



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 1/1/21

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 72 hours 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 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

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

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

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

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

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

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

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

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

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

What if my medication requires Prior Authorization?

Medications Requiring Prior Authorization:

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

For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services

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

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

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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 1/1/2021

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er</i>		T3	R&M; QL (2 EA per 1 day)
<i>guanfacine hcl er</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg</i>		T1	R&M; AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg</i>		T1	R&M; AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 25 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 40 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 60 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
QELBREE	T3		ST; R&M; AI (EST as follows:ST through atomoxetine (generic for Strattera) for at least 3 months in the last 12 months.); QL (1 EA per 1 day)
*Amphetamine Mixtures***			
<i>amphetamine-dextroamphet er</i>		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		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
<i>amphetamine sulfate</i>		T3	PA; ST; R
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
DYANAVEL XR	T3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG	T3		PA; R
<i>methamphetamine hcl</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)

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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)
VYVANSE ORAL TABLET CHEWABLE	T2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET (<i>Dextroamphetamine Sulfate</i>) 10 MG, 5 MG	T1	T1	R&M; QL (6 EA per 1 day)
*Anorexiant Non-Amphetamine***			
<i>phendimetrazine tartrate</i>		T3	R
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Stimulant Combinations***			
AZSTARYS	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
*Stimulants - Misc.***			
ADHANSIA XR	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
APTENSIO XR (<i>Methylphenidate HCl ER (XR)</i>)	T3	T3	PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>armodafinil</i>		T3	PA; R
DAYTRANA	T3		PA; ST; R&M; QL (1 EA per 1 Day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T2	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd)</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)

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Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		T3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T2	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T3	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet</i>		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		T3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T3		PA; ST; R
PALFORZIA (12 MG DAILY DOSE)	T3		R&M; QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		R&M; QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		R&M; QL (4 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 (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		R&M; QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T3		R&M; QL (3 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 (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		R&M; QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T3		R&M; QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		R&M; AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
RAGWITEK	T3		PA; ST; 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	SP		PA; 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; 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>		T3	RO
TOBI PODHALER	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30day limit applies)
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT	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)
RINVOQ	SP		PA; R
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 ML per 1 day); AG (Max 18 Years)
XELJANZ ORAL TABLET 10 MG	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
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)
XELJANZ XR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	SP		PA; 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, 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-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	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)
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***			
<i>celecoxib oral</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
*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***			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T1	R
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
<i>diclofenac potassium oral tablet 50 mg</i>		T1	R
<i>diclofenac sodium er</i>		T1	R
<i>diclofenac sodium oral</i>		T1	R
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>etodolac oral capsule 300 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>etodolac oral tablet 400 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>etodolac oral tablet 500 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenoprofen calcium oral tablet</i>		T3	R
<i>flurbiprofen oral</i>		T1	R
<i>ibuprofen oral suspension</i>		T1	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
INDOCIN ORAL	T3		R
INDOCIN RECTAL	T3		R
<i>indomethacin er</i>		T3	R
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1	R
<i>ketoprofen oral</i>		T1	R
<i>ketorolac tromethamine oral</i>		T1	R&M; QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg</i>		T2	R
<i>meclofenamate sodium oral capsule 50 mg</i>		T3	R
<i>mefenamic acid oral</i>		T3	R
<i>meloxicam oral tablet</i>		T1	R&M; QL (1 EA per 1 Day)
<i>naproxen dr</i>		T1	R
<i>naproxen oral tablet</i>		T1	R
<i>naproxen sodium oral tablet 275 mg</i>		T1	R
<i>oxaprozin</i>		T1	R
<i>piroxicam oral</i>		T1	R
RELAFEN ORAL TABLET (Nabumetone) 500 MG	T1	T1	R
<i>sulindac oral</i>		T1	R
<i>tolmetin sodium oral capsule</i>		T1	R
<i>tolmetin sodium oral tablet 600 mg</i>		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***			
<i>leflunomide oral</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)

Drug Name	Brand	Generic	Additional Information
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***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1	R
<i>butalbital-apap-caffeine oral capsule</i>		T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		T1	R
<i>butalbital-asa-caffeine</i>		T1	R
*Salicylates***			
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose oral tablet delayed release</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ASPIR-LOW (Aspirin)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (Aspirin)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (Aspirin)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin EC)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE (Aspirin)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>diflunisal oral</i>		T1	R
ECOTRIN (<i>Aspirin EC</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN LOW STRENGTH (<i>Aspirin</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ECPIRIN (<i>Aspirin EC</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>gnp aspirin low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>goodsense aspirin low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>hm aspirin ec</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin ec low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>hm aspirin oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>kp aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>meijer aspirin ec</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>px aspirin oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>qc aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>sb aspirin ec</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin adult low strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin ec</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin ec low strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm childrens aspirin</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 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)

Drug Name	Brand	Generic	Additional Information
<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)
<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 (<i>Butalbital-ASA-Caff-Codeine</i>)	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***			
TREZIX ORAL CAPSULE (<i>APAP-Caff-Dihydrocodeine</i>) 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)

Drug Name	Brand	Generic	Additional Information
*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)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 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 (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 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)
LORCET HD (<i>HYDROcodone-Acetaminophen</i>)	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 (<i>HYDROcodone-Acetaminophen</i>) 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)
*Opioid Agonists***			
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG	T3		PA; R&M; AG (Min 18 Years)
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 400 MCG, 600 MCG, 800 MCG	T3		PA; RO; AG (Min 18 Years)
<i>codeine sulfate oral tablet 15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>codeine sulfate oral tablet 60 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
DURAGESIC-100 (<i>FentaNYL</i>)	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 (<i>fentaNYL</i>)	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 (<i>FentaNYL</i>)	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 (<i>FentaNYL</i>)	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 (<i>FentaNYL</i>)	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)
<i>fentanyl citrate buccal lozenge on a handle</i>		T3	PA; RO; AI (;); QL (3 EA per 1 day); AG (Min 16 Years)
<i>fentanyl citrate buccal tablet</i>		T3	PA; R&M; QL (9 EA per 1 day); AG (Min 18 Years)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr</i>		T3	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)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>		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)
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)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent</i>		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)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		T3	R&M; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>		T2	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg</i>		T2	PA; R
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>		T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg</i>		T3	PA; R&M; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg</i>		T3	PA; R&M; QL (1 EA per 1 day); AG (Min 4 Years)
<i>hydromorphone hcl oral liquid</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.25 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>hydromorphone hcl rectal</i>		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)
LAZANDA	T3		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T3	PA; R&M; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>		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)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>		T1	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 (2.4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T1	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 (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 er oral tablet extended release</i>		T1	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>morphine sulfate oral solution 10 mg/5ml</i>		T1	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 (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T1	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 (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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
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)
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 oral capsule</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral concentrate 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)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxyCODONE HCl ER</i>)	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)
<i>oxymorphone hcl er</i>		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)

Drug Name	Brand	Generic	Additional Information
<i>oxymorphone hcl oral tablet 10 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
SUBSYS	T3		PA; ST; RO; AI (Limited to 30 day supply); QL (2 EA per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		T3	RO; QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral tablet extended release 24 hour</i>		T3	RO; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		T1	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
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)
*Opioid Combinations***			
<i>benzhydrocodone-acetaminophen</i>		T3	R&M; QL (3 EA per 1 day)
ENDOCET ORAL TABLET (<i>oxyCODONE-Acetaminophen</i>) 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 (<i>oxyCODONE-Acetaminophen</i>) 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 (<i>oxyCODONE-Acetaminophen</i>) 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)

Drug Name	Brand	Generic	Additional Information
<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-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)
<i>oxycodone-ibuprofen</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
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 (oxyCODONE-Acetaminophen) 7.5-300 MG	T3	T3	PA; 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		PA; R&M; QL (4 tablets per 1 day)
*Opioid Partial Agonists***			
BELBUCA	T3		PA; R&M; QL (2 EA per 1 day)
BUNAVAIL	T3		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T3	R&M; QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T3	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T3	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T3	R&M; QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T1	R&M; QL (2 EA per 1 Day)
<i>buprenorphine transdermal</i>		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)
<i>butorphanol tartrate nasal</i>		T3	R
<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)
*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***			
<i>danazol oral</i>		T3	R&M; QL (4 EA per 1 day)
JATENZO	T3		PA; R
<i>methitest</i>		T3	PA; R
<i>methyltestosterone oral</i>		T3	PA; R
TESTIM (Testosterone)	T3	T1	PA; R&M; M
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>		T1	R&M; AI (;); M; QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>		T1	R&M; M; QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>		T1	R&M; M
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (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

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Drug Name	Brand	Generic	Additional Information
Antacids			
*Antacids - Calcium Salts***			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T3	PA; R
Anthelmintics			
*Anthelmintics***			
ALBENZA (<i>Albendazole</i>)	T3	T3	PA; R
<i>benznidazole</i>		T3	R&M; AI (.); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>praziquantel oral</i>		T3	R
STROMEKTOL (<i>Ivermectin</i>)	T3	T1	PA; R
Antianginal Agents			
*Antianginals-Other***			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		T2	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		T2	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR	T3		R
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1	R
<i>isosorbide mononitrate er</i>		T1	R
<i>isosorbide mononitrate oral tablet 20 mg</i>		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)
<i>nitroglycerin sublingual</i>		T1	R
<i>nitroglycerin transdermal patch 24 hour</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin translingual solution</i>		T3	R
NITROMIST	T3		R&M; QL (0.6 GM per 1 day)
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>buspirone hcl oral tablet 15 mg</i>		T1	R&M; AI (Max #120 Mail Order); QL (4 EA per 1 Day)
<i>buspirone hcl oral tablet 30 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>buspirone hcl oral tablet 5 mg</i>		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T3	R
<i>hydroxyzine hcl oral syrup</i>		T1	R
<i>hydroxyzine hcl oral tablet</i>		T1	R
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T2	R

