINE	T3		PA; ST; R
<i>epinastine hcl</i>		T2	R
LASTACRAFT	T3		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>		T3	R
ZERVIATE	T3		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)	T3	T3	R
BESIVANCE	T3		R
CILOXAN OPHTHALMIC OINTMENT	T3		R
<i>ciprofloxacin hcl ophthalmic</i>		T1	R
<i>erythromycin ophthalmic</i>		T1	R
<i>gatifloxacin ophthalmic</i>		T1	R

Drug Name	Brand	Generic	Additional Information
GENTAK OPHTHALMIC OINTMENT (<i>Gentamicin Sulfate</i>)	T3	T1	R
<i>levofloxacin ophthalmic</i>		T2	R
MOXEZA (<i>Moxifloxacin HCl (2X Day)</i>)	T3	T3	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	T3		R
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1	R
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T3	R
NEO-POLYCIN (<i>Neomycin-Bacitracin Zn-Polymyx</i>)	T1	T1	R
POLYCIN (<i>AK-Poly-Bac</i>)	T1	T1	R
<i>polymyxin b-trimethoprim</i>		T1	R
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T3	R
ZIRGAN	T2		R
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT	T3		R&M; AI (Max #30ml Mail Order); QL (10 ML per 30 Days)
<i>dorzolamide hcl ophthalmic</i>		T1	R
*Ophthalmic Decongestants***			
<i>ak-con</i>		T3	PA; ST; R
<i>naphazoline hcl ophthalmic</i>		T3	PA; ST; R
NEOFRIN	T1		R
*Ophthalmic Immunomodulators***			
CEQUA	T2		R&M; QL (2 EA per 1 day)
RESTASIS	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2		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 (<i>Tetracaine HCl</i>)	T1	T1	R
*Ophthalmic Nerve Growth Factors***			
OXERVATE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
bromfenac sodium (once-daily)		T2	R
bromfenac sodium ophthalmic		T2	R&M; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AG (Min 18 Years)
diclofenac sodium ophthalmic		T1	R
flurbiprofen sodium		T1	R
ketorolac tromethamine ophthalmic		T1	R
NEVANAC	T3		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	T3		PA; R
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2		R
apraclonidine hcl		T1	R
brimonidine tartrate ophthalmic		T1	R
*Ophthalmic Steroid Combinations***			
bacitra-neomycin-polymyxin-hc		T1	R
BLEPHAMIDE	T3		R
BLEPHAMIDE S.O.P.	T3		R
neomycin-polymyxin-dexameth ophthalmic ointment		T1	R
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1		T1	R
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		T3	R
poly-dex ophthalmic ointment		T1	R
PRED-G	T3		R
PRED-G S.O.P.	T3		R
sulfacetamide-prednisolone ophthalmic solution		T3	R
TOBRADEX OPHTHALMIC OINTMENT	T2		R
TOBRADEX ST	T2		R
tobramycin-dexamethasone		T1	R
*Ophthalmic Steroids***			
ALREX	T3		R
dexamethasone sodium phosphate ophthalmic		T3	R
DUREZOL	T3		R
FLAREX	T3		R
fluorometholone ophthalmic		T1	R
FML	T3		R
FML FORTE	T3		R
INVELTYS	T3		R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
LOTEMAX OPHTHALMIC GEL	T3		R&M; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	T3		R
LOTEMAX SM	T3		R
<i>loteprednol etabonate</i>		T3	R
MAXIDEX	T3		R
PRED FORTE (prednisolONE Acetate)	T1	T1	R
PRED MILD	T3		R
<i>prednisolone acetate p-f</i>		T1	R
<i>prednisolone sodium phosphate ophthalmic</i>		T3	R
VEXOL	T2		R
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	R
<i>sulfacetamide sodium ophthalmic solution</i>		T1	R
*Ophthalmics - Cystinosis Agents**			
CYSTADROPS	SP		PA; SP; AI (Limited to 30 day supply.)
CYSTARAN	T3		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 %	T2		R&M; AI (:)
TRAVATAN Z	T2		R&M; AI (:)
VYZULTA	T3		PA; ST; R&M; AI (ST: Trial of two of the following in the last 12 months: Lumigan, Xalatan, Zioptan)
XELPROS	T3		R
ZIOPTAN	T3		R
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1	R
<i>acetic acid-aluminum acetate</i>		T3	R
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		T3	R
<i>ofloxacin otic</i>		T1	R
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	T2		R
CIPRODEX	T2		R&M; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days)
<i>ciprofloxacin-dexamethasone</i>		T2	R&M; QL (7.5 ML per 30 days)
CORTISPORIN-TC	T3		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	R
<i>neomycin-polymyxin-hc otic suspension</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Otic Steroids***			
ACETASOL HC (<i>Hydrocortisone-Acetic Acid</i>)	T3	T2	R
fluocinolone acetonide otic		T1	R&M; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (<i>Methylergonovine Maleate</i>)	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
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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WINRHO SDF	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Passive Immunizing Agents - Combinations***			
HYQVIA	MB		R
Penicillins			
*Aminopenicillins***			
amoxicillin oral capsule		T1	R
amoxicillin oral suspension reconstituted		T1	R
amoxicillin oral tablet		T1	R
amoxicillin oral tablet chewable 125 mg, 250 mg		T1	R
ampicillin		T1	R
MOXATAG (Amoxicillin ER)	T3	T3	R
*Natural Penicillins***			
penicillin v potassium		T1	R
*Penicillin Combinations***			
amoxicillin-pot clavulanate er		T3	R
amoxicillin-pot clavulanate oral suspension reconstituted		T1	R
amoxicillin-pot clavulanate oral tablet		T1	R
amoxicillin-pot clavulanate oral tablet chewable		T3	R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T3		R
*Penicillinase-Resistant Penicillins***			
dicloxacillin sodium		T1	R
Pharmaceutical Adjuvants			
*Parenteral Vehicles***			
saline bacteriostatic		MB	SP
Progestins			
*Progestins***			
hydroxyprogesterone caproate intramuscular oil	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
MAKENA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
medroxyprogesterone acetate oral tablet 10 mg		T2	R

Drug Name	Brand	Generic	Additional Information
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</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>		T3	R&M; F
<i>progesterone micronized oral</i>		T1	R&M; F
*Psychotherapeutic And Neurological Agents -			
Misc.*			
*Agents For Opioid Withdrawal***			
LUCEMYRA	T3		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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>donepezil hcl oral tablet 23 mg</i>		T1	R
<i>donepezil hcl oral tablet dispersible</i>		T1	R
EXELON ORAL SOLUTION	T2		R
<i>galantamine hydrobromide er</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>galantamine hydrobromide oral solution</i>		T3	R
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>rivastigmine</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
*Fibromyalgia Agent - Snris***			
SAVELLA	T3		R

Drug Name	Brand	Generic	Additional Information
SAVELLA TITRATION PACK	T3		R
*Movement Disorder Drug Therapy***			
AUSTEDO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INGREZZA	T3		PA; R&M; QL (1 EA per 1 day)
XENAZINE (Tetrabenazine)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (4 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (5 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (6 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (7 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (8 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (9 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
BETASERON SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXTAVIA SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>dimethyl fumarate oral</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
TECFIDERA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY (STARTER)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
AMPYRA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (18 EA per 1 day)
dalfampridine er		SP	PA; SP; AI (Optum Specialty Pharmacy is 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 (<i>Glatiramer Acetate</i>) 40 MG/ML	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLATOPA (<i>Glatiramer Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
memantine hcl er		T2	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	T3		R
*Phenothiazines & Tricyclic Agents***			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg		T2	R
*Pseudobulbar Affect Agent Combinations***			
NUEDEXTA	T3		PA; R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Psychotherapeutic And Neurological Agents -			
Misc.***			
ergoloid mesylates oral		T1	PA; R
ORAP (Pimozide)	T3	T2	R
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	T3		R&M; 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 mouth/throat gum 2 mg		\$0	R
cvs nicotine mouth/throat gum 4 mg		\$0	R&M; AG (Min 18 Years)
cvs nicotine mouth/throat lozenge		\$0	R&M; AG (Min 18 Years)
cvs nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
cvs nicotine transdermal		\$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)
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)
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)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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)
sw nicotine polacrilex mouth/throat gum 2 mg		\$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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is 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		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T3	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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
KALYDECO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is 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		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
ORKAMBI ORAL TABLET 100-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV	SP		PA; SP; AI (Optum Specialty Pharmacy is 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 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 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
*Respiratory Agents - Misc.***			
INFASURF INHALATION	T1		R
Sulfonamides			
*Sulfonamides***			
sulfadiazine oral		T3	R
Tetracyclines			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	T3		PA; R
*Tetracyclines***			
demecclocycline hcl oral		T3	R
doxycycline hyclate oral capsule		T1	R
doxycycline hyclate oral tablet 100 mg		T2	R
doxycycline hyclate oral tablet 20 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline hyclate oral tablet delayed release 100 mg		T1	R&M; QL (2 EA per 1 day)
doxycycline hyclate oral tablet delayed release 75 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline monohydrate oral capsule 100 mg, 50 mg		T2	R
doxycycline monohydrate oral suspension reconstituted		T1	R
doxycycline monohydrate oral tablet 100 mg		T2	R
doxycycline monohydrate oral tablet 50 mg, 75 mg		T1	R
minocycline hcl oral capsule		T1	R
minocycline hcl oral tablet		T3	R
MORGIDOX ORAL CAPSULE (Doxycycline Hyclate) 50 MG	T1	T1	R
tetracycline hcl oral		T1	R
VIBRAMYCIN ORAL SYRUP	T3		R
Thyroid Agents			
*Antithyroid Agents***			
methimazole oral		T1	R
propylthiouracil oral		T1	R
*Thyroid Hormones***			
ARMOUR THYROID	T3		R
EUTHYROX (Levothyroxine Sodium)	T1	T1	R
LEVO-T (Levothyroxine Sodium)	T1	T1	R
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg		T1	R
LEVOXYL (Levothyroxine Sodium)	T1	T1	R
liothyronine sodium oral		T2	R
NATURE-THROID	T3		R
SYNTHROID (Levothyroxine Sodium)	T2	T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T3		R
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T3		R
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T3		R
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T3		R
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T3		R
TIROSINT (Levothyroxine Sodium)	T3	T3	R
TIROSINT-SOL	T3		R
UNITHROID DIRECT (Levothyroxine Sodium)	T1	T1	R
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	R
UNITHROID ORAL TABLET (Levothyroxine Sodium) 150 MCG	T2	T1	R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 97.5 MG	T3		R
WESTHROID ORAL TABLET (Thyroid) 65 MG	T3	T3	R
WP THYROID	T3		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
diphtheria-tetanus toxoids dt		\$0	RO
DIPHTHERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU	\$0		RO
INFANRIX	\$0		RO
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***			
B-DONNA	T1		R
belladonna alkaloids-opium rectal suppository 16.2-60 mg		T3	R
belladonna-opium		T3	R
chlordiazepoxide-clidinium		T1	R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>phenobarbital-belladonna alk oral elixir</i>		T2	R
PHENOHYTRO ORAL TABLET	T1		R
*Antispasmodics***			
<i>dicyclomine hcl intramuscular</i>		T3	R
<i>dicyclomine hcl oral</i>		T1	R
*Belladonna Alkaloids***			
<i>ed-spaz</i>		T3	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
HYOMAX-SL (Hyoscyamine Sulfate)	T1	T1	R
<i>hyoscyamine sulfate oral elixir</i>		T1	R
<i>hyoscyamine sulfate oral solution</i>		T3	R
<i>hyoscyamine sulfate oral tablet</i>		T3	R
<i>hyoscyamine sulfate oral tablet dispersible</i>		T3	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>hyosyne oral solution</i>		T1	R
<i>oscimin oral tablet</i>		T3	R
<i>oscimin oral tablet dispersible</i>		T3	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>oscimin sublingual</i>		T1	R
*H-2 Antagonists***			
<i>cimetidine hcl oral</i>		T3	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	R
<i>famotidine oral suspension reconstituted</i>		T1	R
<i>famotidine oral tablet 20 mg, 40 mg</i>		T1	R
<i>nizatidine oral capsule 150 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution</i>		T2	R
<i>ranitidine hcl oral capsule</i>		T1	R
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		T1	R
<i>ranitidine hcl oral tablet 300 mg</i>		T1	R
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (Sucralfate)	T2	T2	R
<i>sucralfate oral tablet</i>		T1	R
*Proton Pump Inhibitors***			
DEXILANT	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		T1	R&M; QL (4 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet 20 mg</i>		T3	PA; R
FIRST-LANSOPRAZOLE	T2		RO

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
FIRST-OMEPRAZOLE	T2		RO
<i>lansoprazole oral capsule delayed release</i>		T1	R
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		T3	R&M; QL (1 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>		T3	R
<i>omeprazole oral capsule delayed release</i>		T1	R
OMEPRAZOLE+SYRSPEND SF ALKA	T2		RO
<i>pantoprazole sodium oral tablet delayed release</i>		T1	R
<i>rabeprazole sodium oral tablet delayed release</i>		T1	R
*Quaternary Anticholinergics***			
CANTIL	T3		R
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		T1	R
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T1	R
<i>propantheline bromide oral</i>		T1	R
*Ulcer Anti-Infective W/ Bismuth Combinations***			
HELIDAC	T3		R&M; AI (Max #1 box (#224) retail or 90); QL (1 EA per 30 days)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
TALICIA	T3		ST; R&M; AI (Must step thru clarithromycin, amoxicillin, and pantoprazole in last 90 days.)
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral</i>		T1	R
Urinary Anti-Infectives			
*Methenamine Combos***			
UROQID #2	T3		R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
<i>urin ds oral tablet</i>		T2	R
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<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
TOVIAZ	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<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	T2		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
FLUAD	\$0		RO; \$0; AG (Min 65 Years)
FLUAD QUADRIVALENT	\$0		R&M; AG (Min 65 Years)
FLUARIX	\$0		RO
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		RO; \$0

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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>pfiizer-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	T3		R&M; F
ZAZOLE (<i>Terconazole</i>)	T3	T2	R&M; F
*Miscellaneous Vaginal Combinations***			
RELAGARD	T3		R&M; F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS CONCEPTROL	\$0		R
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
TODAY SPONGE	\$0		R&M; AI (Max #36 Mail Order); 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

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		R
*Vaginal Anti-Infectives***			
CLEOCIN VAGINAL SUPPOSITORY	T3		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)	T2	T2	R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
*Vaginal Estrogens***			
estradiol vaginal cream		T1	R&M; F
FEMRING VAGINAL RING 0.05 MG/24HR	T3		R&M; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T3		R&M; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T2		R&M; F
YUVAFEM (Estradiol)	T3	T3	R&M; F
*Vaginal Progestins***			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
ENDOMETRIN	T3		PA; R&M; F
Vasopressors			
*Anaphylaxis Therapy Agents***			
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml		T2	R&M; AI (Non Mylan pens are non formulary. Limit of 1 refill of 2 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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
*Vasopressors***			
epinephrine pf injection solution		T2	R
midodrine hcl		T3	R
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T3		R
POTABA ORAL TABLET	T3		R

Drug Name	Brand	Generic	Additional Information
*Vitamin D***			
cvs childrens vitamin d		\$0	R&M; AG (Min 65 Years)
cvs vit d 5000 high-potency		\$0	R&M; AG (Min 65 Years)
cvs vitamin d		\$0	R&M; AG (Min 65 Years)
cvs vitamin d3 oral capsule 1000 unit, 400 unit		\$0	R&M; AG (Min 65 Years)
d 1000		\$0	R&M; AG (Min 65 Years)
d 10000		\$0	R&M; AG (Min 65 Years)
d 2000		\$0	R&M; AG (Min 65 Years)
d 400 oral tablet		\$0	R&M; AG (Min 65 Years)
d 5000		\$0	R&M; AG (Min 65 Years)
d-1000		\$0	R&M; AG (Min 65 Years)
d-1000 extra strength		\$0	R&M; AG (Min 65 Years)
d-2000 maximum strength		\$0	R&M; AG (Min 65 Years)
d2000 ultra strength		\$0	R&M; AG (Min 65 Years)
d3 adult		\$0	R&M; AG (Min 65 Years)
d3 high potency oral capsule 125 mcg (5000 ut)	T1		R&M; \$0; AG (Min 65 Years)
d3 high potency oral capsule 25 mcg (1000 ut)		\$0	R&M; AG (Min 65 Years)
d3 kids		\$0	R&M; AG (Min 65 Years)
d3 maximum strength oral capsule		\$0	R&M; AG (Min 65 Years)
d3 super strength		\$0	R&M; AG (Min 65 Years)
d3-1000		\$0	R&M; AG (Min 65 Years)
D3-50 (Vitamin D3)	\$0	\$0	R&M; AG (Min 65 Years)
d-400		\$0	R&M; AG (Min 65 Years)
d-5000		\$0	R&M; AG (Min 65 Years)
d-5000 maximum strength		\$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)
delta d3		\$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)
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)