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Drug Name	Brand	Generic	Additional Information
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		T1	R
<i>meprobamate oral tablet 200 mg</i>		T3	R
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 1 mg</i>		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 18 Years)
<i>alprazolam xr</i>		T3	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 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>chlordiazepoxide hcl oral capsule 25 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (8 EA per 1 day); AG (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 9 Years)
<i>diazepam oral solution 5 mg/5ml</i>		T3	R&M; AI (Limitation of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
<i>diazepam oral tablet 10 mg, 5 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
LORAZEPAM INTENSOL	T1		RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T1	RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 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 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 (2 EA per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
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.); QL (4 EA per 1 day); AG (Min 12 Years)
*Adrenergic Combinations***			
ADVAIR DISKUS (<i>Fluticasone-Salmeterol</i>)	T2	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); QL (0.36 EA per 1 day); AG (Max 15 Years)
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, 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)
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)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act</i>		T1	ST; R&M; AI (Trial of the following in last 3 months: ADVAIR DISKUS); QL (0.035 EA per 1 day); AG (Min 12 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>		T2	ST; R&M; AI (Trial of the following in last 3 months: ADVAIR DISKUS); QL (0.035 EA per 1 day); AG (Min 12 Years)
<i>ipratropium-albuterol</i>		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 (Fluticasone-Salmeterol)	T2	T2	R&M; QL (2 EA 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***			
<i>cromolyn sodium inhalation</i>		T2	R
*Beta Adrenergics***			
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>		T3	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>		T3	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		T1	R
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1	R&M; AI (Max #15 Mail Order); AG (Max 13 Years)

Drug Name	Brand	Generic	Additional Information
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	R&M; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AG (Max 13 Years)
<i>albuterol sulfate oral</i>		T1	R
ARCAPTA NEOHALER	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
BROVANA (Arformoterol Tartrate)	T3	T3	R&M; QL (60 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		T3	R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>		T2	R&M; AI (Max #810ml mail order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T2	R&M; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
<i>metaproterenol sulfate oral syrup</i>		T1	R
PERFOROMIST	T3		R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT	T2		R
PROAIR HFA (Albuterol Sulfate HFA)	T2	T1	R
PROAIR RESPICLICK	T2		R
PROVENTIL HFA (Albuterol Sulfate HFA)	T3	T1	R
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 with 3 in last 12 months: Arcapta, Serevent, Anoro Ellipta, Spiriva w/ Serevent, and Spiriva w/ Arcapta.)
<i>terbutaline sulfate oral</i>		T1	R
VENTOLIN HFA (Albuterol Sulfate HFA)	T2	T1	R
XOPENEX HFA (Levalbuterol Tartrate)	T3	T3	PA; ST; R&M; AI (Trial of the following in the last 1 month: Albuterol HFA); 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)

Drug Name	Brand	Generic	Additional Information
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)
<i>montelukast sodium oral tablet chewable 4 mg</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>zafirlukast</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP	T3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*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)

Drug Name	Brand	Generic	Additional Information
ARMONAIR DIGIHALER	T3		ST; R&M; AI (ST: Trial of the following in the last 3 months: Flovent)
ARNUITY ELLIPTA	T2		R
ASMANEX (120 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (14 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (30 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (60 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (7 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order)
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)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>		T2	R&M; AI (Max #360ml Mail Order)
<i>budesonide inhalation suspension 1 mg/2ml</i>		T2	R&M; AI (Max #180ml per 90 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	T2		R&M; AI (;)
PULMICORT FLEXHALER	T2		R&M; AI (;)
QVAR REDHALER	T2		R
*Xanthines***			
<i>aminophylline anhydrous</i>		T3	PA; R
THEO-24	T2		R
<i>theophylline</i>		T1	R
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		T3	R
<i>theophylline er oral tablet extended release 24 hour</i>		T1	R
Anticoagulants			
*Coumarin Anticoagulants***			
COUMADIN ORAL (<i>Warfarin Sodium</i>)	T1	T1	R
JANTOVEN (<i>Warfarin Sodium</i>)	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

Drug Name	Brand	Generic	Additional Information
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 (;)
*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, 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
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 (<i>DiazePAM</i>)	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

Drug Name	Brand	Generic	Additional Information
*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 (<i>Rufinamide</i>)	T3	T3	PA; R
BRIVIACT ORAL SOLUTION	T3		PA; ST; R&M; AI (ST:Step through Levetiracetam (generic Keppra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years)
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 (<i>CarBAMazepine ER</i>)	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)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T3		ST; R&M; AI (EST as follows: ST through levetiracetam 24hr tablet (generic for KEPPRA) for at least 3 months in the last 12 months.); QL (3 EA per 1 day); AG (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	T3		ST; R&M; AI (EST as follows: ST through levetiracetam 24hr tablet (generic for KEPPRA) for at least 3 months in the last 12 months.); QL (2 EA per 1 day); AG (Min 12 Years)
EPIDIOLEX	T3		PA; R
EPITOL (<i>carBAMazepine</i>)	T1	T1	R
EPRONTIA	T3		R&M; AI (Step Therapy through Topamax sprinkles 25mg for 1 fill in last 6 mo); QL (16 ML per 1 day)
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

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Drug Name	Brand	Generic	Additional Information
<i>gabapentin oral tablet</i>		T1	R
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T3		R&M; AG (Max 6 Years)
<i>lamotrigine er</i>		T1	R
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>		T3	R&M; AG (Max 6 Years)
<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 SOLUTION (Pregabalin)	T3	T1	R
<i>oxcarbazepine</i>		T1	R
<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
QUDEXY XR	T3		PA; ST; R&M; AI (ST: Trial of both of the following for 3 months each In the last 12 months: topiramate (generic for Topamax)); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG	T1	T1	R
ROWEEPRA ORAL TABLET (LevETIRAcetam) 750 MG	T1	T1	R
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		R&M; QL (6 EA per 1 day); AG (Min 12 Years)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LevETIRAcetam ER) 750 MG	T1	T1	R&M; AG (Min 12 Years)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 100 MG	T2	T1	R
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 200 MG, 400 MG	T3	T1	R
<i>topiramate er</i>		T2	ST; R&M; AI (ST: Trial of both of the following for 3 months each In the last 12 months: topiramate (generic for Topamax)); AG (Min 3 Years)
<i>topiramate oral capsule sprinkle</i>		T1	R&M; QL (2 EA per 1 day)
<i>topiramate oral tablet</i>		T1	R

Drug Name	Brand	Generic	Additional Information
TROKENDI XR	T3		ST; R&M; AI (Trial of both of the following for 3 months each in the last 12 months: topiramate (generic for TOPAMAX) and topiramate ER capsule (generic for QUDEXY XR)); 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 (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (generic for VIMPAT), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, valproic acid & derivatives)); QL (2 EA per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	T3		PA; 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 (2 EA per 1 day)
XCOPRI (350 MG DAILY DOSE)	T3		PA; 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 (2 EA per 1 day)
XCOPRI ORAL TABLET	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 ORAL TABLET THERAPY PACK	T3		PA; 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***			
<i>tiagabine hcl</i>		T3	R

Drug Name	Brand	Generic	Additional Information
<i>vigabatrin</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIGADRONE (<i>Vigabatrin</i>)	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 (<i>Phenytoin Sodium Extended</i>)	T3	T1	R
PEGANONE	T3		R
PHENYTEK (<i>Phenytoin Sodium Extended</i>)	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***			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1	R
<i>divalproex sodium oral tablet delayed release</i>		T1	R
<i>valproic acid oral capsule</i>		T1	R
<i>valproic acid oral solution</i>		T1	R
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 45 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>		T1	R
<i>mirtazapine oral tablet dispersible 15 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr)</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>bupropion hcl oral</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>maprotiline hcl</i>		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
<i>phenelzine sulfate oral</i>		T1	R
<i>tranylcypromine sulfate</i>		T1	R
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
<i>citalopram hydrobromide oral solution</i>		T1	R
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>		T1	R&M; AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 40 mg</i>		T1	R&M; AI (Max #180 Mail Order)
<i>escitalopram oxalate oral solution</i>		T1	R
<i>escitalopram oxalate oral tablet 10 mg</i>		T1	R&M; AI (Max #135 Mail Order)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order)
<i>fluoxetine hcl oral capsule</i>		T1	R
<i>fluoxetine hcl oral solution</i>		T1	R
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1	R
<i>fluvoxamine maleate</i>		T2	R
<i>fluvoxamine maleate er</i>		T2	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl er</i>		T3	R&M; AI (;); QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
PAXIL ORAL SUSPENSION (PARoxetine HCl)	T3	T3	R
<i>sertraline hcl oral concentrate</i>		T1	R
<i>sertraline hcl oral tablet</i>		T1	R
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T3	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	R
<i>trazodone hcl oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	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)

Drug Name	Brand	Generic	Additional Information
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 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 (Snrts)***			
<i>desvenlafaxine succinate er</i>		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)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1	R&M; QL (2 EA per 1 Day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		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)
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)

Drug Name	Brand	Generic	Additional Information
<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
<i>trimipramine maleate oral capsule 50 mg</i>		T3	R
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1	R
*Antidiabetic - Amylin Analogs***			
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: Trial of both of the following for 3 months each in the last 12 months: generic GLUCOPHAGE XR and generic FORTAMET); QL (2 EA per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T3		ST; R&M; AI (ST: Trial of both of the following for 3 months each in the last 12 months: generic GLUCOPHAGE XR and generic FORTAMET); QL (4 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		T1	ST; R&M; AI (ST: Trial of the following for 3 months in the last 12 months: generic Glucophage XR); QL (2 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		T1	ST; R&M; AI (ST: Trial of the following for 3 months in the last 12 months: generic 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)

Drug Name	Brand	Generic	Additional Information
<i>diazoxide oral</i>		T3	R
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)
*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 (<i>Alogliptin Benzoate</i>)	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
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 (<i>Insulin Lispro</i>)	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 (<i>Insulin Lispro (1 Unit Dial)</i>)	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)

Drug Name	Brand	Generic	Additional Information
BASAGLAR KWIKPEN	T3		ST; R&M; AI (ST: Trial of the following in the last 12 months: LANTUS); 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)
HUMULIN R	T2		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T2		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
<i>insulin asp prot & asp flexpen</i>		T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>		T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin lispro junior kwikpen</i>		T3	PA; ST; R&M; AI (ST: Trial of 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)