Last revision date: 01/20/2021 To search for a drug use control + f

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

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
WEEKLY-D (Vitamin D3)	\$0	\$0	R&M; AG (Min 65 Years)
*Vitamin K***			
<i>phytonadione oral</i>		T3	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
<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 pnul/ml</i>	MB		SP
ATGAM	MB		SP
ATROFEN INTRAMUSCULAR DEVICE	MB		SP
AVASTIN	MB		SP

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
azacitidine	MB		SP
aztreonam	MB		SP
BEBULIN	MB		R
BELEODAQ	MB		SP
BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	MB		R
BERINERT	MB		R
<i>bermuda grass subcutaneous</i>	MB		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>cefotaxime 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
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 2-2.22 gm-%</i>	MB		SP
CEREZYME	MB		R
<i>chloramphenicol sod succinate</i>	MB		SP

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>chorionic gonadotropin intramuscular</i>	MB		SP; AI (Optum Specialty Pharmacy is 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
CRESEMBA 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</i>	MB		SP
<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

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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
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
FLUORAC	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
GONAL-F RFF	MB		SP
GONAL-F RFF REDIRECT	MB		PA; SP
HALAVEN	MB		SP
HELIXATE FS	MB		R
HEMLIBRA	MB		R

Drug Name	Brand	Generic	Additional Information
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
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
JEVTANA	MB		SP
JIVI	MB		R
<i>johnson 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
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

Drug Name	Brand	Generic	Additional Information
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>mitomycin intravenous</i>	MB		SP
<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
<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
<i>neostigmine methylsulfate injection</i>	MB		SP
NIPENT	MB		SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	MB		SP; AI (Optum Specialty Pharmacy is 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
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

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<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
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 preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	MB		R
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	MB		R
PROGRAF INTRAVENOUS	MB		SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	MB		R
PROLEUKIN	MB		SP
PROVENGE	MB		SP
QUADRAMET	MB		SP
RECOMBINATE	MB		R
REGONOL INTRAVENOUS	MB		SP
REMICADE	MB		R
RENFLEXIS	MB		R
RIASTAP	MB		R
<i>ringers irrigation</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
RITUXAN INTRAVENOUS SOLUTION	MB		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>rixubis intravenous solution reconstituted 250 unit</i>	MB		R
RUCONEST	MB		R
scopolamine hbr injection	MB		SP
SIGNIFOR	MB		R
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB		R
SIMULECT	MB		SP
sodium chloride injection solution 2.5 meq/ml	MB		SP
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	MB		SP
sodium phosphate	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
teniposide	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
<i>timothy grass pollen allergen subcutaneous solution 100000 bau/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
TRETEN	MB		R
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	MB		SP
TYSABRI	MB		R

Last revision date: 01/20/2021 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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
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
<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
XOFIGO INTRAVENOUS SOLUTION 27 MCCI/ML	MB		SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		R
XYNTHA SOLOFUSE	MB		R
YEROVY	MB		PA; SP
ZALTRAP	MB		SP
ZANOSAR	MB		SP
ZEMAIRA	MB		R
ZEVALIN Y-90	MB		SP
<i>zoledronic acid intravenous concentrate</i>	MB		R
<i>zoledronic acid intravenous solution</i>	MB		R
ZOMETA INTRAVENOUS SOLUTION	MB		R

Index

1st choice lancets super thin	138	adefovir dipivoxil	88	AIRDUO DIGIHALER	37
1st choice lancets thin	138	ADEMPAS	94	AIRDUO RESPICLICK 113/14	37
1st choice lancets ultra thin	138	ADHANSIA XR	9	AIRDUO RESPICLICK 232/14	37
1st tier unilet comfortouch	138	ADMELOG	51	AIRDUO RESPICLICK 55/14	37
8-MOP	112	ADMELOG SOLOSTAR	51	AJOVY	151
abacavir sulfate	87	ADRUCIL	184	ak-con	162
abacavir sulfate-lamivudine	85	adult aspirin ec low strength	16	AKLIEF	109
abacavir-lamivudine-zidovudine	85	ADVAIR DISKUS	37	AKYNZEO	58
ABELCET	184	ADVAIR HFA	37	ala-cort	113
ABILIFY	84, 184	ADVATE	184	ALBENZA	34
ABRAXANE	184	ADVOCATE LANCETS	139	albuterol sulfate	39
ABSTRAL	23	ADVOCATE SAFETY LANCETS	139	albuterol sulfate er	39
acamprosate calcium	167	adynovate	184	alclometasone dipropionate	113
acarbose	49	ADZENYS ER	8	alcohol swabs	138
ACCU-CHEK FASTCLIX		ADZENYS XR-ODT	8	ALDACTAZIDE	119
LANCETS	138	AEMCOLO	65	ALDURAZYME	184
ACCU-CHEK MULTICLIX		AEROCHAMBER MINI CHAMBER	149	ALECENSA	71
LANCETS	138	AEROCHAMBER MV	149	alendronate sodium	120
ACCU-CHEK SAFE-T PRO		AEROCHAMBER PLUS FLO-VU	149	ALFERON N	184
LANCETS	139	AEROCHAMBER PLUS FLO-VU	149	alfuzosin hcl er	130
ACCU-CHEK SOFT TOUCH		LARGE	149	ALIMTA	184
LANCETS	139	AEROCHAMBER PLUS FLO-VU	149	ALINIA	65
ACCU-CHEK SOFTCLIX		MEDIUM	149	aliskiren fumarate	65
LANCETS	139	AEROCHAMBER PLUS FLO-VU	149	ALKERAN	79
acebutolol hcl	92	SMALL	149	allopurinol	131
acetaminophen-codeine	20, 21	AEROCHAMBER PLUS FLO-VU	149	almotriptan malate	152
acetaminophen-codeine #2	20	W/MASK	149	ALOCRIL	161
acetaminophen-codeine #3	20	AEROCHAMBER PLUS FLOW	149	ALOMIDE	161
acetaminophen-codeine #4	20	VU	149	ALORA	127
ACETASOL HC	165	AEROCHAMBER	149	ALPHAGAN P	163
acetazolamide	119	W/FLOWSIGNAL	149	ALPHANATE/VWF	
acetazolamide er	119	AEROCHAMBER Z-STAT PLUS	149	COMPLEX/HUMAN	184
acetic acid	164	AEROCHAMBER Z-STAT PLUS	149	ALPHANINE SD	184
acetic acid-aluminum acetate	164	CHAMBR	149	alprazolam	35
acetylcysteine	108	AEROCHAMBER Z-STAT		alprazolam er	35
acitretin	112	PLUS/LARGE	149	alprazolam xr	35
ACLARO	115	AEROCHAMBER Z-STAT		ALREX	163
ACT ANTICAVITY FLUORIDE		PLUS/MEDIUM	149	ALTABAX	110
RINSE	156	AEROCHAMBER Z-STAT		ALTAFRIN	161
ACT RESTORING FLUORIDE		PLUS/SMALL	149	ALTAVERA	97
RINSE	156	AEROVENT PLUS	149	alternaria	184
ACT TOTAL CARE	156	af lancets super thin	139	ALTRENO	109
ACTEMRA	13, 184	AFEDITAB CR	93	ALUNBRIG	71
ACTEMRA ACTPEN	13	AFINITOR	71	ALVESCO	41
ACTHAR HP	121	AFINITOR DISPERZ	71	ALYQ	95
acti-lance 28g	139	AFIRMELLE	97	AMABELZ	126
acti-lance lite lancets 28g	139	AFLURIA	178	amantadine hcl	81
acti-lance special lancets 17g	139	AFLURIA PRESERVATIVE FREE	178	AMBISOME	184
acti-lance universal 23g	139	AFLURIA QUADRIVALENT	178	ambrisentan	94
ACTIMMUNE	75	AFREZZA	51	amcinonide	113
ACTIQ	23	AFSTYLA	184	american cockroach	184
acyclovir	92, 113	AFTERA	103	american elm	184
ADACEL	175	AGAMATRIX ULTRA-THIN		AMETHIA	104
ADAGEN	11	LANCETS	139	AMETHIA LO	104
adapalene	109	AIMOVIG	151	AMEVIVE	184
ADCETRIS	184	AIMOVIG (140 MG DOSE)	151	AMICAR	135
ADCIRCA	95	aimsco twist lancets 32g	139	amikacin sulfate	184
ADDERALL XR	8	AIMSCO TWIST LANCETS 33G	139	amiloride hcl	119
ADDYI	171			amiloride-hydrochlorothiazide	119

aminophylline	184	ASHLYNA	104	AUROVELA 1/20	98
aminophylline anhydrous	42	ASMANEX (120 METERED DOSES)	41	AUROVELA 24 FE	98
AMITIZA	128	ASMANEX (14 METERED DOSES)	41	AUROVELA FE 1.5/30	98
amitriptyline hcl	49	ASMANEX (30 METERED DOSES)	41	AUROVELA FE 1/20	98
amlodipine besy-benazepril hcl	62	ASMANEX (60 METERED DOSES)	41	AUSTEDO	168
amlodipine besylate	93	ASMANEX (7 METERED DOSES)	41	AVANDAMET	56
amlodipine besylate-valsartan	63	ASMANEX HFA	41	AVANDARYL	56
amlodipine-olmesartan	63	aspergillus fumigatus	184	AVANDIA	56
amlodipine-valsartan-hctz	64	aspirin	16	AVASTIN	184
ammonium chloride	184	aspirin 81	16	AVIANE	98
AMNESTEEM	109	aspirin adult low strength	16	AVONEX	168
amoxapine	49	aspirin childrens	16	av-phos 250 neutral	153
amoxicillin	166	aspirin ec	16	AYVAKIT	71
amoxicillin-pot clavulanate	166	aspirin ec lo-dose	16	azacitidine	185
amoxicillin-pot clavulanate er	166	aspirin ec low dose	16	azathioprine	155
amphetamine-dextroamphetamine	8	aspirin ec low strength	16	azelastine hcl	160, 161
amphotericin b	184	aspirin low dose	16	azithromycin	137
ampicillin	166	aspirin low strength	16	AZOPT	162
ampicillin-sulbactam sodium	184	aspirin-dipyridamole er	132	aztreonam	185
AMPYRA	170	ASPIR-LOW	16	AZUPHEN MB	66
AMZEEQ	109	assure comfort lancets 28g	139	AZURETTE	97
ANADROL-50	33	assure comfort lancets 30g	139	BACIGUENT	161
anagrelide hcl	132	ASSURE HAEMOLANCE PLUS HIGH	139	bacitracin-polymyxin b	162
ANALPRAM-HC	33	ASSURE HAEMOLANCE PLUS LOW	139	bacitra-neomycin-polymyxin-hc	163
anastrozole	76	ASSURE HAEMOLANCE PLUS MICRO	139	baclofen	159
ANDROXY	33	ASSURE HAEMOLANCE PLUS NORMAL	139	BACTROBAN NASAL	159
ANORO ELLIPTA	37	ASSURE HAEMOLANCE PLUS PED	139	BAFIERTAM	169
ANZEMET	57	ASSURE LANCE LANCETS	139	balsalazide disodium	129
apap-caff-dihydrocodeine	21	ASSURE LANCETS	139	BALVERSA	69
APIDRA	51	ASTAGRAF XL	155	BALZIVA	98
APIDRA SOLOSTAR	51	AT LAST LANCETS	139	BANZEL	43
APOKYN	82, 184	atazanavir sulfate	86	BAQSIMI ONE PACK	50
apraclonidine hcl	163	atenolol	92	BAQSIMI TWO PACK	50
aprepitant	58	atenolol-chlorthalidone	64	BARACLIDE	88
APRI	97	ATGAM	184	BAVENCIO	70
APRISO	129	atomoxetine hcl	8	BAXDELA	127
APTENSIO XR	9	atorvastatin calcium	61	BAYCADRON	107
APTIOM	43	atovaquone	65	BAYER ADVANCED ASPIRIN REG ST	16
APТИВУС	86	atovaquone-proguanil hcl	66	BAYER ASPIRIN	16
ARALAST NP	184	ATRIPLA	85	BAYER ASPIRIN REGIMEN	16
ARANELLE	105	ATROPEN	184	BAYER LOW DOSE	16
ARANESP (ALBUMIN FREE)	133	atropine sulfate	161	BAYER MICROLET LANCETS	139
ARBINOXA	59	atropine-care	161	BD INSULIN SYRINGE MICROFINE	148
ARCALYST	184	ATROVENT HFA	40	BD INSULIN SYRINGE U-500	148
ARCAPTA NEOHALER	39	AUBAGIO	168	BD LANCET ULTRAFINE 30G	139
ARESTIN	156	AUBRA	97	BD LANCET ULTRAFINE 33G	139
ARGYLE STERILE SALINE	131	AUBRA EQ	97	BD MICROTAINER LANCETS	139
ARIAL CHAMBER	149	AUGMENTIN	166	BD PEN NEEDLE MINI U/F	148
ARIKAYCE	11	aurora lancet super thin 30g	139	BD PEN NEEDLE NANO U/F	148
ARIMIDEX	76	aurora lancet thin 23g	139	BD PEN NEEDLE ORIGINAL U/F	148
aripiprazole	84	AUROVELA 1.5/30	97	BD PEN NEEDLE SHORT U/F	148
ARISTADA	184			BD ULTRA-FINE LANCETS	139
armodafinil	9			B-DONNA	175
ARMOUR THYROID	174			BEBULIN	185
ARNUTTY ELLIPTA	41			BECONASE AQ	160
AROMASIN	76			BEKYREE	97
ARRANON	184			BELBUCA	32
ARZERRA	184			BELEODAQ	185
ASCOMP-CODEINE	21				
asenapine maleate	83				

belladonna	97	BREATHERITE SPACER	
<i>belladonna alkaloids-opium</i>	175	NEONATE	149
<i>belladonna-opium</i>	175	BREATHERITE SPACER SMALL	
BELRAPZO	67	CHILD	150
BELSOMRA	136	BREATHERITE/LARGE MASK	150
BELVIQ	9	BREATHERITE/MEDIUM MASK	150
<i>benazepril hcl</i>	63	BREATHERITE/SMALL MASK	150
<i>benazepril-hydrochlorothiazide</i>	63	BREO ELLIPTA	37
BENDEKA	68	BREVICON (28)	98
BENEFIX	185	BREZTRI AEROSPHERE	37
BENLYSTA	154	BRILINTA	132
BENZEPRO SHORT CONTACT	109	<i>brimonidine tartrate</i>	163
<i>benzhydrocodone-acetaminophen</i>	31	BRINEURA	185
<i>benznidazole</i>	34	BRIVIACT	43, 44, 185
<i>benzonataate</i>	108	BROMFED DM	108
<i>benzoyl peroxide short contact</i>	109	<i>bromfenac sodium</i>	163
<i>benztropine mesylate</i>	81	<i>bromfenac sodium (once-daily)</i>	163
BEPREVE	161	<i>bromocriptine mesylate</i>	81
BERINERT	185	BROVANA	39
<i>bermuda grass</i>	185	BRUKINSA	72
BESIVANCE	161	<i>budesonide</i>	41
<i>betamethasone dipropionate</i>	113	<i>budesonide er</i>	107
<i>betamethasone dipropionate aug.</i>	113	BUFFERIN LOW DOSE	16
<i>betamethasone valerate</i>	113	BULLSEYE SAFETY LANCETS	139
BETASERON	169	<i>bumetanide</i>	119
<i>betaxolol hcl</i>	92	BUNAVAIL	32
<i>bethanechol chloride</i>	178	<i>buprenorphine</i>	32
BETHKIS	11	<i>buprenorphine hcl</i>	32, 185
BETOPTIC-S	160	<i>buprenorphine hcl-naloxone hcl</i>	32
BEVESPI AEROSPHERE	37	<i>bupropion hcl</i>	47
BEVYXXA	42	<i>bupropion hcl er (smoking det)</i>	171
BEXZERO	178	<i>bupropion hcl er (sr)</i>	47
BIKTARVY	85	<i>bupropion hcl er (xl)</i>	47
<i>bisoprolol fumarate</i>	92	<i>buspirone hcl</i>	34
<i>bisoprolol-hydrochlorothiazide</i>	64	<i>butalbital-acetaminophen</i>	15
BIVIGAM	165	<i>butalbital-apap-caff-cod</i>	21
<i>bleomycin sulfate</i>	185	<i>butalbital-apap-caffeine</i>	15
BLEPHAMIDE	163	<i>butalbital-asa-caffeine</i>	15
BLEPHAMIDE S.O.P.	163	<i>butorphanol tartrate</i>	32
BLINCYTO	185	BUTRANS	32
BLISOVI 24 FE	98	BYDUREON	54
BLISOVI FE 1.5/30	98	BYDUREON BCISE	54
BLISOVI FE 1/20	98	BYETTA 10 MCG PEN	54
BONJESTA	58	BYETTA 5 MCG PEN	54
BOOSTRIX	175	BYSTOLIC	92
BOSULIF	72	<i>cabergoline</i>	121
BOTOX	185	CABLIVI	132
<i>bp foam</i>	110	CABOMETYX	72
<i>bpo</i>	110	<i>calcipotriene</i>	112
<i>bpo foaming cloths</i>	110	<i>calcipotriene-betameth diprop</i>	117, 118
BRAFTOVI	69	CALCITRENE	112
BREATHERITE	149	<i>calcitriol</i>	123
BREATHERITE COLL SPACER		<i>calcium carbonate antacid</i>	34
ADULT	149	CALQUENCE	72
BREATHERITE COLL SPACER		CAMILA	105
CHILD	149	CAMPTOSAR	185
BREATHERITE COLL SPACER		CAMRESE	104
INFANT	149	CAMRESE LO	104
BREATHERITE RIGID		<i>candesartan cilexetil</i>	64
SPACER/MASK	149	<i>candesartan cilexetil-hctz</i>	63
		CANTIL	177
		CAPACET	15
		CAPASTAT SULFATE	185
		CAPLYTA	82
		CAPRELSA	72
		<i>captopril</i>	63
		<i>captopril-hydrochlorothiazide</i>	63
		CARAC	111
		CARAFATE	176
		CARBAGLU	123
		<i>carbamazepine</i>	44
		CARBATROL	44
		<i>carbidopa</i>	81
		<i>carbidopa-levodopa</i>	81
		<i>carbidopa-levodopa er</i>	82
		<i>carbinoxamine maleate</i>	59
		<i>carboplatin</i>	185
		CARDURA XL	130
		<i>careone lancet thin 23g</i>	139
		<i>careone lancet ultra thin 28g</i>	139
		CARIMUNE NF	165
		<i>carisoprodol</i>	159
		<i>carteolol hcl</i>	160
		CARTIA XT	93
		<i>carvedilol</i>	92
		CASODEX	68
		<i>cat hair extract</i>	185
		CATAPRES-TTS-1	64
		CATAPRES-TTS-2	64
		CATAPRES-TTS-3	64
		CAVAREST	156
		CAYA	138
		CAYSTON	66
		CAZIANT	105
		CEDAX	96
		<i>cefaclor</i>	96
		<i>cefaclor er</i>	96
		<i>cefadroxil</i>	96
		<i>cefazolin sodium</i>	185
		<i>cefdinir</i>	96
		<i>cefditoren pivoxil</i>	96
		<i>cefepime hcl</i>	185
		<i>cefixime</i>	96
		<i>ceftaxime sodium</i>	185
		<i>cefotetan disodium</i>	185
		<i>cefotetan disodium-dextrose</i>	185
		<i>cefoxitin sodium</i>	185
		<i>cefoxitin sodium-dextrose</i>	185
		<i>cefpodoxime proxetil</i>	96
		<i>ceprozil</i>	96
		<i>ceftazidime</i>	185
		<i>ceftazidime and dextrose</i>	185
		CEFTIN	96
		<i>ceftriaxone sodium</i>	185
		<i>ceftriaxone sodium in dextrose</i>	185
		<i>ceftriaxone sodium-dextrose</i>	96, 185
		<i>cefuroxime axetil</i>	96
		<i>celecoxib</i>	13
		CELONTIN	46

CENESTIN	127	CITRANATAL DHA	158	COMPACT SPACE	
<i>cephalexin</i>	96	<i>cladribine</i>	186	CHAMBER/LG MASK	150
CEQUA	162	CLARAVIS	110	COMPACT SPACE	
CERDELGA	133	CLARINEX	59	CHAMBER/MED MASK	150
CEREZYME	185	CLARINEX-D 12 HOUR	108	COMPACT SPACE	
CERVARIX	178	<i>clarithromycin</i>	137	CHAMBER/SM MASK	150
CESAMET	58	<i>clarithromycin er</i>	137	COMPLERA	85
CESIA	105	CLEANLET LANCETS 28G	139	<i>complete natal dha</i>	158
<i>cetirizine hcl</i>	59	<i>clemastine fumarate</i>	59	<i>completenate</i>	156
<i>cevimeline hcl</i>	156	CLEOCIN	180	CO-NATAL FA	156
CHANTIX	171	CLEVER CHEK LANCETS	139	CONCEPT DHA	156
CHANTIX CONTINUING MONTH		CLEVER CHOICE HOLDING		CONCEPT OB	156
PAK	171	CHAMBER	150	CONDYLOX	116
CHANTIX STARTING MONTH		CLINDACIN ETZ	109	<i>constulose</i>	137
PAK	171	CLINDACIN-P	109	COPAXONE	170
CHATEAL	98	<i>clindamycin hcl</i>	66	COPEGUS	89
CHEMET	56	<i>clindamycin palmitate hcl</i>	66	COPIKTRA	80
CHEMSTRIP K	118	<i>clindamycin phos-benzoyl peroxy</i>	109	CORDRAN	114
CHENODAL	128	<i>clindamycin phosphate</i>	109, 180	CORIFACT	186
<i>cheratussin ac</i>	108	<i>clindamycin phosphate in d5w</i>	186	CORLANOR	96
<i>childrens aspirin</i>	16	CLINPRO 5000	156	CORTALO	118
<i>childrens aspirin low strength</i>	16	<i>clobazam</i>	43	CORTANE-B	117
<i>chloramphenicol sod succinate</i>	185	<i>clobetasol propionate</i>	114	<i>cortisone acetate</i>	107
<i>chlordiazepoxide hcl</i>	35	<i>clobetasol propionate e</i>	113	CORTISPORIN	110
<i>chlordiazepoxide-clidinium</i>	175	<i>clobetasol propionate emulsion</i>	113	CORTISPORIN-TC	164
<i>chloroquine phosphate</i>	66	<i>clocortolone pivalate</i>	114	COSENTYX	112
<i>chlorothiazide</i>	120	<i>clocortolone pivalate pump</i>	114	COSENTYX (300 MG DOSE)	112
<i>chlorpromazine hcl</i>	84	CLODAN	114	COSENTYX SENSOREADY (300 MG)	112
<i>chlorpropamide</i>	56	<i>clomipramine hcl</i>	49	COSENTYX SENSOREADY PEN	112
<i>chlorthalidone</i>	120	<i>clonazepam</i>	43	COTELIC	70
<i>chlorzoxazone</i>	159	<i>clonidine hcl</i>	64	COUMADIN	42
CHOLBAM	128	<i>clonidine hcl er</i>	8	CREON	118
<i>cholestyramine</i>	60	<i>clopидogrel bisulfate</i>	133	CRESEMBA	59, 186
<i>chorionic gonadotropin</i>	186	<i>clorazepate dipotassium</i>	35	CRINONE	180
CIALIS	95	<i>clotrimazole</i>	115, 155	CRIXIVAN	86
CICLODAN	110	<i>clotrimazole-betamethasone</i>	110	<i>cromolyn sodium</i>	38, 128, 161
<i>ciclopirox</i>	110	<i>clozapine</i>	83	CROTAN	117
<i>cidofovir</i>	186	<i>c-nate dha</i>	156	CRYSELLE-28	98
<i>cilostazol</i>	132	COAGADEX	186	CURITY STERILE SALINE	131
CILOXAN	161	COAGUCHEK LANCETS	139	CUVITRU	165
CIMDUO	85	COARTEM	66	<i>cvs aspirin</i>	17
<i>cimetidine</i>	176	<i>codeine sulfate</i>	23, 24	<i>cvs aspirin adult low dose</i>	16
<i>cimetidine hcl</i>	176	<i>colchicine-probenecid</i>	131	<i>cvs aspirin adult low strength</i>	16
CIMZIA	130	COLCRYS	131	<i>cvs aspirin child</i>	17
CIMZIA PREFILLED	130	<i>colesevelam hcl</i>	60	<i>cvs aspirin ec</i>	17
CIMZIA STARTER KIT	130	<i>colestipol hcl</i>	60	<i>cvs aspirin low dose</i>	17
<i>cinacalcet hcl</i>	120	COLYTE WITH FLAVOR PACKS	137	<i>cvs aspirin low strength</i>	17
CINQAIR	186	COMBIGAN	160	<i>cvs childrens aspirin</i>	17
CINRYZE	186	COMBIPATCH	126	<i>cvs childrens vitamin d</i>	181
CINVANTI	58	COMBIVENT RESPIMAT	37	<i>cvs lancets 21g</i>	140
CIPRO HC	164	COMETRIQ (100 MG DAILY DOSE)	72	<i>cvs lancets micro thin 33g</i>	140
CIPRODEX	164	COMETRIQ (140 MG DAILY DOSE)	72	<i>cvs lancets original</i>	140
<i>ciprofloxacin</i>	127	COMETRIQ (60 MG DAILY DOSE)	72	<i>cvs lancets thin</i>	140
<i>ciprofloxacin hcl</i>	127, 161, 164	<i>comfort assured lancets 28g</i>	140	<i>cvs lancets thin 26g</i>	140
<i>ciprofloxacin-ciproflox hcl er</i>	127	<i>comfort assured lancets 33g</i>	140	<i>cvs lancets ultra thin 30g</i>	140
<i>ciprofloxacin-dexamethasone</i>	164	<i>comfort lancets</i>	140	<i>cvs nicotine</i>	171
<i>cisplatin</i>	186	COMPACT SPACE CHAMBER	150	<i>cvs nicotine polacrilex</i>	171
<i>citalopram hydrobromide</i>	47			<i>cvs ultra thin lancets</i>	140
CITRANATAL 90 DHA	158			<i>cvs vit d 5000 high-potency</i>	181
CITRANATAL ASSURE	158				

cvs vitamin d	181
cvs vitamin d3	181
cyanocobalamin	133
CYCLAFEM 1/35	98
CYCLAFEM 7/7/7	105
cyclobenzaprine hcl	159
cyclopentolate hcl	161
cyclophosphamide	79, 186
cycloserine	67
CYCLOSET	51
cyclosporine	154
cypoheptadine hcl	60
CYRAMZA	186
CYRED	98
CYSTADANE	123
CYSTADROPS	164
CYSTAGON	130
CYSTARAN	164
cytarabine	186
cytarabine (pf)	186
CYTOGAM	165
cytra k crystals	130
cytra-2	130
cytra-k	130
d 1000	181
d 10000	181
d 2000	181
d 400	181
d 5000	181
d-1000	181
d-1000 extra strength	181
d-2000 maximum strength	181
d2000 ultra strength	181
d3 adult	181
d3 high potency	181
d3 kids	181
d3 maximum strength	181
d3 super strength	181
d3-1000	181
D3-50	181
d-400	181
d-5000	181
d-5000 maximum strength	181
dacarbazine	186
DAKLINZA	89
dalfampridine er	170
DALIRESP	41
danazol	33
dantrolene sodium	159
dapsone	66, 109
DAPTACEL	175
DARAPRIM	66
darifenacin hydrobromide er	177
DASETTA 1/35	98
DASETTA 7/7/7	106
daunorubicin hcl	186
DAUNOXOME	186
DAYSEE	104
DAYTRANA	9
DAYVIGO	136
DDAVP RHINAL TUBE	126
DEBACTEROL	155
DEBLITANE	105
DECARA	181
decitabine	186
deferasirox granules	57
deferoxamine mesylate	186
DELSTRIGO	85
delta d3	181
DELTASONE	107
DELYLA	98
demeccycline hcl	174
DENAVIR	113
DENTA 5000 PLUS	156
DENTAGEL	156
DEPAKENE	46
DEPEN TITRATABS	154
DEPOCYT	186
DEPO-ESTRADIOL	127
DEPO-PROVERA	104, 186
DEPO-SUBQ PROVERA 104	104
DERMAZENE	110
DESCOVERY	85
DESFERAL	186
desipramine hcl	49
desloratadine	59
desmopressin ace spray refrig	126
desmopressin acetate	126
desmopressin acetate spray	126
desonide	114
desoximetasone	114
desvenlafaxine fumarate er	48
desvenlafaxine succinate er	48
DEX4	50
dexamethasone	107
DEXAMETHASONE INTENSOL	107
dexamethasone sodium phosphate	163
dexchlorpheniramine maleate	59
DEXCOM G6 RECEIVER	140
DEXCOM G6 SENSOR	140
DEXCOM G6 TRANSMITTER	140
DEXILANT	176
dexamphetamine sulfate	8
dextroamphetamine sulfate er	8
DIACOMIT	44
DIALYVITE VITAMIN D 5000	181
DIALYVITE VITAMIN D3 MAX	181
DIASTAR EASY TEST II	
LANCETS	140
DIASTAR EASY TEST LANCETS	140
DIASTAT ACUDIAL	43
DIASTAT PEDIATRIC	43
diazepam	35, 43
DIBENZYLINE	63
DICLEGIS	58
diclofenac epolamine	110
diclofenac potassium	13
diclofenac sodium	13, 110, 111, 163
diclofenac sodium er	13
diclofenac-misoprostol	13
dicloxacillin sodium	166
dicyclomine hcl	176
DIFIDIC	138
diflorasone diacetate	114
diflunisal	17
DIGITEK	94
DIGOX	94
dihydroergotamine mesylate	152
DILANTIN	46
DILATRATE-SR	34
dilt-cd	93
diltiazem hcl	93
diltiazem hcl cd	93
diltiazem hcl er	93
dilt-xr	93
diltzac	93
dimethyl fumarate	169
DIPENTUM	129
diphenhydramine hcl	59, 186
diphenoxylate-atropine	56
DIPHThERIA-TETANUS TOXoIDS	175
diphtheria-tetanus toxoids dt	175
dipyridamole	132
disopyramide phosphate	36
disulfiram	167
DIURIL	120
divalproex sodium	46
divalproex sodium er	46
DOCEFREZ	186
docetaxel	186
dofetilide	36
dog epithelium	186
DOLOPHINE	24
donepezil hcl	167
DOPTELET	135
DORIBAX	186
dorzolamide hcl	162
dorzolamide hcl-timolol mal	160
dorzolamide hcl-timolol mal pf	160
DOTTI	127
DOVATO	85
doxazosin mesylate	64
doxepin hcl	49, 136
doxercalciferol	123
doxorubicin hcl	186
doxorubicin hcl liposomal	186
doxycycline hyclate	174
doxycycline monohydrate	174
doxylamine-pyridoxine	58
DRITHO-CREME HP	112
DRIZALMA SPRINKLE	48
dronabinol	58
DROPLET LANCETS ULTRA	
THIN 30G	140
DROPLET MICRON	148