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Drug Name	Brand	Generic	Additional Information
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	T1		R&M; QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T2		R&M; 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)
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	T2		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	T2		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 (<i>Insulin Aspart</i>)	T3	T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Aspart FlexPen</i>)	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 of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T3		ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	T3	T3	ST; R&M; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
SEMGLEE	T3		ST; R&M; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
SEMGLEE (YFGN) (<i>Insulin Glargine-yfgn</i>)	T3	T3	PA; ST; R&M; AI (ST: Trial of the following in the last 12 months: LANTUS); 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)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
ADLYXIN	T3		PA; ST; R&M; AI (Trial of either Byetta or Bydureon/Bydureon Bisce AND one of 4 following drugs- Victoza, Rybelsus, Orenzia or Trulicity.); QL (0.22 ML per 1 day); AG (Min 18 Years)
ADLYXIN STARTER PACK	T3		PA; ST; R&M; AI (Trial of either Byetta or Bydureon/Bydureon Bisce AND one of 4 following drugs- Victoza, Rybelsus, Orenzia or Trulicity.); QL (6 ML per 1 Lifetime); AG (Min 18 Years)
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)
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)	T2		R&M; QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	T2		R&M; QL (3 ML per 28 days)

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Drug Name	Brand	Generic	Additional Information
RYBELSUS	T2		R&M; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T2		R&M; QL (0.0715 ML per 1 day); AG (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T2		R&M; QL (0.0175 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 10 Years)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T2		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>repaglinide</i>		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.)
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)

Drug Name	Brand	Generic	Additional Information
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	T2		R
SYNJARDY XR	T2		R&M; AI (:)
XIGDUO XR	T2		R
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
*Sulfonylureas***			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glimepiride oral tablet 4 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide er</i>		T1	R
<i>glipizide oral</i>		T1	R
<i>glipizide xl</i>		T1	R
<i>glyburide micronized</i>		T1	R
<i>glyburide oral</i>		T1	R
<i>tolbutamide</i>		T1	R
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl</i>		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
*Thiazolidinediones***			
AVANDIA ORAL TABLET 2 MG, 4 MG	T3		R
<i>pioglitazone hcl</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
*Antidiarrheal - Chloride Channel Antagonists***			
MYTESI	T3		R
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		T1	R
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T1	R
<i>loperamide hcl oral capsule</i>		T1	R
MOTOFEN	T3		R
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	T3		PA; R
<i>deferasirox granules</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day 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 ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX ORAL TABLET 1000 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
FERRIPROX ORAL TABLET (Deferiprone) 500 MG	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, 30day limit applies)
JADENU ORAL TABLET (Deferasirox) 90 MG	SP	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***			
KLOXXADO	T2		R&M; QL (1 box per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1	R
<i>naloxone hcl injection solution cartridge</i>		T1	R
<i>naloxone hcl injection solution prefilled syringe</i>		T1	R
<i>naltrexone hcl oral</i>		T1	R
NARCAN (Naloxone HCl)	T2	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)
<i>granisetron hcl oral</i>		T1	R&M; AI (#6 per copay mail or retail. Max #36.); QL (2 EA per 1 day)
<i>ondansetron hcl injection solution 40 mg/20ml</i>		T1	R
<i>ondansetron hcl oral solution</i>		T1	R
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1	R&M; AI (;); QL (4 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg</i>		T1	R&M; AI (;); QL (4 EA per 1 day)
<i>ondansetron oral tablet dispersible 8 mg</i>		T1	R&M; AI (;); QL (15 EA per 1 day)
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.)
<i>doxylamine-pyridoxine</i>		T3	PA; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
*Antiemetics - Anticholinergic***			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T1	R
<i>scopolamine</i>		T3	R&M; QL (0.34 EA per 1 day)
TIGAN INTRAMUSCULAR	T3		R
<i>trimethobenzamide hcl oral</i>		T2	R
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule 10 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (3 EA per 1 day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T3		PA; R

Drug Name	Brand	Generic	Additional Information
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule</i>		T3	R&M; AI (;)
CINVANTI	MB		R
EMEND ORAL SUSPENSION RECONSTITUTED	T3		R
VARUBI (180 MG DOSE)	T3		R&M; AI (Limited to 30 day supply); QL (4 EA per 28 days)
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***			
BREXAFEMME	T3		PA; ST; R&M; AI (ST through Fluconazole for 1 fill in the last 3 months.); CI (4 tablets per 1 day with fill limit of 1x per month); QL (4 EA per 1 day)
*Antifungals***			
<i>flucytosine oral</i>		T3	R
<i>griseofulvin microsize oral</i>		T1	R
<i>griseofulvin ultramicrosize</i>		T1	R
<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***			
CRESEMBA ORAL	T3		PA; R
<i>fluconazole oral</i>		T1	R
<i>itraconazole oral</i>		T3	R
NOXAFIL ORAL SUSPENSION	T3		PA; R
<i>posaconazole</i>		T3	PA; R
<i>voriconazole oral</i>		T1	R
Antihistamines			
*Antihistamines - Alkylamines***			
RYCLORA ORAL SOLUTION	T3		R&M; AI (118MG per 30 days)
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution</i>		T1	R
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	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)

Drug Name	Brand	Generic	Additional Information
*Antihistamines - Non-Sedating***			
<i>cetirizine hcl oral solution 1 mg/ml</i>		T1	PA; R
<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
*Antihistamines - Phenothiazines***			
PHENADOZ (<i>Promethazine HCl</i>)	T1	T1	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 50 MG	T2		R
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral</i>		T1	R
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET	T2		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	T2		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.***			
LOVAZA	T3		PA; R&M; AI (Alt: Generic Lovaza)
<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
PREVALITE (<i>Cholestyramine Light</i>)	T1	T1	R
*Fibric Acid Derivatives***			
<i>fenofibrate oral tablet 145 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>fenofibrate oral tablet 160 mg</i>		T1	R&M; QL (1 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)

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
*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)
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe</i>		T1	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*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***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T2	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
*Pcsk9 Inhibitors***			
PRALUENT 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 (0.08 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***			
<i>amlodipine besy-benazepril hcl</i>		T1	R
<i>trandolapril-verapamil hcl er</i>		T3	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1	R
<i>captopril-hydrochlorothiazide</i>		T3	R
<i>enalapril-hydrochlorothiazide</i>		T1	R
<i>fosinopril sodium-hctz</i>		T3	R
<i>lisinopril-hydrochlorothiazide</i>		T1	R
<i>quinapril-hydrochlorothiazide</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		T1	R
<i>captopril oral</i>		T1	R
<i>enalapril maleate oral tablet</i>		T1	R
<i>fosinopril sodium</i>		T1	R
<i>lisinopril oral</i>		T1	R
<i>moexipril hcl</i>		T2	R
<i>perindopril erbumine</i>		T2	R
<i>quinapril hcl</i>		T1	R
<i>ramipril</i>		T1	R
<i>trandolapril</i>		T1	R
*Agents For Pheochromocytoma***			
DEMSER (<i>metyrosINE</i>)	SP	SP	ST; R&M; CI (30 day limit applies)
<i>phenoxybenzamine hcl oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>amlodipine-olmesartan</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>telmisartan-amlodipine</i>		T1	R
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***			
<i>candesartan cilexetil-hctz</i>		T3	R&M; AI (;)
EDARBYCLOR	T3		R
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>losartan potassium-hctz</i>		T1	R
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<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 li 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)

Drug Name	Brand	Generic	Additional Information
<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
*Antiadrenergics - 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>guanfacine hcl oral tablet 1 mg</i>		T2	R
<i>guanfacine hcl oral tablet 2 mg</i>		T1	R
<i>methyl dopa oral</i>		T1	R
*Antiadrenergics - 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
<i>metoprolol-hydrochlorothiazide</i>		T1	R
<i>propranolol-hctz</i>		T1	R
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T2	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
*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)

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Drug Name	Brand	Generic	Additional Information
<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)
<i>metronidazole oral tablet</i>		T1	R
<i>pentamidine isethionate inhalation</i>		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 tablet</i>		T1	R
SULFATRIM PEDIATRIC (<i>Sulfamethoxazole-Trimethoprim</i>)	T1	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 (<i>Nitazoxanide</i>)	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	T3		R&M; QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1	R
*Leprostics***			
<i>dapsone oral</i>		T2	R
*Lincosamides***			
<i>clindamycin hcl oral</i>		T1	R
<i>clindamycin palmitate hcl</i>		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***			
<i>linezolid oral suspension reconstituted</i>		T1	R
<i>linezolid oral tablet</i>		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)

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Drug Name	Brand	Generic	Additional Information
*Polymyxins***			
<i>polymyxin b sulfate injection</i>		MB	SP
*Urinary Anti-Infectives***			
<i>methenamine hippurate</i>		T1	R
MONUROL (Fosfomycin Tromethamine)	T3	T3	R
<i>nitrofurantoin macrocrystal oral</i>		T1	R
<i>nitrofurantoin monohyd macro</i>		T1	R
<i>nitrofurantoin oral suspension</i>		T1	R
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>		T3	R
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>		T2	R
COARTEM	T3		R
*Antimalarials***			
<i>chloroquine phosphate oral</i>		T1	R&M; AI (Limited to 30 day supply); QL (2 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>mefloquine hcl</i>		T3	R&M; AI (Max #15 per 90 days)
<i>primaquine phosphate oral tablet 26.3 mg</i>		T3	PA; R
<i>pyrimethamine oral</i>		T3	PA; ST; R
<i>quinine sulfate oral</i>		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)
<i>guanidine hcl oral</i>		T3	R
<i>pyridostigmine bromide oral solution</i>		T3	R
<i>pyridostigmine bromide oral tablet 60 mg</i>		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***			
<i>cycloserine oral</i>		SP	PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
<i>ethambutol hcl oral tablet 100 mg</i>		T1	R
<i>ethambutol hcl oral tablet 400 mg</i>		T2	R
<i>isoniazid oral syrup</i>		T1	R
<i>isoniazid oral tablet 100 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>isoniazid oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
PASER	T3		PA; ST; R
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIFTIN	T2		R
<i>pyrazinamide oral</i>		T2	R
<i>rifabutin</i>		T1	R
<i>rifampin oral</i>		T1	R
SIRTURO	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRECTOR	T3		R
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BELRAPZO (<i>Bendamustine HCl</i>)	MB	MB	R
BENDEKA (<i>Bendamustine HCl</i>)	MB	MB	R
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 (<i>Abiraterone Acetate</i>)	T1	T1	PA; SP; 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 (<i>Bicalutamide</i>)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EULEXIN	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>flutamide</i>		T1	R
NILANDRON (<i>Nilutamide</i>)	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 (<i>Toremifene Citrate</i>)	T1	T1	R&M; QL (1 EA per 1 day)
SOLTAMOX	T1		R
<i>tamoxifen citrate oral</i>		\$0	R&M; AI (Limited to 30 day supply)
*Antimetabolites***			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	T1		PA; ST; SP
<i>mercaptopurine oral</i>		T1	R
<i>methotrexate oral</i>		T1	R
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</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 (<i>Capecitabine</i>)	T1	T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Alk 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)
LORBRENA	T1		PA; R

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)
ZYKADIA ORAL TABLET	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 - Anti-Cd33 Antibody-Drug Complex***			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB		R
*Antineoplastic - Anti-Her2 Agents***			
TUKYSA	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30day limit applies)
*Antineoplastic - Anti-Pd-L1 Antibodies***			
BAVENCIO	MB		R
*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 - Bcr-Abl Kinase Inhibitors***			
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)
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 ORAL TABLET 10 MG, 30 MG	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ICLUSIG ORAL TABLET 15 MG, 45 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
<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)
SCEMBLIX	T1		PA; R&M; 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)
TASIGNA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG	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 - Btk Inhibitors***			
BRUKINSA	T1		PA; R&M; AI (LIMITED DISTRIBUTION BY DIPLOMAT, BIOLOGICS OR ONCO360)
CALQUENCE	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL CAPSULE 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is 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)

Drug Name	Brand	Generic	Additional Information
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)
*Antineoplastic - Egfr Inhibitors***			
EXKIVITY	T1		PA; SP; AI (Limited Distribution available with ONCO360; limited to a 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)
IRESSA	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TAGRISO	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)
VIZIMPRO	T1		PA; R
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA	T1		PA; R&M; AI (Limited to 30 day supply)
PEMAZYRE	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30day limit applies)
TRUSELTIQ (100MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (125MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (50MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (75MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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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 - Hif-2-Alpha Inhibitors***			
WELIREG	T1		PA; R&M; AI (Limited to 30 day supply)
*Antineoplastic - Histone Deacetylase Inhibitors***			
FARYDAK ORAL CAPSULE 10 MG, 20 MG	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 - Kras Inhibitors***			
LUMAKRAS	T1		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 - Met Inhibitors***			
TABRECTA	T1		PA; R

Drug Name	Brand	Generic	Additional Information
TEPMETKO	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK	T1		PA; R&M; AI (Limited Distribution Onco360)
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR (<i>Everolimus</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ (<i>Everolimus</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>everolimus oral tablet 10 mg</i>		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)
<i>everolimus oral tablet soluble 3 mg, 5 mg</i>		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 - Multikinase Inhibitors***			
CABOMETYX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	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)
FOTIVDA	T1		PA; R&M; AI (Limited to a 30 day supply; Limited Specialty distribution by Biologics and OncoMed.)
<i>lapatinib ditosylate</i>		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)

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)
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)
QINLOCK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 (<i>SUNITinib Malate</i>)	T1	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)
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)
UKONIQ	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOTRIENT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T1		PA; R&M; AI (Limited distribution Biologics & PantheRx); CI (Limited to 30 day supply)

Drug Name	Brand	Generic	Additional Information
AYVAKIT ORAL TABLET 25 MG, 50 MG	T1		PA; R&M; AI (Limited distribution Biologics ; PantheRx); CI (Limited to 30 day supply)
LARTRUVO	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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 - Ret Inhibitors***			
GAVRETO	T1		PA; R&M; AI (Limited to 30 day supply)
RETEVMO	T1		PA; SP; AI (Limited to 30 day supply)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK	T1		PA; R
*Antineoplastic - Tyrosine Kinase Inhibitors***			
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)
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (80 MG TWICE WEEKLY)	T1		PA; R
*Antineoplastic Antibiotics***			
<i>mitoxantrone hcl</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic Combinations***			
DARZALEX FASPRO	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)
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)

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Drug Name	Brand	Generic	Additional Information
RITUXAN HYCELA	T1		PA; SP
*Antineoplastics Misc.***			
ACTIMMUNE	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BESREMI	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies); CI (Limited to 30 day supply)
HYDREA (<i>Hydroxyurea</i>)	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		PA; 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); QL (1 EA per 1 Day)
ARIMIDEX	T1		R&M; AI (Limited to 30 day supply); 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

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 (Fulvestrant) 250 MG/5ML	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***			
leucovorin calcium oral tablet 10 mg, 15 mg		T3	R
leucovorin calcium oral tablet 25 mg, 5 mg		T1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORGOVYX	T1		PA; R
*Imidazotetrazines***			
TEMODAR ORAL (Temozolomide)	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; 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)
JAKAFI	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
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (84 to 90 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 90 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (112 to 120 day supply. 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); CI (167 to 180 day supply. 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); CI (30 day supply maximum. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (30 day supply maximum. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 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); CI (30 day supply maximum. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj 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); CI (30 day supply maximum. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (84 to 90 day supply. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj per 90 days)
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); CI (84 to 90 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 90 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); CI (112 to 120 day supply. 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); CI (167 to 180 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
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***			
<i>etoposide oral</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nitrogen Mustards And Related Analogues***			
ALKERAN ORAL (<i>Melphalan</i>)	T1	T1	R
<i>cyclophosphamide oral capsule</i>		T1	R
<i>cyclophosphamide oral tablet</i>		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
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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)
*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 (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET	T1		SP
RUBRACA ORAL TABLET 200 MG, 300 MG	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)
RUBRACA ORAL TABLET 250 MG	T1		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		T1	R
<i>megestrol acetate oral tablet</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Retinoids***			
<i>tretinoin 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 (<i>Bexarotene</i>)	T1	T1	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Topoisomerase I Inhibitors***			
HYCANTIN 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
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
INLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
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 tablet</i>		T1	R
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<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***			
<i>tolcapone</i>		T1	PA; R
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1	R
*Levodopa Combinations***			
<i>carbidopa-levodopa</i>		T1	R
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1	R
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***			
KYNMOBI	SP		PA; SP; AI (Optum Specialty is preferred pharmacy- some medications may have limited distribution and some may be available at Retail, 30 day limit applies.)
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

Drug Name	Brand	Generic	Additional Information
<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
ONGENTYS	T3		PA; 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)
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)
NUPLAZID ORAL CAPSULE	T3		PA; R
NUPLAZID ORAL TABLET 10 MG	T3		PA; R
VRAYLAR ORAL CAPSULE	T3		ST; R&M; AI (EST: Trial of at least 2 of the following in the last 12 months: aripiprazole, quetiapine, risperidone, Saphris, ziprasidone); QL (1 EA per 1 day); AG (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3		ST; R&M; AI (EST: Trial of at least 2 of the following in the last 12 months: aripiprazole, quetiapine, risperidone, Saphris, ziprasidone); QL (1 EA per 7 days); AG (Min 18 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)

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Drug Name	Brand	Generic	Additional Information
<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)
PERSERIS	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>risperidone oral solution</i>		T1	R
<i>risperidone oral tablet</i>		T1	R
<i>risperidone oral tablet dispersible 1 mg</i>		T1	R
*Butyrophenones***			
<i>haloperidol lactate oral</i>		T1	R
<i>haloperidol oral</i>		T1	R
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1	R&M; AI (Max #810 Mail Order); QL (9 EA per 1 Day)
<i>clozapine oral tablet 200 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>clozapine oral tablet 50 mg</i>		T1	R&M; AI (Max #540 per 90days); QL (6 EA per 1 Day)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate</i>		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</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, 50 mg</i>		T3	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 300 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg, 25 mg</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 400 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 50 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1	R
*Phenothiazines***			
<i>chlorpromazine hcl oral tablet</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

Drug Name	Brand	Generic	Additional Information
<i>thioridazine hcl oral</i>		T1	R
<i>trifluoperazine hcl oral</i>		T1	R
*Quinolinone Derivatives***			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>aripiprazole oral solution</i>		T1	R&M; QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 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)
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, 2.5 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet 15 mg, 20 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine oral tablet 7.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 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</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***			
<i>formaldehyde external solution 10 %</i>		T2	R
*Iodine Antiseptics***			
IODOSORB	T3		R
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1	R
<i>abacavir-lamivudine-zidovudine</i>		T1	R&M; AI (;); QL (2 EA per 1 day)
ATRIPLA	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 (;)

Drug Name	Brand	Generic	Additional Information
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)
<i>efavirenz-emtricitab-tenofovir</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		T2	R&M; QL (1 EA per 11 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>		T2	R&M; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		T3	R&M; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$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 (;)
<i>lamivudine-zidovudine</i>		T1	R&M; AI (;)
<i>lopinavir-ritonavir</i>		T2	R
ODEFSEY	T2		R&M; AI (;)
PREZCOBIX	T3		R&M; AI (;)
STRIBILD	T2		R&M; AI (;)
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)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION	T2		PA; R
SELZENTRY ORAL TABLET 150 MG, 300 MG	T2		PA; R&M; AI (;)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		PA; R
*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

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Drug Name	Brand	Generic	Additional Information
TIVICAY ORAL TABLET 50 MG	T2		R&M; AI (;
TIVICAY PD	T2		R
*Antiretrovirals - Protease Inhibitors***			
APTIVUS	T3		R&M; AI (;
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T2	R&M; QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T2	R&M; QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2		R&M; AI (;
INVIRASE ORAL TABLET	T2		R&M; AI (;
LEXIVA ORAL SUSPENSION	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 (;
<i>ritonavir</i>		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)
<i>efavirenz oral capsule 200 mg</i>		T2	R&M; QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		T2	R&M; QL (2 EA per 1 day)
<i>efavirenz oral tablet</i>		T1	R&M; QL (2 EA per 2 days)
<i>etravirine</i>		T3	R
INTELENCE ORAL TABLET 25 MG	T3		R&M; AI (;
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		T1	R
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T1	R&M; AI (;
<i>nevirapine oral suspension</i>		T2	R&M; AI (;
<i>nevirapine oral tablet</i>		T1	R&M; AI (;
PIFELTRO	T3		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral tablet</i>		T1	R&M; AI (;
<i>didanosine oral capsule delayed release 200 mg, 400 mg</i>		T1	R&M; AI (;
<i>didanosine oral capsule delayed release 250 mg</i>		T1	R
ZIAGEN ORAL SOLUTION (Abacavir Sulfate)	T3	T2	R
*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)