DROXIA	133	EASYTEST II LANCETS	141	ENLON	187
drug mart lancets thin 26g	140	EASYTEST LANCETS	141	enoxaparin sodium	42
drug mart lancets ultra thin	140	ec-81 aspirin	17	NPRESSE-28	106
DRUG MART ON-THE-GO		econazole nitrate	115	ENSKYCE	98
LANCET 30G	140	ECONTRA EZ	103	ENSPRYNG	155
DRUG MART UNILET LANCETS		ECONTRA ONE-STEP	103	entacapone	82
28G	140	ECOTRIN	17	entecavir	88
DRUG MART UNILET LANCETS		ECOTRIN LOW STRENGTH	17	ENTRESTO	94
30G	140	ECPIRIN	17	ENTYVIO	187
DUAKLIR PRESSAIR	38	EDARBI	64	enulose	129
duane reade lancet altern site	140	EDARBYCLOR	63	ENVARSUS XR	155
duane reade lancet super thin	140	ed-spaz	176	EPCLUSA	88
duane reade lancet ultra thin	140	EDURANT	86	EPIDIOLEX	44
DUAVEE	127	efavirenz	86	EPIFOAM	117
DULERA	38	efavirenz-emtricitab-tenofovir	85	epinastine hcl	161
duloxetine hcl	48	EFFER-K	153	epinephrine	180
DUPIXENT	113	EFUDEX	111	epinephrine pf	180
DURAGESIC-100	24	EGRIFTA	121	epirubicin hcl	187
DURAGESIC-12	24	ELAPRASE	124	EPITOL	44
DURAGESIC-25	24	ELELYSO	186	EPIVIR HBV	88
DURAGESIC-50	24	eletriptan hydrobromide	152	eplerenone	65
DURAGESIC-75	24	ELIDEL	116	EPOGEN	133
DUREZOL	163	ELIGARD	77, 78	epoprostenol sodium	187
dutasteride	130	ELIMITE	117	eprosartan mesylate	64
dutasteride-tamsulosin hcl	131	ELINEST	98	eq adult aspirin low strength	17
DYANAVEL XR	8	ELIQUIS	42	eq aspirin	17
DYRENium	119	ELIQUIS DVT/PE STARTER		eq aspirin adult low dose	17
DYSport	186	PACK	42	eq aspirin low dose	17
E.E.S. 400	137	ELITEK	76	eq childrens aspirin	17
EASIVENT	150	ELITE-OB	156	eq nicotine	171
EASIVENT MASK LARGE	150	ELLA	103	eq nicotine polacrilex	171
EASIVENT MASK MEDIUM	150	ELMIRON	131	eq nicotine step 3	171
EASIVENT MASK SMALL	150	ELOCTATE	186	eql adult aspirin low strength	17
eastern cottonwood	186	ELURYNG	103	eql aspirin	17
easy comfort lancets	140	EMADINE	161	eql aspirin ec	17
EASY TOUCH INSULIN SYRINGE		EMBEDA	24	eql aspirin low dose	17
	148	EMBRACE LANCETS ULTRA		eql childrens aspirin	18
EASY TOUCH LANCETS 21G	140	THIN 30G	141	eql color lancets 21g	141
EASY TOUCH LANCETS 23G	140	EMCYT	77	eql color lancets micro 33g	141
EASY TOUCH LANCETS 26G	140	EMEND	58	eql nicotine polacrilex	171
EASY TOUCH LANCETS 28G	140	EMFLAZA	107	eql super thin lancets 30g	141
EASY TOUCH LANCETS		EMGALITY	151	eql thin lancets 26g	141
28G/TWIST	140	EMGALITY (300 MG DOSE)	152	eql vitamin d gummies child	181
EASY TOUCH LANCETS 30G	140	EMOQUETTE	98	eql vitamin d3	181
EASY TOUCH LANCETS		EMPLICITI	186	eql vitamin d-3	181
30G/TWIST	140	EMSAM	47	EQUETRO	82, 83
EASY TOUCH LANCETS 32G	140	emtricitabine	87	ERAXIS	187
EASY TOUCH LANCETS		emtricitabine-tenofovir df	85	ERBITUX	187
32G/TWIST	140	EMTRIVA	87	ergocalciferol	181
EASY TOUCH LANCETS		enalapril maleate	63, 97	ergoloid mesylates	171
33G/TWIST	140	enalapril-hydrochlorothiazide	63	ERGOMAR	152
EASY TOUCH SAFETY LANCETS		ENBREL	15	ergotamine-caffeine	152
21G	141	ENBREL MINI	15	ERIVEDGE	70
EASY TOUCH SAFETY LANCETS		ENBREL SURECLICK	15	ERLEADA	68
23G	141	ENCARE	179	ERRIN	105
EASY TOUCH SAFETY LANCETS		ENDOCET	31	ery	109
26G	141	ENDOMETRIN	180	ERY-TAB	137
EASY TOUCH SAFETY LANCETS		ENGERIX-B	178	ERYTHROCIN STEARATE	138
28G	141	ENJUVIA	127	erythromycin	109, 161
EASY TWIST & CAP LANCETS	141			erythromycin base	138

erythromycin ethylsuccinate	138
ESBRIET	173
escitalopram oxalate	47
esomeprazole magnesium	176
ESTARYLLA	98
estazolam	135
estradiol	127, 180
estradiol valerate	127
estropipate	127
ESTROSTEP FE	106
eszopiclone	136
ethacrynic acid	119
ethambutol hcl	67
ethosuximide	46
ethynodiol diac-eth estradiol	98
etidronate disodium	120
etodolac	13, 14
etodolac er	13
ETOPOPHOS	187
etoposide	79, 187
EUCRISA	116
EUFLEXXA	187
EURAX	117
EUTHYROX	174
EVEKEO	8
EVEKEO ODT	8
EVOTAZ	85
EVYSDI	160
EVZIO	187
EXALGO	24
EXELDERM	116
EXELON	167
exemestane	76
EXJADE	57
EXTAVIA	169
extra-virt plus dha	158
EYLEA	187
E-Z JECT LANCET MICRO-THIN 33G	141
E-Z JECT LANCET SUPER THIN 30G	141
E-Z JECT LANCETS	141
E-Z JECT LANCETS 21G	141
E-Z JECT LANCETS THIN 26G	141
EZ SMART BLOOD GLUCOSE LANCETS	141
ezetimibe	62
ezetimibe-simvastatin	61
EZ-LETS LANCETS 21G	141
EZ-LETS LANCETS 23G	141
EZ-LETS LANCETS 26G	141
EZ-LETS LANCETS 28G	141
EZ-LETS LANCETS 30G	141
FABRAZYME	187
FACTIVE	127
FALMINA	99
famciclovir	92
famotidine	176
FANAPT	83
FANAPT TITRATION PACK	83
FARESTON	68
FARXIGA	55
FARYDAK	70
FASENRA	40
FASENRA PEN	40
FASLODEX	77
FASTTAKE TEST	118
FAYOSIM	104
FC FEMALE CONDOM	138
FC2 FEMALE CONDOM	138
febuxostat	131
FEIBA	187
FEIBA NF	187
felbamate	45
felodipine er	93
FEMARA	76
FEMCAP	138
FEMRING	180
FEMYNOR	99
fenofibrate	60
fenofibrate micronized	60
fenofibric acid	61
fenoprofen calcium	14
FENSOLVI	78
fentanyl citrate	24
fentanyl citrate (pf)	187
FENTORA	24
fer-iron	135
FERRIPROX	57
FERRIPROX TWICE-A-DAY	57
FERRILECIT	135
ferrous sulfate	135
FETZIMA	48
FETZIMA TITRATION	49
FIASP	51
FIASP FLEXTOUCH	51
FIASP PENFILL	51
FIFTY50 SAFETY SEAL	
LANCETS	141
finasteride	130
FINE 30	141
FINGERSTIX LANCETS	141
FINTEPLA	44
FIRAZYR	132
FIRDAPSE	67
FIRMAGON	77
FIRST-LANSOPRAZOLE	176
FIRST-OMEPRAZOLE	177
FIRVANQ	65
FLAGYL ER	65
FLAREX	163
flavoxate hcl	178
FLEBOGAMMA DIF	165
flecainide acetate	36
FLECTOR	110
FLEXICHAMBER	150
FLEXICHAMBER ADULT	
MASK/SMALL	150
FLEXICHAMBER CHILD	
MASK/LARGE	150
FLEXICHAMBER CHILD MASK/SMALL	150
FLO-PRED	107
FLOVENT DISKUS	41
FLOVENT HFA	41
FLOWTUSS	108
flouxuridine	187
FLUAD	178
FLUAD QUADRIVALENT	178
FLUARIX	178
FLUARIX QUADRIVALENT	178
FLUBLOK	178
FLUBLOK QUADRIVALENT	178
FLUCELVAX	178
FLUCELVAX QUADRIVALENT	178
fluconazole	59
flucytosine	58
fludarabine phosphate	187
fludrocortisone acetate	107
FLULALVAL	179
FLULALVAL QUADRIVALENT	179
FLUMIST QUADRIVALENT	179
flunisolide	160
fluocinolone acetonide	114, 165
fluocinolone acetonide body	114
fluocinolone acetonide scalp	114
fluocinonide	114
fluocinonide-e	114
FLUORABON	153
FLUORAC	187
FLUOR-A-DAY	153
FLUORIDEX	156
FLUORIDEX ENHANCED WHITENING	156
FLUORIGARD	156
fluorometholone	163
FLUOROPLEX	111
fluorouracil	111, 187
fluoxetine hcl	47
fluoxymesterone	97
fluphenazine hcl	84
FLURA-DROPS	153
flurandrenolide	114, 115
flurazepam hcl	135
flurbiprofen	14
flurbiprofen sodium	163
flutamide	68
fluticasone propionate	115
fluticasone-salmeterol	38
fluvastatin sodium	61
FLUVIRIN	179
FLUVIRIN PRESERVATIVE FREE	
FLUVIRIN QUADRIVALENT	179
fluvoxamine maleate	47
fluvoxamine maleate er	47
FLUZONE	179
FLUZONE HIGH-DOSE QUADRIVALENT	179
FLUZONE HIGH-DOSE QUADRIVALENT	179

FML	163	ganciclovir sodium	187	gnp adult aspirin low strength	18
FML FORTE	163	GARDASIL	179	gnp aspirin	18
FOCALGIN 90 DHA	158	GARDASIL 9	179	gnp aspirin low dose	18
FOCALGIN CA	158	gatifloxacin	161	gnp lancets 21g	142
focal dha	158	GATTEX	128	gnp lancets micro thin 33g	142
folic acid	134	GAVILYTE-C	137	gnp lancets super thin 30g	142
FOLIVANE-EC CALCIUM DHA NF	158	GAVILYTE-G	137	gnp lancets thin	142
		GAVILYTE-H	137	gnp lancets thin 26g	142
FOLIVANE-F	135	GAVILYTE-N WITH FLAVOR		gnp micro thin lancets 33g	142
FOLIVANE-OB	156	PACK	137	gnp nicotine	171
FOLIVANE-PRX DHA NF	158	GAVRETO	72	gnp nicotine mini	171
FOLOTYN	68, 187	GAZYVA	187	gnp nicotine polacrilex	171
fondaparinux sodium	42	GEL-ONE	187	gnp super thin lancets 30g	142
FORA LANCETS	141	gemcitabine hcl	187	gnp vitamin d	181
FORMADON	84	gemfibrozil	61	gnp vitamin d maximum strength	181
FORTAMET	49	generlac	129	gnp vitamin d super strength	181
FORTEO	124	GENGRAF	154	gnp vitamin d3 extra strength	181
FORTICAL	120	GENOTROPIN	121	GOCOVRI	81
foscarnet sodium	187	GENOTROPIN MINIQUICK	121	GOLYTELY	137
FOSCAVIR	187	GENTAK	162	GONAL-F	187
fosinopril sodium	63	gentamicin sulfate	110	GONAL-F RFF	187
fosinopril sodium-hctz	63	GENTLE-LET GP LANCETS	142	GONAL-F RFF REDIRECT	187
FOSRENOL	129	GENTLE-LET LANCETS	142	goodsense aspirin low dose	18
FRAGMIN	42	GENVISC 850	187	goodsense nicotine	171
freds pharmacy unilet lanc 28g	141	GENVOYA	85	granisetron hcl	57
freds pharmacy unilet lanc 30g	141	GESTICARE DHA	158	GRANISOL	57
FREESTYLE LANCETS	141	GIANVI	99	GRASTEK	10
FREESTYLE LIBRE 14 DAY		GIAZO	129	griseofulvin microsize	59
READER	141	GILDAGIA	99	griseofulvin ultramicrosize	59
FREESTYLE LIBRE 14 DAY		GILDESS 24 FE	99	guaiatussin ac	108
SENSOR	141	GILENYA	172	guaiifenesin	108
FREESTYLE LIBRE 2 READER		GILOTrif	72	guaiifenesin ac	108
SYSTM	141	GIMOTI	128	guaiifenesin-codeine	108
FREESTYLE LIBRE 2 SENSOR		GLASSIA	187	guanfacine hcl	64
SYSTM	142	GLATOPA	170	guanfacine hcl er	8
FREESTYLE LIBRE READER	142	GLEEVEC	72	guanidine hcl	67
FREESTYLE LIBRE SENSOR		GLEOSTINE	80	GYNAZOLE-1	179
SYSTEM	142	GLIADEL WAFER	187	H&H THINLET LANCETS 26G	142
FREESTYLE PRECISION INS		glimepiride	56	H&H THINLET LANCETS 30G	142
SYR	148	glipizide	56	HAEGARDA	132
FREESTYLE UNISTICK II		glipizide er	56	HAEMOLANCE	142
LANCETS	142	glipizide xl	56	HAEMOLANCE LOW FLOW	
frovatriptan succinate	152	glipizide-metformin hcl	55	LANCETS	142
FULYZAQ	56	global inject ease lancets 28g	142	HAEMOLANCE PLUS	142
furosemide	119	global inject ease lancets 30g	142	HAEMOLANCE PLUS HIGH	
FUZEON	86	GLOPERBA	131	FLOW	142
FYAVOLV	126	GLUCAGEN HYPOKIT	50	HAEMOLANCE PLUS LOW	
FYCOMPA	43	glucagon emergency	50	FLOW	142
g tussin ac.	108	GLUCOCOM LANCETS 28G	142	HAEMOLANCE PLUS MAX	
gabapentin	44	GLUCOCOM LANCETS 30G	142	FLOW	142
GALAFOLD	121	GLUCOCOM LANCETS 33G	142	HAEMOLANCE PLUS PEDIATRIC	
galantamine hydrobromide	167	GLUCOPHAGE XR	50	FLOW	142
galantamine hydrobromide er	167	GLUCOSOURCE LANCETS	142	HAILEY 1.5/30	99
GAMASTAN	165	glyburide	56	HAILEY 24 FE	99
GAMASTAN S/D	165	glyburide micronized	56	HAILEY FE 1.5/30	99
GAMMAGARD	165	glyburide-metformin	55, 56	HAILEY FE 1/20	99
GAMMAGARD S/D LESS IGA	165	glycopyrrolate	177	HALAVEN	187
GAMMAKED	165	GLYDO	116	halcinonide	115
GAMMAPLEX	165	GLYXAMBI	54	halobetasol propionate	115
GAMUNEX-C	165	GMATE LANCETS 30G	142	haloperidol	83