Drug Name	Brand	Generic	Additional Information
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 oral capsule</i>		T1	R&M; AI (;)
<i>zidovudine oral capsule</i>		T1	R&M; AI (;)
<i>zidovudine oral syrup</i>		T1	R&M; AI (;)
<i>zidovudine oral tablet</i>		T2	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 Adjuvants***			
TYBOST	T3		R&M; AI (;)
*Cmv Agents***			
LIVTENCITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
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)
<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)
BARACLUDE 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)

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Drug Name	Brand	Generic	Additional Information
<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)
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***			
EPCLUSA ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPCLUSA ORAL TABLET 400-100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
HARVONI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HARVONI ORAL TABLET 45-200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)

Drug Name	Brand	Generic	Additional Information
<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)
VIEKIRA PAK	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***			
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	SP		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 SUBCUTANEOUS KIT 50 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>ribavirin oral capsule</i>		SP	R
<i>ribavirin oral tablet 200 mg</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)
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)
*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)

Drug Name	Brand	Generic	Additional Information
<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 Days)
<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 oral</i>		T1	R
BYSTOLIC	T2		R&M; AI (;)
KAPSPARGO SPRINKLE	T3		ST; R&M; AI (ST: Trial of the following for at least 3 months in the last 12 months: Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour or Toprol XI Oral Tablet Extended Release 24 Hour)
<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
<i>nebivolol hcl</i>		T2	R
*Beta Blockers Non-Selective***			
HEMANGEOL	T3		R&M; AG (Max 2 Years)
<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

Drug Name	Brand	Generic	Additional Information
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (<i>NIFEdipine ER</i>)	T1	T1	R
<i>amlodipine besylate oral</i>		T1	R
CARTIA XT (<i>Diltiazem HCl ER Coated Beads</i>)	T1	T1	R
CONJUPRI	T3		ST; R&M; AI (ST: Trial of the following in the last 3 months: amlodipine); QL (1 EA per 1 day)
<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</i>		T1	R
<i>diltiazem hcl oral</i>		T1	R
<i>dilt-xr</i>		T1	R
<i>felodipine er</i>		T2	R
<i>isradipine</i>		T1	R
<i>nicardipine hcl oral</i>		T1	R
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>NIFEdipine ER Osmotic Release</i>) 60 MG	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 (<i>Diltiazem HCl ER Beads</i>)	T1	T1	R
TIADYLT ER (<i>Diltiazem HCl ER Beads</i>)	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
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>		T3	R
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T1	R
<i>verapamil hcl oral</i>		T1	R
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Verapamil HCl ER</i>) 200 MG	T1	T1	R
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (<i>Digoxin</i>)	T1	T1	R
DIGOX (<i>Digoxin</i>)	T1	T1	R
LANOXIN ORAL TABLET 62.5 MCG	T3		R
Cardiovascular Agents - Misc.			
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
ENTRESTO	T3		PA; R&M; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Prostaglandin Vasodilators***			
ORENITRAM	SP		PA; SP
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO REFILL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO STARTER	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***			
<i>ambrisentan oral tablet 10 mg</i>		SP	PA; 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 18 Years)
<i>bosentan oral tablet 125 mg</i>		SP	R&M; QL (2 EA per 1 day)
LETAIRIS (Ambrisentan)	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)
OPSUMIT	SP		PA; SP
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)

Drug Name	Brand	Generic	Additional Information
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ (<i>Tadalafil (PAH)</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO INTRAVENOUS (<i>Sildenafil Citrate</i>)	MB	MB	R
<i>sildenafil citrate oral suspension reconstituted</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sildenafil citrate oral tablet 20 mg</i>		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		ST; R&M; AI (ST: 3 meds x 3 mo each: alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, generic Jalyn AND tadalafil.); QL (1 EA per 1 day); AG (Min 18 Years)
<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	T3		PA; R
*Transthyretin Stabilizers***			
VYNDAMAX	SP		PA; R

Drug Name	Brand	Generic	Additional Information
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 oral capsule</i>		T1	R
<i>cefadroxil oral suspension reconstituted</i>		T1	R
<i>cefadroxil oral tablet</i>		T3	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	R
<i>cephalexin oral suspension reconstituted</i>		T1	R
*Cephalosporins - 2Nd Generation***			
<i>cefactor er</i>		T3	R
<i>cefactor oral capsule</i>		T2	R&M; AI (one fill per month); QL (3 EA per 10 days)
<i>cefactor oral suspension reconstituted</i>		T3	R
<i>cefprozil</i>		T3	R
<i>cefuroxime axetil oral tablet</i>		T1	R
*Cephalosporins - 3Rd Generation***			
<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
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		R
SUPRAX ORAL TABLET CHEWABLE	T3		R
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		T3	R
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		T3	R
*Bulk Chemicals - Va's***			
<i>vancomycin hcl</i>		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)

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Drug Name	Brand	Generic	Additional Information
LO LOESTRIN FE	T3		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
PIMTREA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$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	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ALTAVERA (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
APRI (<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)
AUBRA (<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)
AUBRA EQ	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
AUROVELA 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)
AUROVELA 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
AUROVELA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30	\$0		R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
AVIANE (<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)
BALZIVA (<i>Briellyn</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
BLISOVI 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CHATEAL (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CRYSSELLE-28	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
CYCLAFEM 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
DASETTA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
DELYLA (<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)
ELINEST	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
EMOQUETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ESTARYLLA	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol</i>		\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
FALMINA (<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)
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 for up to 90days 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)

Drug Name	Brand	Generic	Additional Information
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>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARIN 1.5/30 (<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)
LARIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARISSIA	\$0		R&M; F; QL (1.34 EA per 1 day)
LAYOLIS 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)
LESSINA (<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)
LEVORA 0.15/30 (28) (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LILLOW (<i>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)
LOESTRIN 1.5/30 (21)	T3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LOESTRIN FE 1/20	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	R&M; F; QL (1.34 EA per 1 day)
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 (<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)
MELODETTA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	T3	T3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MIBELAS 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	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 (<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)
MICROGESTIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	R&M; F; \$0; 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 (<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)
MONO-LINYAH (<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)
MONONESSA (<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)
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) (<i>Alyacen 1/35</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NIKKI (<i>Drospirenone-Ethinyl Estradiol</i>)	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)
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)

Drug Name	Brand	Generic	Additional Information
NYLIA 1/35	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
OCELLA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
OGESTREL	T3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ORSYTHIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PHILITH (<i>Briellyn</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PIRMELLA 1/35	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
PORTIA-28 (<i>Marlissa</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PREVIFEM (<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)
RECLIPSEN (<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)
SAFYRAL (<i>Drospiren-Eth Estrad-Levomefol</i>)	T3	T3	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
SOLIA (<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)
SPRINTEC 28 (<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)
SRONYX (<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)
SYEDA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TARINA 24 FE	\$0		R&M; \$0; QL (1.34 EA per 1 day)
TARINA 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)
TARINA FE 1/20 EQ	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
TYBLUME ORAL TABLET	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TYDEMY (<i>Drospiren-Eth Estrad-Levomefol</i>)	T3	T3	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
VIENVA (<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)
VYFEMLA	\$0		R&M; AI (Max #112); F; QL (1.34 EA per 1 day)
VYLIBRA (<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)
WERA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
WYMZYA FE (<i>Norethin-Eth Estradiol-Fe</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
ZARAH (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
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)
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***			
XULANE	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days)
ZAFEMY	\$0		R&M; AI (Max #9 at Mail Order); F
*Combination Contraceptives - Vaginal***			
ELURYNG	\$0		R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 days)
<i>etonogestrel-ethinyl estradiol</i>		\$0	R&M; AI (Max 3 mail or retail); F; QL (1 EA per 30 days)
*Continuous Contraceptives - Oral***			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>		\$0	R&M; F; \$0; QL (1.25 EA per 1 day)
*Emergency Contraceptives***			
AFTERA (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
ECONTRA EZ (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
ECONTRA ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
ELLA	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)

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Drug Name	Brand	Generic	Additional Information
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)
TAKE ACTION (<i>Levonorgestrel</i>)	\$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 (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
ASHLYNA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$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 (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$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 (<i>Levonorgest-Eth Est & Eth Est</i>)	T1	T1	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
INTROVALE (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
JAIMIESS (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
JOLESSA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$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 (<i>Levonorgest-Eth Est & Eth Est</i>)	T3	T1	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
RIVELSA (<i>Levonorgest-Eth Est & Eth Est</i>)	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)