haloperidol lactate	83	hydrochlorothiazide	120	INJECTAFER	188
HARVONI	89	hydrocodol polst-cpm polst er	109	INLYTA	73
HAVRIX	179	hydrocodone-acetaminophen	21	INQOVI	75
healthwise lancets 30g	142	hydrocodone-guaifenesin	108	INREBIC	77
healthy accents unilet lancets	142	hydrocodone-homatropine	108	INSPIRACHAMBER/LARGE	150
HEALTHY KIDS VITAMIN D3	181	hydrocodone-ibuprofen	22	INSPIRACHAMBER/MEDIUM	150
HEATHER	105	hydrocortisone	33, 107, 115	INSPIRACHAMBER/MOUTHPIEC	
h-e-b incontrol lancets 28g	142	hydrocortisone butyrate	115	E	150
h-e-b incontrol lancets 30g	142	hydrocortisone valerate	115	INSPIRACHAMBER/SMALL	150
HELIDAC	177	HYDROGESIC	22	INSPIREASE	150
HELIXATE FS	187	hydromet	108	INSPIREASE RESERVOIR BAGS	150
HEMANGEOL	93	hydromorphone hcl	25	<i>insulin asp prot & asp flexpen</i>	52
HEMLIBRA	187	hydromorphone hcl er	24	<i>insulin aspart prot & aspart</i>	52
HEMOFIL M	188	hydromorphone hcl pf	188	<i>insulin lispro junior kwikpen</i>	52
heparin sodium (porcine)	42	hydroxychloroquine sulfate	67	<i>insulin lispro prot & lispro</i>	52
heparin sodium (porcine) pf	42	hydroxyprogesterone caproate	166	<i>insulin syringe</i>	148
HEPLISAV-B	179	hydroxyzine hcl	34	<i>insulin syringe/needle</i>	148
HERCEPTIN	188	hydroxyzine pamoate	35	INSUPEN ULTRAFIN	148
HETLIOZ	136	HYMOVIS	188	INTEGRA F	135
HEXALEN	68	HYOMAX-SL	176	INTELENCE	86
HIZENTRA	165	hyoscyamine sulfate	176	INTRON A	76
hm aspirin	18	hyosyne	176	INTROVALE	104
hm aspirin ec	18	HYPERRHO S/D	165	INVANZ	188
hm aspirin ec low dose	18	HYQVIA	166	INVELTYS	163
hm lancets micro thin 33g	142	HYSINGLA ER	25	INVIRASE	86
hm lancets ultra thin 30g	142	HY-VEE LANCETS	142	INVOKAMET	55
hm nicotine	171	hy-vee thin lancets	143	INVOKAMET XR	55
hm nicotine polacrilex	171	ibandronate sodium	120	INVOKANA	55
hm vitamin d	181	IBRANCE	76	IODOSORB	84
hm vitamin d3	182	IBUDONE	22	<i>ipratropium bromide</i>	40, 159
HOMATROPAIRE	161	ibuprofen	14	<i>ipratropium-albuterol</i>	38
HUMALOG	51	ICLUSIG	72	<i>irbesartan</i>	64
HUMALOG JUNIOR KWIKPEN	51	idarubicin hcl	188	<i>irbesartan-hydrochlorothiazide</i>	63
HUMALOG KWIKPEN	51	IDHIFA	77	IRESSA	73
HUMALOG MIX 50/50	51	IFEX	188	<i>irinotecan hcl</i>	188
HUMALOG MIX 50/50 KWIKPEN	51	ifosfamide	188	<i>iron supplement childrens</i>	135
HUMALOG MIX 75/25	51	ifosfamide-mesna	188	ISENTRESS	86
HUMALOG MIX 75/25 KWIKPEN	51	ILARIS	13	ISENTRESS HD	86
HUMATE-P	188	imatinib mesylate	72	ISIBLOOM	99
HUMATROPE	122	IMBRUVICA	73	<i>isomethopene-apap-dichloral</i>	152
HUMIRA	12	IMFINZI	188	<i>isoniazid</i>	67
HUMIRA PEDIATRIC CROHNS		imipramine hcl	49	<i>isosorbide dinitrate</i>	34
START	12	imipramine pamoate	49	<i>isosorbide dinitrate er</i>	34
HUMIRA PEN	12	imiquimod	116	<i>isosorbide mononitrate</i>	34
HUMIRA PEN-CD/UC/HS		IMLYGIC	188	<i>isosorbide mononitrate er</i>	34
STARTER	12	INATAL ADVANCE	156	<i>isradipine</i>	93
HUMIRA PEN-PS/UV/ADOL HS		INATAL GT	156	ISTODAX	188
START	12	INATAL ULTRA	157	ISTURISA	121
HUMULIN 70/30	51	INBRIJA	81	ITCH-X	117
HUMULIN 70/30 KWIKPEN	51	INCASSIA	105	<i>itraconazole</i>	59
HUMULIN N	51	INCRELEX	124	IXEMPRA KIT	188
HUMULIN N KWIKPEN	51	INCRUSE ELLIPTA	40	IXIARO	188
HUMULIN R	52	indapamide	120	JADENU	57
HUMULIN R U-500		INDOCIN	14	JADENU SPRINKLE	57
(CONCENTRATED)	52	indomethacin	14	JAIMESS	104
HUMULIN R U-500 KWIKPEN	52	indomethacin er	14	JAKAFI	77
HYALGAN	188	INFANRIX	175	JANTOVEN	42
HYCAMTIN	81	INFASURF	174	JANUMET	50
hydralazine hcl	65	INFLECTRA	188	JANUMET XR	50
HYDREA	76	INGREZZA	168	JANUVIA	50

JARDIANCE	55	KLOR-CON 10	153	LARIN 1/20	100
JASMIEL	99	KLOR-CON M10	153	LARIN 24 FE	100
JATENZO	33	KLOR-CON M15	153	LARIN FE 1.5/30	100
JENCYCLA	105	KLOR-CON M20	153	LARIN FE 1/20	100
JENTADUETO	50	KLOR-CON/EF	153	LARISSIA	100
JENTADUETO XR	51	<i>kls aspirin ec</i>	18	LARTRUV	70
jevantique lo	126	<i>kls aspirin low dose</i>	18	LASTACAF	161
JEVTANA	188	KLS QUIT2	171	<i>latanoprost</i>	164
JIVI	188	KLS QUIT4	171	LATUDA	83
johnson grass	188	KOATE-DVI	188	LAYOLIS FE	100
JOLESSA	104	KOGENATE FS	188	LAZANDA	25
JOLIVETTE	105	KOGENATE FS BIO-SET	188	LEENA	106
JUBLIA	116	KOMBIGLYZE XR	51	<i>leflunomide</i>	14
JULEBER	99	KORLYM	54	LEMTRADA	188
JULUCA	85	KOVALTRY	188	LENVIMA (10 MG DAILY DOSE)	73
JUNEL 1.5/30	99	<i>kp aspirin</i>	18	LENVIMA (14 MG DAILY DOSE)	73
JUNEL 1/20	99	<i>kp vitamin d</i>	182	LENVIMA (18 MG DAILY DOSE)	73
JUNEL FE 1.5/30	99	K-PHOS	153	LENVIMA (20 MG DAILY DOSE)	73
JUNEL FE 1/20	99	K-PRIME	153	LENVIMA (24 MG DAILY DOSE)	73
JUNEL FE 24	99	<i>kroger lancets</i>	143	LENVIMA (8 MG DAILY DOSE)	73
JUXTAPID	62	<i>kroger lancets 21g</i>	143	LESSINA	100
JYNARQUE	125	<i>kroger lancets micro thin 33g</i>	143	LETAIRIS	94
KACDYLA	188	<i>kroger lancets super thin</i>	143	<i>letrozole</i>	76
KADIAN	25	<i>kroger lancets thin</i>	143	<i>leucovorin calcium</i>	77
KAITLIB FE	99	<i>kroger lancets thin 26g</i>	143	LEUKERAN	79
KALBITOR	132	<i>kroger lancets ultrathin 30g</i>	143	LEUKINE	134
KALETRA	85	KRYSTEXXA	188	<i>leuprolide acetate</i>	78
KALLIGA	99	K-TAB	153	<i>levalbuterol hcl</i>	39
KALYDECO	172, 173	KURVELO	99	<i>levalbuterol tartrate</i>	39
kanamycin sulfate	188	KUVAN	125	LEVATOL	93
KANUMA	188	<i>k-vescent</i>	153	LEVEMIR	52
KAPSPARGO SPRINKLE	92	KYNMOBI	82	LEVEMIR FLEXTOUCH	52
KARBINAL ER	59	KYPROLIS	71	<i>levetiracetam</i>	44
KARIVA	97	<i>labetalol hcl</i>	92	<i>levetiracetam er</i>	44
KCENTRA	188	LACRISERT	160	<i>levobunolol hcl</i>	161
KELNOR 1/35	99	<i>lactulose</i>	137	<i>levocarnitine</i>	120
KELNOR 1/50	99	<i>lactulose encephalopathy</i>	129	<i>levocetirizine dihydrochloride</i>	59
KERAFOAM 42	115	<i>lady lite lancets</i>	143	<i>levofloxacin</i>	127, 162
KERYDIN	116	LAMICTAL	44	LEVONEST	106
KESIMPTA	169	LAMICTAL ODT	44	<i>levonorgestrel-ethinyl estrad</i>	103
KETEK	66	LAMISIL	59	<i>levonorg-eth estrad triphasic</i>	106
KETOCARE	118	<i>lamivudine</i>	87, 88	LEVORA 0.15/30 (28)	100
ketoconazole	59, 116	<i>lamivudine-zidovudine</i>	85	<i>levorphanol tartrate</i>	25
ketoprofen	14	<i>lamotrigine</i>	44	LEVO-T	174
ketorolac tromethamine	14, 163	<i>lamotrigine er</i>	44	<i>levothyroxine-liothyronine</i>	174
KETOSTIX	118	<i>lancets 28g</i>	143	LEVOXYL	174
KEVEYIS	119	<i>lancets 30g</i>	143	LEXIVA	86
KEVZARA	13	<i>lancets micro thin 33g</i>	143	<i>lexuss 210</i>	109
KEYTRUDA	188	<i>lancets super thin 28g</i>	143	<i>lidocaine</i>	116
KIMIDESS	97	<i>lancets thin</i>	143	<i>lidocaine hcl</i>	116
KINERET	13	LANCETS ULTRA FINE	143	<i>lidocaine viscous</i>	155
kinney lancets	143	LANCETS ULTRA THIN	143	<i>lidocaine-prilocaine</i>	117
kinney thin lancets	143	<i>lancets ultra thin 30g</i>	143	LIFESCAN UNISTIK 2	143
KINRIX	175	LANOXIN	94	LIFESCAN UNISTIK II LANCETS	143
KIONEX	155	<i>lansoprazole</i>	177	LILLOW	100
KISQALI 200 DOSE	76	<i>lanthanum carbonate</i>	129	<i>lindane</i>	117
KISQALI 400 DOSE	76	LANTUS	52	<i>linezolid</i>	66
KISQALI 600 DOSE	76	LANTUS SOLOSTAR	52	LINZESS	128
KITABIS PAK	11	<i>lapatinib ditosylate</i>	73	<i>liothyronine sodium</i>	174
KLOR-CON	153	LARIN 1.5/30	100	LIPODOX	188

LIPODOX 50	188	lusair	108	MEGACE ORAL	80
LIPOFEN	61	LUTERA	100	megestrol acetate	80, 81, 167
lisinopril	63	LYLLANA	127	meijer aspirin ec	18
lisinopril-hydrochlorothiazide	63	LYNPARZA	80	MEIJER LANCETS	144
lite touch lancets	143	LYRICA	44	MEIJER LANCETS THIN	144
LITEAIRE	150	LYSODREN	68	MEIJER LANCETS UNIVERSAL	
LITETOUCH LANCETS	143	LYUMJEV	52	21G	144
lithium	82	LYUMJEV KWIKPEN	52	MEIJER LANCETS UNIVERSAL	
lithium carbonate	82	LYZA	105	30G	144
lithium carbonate er	82	MACNATAL CN DHA	158	MEIJER LANCETS UNIVERSAL	
LIVALO	61	MACUGEN	189	33G	144
live better lancet super thin	143	major comfort lancets	143	MEIJER SUPER THIN LANCETS	144
live better lancet ultra thin	143	MAKENA	166	MEKINIST	70
LO LOESTRIN FE	97	malathion	117	MEKTOVI	70
LOESTRIN 1.5/30 (21)	100	maprotiline hcl	47	MELODETTA 24 FE	100
LOESTRIN FE 1/20	100	MARPLAN	47	meloxicam	14
LOJAIMIESS	104	MARQIBO	189	melphalan hcl	189
LOKELMA	155	marten-tab	15	memantine hcl	170
LOMEDIA 24 FE	100	MASK VORTEX	150	memantine hcl er	170
lomustine	80	MATULANE	76	MENACTRA	178
longs lancets standard	143	MAVENCLAD (10 TABS)	168	M-END PE	109
longs lancets thin	143	MAVENCLAD (4 TABS)	168	MENEST	127
longs lancets ultra thin	143	MAVENCLAD (5 TABS)	168	MENOMUNE	178
LONHALA MAGNAIR REFILL KIT	40	MAVENCLAD (6 TABS)	168	MENOSTAR	127
LONHALA MAGNAIR STARTER		MAVENCLAD (7 TABS)	168	MENQUADFI	178
KIT	40	MAVENCLAD (8 TABS)	168	MENTAX	110
LONSURF	75	MAVENCLAD (9 TABS)	168	MENVEO	178
loperamide hcl	56	MAVYRET	89	meperidine hcl	26
lopinavir-ritonavir	85	MAXICOMFORT II PEN NEEDLE	148	meprobamate	35
lorazepam	35, 36	MAXICOMFORT SYR 27G X 1/2"	148	mercaptopurine	68
LORAZEPAM INTENSOL	35	MAXIDEX	164	meropenem	189
LORBRENA	73	MAXIMUM D3	182	mesalamine	129
Lorcet	22	MAYZENT	172	mesalamine er	129
Lorcet HD	22	MAYZENT STARTER PACK	172	mesalamine-cleanser	129
Lorcet PLUS	22	meclizine hcl	58	MESNEX	81
LORYNA	100	meclofenamate sodium	14	METADATE ER	9
losartan potassium	64	medichoice safety lancet	143	metaproterenol sulfate	39
losartan potassium-hctz	63	medichoice safety lancet extra	143	METASTRON	189
LOTEMAX	164	medichoice safety lancet norm	143	metaxalone	159
LOTEMAX SM	164	medicine shoppe lancets	143	metformin hcl	50
loteprednol etabonate	164	medicine shoppe lancets thin	143	metformin hcl er	50
lovastatin	61	medi-lance lancets	143	metformin hcl er (osm)	50
LOW-OGESTREL	100	MEDISENSE THIN LANCETS	143	methadone hcl	26
loxapine succinate	84	MEDLANCE EXTRA 21G	143	METHADONE HCL INTENSOL	26
LOZI-FLUR	153	MEDLANCE LITE 25G	143	METHADOSE	26
LO-ZUMANDIMINE	100	MEDLANCE PLUS EXTRA 21G	143	METHADOSE SUGAR-FREE	26
LUCEMYRA	167	MEDLANCE PLUS LANCETS	144	methamphetamine hcl	8
LUCENTIS	188, 189	MEDLANCE PLUS LITE 25G	144	methazolamide	119
LUDENT	153	MEDLANCE PLUS SPECIAL		methenamine hippurate	66
LUFYLLIN	42	0.8MM	144	METHERGINE	165
LUMIGAN	164	MEDLANCE PLUS SUPERLITE		methimazole	174
LUMIZyme	121	30G	144	methitest	33
LUPRON DEPOT (1-MONTH)	78	MEDLANCE PLUS UNIVERSAL		methocarbamol	159
LUPRON DEPOT (3-MONTH)	78, 79	21G	144	methotrexate	68
LUPRON DEPOT (4-MONTH)	79	MEDLANCE UNIVERSAL 21G	144	methotrexate sodium	69, 189
LUPRON DEPOT (6-MONTH)	79	MEDROL	107	methotrexate sodium (pf)	68
LUPRON DEPOT-PED (1-MONTH)	124	medroxyprogesterone acetate		methoxsalen rapid	112
LUPRON DEPOT-PED (3-MONTH)	124	104, 166, 167	methscopolamine bromide	177
		mefenamic acid	14	methyclothiazide	120
		mefloquine hcl	67	methyldopa	64