Drug Name	Brand	Generic	Additional Information
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		R&M; F; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension</i>		\$0	R&M; F; \$0; QL (1 ML per 90 Days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>		\$0	R&M; F; \$0; QL (1 ML per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DEBLITANE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
ERRIN (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
HEATHER (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
INCASSIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.25 EA per 1 day)
JENCYCLA (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
LYZA (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORA-BE (<i>Norethindrone</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORLYDA	\$0		R&M; AI (Max #112 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)
CAZANT	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
CESIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CYCLAFEM 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DASETTA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$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)
NORTREL 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NYLIA 7/7/7	\$0		R&M; F; QL (1 EA per 28 days)
PIRMELLA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$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 (<i>Norgestim-Eth Estrad Triphasic</i>)	\$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 (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MARZIA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$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 (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRINESSA (28) (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-NYMYO	\$0		R&M; F; QL (28 EA per 30 days)
TRI-PREVIFEM (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
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***			
<i>budesonide oral</i>		T3	R
<i>cortisone acetate oral</i>		T2	R
DEXAMETHASONE INTENSOL	T1		R
<i>dexamethasone oral elixir</i>		T1	R
<i>dexamethasone oral solution</i>		T1	R
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>		T1	R
<i>dexamethasone oral tablet 1 mg, 2 mg</i>		T3	R
EMFLAZA	T3		PA; R&M; AG (Min 5 Years)
<i>hydrocortisone oral</i>		T1	R
MEDROL ORAL TABLET 2 MG	T3		R
<i>methylprednisolone oral tablet</i>		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)
<i>prednisolone oral solution</i>		T3	R
<i>prednisolone oral syrup 15 mg/5ml</i>		T3	R
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>		T3	R
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		T1	R
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T2	R
PREDNISONE INTENSOL	T2		R
<i>prednisone oral</i>		T1	R
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1	R
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Antitussive - Opioid***			
HYCODAN ORAL TABLET (<i>Hydrocodone-Homatropine</i>)	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)
<i>hydrocodone-homatropine oral syrup</i>		T1	R&M; AI (One fill per month); QL (150 ML per 10 days)
<i>hydromet</i>		T1	R&M; AI (One fill per month); QL (150 ML per 10 days)
*Antitussive-Expectorant***			
<i>cheratussin ac</i>		T2	RO; QL (240 ML per 10 days)
<i>g tussin ac</i>		T2	RO; QL (240 ML per 10 days)
<i>guaiaitussin ac</i>		T2	RO; QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T2	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution</i>		T2	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral syrup</i>		T2	RO; QL (240 ML per 10 days)
<i>virtussin a/c</i>		T2	RO; QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	T3		ST; R&M; AI (Max #180 Mail Order); CI (ST: through Desloratadine tablets in last 30 days); QL (2 EA per 1 Day)
<i>promethazine vc</i>		T1	R
<i>promethazine-phenylephrine</i>		T1	R
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1	R
*Misc. Respiratory Inhalants***			
<i>sodium chloride inhalation nebulization solution 0.9 %, 7 %</i>		T1	R
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %</i>		T1	R
<i>acetylcysteine inhalation solution 20 %</i>		T2	R
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup</i>		T1	R
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM (<i>Pseudoeph-Bromphen-DM</i>)	T1	T1	R
*Opioid Antitussive-Antihistamine***			
<i>promethazine-codeine oral syrup</i>		T1	R&M; AI (one fill per month); QL (150 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
*Opioid Antitussive-Decongestant-Antihistamine***			
M-END PE	T1		R
<i>promethazine vclcodeine</i>		T1	R&M; AI (One fill per month); QL (150 ML per 10 days)
<i>promethazine-phenyleph-codeine</i>		T1	R&M; AI (One fill per month); QL (150 ML per 10 days)
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 (<i>Clindamycin Phosphate</i>)	T1	T1	R
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1	T1	R
<i>clindamycin phosphate external</i>		T1	R
<i>dapsone external gel 5 %</i>		T3	PA; R
<i>ery</i>		T3	R
<i>erythromycin external gel</i>		T3	R
<i>erythromycin external solution</i>		T1	R
<i>sulfacetamide sodium (acne)</i>		T1	R
*Acne Combinations***			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		T3	R
<i>sulfacetamide sodium-sulfur external liquid 9-4 %</i>		T1	R
*Acne Products***			
ACCUTANE ORAL CAPSULE (<i>ISOTretinoin</i>) 20 MG, 30 MG, 40 MG	T3	T3	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 (<i>ISOTretinoin</i>)	T3	T3	R
BENZEPRO SHORT CONTACT (<i>Benzoyl Peroxide</i>)	T3	T3	R
<i>bpo external gel 4 %</i>		T3	R
CLARAVIS (<i>ISOTretinoin</i>)	T3	T3	R
MYORISAN (<i>ISOTretinoin</i>)	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
WINLEVI	T3		ST; R&M; AI (ST: Trial of 2 of the following within 1 year-adapalene gel 0.1%, tazarotene CR 0.1%, tretinoin CR 0.1% or tret 0.01% CR)

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Drug Name	Brand	Generic	Additional Information
ZENATANE (<i>ISOTretinoin</i>)	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
<i>nystatin-triamcinolone</i>		T3	R
*Antifungals - Topical***			
<i>ciclopirox external gel</i>		T2	R
<i>ciclopirox external shampoo</i>		T1	R
<i>ciclopirox external solution</i>		T2	R
<i>ciclopirox olamine external</i>		T1	R
MENTAX	T3		R
<i>naftifine hcl external cream 1 %</i>		T1	R
<i>naftifine hcl external gel</i>		T3	R
NAFTIN EXTERNAL CREAM (<i>Naftifine HCl</i>) 2 %	T3	T3	R
NYAMYC (<i>Nystatin</i>)	T1	T1	R
<i>nystatin external</i>		T1	R
NYSTOP (<i>Nystatin</i>)	T1	T1	R
*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%.)

Drug Name	Brand	Generic	Additional Information
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 (Doxepin HCl)	T3	T3	PA; ST; R&M; AI (Trial: of two of the following within the last 6 months: fluocinolone, triamcinolone, betamethasone diporprionate); QL (30 GM per 30 days)
ZONALON (Doxepin HCl)	T3	T3	PA; ST; R&M; AI (Trial: of two of the following within the last 6 months: fluocinolone, triamcinolone, betamethasone diporprionate); QL (30 GM per 30 days)
*Antipsoriatics - Systemic***			
<i>acitretin</i>		T3	R
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)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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)

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Drug Name	Brand	Generic	Additional Information
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	SP		PA; ST; 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>methoxsalen rapid</i>		SP	RO; 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)
SILIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI	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)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is 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***			
<i>calcipotriene external cream</i>		T1	R
<i>calcipotriene external solution</i>		T1	R
CALCITRENE (Calcipotriene)	T1	T1	R
DRITHO-CREME HP	T3		R
<i>tazarotene external cream</i>		T1	R&M; QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T3		R

Drug Name	Brand	Generic	Additional Information
TAZORAC EXTERNAL GEL	T3		R
VECTICAL (<i>Calcitriol</i>)	T3	T3	R&M; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T2	R
*Antiviral Topical Combinations***			
XERESE	T3		R
*Antivirals - Topical***			
<i>acyclovir external</i>		T3	R
DENAVIR	T3		R
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
OPZELURA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 GM per 1 day)
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DUPIXENT 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)
*Burn Products***			
SSD (<i>Silver Sulfadiazine</i>)	T1	T1	R
SULFAMYLON EXTERNAL CREAM	T3		R
THERMAZENE (<i>Silver Sulfadiazine</i>)	T1	T1	R
*Cauterizing Agents***			
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

Drug Name	Brand	Generic	Additional Information
<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)
<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&M; QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>)	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 gel</i>		T3	R&M; QL (60 GM per 30 days)
<i>desonide external lotion</i>		T3	R
<i>desonide external ointment</i>		T1	R
<i>desoximetasone external cream 0.05 %</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); QL (60 GM per 30 days)
<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>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)

Drug Name	Brand	Generic	Additional Information
<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)
<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&M; AI (Limited to 1 fill per month); QL (15 GM per 10 days)
<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	T3		ST; R&M; AI (EST: Step through two of the following in the last 6 months : betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (120 ML per 30 days)
<i>prednicarbate external cream</i>		T1	R
<i>triamcinolone acetonide external aerosol solution</i>		T1	R
<i>triamcinolone acetonide external cream</i>		T1	R
<i>triamcinolone acetonide external lotion</i>		T1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1	R
*Emollient/Keratolytic Agents***			
<i>urea external suspension 40 %</i>		T3	R
*Enzymes - Topical***			
SANTYL	T3		R
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1	R
<i>econazole nitrate external</i>		T1	R

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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 Days)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		T1	R
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL	T3		R
<i>podofilox external</i>		T1	R
*Local Anesthetics - Topical***			
<i>lidocaine external ointment 5 %</i>		T1	R
<i>lidocaine external patch 5 %</i>		T1	R
<i>lidocaine hcl external solution</i>		T1	R
*Macrolide Immunosuppressants - Topical***			
ELIDEL	T3		PA; R&M; AI (Max 2 refills in 6 months); QL (39 GM per 1 month); AG (Min 2 Years)
<i>pimecrolimus</i>		T3	R&M; AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
<i>tacrolimus external ointment 0.03 %</i>		T1	R&M; AI (Limited to 30gm in 30ds retail or mail); QL (30 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T1	RO; AI (Limited to 30gm in 30ds retail or mail); QL (30 GM per 30 days); AG (Min 2 Years)
*Microtubule Inhibitors - Topical***			
KLISYRI	T1		ST; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (Trial of both fluorouracil 5% and generic Aldara in last 6 mo.)
*Oxaborole-Related Antifungals - Topical***			
KERYDIN (<i>Tavaborole</i>)	T3	T3	PA; R
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T3		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
*Rosacea Agents***			
<i>ivermectin external cream</i>		T3	PA; ST; R&M; AI (ST: Trial of following for 60 days in last 6 months: metronidazole cream, gel, or lotion.); CI (Limited to 1 fill per month); QL (45 GM per 10 days)
<i>metronidazole external lotion</i>		T1	R
MIRVASO	T3		PA; ST; R
ROSADAN EXTERNAL GEL (MetroNIDAZOLE)	T1	T1	R
SOOLANTRA	T3		ST; R&M; AI (ST: Trial of following for 60 days in last 6 months: metronidazole cream, gel, or lotion.); CI (Limited to 1 fill per month); QL (45 GM per 10 days)
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; R
<i>ivermectin external lotion</i>		T3	PA; RO; AI (Not covered at Mail Order); QL (117 GM per 30 days)
<i>lindane external shampoo</i>		T3	R
<i>malathion external</i>		T1	R&M; QL (2.7 ML per 1 day)
NATROBA (Spinosaad)	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; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
*Steroid-Local Anesthetic Combinations***			
CORTANE-B EXTERNAL	T3		R
EPIFOAM	T2		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)