<i>methyldopate hcl</i>	189	MODERIBA (600 MG PACK)	90	NAFRINSE DAILY/NEUTRAL	156
<i>methylphenidate hcl</i>	10	MODERIBA (800 MG PACK)	90	NAFRINSE DROPS	153
<i>methylphenidate hcl er</i>	10	MODERIBA 1200 DOSE PACK	90	<i>naftifine hcl</i>	110
<i>methylphenidate hcl er (cd)</i>	9	MODERIBA 800 DOSE PACK	90	NAFTIN	110
<i>methylphenidate hcl er (la)</i>	9, 10	<i>moderna covid-19 vaccine</i>	179	NAGLAZYME	124
<i>methylprednisolone</i>	107	<i>moexipril hcl</i>	63	<i>naloxone hcl</i>	57, 189
<i>methylprednisolone (pak)</i>	107	<i>moexipril-hydrochlorothiazide</i>	63	<i>naltrexone hcl</i>	57
<i>methyltestosterone</i>	33	<i>mometasone furoate</i>	115	NAMENDA XR TITRATION PACK	170
<i>metipranolol</i>	161	MONOCLOATE-P	189	<i>naphazoline hcl</i>	162
<i>metoclopramide hcl</i>	128	MONOLET LANCETS	144	<i>naproxen</i>	14
<i>metolazone</i>	120	MONOLET OPD LANCETS	144	<i>naproxen dr</i>	14
<i>metoprolol succinate er</i>	93	MONOLETTOR SAFETY LANCETS	144	<i>naproxen sodium</i>	14
<i>metoprolol tartrate</i>	93	MONO-LINYAH	101	<i>naratriptan hcl</i>	152
<i>metoprolol-hydrochlorothiazide</i>	65	MONONESSA	101	NARCAN	57
<i>metronidazole</i>	65, 117	MONONINE	189	NASCOBAL	133
METVIXIA	117	<i>montelukast sodium</i>	40, 41	NATACYN	162
<i>mexiletine hcl</i>	36	MONUROL	66	NATALVIRT 90 DHA	158
MIACALCIN	120	MORGIDOX	174	NATALVIRT CA	158
MIBELAS 24 FE	100	<i>morphine sulfate</i>	27, 28	NATAZIA	104
<i>miconazole</i>	59	<i>morphine sulfate (concentrate)</i>	26, 27	<i>nateglinide</i>	54
MICRHOGAM ULTRA-FILTERED PLUS	165	<i>morphine sulfate er</i>	27	NATELLE ONE	157
MICROCHAMBER	150	<i>morphine sulfate er beads</i>	27	NATPARA	124
MICROGESTIN 1.5/30	100	MOTEGRITY	128	NATROBA	117
MICROGESTIN 1/20	101	MOTOFEN	56	NATURE-THROID	174
MICROGESTIN 24 FE	101	<i>mountain cedar</i>	189	NAYZILAM	43
MICROGESTIN FE 1.5/30	101	MOVANTIK	129	NEBUPENT	65
MICROGESTIN FE 1/20	101	MOVIPREP	137	NECON 0.5/35 (28)	101
MICROLET LANCETS	144	MOXATAG	166	NECON 1/35 (28)	101
<i>micronized colestipol hcl</i>	60	MOXEZA	162	NECON 1/50 (28)	101
MICROSPACER	150	<i>moxifloxacin hcl</i>	127, 162	NECON 7/7/7	106
MICROTAINER SAFETY FLOW LANCET	144	MOZOBIL	133	<i>nefazodone hcl</i>	48
<i>midazolam hcl</i>	136	MS CONTIN	28	NEOFRIN	162
<i>midodrine hcl</i>	180	MULPLETA	135	<i>neomycin sulfate</i>	11
MIGERGOT	152	MULTAQ	36	<i>neomycin-polymyxin-dexameth</i>	163
<i> miglitol</i>	49	<i>mupirocin</i>	110	<i>neomycin-polymyxin-gramicidin</i>	162
MIGRANAL	152	MUSTARGEN	189	<i>neomycin-polymyxin-hc</i>	163, 164
MIMVEY	126	M-VIT	157	<i>neonatal complete</i>	157
MIMVEY LO	126	MY CHOICE	103	NEONATAL PLUS	157
MINIMED 530G INSULIN PUMP	189	MY WAY	103	NEO-POLYCIN	162
MINIPRIN LOW DOSE	18	MYALEPT	124	NEORAL	154
<i>minocycline hcl</i>	174	MYCAMINE	189	<i>neostigmine methylsulfate</i>	189
<i> minoxidil</i>	65	MYCAPSSA	125	NERLYNX	74
MIRCERA	133	<i>mycophenolate mofetil</i>	155	NESINA	50
<i>mirtazapine</i>	46, 47	<i>mycophenolic acid</i>	155	NETGROUP LANCETS	144
MIRVASO	117	MYGLUCOHEALTH LANCETS 30G	144	NEULASTA	134
<i>misoprostol</i>	177	MYLERAN	68	NEULASTA ONPRO	134
<i>mite (d. farinae)</i>	189	MYLOTARG	75	NEUMEGA	135
<i>mite (d. pteronyssinus)</i>	189	MYNATAL	157	NEUPOGEN	134
<i> mitomycin</i>	189	MYNATAL ADVANCE	157	NEUPRO	82
<i> mitoxantrone hcl</i>	75	MYOBLOC	160	<i>neutral sodium fluoride</i>	156
<i> mixed ragweed</i>	189	MYORISAN	110	NEVANAC	163
<i> mm aspirin</i>	18	MYOZYME	121	<i>nevirapine</i>	86
M-M-R II	178	MYRBETRIQ	178	<i>nevirapine er</i>	86
<i> m-natal plus</i>	157	MYTESI	56	NEW DAY	103
<i> modafinil</i>	10	MYZILRA	106	NEXA PLUS	158
MODERIBA	90	<i>nadolol</i>	93	NEXAVAR	71
MODERIBA (1000 MG PACK)	90	<i>nafcillin sodium</i>	189	NEXLETOL	60
MODERIBA (1200 MG PACK)	90	NAFRINSE	153	NEXLIZET	60
				<i>niacin er (antihyperlipidemic)</i>	62
				<i>nicardipine hcl</i>	93

NICORELIEF	171	NOVOLIN 70/30 RELION	52	OLUMIANT	11
nicotine	171	NOVOLIN N	53	OLYSIO	90
nicotine mini	171	NOVOLIN N FLEXPEN	53	omega-3-acid ethyl esters	60
nicotine step 1	171	NOVOLIN N FLEXPEN RELION	53	omeprazole	177
nicotine step 2	171	NOVOLIN N RELION	53	OMEPRAZOLE+SYRSPEND SF	
nicotine step 3	171	NOVOLIN R	53	ALKA	177
NICOTROL	172	NOVOLIN R FLEXPEN	53	OMNIFLEX DIAPHRAGM	138
NICOTROL NS	172	NOVOLIN R FLEXPEN RELION	53	OMNIPOD 5 PACK	189
NIFEDIAC CC	93	NOVOLIN R RELION	53	OMNIPOD DASH 5 PACK PODS	148
NIFEDICAL XL	93	NOVOLOG	53	OMNIPOD DASH SYSTEM	189
nifedipine	93	NOVOLOG FLEXPEN	53	OMNIPOD STARTER	189
NIKKI	101	NOVOLOG MIX 70/30	53	OMNITROPE	122
NILANDRON	68	NOVOLOG MIX 70/30 FLEXPEN	53	ON CALL LANCETS	144
nimodipine	93	NOVOLOG PENFILL	53	ON CALL PLUS LANCETS	144
NINLARO	71	NOVOSEVEN RT	189	ONCASPAR	189
NIPENT	189	NOXAFL	59	ondansetron	58
nisoldipine er	93	NPLATE	135	ondansetron hcl	57, 58
NITRO-BID	34	NUCALA	40	one vite womens plus	157
NITRO-DUR	34	NUCYNTA	28	ONETOUCH CLUB LANCETS	
nitrofurantoin	66	NUCYNTA ER	28	FINE PT	144
nitrofurantoin macrocrystal	66	NUEDEXTA	170	ONETOUCH COMBO PACK	144
nitrofurantoin monohyd macro	66	NULOJIX	155	ONETOUCH DELICA LANCETS	
nitroglycerin	34	NURTEC	151	33G	144
NITROMIST	34	NUTROPIN AQ	122	ONETOUCH DELICA LANCETS	
NITRO-TIME	34	NUTROPIN AQ NUSPIN 10	122	FINE	144
NITYR	123	NUTROPIN AQ NUSPIN 5	122	ONETOUCH FINEPOINT	
NIVA-PLUS	157	NUTROPIN AQ PEN	122	LANCETS	144
NIVESTYM	134	NUVARING	103	ONETOUCH LANCETS	144
nizatidine	176	NUWIQ	189	ONETOUCH TEST	118
NOCDURNA	126	NUZYRA	174	ONETOUCH ULTRA	118
NOCTIVA	126	NYAMYC	110	ONETOUCH ULTRA BLUE	118
NOLIX	115	nystatin	59, 110, 155	ONETOUCH ULTRASOFT	
NORA-BE	105	nystatin-triamcinolone	110	LANCETS	144
NORDITROPIN FLEXPRO	122	NYSTOP	110	ONETOUCH VERIO	118
NORDITROPIN NORDIFLEX PEN	122	NYVEPRIA	134	ONGLYZA	50
norethrin ace-eth estrad-fe	101	OB COMPLETE	157	ONIVYDE	189
norethindrone acetate	167	OB COMPLETE ONE	157	ONMEL	59
norethindrone acet-ethinyl est	101	OB COMPLETE PETITE	157	ONSOLIS	28
NORLYDA	105	OB COMPLETE/DHA	157	ONUREG	69
NORLYROC	105	obizur	189	OPANA ER	28
NOROXIN	127	OB-NATAL ONE	157	OPCICON ONE-STEP	103
NORPACE CR	36	OBREDON	108	OPDIVO	189
NORTHERA	180	OCALIVA	128	opium	56
NORTREL 0.5/35 (28)	101	OCELLA	101	OPSUMIT	94
NORTREL 1/35 (21)	101	OCREVUS	189	OPTICHAMBER ADVANTAGE-LG	
NORTREL 1/35 (28)	101	OCTAGAM	165	MASK	150
NORTREL 7/7/7	106	octreotide acetate	125	OPTICHAMBER ADVANTAGE-	
nortriptyline hcl	49	ODACTRA	11	MED MASK	150
NORVIR	86	ODEFSEY	85	OPTICHAMBER ADVANTAGE-	
NORWICH ASPIRIN	18	ODOMZO	70	SM MASK	150
NOURIANZ	81	OFEV	173	OPTICHAMBER DIAMOND	150
NOVA SAFETY LANCETS 23G	144	ofloxacin	128, 162, 164	OPTICHAMBER DIAMOND-LG	
NOVA SAFETY LANCETS 28G	144	OGESTREL	101	MASK	151
NOVA SUREFLEX LANCETS	144	olanzapine	84	OPTICHAMBER DIAMOND-MD	
NOVAREL	189	olanzapine-fluoxetine hcl	172	MASK	151
NOVOEIGHT	189	olmesartan medoxomil	64	OPTICHAMBER DIAMOND-SM	
NOVOLIN 70/30	52	olmesartan medoxomil-hctz	63, 64	MASK	151
NOVOLIN 70/30 FLEXPEN	52	olmesartan-amlodipine-hctz	64	OPTICHAMBER FACE MASK-	
NOVOLIN 70/30 FLEXPEN		olopatadine hcl	160, 161	LARGE	151
RELION	52				

OPTICHAMBER FACE MASK-	
MEDIUM.....	151
OPTICHAMBER FACE MASK-	
SMALL.....	151
OPTIHALER.....	151
OPTIMAL-D.....	182
OPTION 2.....	103
OPTIONS CONCEPTROL.....	179
OPTIONS GYNOL II CONTRACEPTIVE.....	179
ORALAIR.....	11
ORALONE.....	156
ORAP.....	171
ORENCIA.....	15, 189
ORENCIA CLICKJECT.....	14
ORENITRAM.....	94
ORFADIN.....	123
ORLISSA.....	121
ORKAMBI.....	173
ORLADEYO.....	132
orphenadrine citrate er.....	159
orphenadrine-aspirin-caffeine.....	159
ORSYTHIA.....	101
ORTHO DIAPHRAGM COIL.....	138
ORTHO DIAPHRAGM FLAT.....	138
ORTHO EVRA.....	103
ORTIKOS.....	107
oscimin.....	176
oseltamivir phosphate.....	92
OSMOLEX ER.....	81
OSMOPREP.....	137
OSPHENA.....	125
OTEZLA.....	14
OTIPRIO.....	189
OTREXUP.....	12
OVIDE.....	117
oxacillin sodium.....	190
oxaliplatin.....	190
oxandrolone.....	33
oxaprozin.....	14
OXAYDO.....	29
oxazepam.....	36
OXBRYTA.....	134
oxcarbazepine.....	44
OXERVATE.....	162
oxiconazole nitrate.....	116
oxybutynin chloride.....	177
oxybutynin chloride er.....	177
oxycodone hcl.....	29, 30
oxycodone hcl er.....	29
oxycodone-acetaminophen.....	31
oxycodone-aspirin.....	31
oxycodone-ibuprofen.....	32
OXYCONTIN.....	30
oxymorphone hcl.....	30
oxymorphone hcl er.....	30
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	54
OZEMPIC (1 MG/DOSE).....	54
pa vitamin d-3.....	182
pa vitamin d-3 gummy.....	182
PACERONE	36
paclitaxel.....	190
PALFORZIA (12 MG DAILY DOSE)	10
PALFORZIA (120 MG DAILY DOSE)	10
PALFORZIA (160 MG DAILY DOSE)	10
PALFORZIA (20 MG DAILY DOSE)	10
PALFORZIA (200 MG DAILY DOSE)	10
PALFORZIA (240 MG DAILY DOSE)	10
PALFORZIA (3 MG DAILY DOSE)	10
PALFORZIA (300 MG MAINTENANCE)	10
PALFORZIA (300 MG TITRATION)	10
PALFORZIA (40 MG DAILY DOSE)	10
PALFORZIA (6 MG DAILY DOSE)	10
PALFORZIA (80 MG DAILY DOSE)	11
PALFORZIA INITIAL ESCALATION	11
paliperidone er.....	83
PALYNZIQ	125
pamidronate disodium.....	120
PANCREAZE	118
PANDA MASK LARGE	151
PANDA MASK MEDIUM	151
PANDA MASK SMALL	151
PANRETIN	111
pantoprazole sodium.....	177
parcaine.....	162
paricalcitol.....	123
paromomycin sulfate.....	11
paroxetine hcl.....	47, 48
paroxetine hcl er.....	47
PASER	67
PAXIL	48
pc lancets super thin 30g.....	144
PCP 100	137
PEDIARIX	175
PEDIATRIC PANDA MASK	151
PEGANONE	46
PEGASYS	90
PEGASYS PROCLICK	90
PEGINTRON	90
PEG-INTRON	90
PEG-INTRON REDIPEN	90
PEG-INTRON REDIPEN PAK 4	90
PEG-PREP	137
PEMAZYRE	69
pen needles.....	149
pen needles 1/2".....	148
penicillin g pot in dextrose.....	190
penicillin g potassium.....	190
penicillin g procaine.....	190
penicillin g sodium.....	190
penicillin v potassium.....	166
PENTASA	129
pentazocine-acetaminophen.....	33
pentazocine-naloxone hcl.....	33
pentoxifylline er.....	132
PERCOCET	32
PERFECT LANCETS 28G	144
PERFECT LANCETS 30G	144
PERFOROMIST	39
perindopril erbumine.....	63
PERIOGARD	156
PERJETA	190
permethrin.....	117
perphenazine.....	84
perphenazine-amitriptyline.....	170
PERTZYE	118
pfizer-biontech covid-19 vacc.....	179
PHARMACIST CHOICE LANCETS	145
PHARMACY COUNTER LANCETS	145
PHENADOZ	60
PHENAZO	131
phenazopyridine hcl.....	131
phendimetrazine tartrate.....	9
phenelzine sulfate.....	47
PHENERGAN	60
phenobarbital.....	135
phenobarbital-belladonna alk.....	176
PHENOHYTRO	176
phentermine hcl.....	9
PHENYTEK	46
phenytoin.....	46
PHILITH	101
PHOSPHA 250 NEUTRAL	153
PHOSPHASAL	66
PHOSPHOLINE IODIDE	161
PHOTOFRIN	190
PHRENILIN FORTE	15
PHYSIOLYTE	190
PHYSIOSOL IRRIGATION	190
phytonadione.....	183
PICATO	111
PIFELTRO	87
pilocarpine hcl.....	156, 161
pimecrolimus.....	116
PIMTREA	97
pindolol.....	93
pioglitazone hcl.....	56
pioglitazone hcl-metformin hcl.....	56
piperacillin sod-tazobactam so.....	190
PIQRAY (200 MG DAILY DOSE)	80
PIQRAY (250 MG DAILY DOSE)	80
PIQRAY (300 MG DAILY DOSE)	80
PIRMELLA 1/35	101
PIRMELLA 7/77	106
piroxicam.....	14
PLAN B ONE-STEP	103

PLEGRIDY	169	PREMPHASE	126	PROGLYCEM	50
PLEGRIDY STARTER PACK	169	PREMPRO	126	PROGRAF	155, 190
PNEUMOVAX 23	178	<i>prenaissance</i>	159	PROLASTIN-C	190
<i>pnv folic acid + iron</i>	157	<i>prenaissance dha</i>	159	PROLATE	32
<i>pnv prenatal plus multivitamin</i>	157	PRENATABS RX	157	PROLEUKIN	190
<i>pnv tabs 29-1</i>	157	<i>prenatal</i>	157	PROLIA	125
POCKET CHAMBER	151	<i>prenatal 19</i>	157	PROMACTA	135
POCKET SPACER	151	PRENATAL AD	157	<i>promethazine hcl</i>	60
<i>podofilox</i>	116	<i>prenatal low iron</i>	157	<i>promethazine vc</i>	108
POLY HIST NC	109	<i>prenatal plus</i>	157	<i>promethazine vc plain</i>	108
POLYCIN	162	<i>prenatal plus iron</i>	157	<i>promethazine vc/codeine</i>	109
<i>poly-dex</i>	163	PRENATAL/FOLIC ACID	157	<i>promethazine-codeine</i>	109
<i>polymyxin b sulfate</i>	66	PRENATE DHA	159	<i>promethazine-dm</i>	108
<i>polymyxin b-trimethoprim</i>	162	PRENATE ELITE	157	<i>promethazine-phenyleph-codeine</i>	109
POMALYST	70	PRENATE ESSENTIAL	157	<i>promethazine-phenylephrine</i>	108
PORTIA-28	102	PRENATE MINI	159	PROMETHEGAN	60
PORTRAZZA	190	PRENTIF CAVITY-RIM CERV		PRONUTRIENTS VITAMIN D3	182
POTABA	180	CAP	138	<i>propafenone hcl</i>	36
<i>potassium acetate</i>	190	PRENTIF FITTING SET	138	<i>propafenone hcl er</i>	36
<i>potassium bicarbonate</i>	154	<i>preplus</i>	157	<i>propantheline bromide</i>	177
<i>potassium chloride</i>	154, 190	PREPOPIK	137	<i>proparacaine hcl</i>	162
<i>potassium chloride er</i>	154	<i>pretab</i>	157	<i>propranolol hcl</i>	93
<i>potassium chloride in nacl</i>	190	PREVALITE	60	<i>propranolol hcl er</i>	93
<i>potassium citrate er</i>	130	PREVENTEZA	103	<i>propranolol-hctz</i>	65
<i>potassium phosphates</i>	190	PREVIFEM	102	<i>propylthiouracil</i>	174
POTIGA	44	PREVNAR 13	178	PROSTIGMIN	67
PR NATAL 400	158	PREVYMIS	87	PROTOPIC	116
PR NATAL 400 EC	158	PREZCOBIX	85	<i>protriptyline hcl</i>	49
PRADAXA	42	PREZISTA	86	PROVENGE	190
PRALUENT	62	PRIFTIN	67	PROVENTIL HFA	39
<i>pramipexole dihydrochloride</i>	82	<i>primaquine phosphate</i>	67	PRUDOXIN	111
PRAMOSONE	117	<i>primidone</i>	44	<i>pseudoeph-chlorphen-hydrocod</i>	109
PRAMOSONE E	117	PRIMLEV	32	PSS SELECT GP LANCETS	145
<i>prasugrel hcl</i>	133	PRIVIGEN	165	PSS SELECT SAFETY LANCETS	145
<i>pravastatin sodium</i>	61	PROAIR DIGITALER	39	PULMICORT FLEXHALER	41
<i>praziquantel</i>	34	PROAIR HFA	39	PULMOZYME	173
<i>prazosin hcl</i>	64	PROAIR RESPICLICK	39	PURIXAN	69
PRECISION THIN LANCETS	145	<i>probenecid</i>	131	<i>px aspirin</i>	18
PRECISION THINS GP LANCETS	145	<i>procare spacer/adult mask</i>	151	<i>px enteric aspirin</i>	18
PRECISION ULTRA LANCET	145	<i>procare spacer/child mask</i>	151	<i>px lancets</i>	145
PRED FORTE	164	PROCENTRA	8	<i>px lancets ultra thin</i>	145
PRED MILD	164	<i>prochlorperazine</i>	84	<i>px stop smoking aid</i>	172
PRED-G	163	<i>prochlorperazine maleate</i>	84	<i>pyrazinamide</i>	67
PRED-G S.O.P.	163	PROCRIPT	134	<i>pyridostigmine bromide</i>	67
<i>prednicarbate</i>	115	PROCTOFOAM HC	33	<i>qc aspirin</i>	18
<i>prednisolone</i>	107	PROCTOSOL HC	33	<i>qc aspirin low dose</i>	18
<i>prednisolone acetate p-f</i>	164	PROCTOZONE-HC	33	<i>qc childrens aspirin</i>	19
<i>prednisolone sodium phosphate</i>	107, 164	PROCYSBI	131	<i>qc lancets super thin 30g</i>	145
<i>prednisone</i>	107	PRODIGY LANCETS 21G	145	<i>qc lancets ultra thin</i>	145
<i>prednisone (pak)</i>	107	PRODIGY LANCETS 26G	145	<i>qc vitamin d3</i>	182
PREDNISONE INTENSOL	107	PRODIGY LANCETS 28G	145	QINLOCK	74
PREFERA OB	157	PRODIGY SAFETY LANCETS		QTERN	54
PREFERA OB + DHA	157	26G	145	QUADRACEL	175
PREFERAOB ONE	158	PRODIGY TWIST TOP LANCETS		QUADRAMET	190
<i>preferred plus lancets colored</i>	145	28G	145	QUARTETTE	104
<i>preferred plus lancets thin</i>	145	PROFILNINE	190	QUASENSE	104
<i>pregabalin</i>	44	PROFILNINE SD	190	QUDEXY XR	45
PREGNYL	190	<i>progesterone</i>	167	<i>quetiapine fumarate</i>	83
PREMARIN	127, 180	<i>progesterone micronized</i>	167	<i>quetiapine fumarate er</i>	83
				QUILLIVANT XR	10

<i>quinapril hcl</i>	63	RELION LANCETS MICRO-THIN	rifampin	67
<i>quinapril-hydrochlorothiazide</i>	63	33G	RIFATER	67
<i>quinidine gluconate er</i>	36	RELION LANCETS STANDARD	RIGHTEST GL300 LANCETS	145
<i>quinidine sulfate</i>	36	21G	<i>riluzole</i>	160
<i>quinidine sulfate er</i>	36	RELION LANCETS THIN 26G	<i>rimantadine hcl</i>	92
<i>quinine sulfate</i>	67	RELION LANCETS ULTRA-THIN	<i>ringers irrigation</i>	190
QVAR	41, 42	30G	RINVOQ	11
QVAR REDIHALER	42	RELION ULTRA THIN LANCETS	RIOMET ER	50
<i>ra aspirin</i>	19	30G	<i>risedronate sodium</i>	120
<i>ra aspirin adult low dose</i>	19	RELION ULTRA THIN PLUS	<i>risperidone</i>	83
<i>ra aspirin adult low strength</i>	19	LANCETS	RISPERIDONE M-TAB	83
<i>ra aspirin childrens</i>	19	RELISTOR	RITEFLO	151
<i>ra aspirin ec</i>	19	REMICADE	<i>ritonavir</i>	86
<i>ra aspirin ec adult low st</i>	19	REMODULIN	RITUXAN	191
<i>ra childrens aspirin</i>	19	RENACIDIN	RITUXAN HYCELA	75
RA E-ZJECT COLOR LANCETS		RENEW ADV CARTRIDGE	<i>rivastigmine</i>	167
33G	145	REFILLS	<i>rivastigmine tartrate</i>	167
RA E-ZJECT LANCETS 28G	145	RENFLEXIS	RIVELSA	104
RA E-ZJECT LANCETS THIN 26G	145	<i>repaglinide</i>	<i>rixubis</i>	191
		<i>repan</i>	<i>rizatriptan benzoate</i>	152
RA E-ZJECT LANCETS THIN 28G	145	REPATHA	<i>romycin</i>	162
		REPATHA PUSHTRONEX	<i>ropinirole hcl</i>	82
RA E-ZJECT LANCETS ULTRA		SYSTEM	<i>ropinirole hcl er</i>	82
THIN	145	REPATHA SURECLICK	ROSADAN	117
<i>ra mini nicotine</i>	172	REPREXAIN	<i>rosuvastatin calcium</i>	61
<i>ra nicotine</i>	172	RESCRIPTOR	ROWEPPRA	45
<i>ra nicotine gum</i>	172	<i>reserpine</i>	ROWEPPRA XR	45
<i>ra nicotine polacrilex</i>	172	RESTASIS	ROXYBOND	30
<i>ra vitamin d-3</i>	182	RESTASIS MULTIDOSE	ROZEREM	137
<i>rabeprazole sodium</i>	177	RETEVMO	ROZLYTREK	71
RADIOGARDASE	57	REVATIO	RUBRACA	80
RAGWITEK	11	REVINA	RUCONEST	191
<i>raloxifene hcl</i>	125	REVLIMID	<i>rukobia</i>	86
<i>ramipril</i>	63	REXALL LANCETS ULTRA THIN	<i>rulavite dha</i>	159
<i>ranitidine hcl</i>	176	30G	RUZURGI	67
<i>ranolazine er</i>	34	REXULTI	RYBELSUS	54
<i>rasagiline mesylate</i>	81	REYATAZ	RYCLORA	59
RASUVO	12	REYVOW	RYDAPT	71
RAVICTI	126	RHEUMATREX	RYTARY	82
RAYALDEE	123	RHOGAM ULTRA-FILTERED	SABRIL	46
REACT	103	PLUS	SAFE-T-LANCE	145
<i>reality lancets</i>	145	RHOPHYLAC	SAFE-T-LANCE PLUS	145
<i>reality trigger lancets</i>	145	RHOPRESSA	<i>safety lancet 21g/pressure act</i>	145
REBETOL	91	RIASTAP	<i>safety lancet 28g/pressure act</i>	145
REBIF	169	RIBAPAK	SAFETY LANCET 2MM	145
REBIF REBIDOSE	169	RIBASPHERE	SAFETY LANCETS	146
REBIF REBIDOSE TITRATION		RIBASPHERE RIBAPAK	SAFETY LANCETS 21G	146
PACK	169	RIBASPHERE RIBAPAK (1000	<i>safety lancets 28g</i>	146
REBIF TITRATION PACK	169	PACK)	SAFETY LET LANCETS	146
RECLIPSEN	102	RIBASPHERE RIBAPAK (1200	SAFETY SEAL LANCETS	146
RECOMBIMATE	190	PACK)	SAFYRAL	102
RECOMBIVAX HB	179	RIBASPHERE RIBAPAK (600	SAIZEN	122
RECTIV	33	PACK)	SAIZEN CLICK.EASY	122
REGONOL	190	RIBASPHERE RIBAPAK (800	<i>salicylic acid</i>	116
REGRANEX	118	PACK)	<i>salicylic acid wart remover</i>	116
RELAFEN	14	RIBATAB	<i>saline bacteriostatic</i>	166
RELAGARD	179	<i>ribavirin</i>	<i>salsalate</i>	19
RELENZA DISKHALER	92	RIDAURA	SAMSCA	125
RELION KETONE	118	<i>rifabutin</i>	SANCUSO	58
		RIFAMATE	SANDIMMUNE	154

SANDOSTATIN LAR DEPOT	125	SITAVIG	92	SPS	155
SANTYL	115	SIVEXTRO	66	<i>sr nicotine</i>	172
SAPHRIS	83	SKELID	120	SRONYX	102
<i>sash kit</i>	42	SKLICE	117	SSD	113
SAVAYSA	42	SKYRIZI (150 MG DOSE)	112	SSKI	108
SAVELLA	167	<i>sm anticavity fluoride rinse</i>	156	ST JOSEPH ADULT	19
SAVELLA TITRATION PACK	168	<i>sm aspirin</i>	19	ST JOSEPH ADULT LOW DOSE	19
<i>sb aspirin</i>	19	<i>sm aspirin adult low strength</i>	19	ST JOSEPH ASPIRIN	19
<i>sb aspirin ec</i>	19	<i>sm aspirin ec</i>	19	STALEVO 100	82
<i>sb childrens aspirin</i>	19	<i>sm aspirin ec low strength</i>	19	STALEVO 125	82
<i>sb lancets thin</i>	146	<i>sm aspirin low dose</i>	19	STALEVO 150	82
<i>sb lancets ultra thin</i>	146	<i>sm childrens aspirin</i>	19	STALEVO 200	82
<i>sb low dose asa ec</i>	19	<i>sm lancets 21g</i>	146	STALEVO 50	82
<i>scopolamine</i>	58	<i>sm lancets 33g</i>	146	STALEVO 75	82
<i>scopolamine hbr</i>	191	<i>sm nicotine</i>	172	<i>stavudine</i>	87
SCYTERA	117	<i>sm nicotine polacrilex</i>	172	STAVZOR	46
SECONAL	135	<i>sm super thin lancets 30g</i>	146	STEGLATRO	55
SECUADO	83	<i>sm thin lancets 26g</i>	146	STEGLUJAN	55
SECURESAFE INSULIN		<i>sm vitamin d</i>	182	STELARA	112, 191
SYRINGE	149	<i>sm vitamin d3</i>	182	STERILANCE TL	146
SEEBRI NEOHALER	40	SMART DIABETES VANTAGE		STIMATE	126
SEGLUROMET	55	LANCETS	146	STIOLTO RESPIMAT	38
SELECT-OB+DHA	159	SMART SENSE COLOR		STIVARGA	71
<i>selegiline hcl</i>	81	LANCETS 33G	146	STRENSIQ	124
<i>selenium sulfide</i>	113	SMART SENSE STANDARD		<i>streptomycin sulfate</i>	191
<i>selenium sulf-pyrithione-urea</i>	113	LANCETS	146	STRIBILD	85
SELZENTRY	85	SMART SENSE SUPER THIN		STRIVERDI RESPIMAT	39
<i>se-natal 19</i>	157	LANCETS	146	STROMECTOL	34
SENSORCAINE-MPF/EPINEPHRINE	137	SMART SENSE THIN LANCETS		SUBSYS	30
SEREVENT DISKUS	39	26G	146	SUCRAID	119
SEROSTIM	123	SMARTEST LANCETS 28G	146	<i>sucralfate</i>	176
<i>sertraline hcl</i>	48	<i>sodium chloride</i>	108, 191	<i>sulfacetamide sodium</i>	113, 164
SETLAKIN	104	<i>sodium fluoride</i>	153, 156	<i>sulfacetamide sodium (acne)</i>	109
<i>sevelamer carbonate</i>	129, 130	<i>sodium fluoride 5000 plus</i>	156	<i>sulfacetamide sodium-sulfur</i>	109
<i>sevelamer hcl</i>	130	<i>sodium phenylbutyrate</i>	126	<i>sulfacetamide-prednisolone</i>	163
<i>sf</i>	156	<i>sodium phosphate</i>	191	<i>sulfacetamide-sulfur in urea</i>	109
SFROWASA	129	<i>sodium sulfacetamide</i>	113	<i>sulfadiazine</i>	174
SHAROBEL	105	<i>sofosbuvir-velpatasvir</i>	89	<i>sulfamethoxazole-trimethoprim</i>	65
SHINGRIX	179	SOLIA	102	SULFAMYLYON	113
SHOPKO ON-THE-GO LANCETS		<i>solifenacin succinate</i>	177	SULFAZINE	129
30G	146	SOLIQUA	54	SULFAZINE EC	129
SHOPKO UNILET LANCETS 28G	146	SOLIRIS	191	<i>sulindac</i>	14
SHOPKO UNILET LANCETS 30G	146	SOLOSEC	11	<i>sumatriptan</i>	152
SHUR-SEAL CONTRACEPTIVE	179	SOLTAMOX	68	<i>sumatriptan succinate</i>	152
SIGNIFOR	191	SOLUS V2 LANCETS 28G	146	<i>sumatriptan succinate refill</i>	152
SIGNIFOR LAR	126, 191	SOLUS V2 TWIST LANCETS 30G	146	SUNOSI	9
SIKLOS	133	SOMATULINE DEPOT	191	<i>super daily d3</i>	182
SILENOR	136	SOMAVERT	121	<i>super thin lancets</i>	146
SILIQ	112	SOOLANTRA	117	SUPRAX	96, 97
<i>silodosin</i>	130	SORINE	93	SUPREP BOWEL PREP KIT	137
<i>silver nitrate</i>	113	<i>sotalol hcl (af)</i>	93	<i>sure comfort lancets 28g</i>	146
SIMBRINZA	160	SOVALDI	92	<i>sure comfort lancets 30g</i>	146
SIMPONI	13	SPATONE PUR-ABSORB IRON	135	SURE-LANCE FLAT LANCETS	146
SIMPONI ARIA	12	SPINRAZA	191	SURE-LANCE LANCETS 26G	146
SIMULECT	191	SPIRIVA HANDIHALER	40	SURE-LANCE THIN LANCETS	
<i>simvastatin</i>	61	SPIRIVA RESPIMAT	40	28G	146
SINGLE-LET	146	<i>spironolactone</i>	119	SURE-LANCE ULTRA THIN	
<i>sirolimus</i>	155	<i>spironolactone-hctz</i>	119	LANCETS	146
SIRTURO	67	SPRINTEC 28	102	SURELITE LANCETS	146
		SPRYCEL	74	SURESTEP PRO TEST	118