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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)
*Wound Care - Growth Factor Agents***			
REGRANEX	T3		PA; R&M; AI (Limited to 30 day supply)
Diagnostic Products			
*Diagnostic Drugs***			
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG	MB		R
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ACCU-CHEK COMPACT PLUS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ACCU-CHEK SMARTVIEW (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ACCUTREND GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ADVANCE INTUITION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ADVANCE MICRO-DRAW TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ADVOCATE REDI-CODE+ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ADVOCATE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
AGAMATRIX AMP TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
AGAMATRIX JAZZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
AGAMATRIX KEYNOTE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
AGAMATRIX PRESTO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ASSURE 3 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ASSURE 4 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ASSURE II (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ASSURE II CHECK (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ASSURE PLATINUM (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ASSURE PRISM MULTI TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ASSURE PRO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
BIOSCANNER GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
BLULINK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CARESENS N GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CARETOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CHEMSTRIP K	T1		R&M; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
CLEVER CHEK AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
CLEVER CHEK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CLEVER CHOICE MICRO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CLEVER CHOICE NO CODING (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CONTOUR NEXT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CONTOUR TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
COOL BLOOD GLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
CVS ADVANCED GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>cvs glucose meter test strips</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
D-CARE BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
DIATHRIVE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
DIATHRIVE GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
DIATHRIVE+ GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>diatrue plus test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
DUO-CARE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>easy plus ii glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASY STEP TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>easy talk blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASY TOUCH HEALTHPRO GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>easy trak blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>easy trak ii glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASYGLUCO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASYMAX 15 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASYMAX TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASYPRO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EASYPRO PLUS IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>element compact test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ELEMENT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
EMBRACE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EMBRACE EVO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EMBRACE PRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EMBRACE TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>eq blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EVOLUTION AUTOCODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EXACTECH R-S-G TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
EXACTECH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FIFTY50 GLUCOSE TEST 2.0 (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA 6 CONNECT (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FORA BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA D15G BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA D20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA D40/G31 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA G20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA G30/PREM V10 GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA GD20 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA GD50 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA GTEL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA TN'G ADVANCE PRO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FORA TN'G/TN'G VOICE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA V10 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA V12 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA V20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORA V30A BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORACARE GD40 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORACARE PREMIUM V10 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORACARE TEST N GO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FORTISCARE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FREESTYLE INSULINX TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LITE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FREESTYLE PRECISION NEO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
FREESTYLE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>ge100 blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GENULTIMATE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>ght test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCO PERFECT 3 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCOCARD 01 SENSOR PLUS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCOCARD EXPRESSION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCOCARD SHINE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
GLUCOCARD VITAL TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCOCARD X-SENSOR (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCOCOM TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GLUCONAVII BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>glucose meter test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>gnp easy touch glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GOJJI BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
GOJJI BLOOD TEST STRIP/LANCETS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>goodsense blood glucose in vitro</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
HW EMBRACE PRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
HW EMBRACE TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
IGLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
IN TOUCH BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
INFINITY BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
INFINITY VOICE IN VITRO STRIP (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
KETOSTIX	T2		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
<i> Kroger blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
KROGER HEALTHPRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i> Kroger premium glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i> Kroger test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
LIBERTY NEXT GENERATION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>liberty test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>meijer blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>meijer essential glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>meijer premium glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
MEIJER TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
MEIJER TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
MICRODOT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
MM EASY TOUCH GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
MYGLUCOHEALTH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
NEUTEK 2TEK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVA MAX GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>one drop test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
ONETOUCH ULTRA	T1		R&M; AI (Limited to 30 day supply); QL (3.3 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	T1		R&M; AI (Limited to 30 day supply); QL (3.3 EA per 1 day)
OPTIUM TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
OPTIUMEZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PHARMACIST CHOICE AUTOCODE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>pharmacist choice no coding</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
POCKETCHEM EZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
POGO AUTOMATIC TEST CARTRIDGES	T3		ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION PCX (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PRECISION PCX PLUS TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION POINT OF CARE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION QID TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION SOF-TACT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>premium blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>pro voice v8/v9 glucose</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PTS PANELS GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
QUICKTEK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
QUINTET AC BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
QUINTET BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
REFUAH PLUS BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RELION BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RELION CONFIRM/MICRO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RELION KETONE	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
RELION PREMIER TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RELION PRIME TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RELION TRUE METRIX TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RELION ULTIMA TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
REXALL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
RIGHTEST GS100 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RIGHTEST GS300 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RIGHTEST GS550 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
SMART SENSE PREMIUM TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
SMART SENSE VALUE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
SMARTEST BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
SOLUS V2 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
SUPREME TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
SURE-TEST EASYPLUS MINI TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>tgt blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>true focus blood glucose strip</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
TRUE METRIX PRO BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
UNISTRIP1 GENERIC (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
<i>verasens blood glucose test</i>		T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
VIVAGUARD INO TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST; R&M; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
Digestive Aids			
*Digestive Enzymes***			
CREON	T2		R&M; QL (12 EA per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	T3		ST; R&M; AI (ST: Trial of both of the following in the last 12 months: CREON and ZENPEP); QL (12 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PERTZYE	T3		ST; R&M; AI (ST: Trial of both of the following in the last 12 months: CREON and ZENPEP); QL (12 EA per 1 day)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIOKACE	T3		ST; R&M; AI (ST: Trial of both of the following in the last 12 months: CREON and ZENPEP); QL (12 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T2		R&M; QL (12 EA per 1 day)
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		T3	R
<i>acetazolamide oral</i>		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)
<i>methazolamide oral</i>		T2	R
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		R
<i>amiloride-hydrochlorothiazide</i>		T1	R
<i>spironolactone-hctz</i>		T1	R
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1	R
<i>triamterene-hctz oral tablet</i>		T1	R
*Loop Diuretics***			
<i>bumetanide oral</i>		T1	R
<i>ethacrynic acid oral</i>		T1	R
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1	R
<i>furosemide oral tablet</i>		T1	R
<i>toremide oral</i>		T1	R
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		T3	R
DYRENIUM (Triamterene)	T3	T3	R
<i>spironolactone oral</i>		T1	R
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorothiazide oral</i>		T1	R
<i>chlorthalidone oral tablet 25 mg</i>		T2	R
<i>chlorthalidone oral tablet 50 mg</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
DIURIL	T2		R
<i>hydrochlorothiazide oral</i>		T1	R
<i>indapamide oral</i>		T1	R
<i>metolazone</i>		T1	R
THALITONE	T2		R
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 35 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 70 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
<i>ibandronate sodium oral</i>		T2	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<i>pamidronate disodium</i>		MB	R
<i>risedronate sodium oral tablet 150 mg</i>		T1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days)
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; QL (5 EA per 1 Day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; QL (4 EA per 1 Day)
*Calcitonins***			
<i>calcitonin (salmon) injection</i>		T3	R
<i>calcitonin (salmon) nasal</i>		T2	R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
*Carnitine Replenisher - Agents***			
<i>levocarnitine oral solution</i>		T3	PA; ST; R
<i>levocarnitine oral tablet</i>		T3	PA; ST; R
*Corticotropin***			
ACTHAR	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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		T3	R

Drug Name	Brand	Generic	Additional Information
*Fabry Disease - Agents***			
GALAFOLD	SP		PA; R&M; AI (limited distribution Accredo Pharmacy.)
*Gaa Deficiency Treatment - Agents***			
LUMIZYME	MB		R
*Gnrh/Lhrh Antagonists***			
ORLISSA	T3		PA; R
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		PA; 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		PA; 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)
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 FLEXPPO 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 FLEXPPO 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)

Drug Name	Brand	Generic	Additional Information
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)
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)
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)
SKYTROFA	SP		PA; R&M; 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***			
<i>nitisinone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NITYR	T3		PA; R
ORFADIN ORAL CAPSULE 20 MG	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
ORFADIN ORAL SUSPENSION	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)
<i>carglumic acid oral tablet soluble</i>		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
*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)

Drug Name	Brand	Generic	Additional Information
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (30 day supply maximum. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 30 days)
LUPRON DEPOT-PED (3-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (84 to 90 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj 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
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA	T3		PA; R&M; QL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 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)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Teriparatide (Recombinant)</i>) 620 MCG/2.48ML	SP	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)
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)
*Phenylketonuria Treatment - Agents***			
KUVAN ORAL PACKET (<i>Sapropterin Dihydrochloride</i>)	SP	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
KUVAN ORAL TABLET SOLUBLE (<i>Sapropterin Dihydrochloride</i>)	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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (1 prefilled syringe per 180 days); QL (1 ML inj per 180 days); AG (Min 18 Years)
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)***			
EVISTA	T1		R&M; AI (Limited to 30 day supply); QL (1 EA per 1 day)
OSPHENA	T3		PA; ST; R
<i>raloxifene hcl</i>		\$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 15 MG	SP		PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	SP		PA; SP; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
SAMSCA ORAL TABLET 15 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAMSCA ORAL TABLET 30 MG	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>tolvaptan oral tablet 15 mg</i>		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

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Drug Name	Brand	Generic	Additional Information
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	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)
<i>sodium phenylbutyrate oral powder 3 gml/tp</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sodium phenylbutyrate oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Vasopressin***			
DDAVP RHINAL TUBE	T3		R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig</i>		T3	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin acetate injection</i>		T3	R
<i>desmopressin acetate oral tablet 0.1 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T3	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>desmopressin acetate spray</i>		T3	R
NOCDURNA	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)
MIMVEY (Estradiol-Norethindrone Acet)	T3	T3	R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T2		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
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)
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE	T3		PA; R&M; QL (1 EA per 1 day)
*Estrogens***			
ALORA (Estradiol)	T3	T1	R&M; AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T3		R
DOTTI	T1		R&M; QL (2 EA per 1 Week)
<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
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	T1		R&M; QL (2 EA per 1 Week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	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>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
<i>ofloxacin oral tablet 300 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ofloxacin oral tablet 400 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
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)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE	T3		ST; R&M; AI (EST as follows:ST through Linzess for 1 fill in the last 6 months.); QL (2 EA per 1 day); AG (Min 18 Years)
*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
<i>ursodiol oral capsule 300 mg</i>		T2	R
<i>ursodiol oral tablet</i>		T3	R
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		T2	R
*Gastrointestinal Chloride Channel Activators***			
AMITIZA (<i>Lubiprostone</i>)	T3	T3	ST; R&M; AI (EST as follows:ST through Linzess for 1 fill in the last 6 months.); QL (2 EA per 1 day); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1	R
<i>metoclopramide hcl oral tablet</i>		T1	R
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		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 - 5-Ht4 Receptor Partial Agonists***			
ZELNORM	T3		ST; R&M; AI (ST: Trial of Linzess within last 6 months); F; QL (2 EA per 1 day); AG (Min 18 Years and Max 65 Years)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS	T2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)