SURESTEP TEST	118	TEFLARO	191	thioridazine hcl	84
SURE-TOUCH LANCETS		TEGRETOL-XR	45	thiothixene	84
UNIVERSAL	146	TEKAMLO	65	THRIVE	172
SUTENT	71	telmisartan	64	thrivate rx	158
sw nicotine polacrilex	172	telmisartan-amlodipine	63	THYMOGLOBULIN	191
SYEDA	102	temazepam	136	THYROGEN	118
SYLATRON	76, 191	TEMIXYS	85	THYROLAR-1	175
SYLVANT	191	TEMODAR	77, 191	THYROLAR-1/2	175
SYMBICORT	38	teniposide	191	THYROLAR-1/4	175
SYMDEKO	173	TENIVAC	175	THYROLAR-2	175
SYMFI	85	tenofovir disoproxil fumarate	87	THYROLAR-3	175
SYMFLO	85	terazosin hcl	64	TIADYLTER	93
SYMLIN	49	terbinafine hcl	59	tiagabine hcl	46
SYMLINPEN 120	49	terbutaline sulfate	40	TIBSOVO	77
SYMLINPEN 60	49	testosterone	33	ticarcillin-pot clavulanate	191
SYMPAZAN	43	testosterone cypionate	33	TICE BCG	191
SYMPROIC	129	testosterone enanthate	33	ticlopidine hcl	133
SYMTUZA	85	tetanus-diphtheria toxoids td	175	TIGAN	58
SYNAGIS	165	TETCAINE	162	TIGLUTIK	160
SYNALGOS-DC	21	tetracycline hcl	174	TILIA FE	106
SYNAREL	124	TEV-TROPIN	123	TIMENTIN	191
SYNDROS	58	tgg 50psc/3brm/30dm	108	timolol maleate	93, 161
SYNJARDY	55	tgt aspirin	20	TIMOPTIC-XE	161
SYNJARDY XR	55	tgt aspirin ec	20	timothy grass pollen allergen	191
SYNRIBO	76	tgt aspirin low dose	20	tinidazole	65
SYNTHROID	174	tgt childrens aspirin	20	TIROSINT	175
TABLOID	69	tgt lancet alternate site	146	TIROSINT-SOL	175
TABRECTA	74	tgt lancet micro thin 33g	147	TIS-U-SOL	191
TACLONEX	118	tgt lancet super thin 30g	147	TIVICAY	86
tacrolimus	116	tgt lancet thin 23g	147	TIVICAY PD	86
tadalafil	96	tgt lancet thin 26g	147	tizanidine hcl	159
TAFINLAR	69	tgt lancet ultra thin 28g	147	tl-select	159
TAGRISSO	74	tgt lancet ultra thin 30g	147	TOBI	11
TAKE ACTION	104	tgt nicotine	172	TOBI PODHALER	11
TAKHZYRO	132	tgt nicotine polacrilex	172	TOBRADEX	163
TALICIA	177	tgt nicotine step one	172	TOBRADEX ST	163
TALTZ	112	tgt nicotine step three	172	tobramycin-dexamethasone	163
TALZENNA	80	tgt nicotine step two	172	TOBREX	162
tamoxifen citrate	68	th aspirin	20	TODAY SPONGE	179
tamsulosin hcl	130	th aspirin low dose	20	todays health thin lancets 28g	147
TANZEUM	54	th enteric aspirin	20	todays health thin lancets 30g	147
TARCEVA	74	th vitamin d3	182	TOLAK	111
TARGRETIN	81, 117	THALOMID	154	tolazamide	56
TARINA 24 FE	102	THEO-24	42	tolbutamide	56
TARINA FE 1/20	102	THEOCHRON	42	tolmetin sodium	14
TARINA FE 1/20 EQ	102	theophylline	42	tolterodine tartrate	177
TARON-C DHA	157	theophylline er	42	tolvaptan	125
TARON-PREX	159	theophylline in d5w	191	TOPICORT	115
TASIGNA	74	THERABREATH ORAL RINSE	156	TOPIRAGEN	45
TASMAR	81	THERACYS	191	topiramate er	45
TAVALISSE	132	THERA-D 2000	182	TOPOSAR	191
tazarotene	113	THERA-D 4000	182	topotecan hcl	191
TAZORAC	113	THERA-D RAPID REPLETION	182	torsemide	119
TAZTIA XT	93	THERANATAL CORE NUTRITION		TOSYMRA	152
TAZVERIK	70		157	TOUJEO MAX SOLOSTAR	53
TECFIDERA	170	THERMAZENE	113	TOUJEO SOLOSTAR	53
TECHLITE AST LANCETS	146	THINLETS GP LANCETS	147	TOVIAZ	177
TECHLITE LANCETS	146	THINLETS LANCET	147	TRACLEER	94, 95
TECHLITE LANCETS 30G	146	THIOLA	131	TRADJENTA	50
TECHNIVIE	89	THIOLA EC	131	tramadol hcl	30

tramadol hcl er.....	30	TRIVORA (28).....	107	UNITHROID.....	175
tramadol hcl er (biphasic)	30	TROKENDI XR.....	45	UNITHROID DIRECT.....	175
tramadol-acetaminophen.....	33	tropicamide	161	UNITUXIN.....	192
trandolapril.....	63	trospium chloride	178	UNIVERSAL 1 LANCETS THIN	
trandolapril-verapamil hcl er.....	62, 63	trospium chloride er.....	178	26G	147
tranexamic acid.....	135, 191	TRUEPLUS LANCETS 26G	147	UNIVERSAL 1 LANCETS ULTRA	
tranylcypromine sulfate.....	47	TRUEPLUS LANCETS 28G	147	THIN	147
TRAVATAN Z.....	164	TRUEPLUS LANCETS 30G	147	UPTRAVI.....	95
trazodone hcl.....	48	TRUEPLUS LANCETS 33G	147	urea	115
TREANDA.....	191	TRUEPLUS SAFETY LANCETS		urin ds.....	177
TRECATOR.....	67	28G	147	UROQID #2.....	177
TRELEGY ELLIPTA.....	38	TRULICITY	54	ursodiol.....	128
TRELSTAR.....	79	TRUMENBA	178	USTELL.....	66
TRELSTAR MIXJECT.....	79	TRUVADA	85	UTIRA-C.....	66
TREMFYA.....	112	TUDORZA PRESSAIR	40	UTRONA-C.....	66
TRESIBA.....	53	TUKYSA.....	74	UVADEX.....	192
TRESIBA FLEXTOUCH.....	53	TULANA.....	105	VABOMERE.....	65
tretinoin.....	81, 110	TURALIO.....	74	valacyclovir hcl.....	92
tretinoin microsphere.....	110	TUSSIGON	108	VALCHLOR.....	111
TRETEN.....	191	TWINRIX	178	valganciclovir hcl.....	87, 88
TREXALL.....	69	TYBLUME	102	valproic acid.....	46
TREZIX.....	21	TYBOST	87	valsartan	64
TRI FEMYNOR.....	106	TYDEMY	102	valsartan-hydrochlorothiazide	64
triadvance.....	158	TYKERB	74	VALTOCO 10 MG DOSE.....	43
triamcinolone acetonide.....	115	TYMLOS	124	VALTOCO 15 MG DOSE.....	43
triamterene-hctz.....	119	TYSABRI	191	VALTOCO 20 MG DOSE.....	43
triazolam.....	136	TYVASO	192	VALTOCO 5 MG DOSE.....	43
TRICARE.....	158	TYVASO REFILL	192	value plus lancet standard 21g.....	147
TRICARE PRENATAL DHA ONE	158	TYVASO STARTER	192	value plus lancets super thin	147
TRI-CHLOR.....	113	TYZEKA	88	value plus lancets thin 26g	147
tricitrates.....	130	TYZINE	160	valumark lancet super thin 30g.....	147
trientine hcl.....	154	UBRELVY	151	valumark lancet ultra thin 28g.....	147
TRI-ESTARYLLA.....	106	U-CORT	118	vancomycin hcl.....	65, 97
trifluoperazine hcl.....	84	UDENYCA	134	VANDAZOLE.....	180
trifluridine.....	162	ULESFIA	117	VANTAS.....	79
TRIGLIDE.....	61	ULORIC	131	VAQTA	179
trihexyphenidyl hcl.....	81	ULTICARE INSULIN SYRINGE	149	VARIVAX.....	179
TRIJARDY XR.....	54	ULTICARE THIN LANCETS 30G	147	VARUBI.....	58
TRIKAFTA.....	173	ULTILET BASIC LANCETS 30G	147	VASCEPA.....	60
TRI-LEGEST FE.....	106	ULTILET CLASSIC LANCETS	147	VASOLEX.....	115
TRI-LINYAH.....	106	ULTILET LANCETS	147	VCF VAGINAL CONTRACEPTIVE	
TRI-LO-ESTARYLLA.....	106	ULTILET SAFETY LANCETS 23G	147	179, 180
TRI-LO-MARZIA.....	106	ultra tabs	158	VECTIBIX	192
TRI-LO-MILI.....	106	ultra thin lancets 28g	147	VECTICAL	113
TRI-LO-SPRINTEC.....	106	ultra thin lancets 30g	147	VELCADE	192
TRILYTE.....	137	ULTRA-THIN II AUTO LANCET	147	VELETRI	192
trimethobenzamide hcl.....	58	ULTRA-THIN II LANCETS	147	VELIVET	107
trimethoprim.....	65	ULTRESA	119	VELPHORO	130
trinatal gt.....	158	UMECTA	115	VELTASSA	155
trinatal ultra.....	158	UNILET COMFORTOUCH		VEMAVITE-PRX 2	159
TRINESSA (28).....	106	LANCET	147	VEMLIDY	88
TRINESSA LO.....	106	UNILET EXCELITE	147	VENCLEXTA	69
TRI-NORINYL (28).....	107	UNILET EXCELITE II	147	VENCLEXTA STARTING PACK	69
TRINTELLIX.....	48	UNILET G.P. LANCET	147	venlafaxine hcl	49
TRI-PREVIFEM.....	107	UNILET G.P. SUPERLITE		venlafaxine hcl er	49
TRISENOX.....	191	LANCET	147	VENTAVIS	94
TRI-SPRINTEC.....	107	UNILET GP 28 ULTRA THIN	147	VENTOLIN HFA	40
TRIUMEQ.....	85	UNILET LANCET	147	verapamil hcl	94
TRIVEEN-DUO DHA.....	158	UNILET SUPERLITE LANCET	147	verapamil hcl er	93, 94
TRIVEEN-TEN.....	159	UNISTIK 3 GENTLE	147	VEREGEN	110

VERELAN PM	94	vitamin d3 maximum strength	182	XARELTO	42
VERZENIO	77	vitamin d3 super strength	182	XARELTO STARTER PACK	42
VEXOL	164	vitamin d-400	182	XARTEMIS XR	32
V-GO 20	192	VITATHELY WITH GINGER	158	XATMEP	69
V-GO 30	192	VITEKTA	86	XCOPRI	45
V-GO 40	192	VITUZ	109	XCOPRI (250 MG DAILY DOSE)	45
VIBATIV	66	VIVA DHA	158	XCOPRI (350 MG DAILY DOSE)	46
VIBERZI	129	VIVITROL	57	XELJANZ	11
VIBRAMYCIN	174	VIZIMPRO	74	XELJANZ XR	12
VICODIN	23	VOLNEA	97	XELODA	69
VICODIN ES	23	vol-plus	158	XELPROS	164
VICODIN HP	23	VONVENDI	192	XENAZINE	168
VICTOZA	54	voriconazole	59, 192	XEOMIN	192
VICTRELIS	92	VORTEX HOLDING		XEPI	110
VIDA MIA UNILET LANCETS 28G	147	CHAMBER/MASK	149	XERESE	113
VIDA MIA UNILET LANCETS 30G	148	VORTEX VALVED HOLDING		XERMELO	130
VIDEX	87	CHAMBER	151	XGEVA	125
VIDEX EC	87	VOSEVI	89	XIAFLEX	154
VIEKIRA PAK	89	VOTRIENT	74	XIFAXAN	65
VIEKIRA XR	89	vp-heme ob	158	XIGDUO XR	55
VIENVA	102	vp-heme ob + dha	158	XiIDRA	161
VIGADRONE	46	VPRIV	192	XOFIGO	192
VIIBRYD	48	VUMERITY	170	XOLAIR	38
VIIBRYD STARTER PACK	48	VUMERITY (STARTER)	170	XOPENEX HFA	40
VIMIZIM	192	VYFEMLA	102	XOSPATA	75
VIMPAT	45	VYLIBRA	102	XPOVIO (100 MG ONCE WEEKLY)	
VINATE DHA	158	VYNDA MAX	96	XPOVIO (40 MG ONCE WEEKLY)	75
VINATE GT	158	VYNDAQEL	96	XPOVIO (40 MG TWICE WEEKLY)	
VINATE M	158	VYVANSE	9	XPOVIO (60 MG ONCE WEEKLY)	75
vinblastine sulfate	192	VYZULTA	164	XPOVIO (60 MG TWICE WEEKLY)	
VINCASAR PFS	192	W&F LANCETS 26G	148	XPOVIO (80 MG ONCE WEEKLY)	75
vincristine sulfate	192	W&F LANCETS COLORED 21G	148	XPOVIO (80 MG TWICE WEEKLY)	
vinorelbine tartrate	192	WAKIX	9	XTAMPZA ER	31
VIOKACE	119	walgreens adv travel lancets	148	XTANDI	68
VIRACEPT	86	WALGREENS LANCETS	148	XULANE	103
VIREAD	87	walgreens lancets micro thin	148	XURIDEN	123
virt-nate dha	158	walgreens lancets super thin	148	XYLON	23
virt-pn	158	WALGREENS THIN LANCETS	148	XYNTHA	192
virt-pn dha	159	WALGREENS ULTRA THIN LANCETS	148	XYNTHA SOLOFUSE	192
virt-select	159	WATCHHALER	151	XYREM	167
virtussin a/c	108	WEEKLY-D	183	XYWAV	167
VISUDYNE	192	WERA	102	YEROY	192
VITALET PRO LANCETS	148	WESTHROID	175	YONSA	68
VITALET PRO PLUS LANCETS	148	white oak	192	YUPELRI	40
VITAMEDMD ONE		WIDE-SEAL DIAPHRAGM 60	138	YUVAFEM	180
RX/QUATREFOLIC	159	WIDE-SEAL DIAPHRAGM 65	138	zafirlukast	41
VITAMEDMD PLUS		WIDE-SEAL DIAPHRAGM 70	138	zaleplon	136
RX/QUATREFOLIC	159	WIDE-SEAL DIAPHRAGM 75	138	ZALTRAP	192
VITAMEDMD REDICHEW RX	159	WIDE-SEAL DIAPHRAGM 80	138	ZANOSAR	192
vitamin d	182	WIDE-SEAL DIAPHRAGM 85	138	ZARAH	102
vitamin d (cholecalciferol)	182	WIDE-SEAL DIAPHRAGM 90	138	ZARXIO	134
vitamin d (ergocalciferol)	182	WIDE-SEAL DIAPHRAGM 95	138	ZATEAN-PN	158
vitamin d high potency	182	WILATE	192	ZATEAN-PN DHA	159
VITAMIN D-1000 MAX ST	182	WINRHO SDF	166	ZAVESCA	133
vitamin d3	182	WIXELA INHUB	38	ZAZOLE	179
vitamin d-3	182	WP THYROID	175	ZEJULA	80
vitamin d3 gummies	182	WYMZYA FE	102		
vitamin d3 high potency	182	XADAGO	81		
		XALKORI	75		

ZELBORAF	69
ZEMAIRA	192
ZENATANE	110
ZENCHENT	103
ZENPEP	119
<i>zenpep</i>	119
ZENZEDI	9
ZEPATIER	89
ZERIT	87
ZERVIADE	161
ZETONNA	160
ZEVALIN Y-90	192
<i>zidovudine</i>	87
<i>zileuton er</i>	36
ZILXI	117
ZINBRYTA	169
ZIOPTAN	164
<i>ziprasidone hcl</i>	83
ZIRGAN	162
ZOHYDRO ER	31
ZOLADEX	79
<i>zoledronic acid</i>	120, 192
ZOLINZA	70
<i>zolmitriptan</i>	152, 153
<i>zolpidem tartrate</i>	136
<i>zolpidem tartrate er</i>	136
ZOMACTON	123
ZOMETA	192
ZOMIG	153
ZONALON	111
<i>zonisamide</i>	45
ZONTIVITY	132
ZORBTIVE	123
ZORTRESS	155
ZOSTAVAX	179
ZOVIA 1/35E (28)	103
ZOVIA 1/50E (28)	103
ZUBSOLV	33
ZUMANDIMINE	103
ZUPLENZ	58
ZURAMPIC	131
ZYDELIG	80
ZYFLO	36
ZYFLO CR	37
ZYKADIA	75
ZYPITAMAG	61
ZYTIGA	68

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



An Independent Licensee of the Blue Cross and Blue Shield Association

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.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돋고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

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.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

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:

اگر شما، یا کسی که شما به او کمک می‌کنید، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایند].

Assyrian:

Blue Cross Blue Shield of Arizona 800-255-0012, 877-475-4799
www.bcbsaz.com

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีความเกี่ยวกับ Blue Cross Blue Shield of Arizona
คุณสามารถจะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย พดคยกับลาม โทร
877-475-4799



**BlueCross
BlueShield
of Arizona**