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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)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***			
BYLVAY	SP		PA; R&M; CI (Limited to 30 day supply)
BYLVAY (PELLETS)	SP		PA; R&M; CI (Limited to 30 day supply)
LIVMARLI	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)
*Inflammatory Bowel Agents***			
<i>balsalazide disodium</i>		T1	R
DIPENTUM	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>mesalamine er</i>		T3	R
<i>mesalamine oral capsule delayed release</i>		T2	R
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T3	R&M; QL (4 EA per 1 Day); AG (Min 18 Years)
<i>mesalamine oral tablet delayed release 800 mg</i>		T2	R
<i>mesalamine rectal enema</i>		T3	R
<i>mesalamine rectal suppository</i>		T3	R&M; QL (1 EA per 1 Day)
<i>mesalamine-cleanser</i>		T3	R
PENTASA	T3		R
SFROWASA	T3		R
SULFAZINE (SulfaSALazine)	T1	T1	R
*Intestinal Acidifiers***			
<i>enulose</i>		T1	R
<i>generlac</i>		T1	R
<i>lactulose encephalopathy</i>		T1	R
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK	T3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T3		PA; R&M; QL (3 EA per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMPROIC	T3		PA; R

Drug Name	Brand	Generic	Additional Information
*Phosphate Binder Agents***			
<i>lanthanum carbonate oral tablet chewable 500 mg</i>		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)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>		SP	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T3	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T3	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet</i>		T3	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>		T1	R&M; QL (35 EA per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>		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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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***			
<i>dutasteride oral</i>		T1	R&M; AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
CARDURA XL	T3		R
<i>silodosin</i>		T3	R
<i>tamsulosin hcl</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Citrates***			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>		T2	R
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>		T3	R
*Cystinosis Agents***			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL PACKET 300 MG	SP		PA; R
PROCYSBI ORAL PACKET 75 MG	SP		PA; R&M; AI (Limited distribution Accredo)
*Genitourinary Irrigants***			
ARGYLE STERILE SALINE (<i>Sodium Chloride</i>)	T1	T1	R
CURITY STERILE SALINE (<i>Sodium Chloride</i>)	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 (<i>Phenazopyridine HCl</i>) 200 MG	T1	T1	R
*Urinary Stone Agents***			
THIOLA (<i>Tiopronin</i>)	T3	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
<i>colchicine oral tablet</i>		T3	R
<i>febuxostat</i>		T3	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)

Drug Name	Brand	Generic	Additional Information
ULORIC	T3		ST; R&M; AI (Step: Through the following for 3 months in the last 6 months: Allopurinol); QL (1 EA per 1 day)
*Uricosurics***			
<i>probenecid oral</i>		T1	R
Hematological Agents - Misc.			
*Anti-Von Willebrand Factor Agents***			
CABLIVI	SP		PA; R
*Bradykinin B2 Receptor Antagonists***			
SAJAZIR (<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***			
CINRYZE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RUCONEST	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Complement Inhibitors***			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TAVNEOS	SP		PA; R&M; AI (Optum Specialty Pharmacy is the 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 lii 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

Drug Name	Brand	Generic	Additional Information
*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)
*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)
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA	SP		PA; SP
<i>miglustat</i>		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 Hydroyurea for 3 mo in last year); CI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
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, 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)
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***			
<i>folic acid oral tablet 1 mg</i>		\$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 INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	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

Drug Name	Brand	Generic	Additional Information
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)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA ORAL TABLET	SP		PA; R
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Iron W/ Folic Acid***			
FOLIVANE-F	T2		R
INTEGRA F	T2		R
*Iron***			
FERRLECIT (Na Ferric Gluc Cplx in Sucrose)	MB	MB	R
<i>ferrous sulfate oral liquid</i>		\$0	R&M; AG (Max 1 Years)
SPATONE PUR-ABSORB IRON	\$0		R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); 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)

Drug Name	Brand	Generic	Additional Information
Hemostatics			
*Hemostatics - Systemic***			
<i>aminocaproic acid oral solution</i>		T2	R
<i>tranexamic acid oral</i>		T1	R&M; F
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
<i>phenobarbital oral tablet</i>		T1	R
SECONAL	T3		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		T1	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		T3	RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
HETLIOZ LQ	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>ramelteon</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-G (PEG-3350/Electrolytes)	\$0	\$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
<i>peg-3350/electrolytes/ascorbat</i>		T3	R
<i>peg-kcl-nacl-nasulf-na asc-c</i>		T3	R
PREPOPIK	T3		R
SUPREP BOWEL PREP KIT	T3		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
*Laxatives - Miscellaneous***			
<i>constulose</i>		T1	R
<i>lactulose oral solution</i>		T1	R
*Saline Laxative Mixtures***			
OSMOPREP	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

Drug Name	Brand	Generic	Additional Information
Macrolides			
*Azithromycin***			
<i>azithromycin oral packet</i>		T1	R
<i>azithromycin oral suspension reconstituted</i>		T1	R
<i>azithromycin oral tablet 250 mg, 500 mg</i>		T1	R
<i>azithromycin oral tablet 600 mg</i>		T2	R
*Clarithromycin***			
<i>clarithromycin er</i>		T2	R
<i>clarithromycin oral suspension reconstituted</i>		T2	R&M; QL (10 ML per 1 day)
<i>clarithromycin oral tablet</i>		T1	R
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>)	T3	T3	R
ERY-TAB	T3		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		R
<i>erythromycin base oral capsule delayed release particles</i>		T3	R
<i>erythromycin base oral tablet</i>		T3	R
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>		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***			
<i>alcohol swabs pad</i>		T3	R
*Cervical Caps***			
FEMCAP	\$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
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

Drug Name	Brand	Generic	Additional Information
WIDE-SEAL DIAPHRAGM 90	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 95	\$0		R&M; F
*Glucose Monitoring Test Supplies***			
<i>1st tier unilet comfortouch</i>		T1	R&M; QL (3.34 EA per 1 day)
ACCU-CHEK FASTCLIX LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ACCU-CHEK MULTICLIX LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ACCU-CHEK SAFE-T PRO LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>acti-lance 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>acti-lance lite lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>acti-lance special lancets 17g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>acti-lance universal 23g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>advanced mobile lancet</i>		T1	R&M; QL (3.34 EA per 1 day)
ADVOCATE LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ADVOCATE LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ADVOCATE SAFETY LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ADVOCATE SAFETY LANCETS 26G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
AGAMATRIX ULTRA-THIN LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>aimSCO twist lancets 32g</i>		T1	R&M; QL (3.34 EA per 1 day)
AIMSCO TWIST LANCETS 33G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
AQUALANCE LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>assure comfort lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS HIGH (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS LOW (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS MICRO (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS NORMAL (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE HAEMOLANCE PLUS PED (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE LANCETS 21G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE PLUS SAFETY 25G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE PLUS SAFETY 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE SAFETY LANCET 28G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>aurora lancet super thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>aurora lancet thin 23g</i>		T1	R&M; QL (3.34 EA per 1 day)
BD LANCET ULTRAFINE 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
BD LANCET ULTRAFINE 33G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
BD MICROTAINER LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
CAREONE LANCET SUPER THIN 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>careone lancet thin 23g</i>		T1	R&M; QL (3.34 EA per 1 day)
CARESENS LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
CARETOUCH SAFETY LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
CARETOUCH SAFETY LANCETS 26G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
CARETOUCH TWIST LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CARETOUCH TWIST LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CARETOUCH TWIST LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CLEANLET LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CLEVER CHEK LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CLEVER CHOICE LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CLEVER CHOICE LANCETS 23G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CLEVER CHOICE LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
COAGUCHEK LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>comfort assured lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>comfort assured lancets 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>comfort lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
COMFORT TOUCH LANCETS 31G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
COMFORT TOUCH PLUS LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>cvs lancets 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>cvs lancets micro thin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>cvs lancets original</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>cvs lancets thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>cvs lancets ultra thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>cvs lancets ultra-thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>cvs ultra thin lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
DEXCOM G5 MOB/G4 PLAT SENSOR	T3		ST; R&M; AI (ST: Covered if any history of any insulin within last 90 days.); QL (3 EA per 1 month)
DEXCOM G5 MOBILE RECEIVER DEVICE	T3		PA; ST; R&M; AI (ST: Covered if history of any insulin within last 90 days.); QL (1 EA per 1 lifetime)
DEXCOM G5 MOBILE TRANSMITTER	T3		PA; ST; R&M; AI (ST: Covered if any history of any insulin within last 90 days.); QL (1 EA per 3 monthss)
DEXCOM G5 RECEIVER KIT	T3		PA; ST; R&M; AI (ST: Covered if any history of any insulin within last 90 days.); QL (1 EA per 1 lifetime)
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		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)
DIATHRIVE LANCET ULTRA THIN 30 (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
DIATHRIVE LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
DROPLET LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
DROPLET PERSONAL LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>drug mart lancets thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
DRUG MART ON-THE-GO LANCET 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
DRUG MART UNILET LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
DRUG MART UNILET LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
DRUG MART UNILET LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>easy comfort lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>easy comfort lancets twist top</i>		T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 23G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 28G/TWIST (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 30G/TWIST (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 32G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EASY TOUCH SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EMBRACE LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>eql color lancets 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>eql color lancets micro 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>eql super thin lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>eql thin lancets 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
E-Z JECT LANCET MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
E-Z JECT LANCET SUPER THIN 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
E-Z JECT LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
E-Z JECT LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
E-Z JECT LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EZ-LETS LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EZ-LETS LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EZ-LETS LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
EZ-LETS LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
FIFTY50 UNILET LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
FINE 30 (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
FINGERSTIX LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
FORA LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>freds pharmacy unilet lanc 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>freds pharmacy unilet lanc 30g</i>		T1	R&M; QL (3.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
FREESTYLE LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 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	T2		ST; R&M; AI (ST: history if diabetic meds with hypoglycemia potential within last 90 days); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 READER SYSTEM	T2		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T2		ST; R&M; AI (ST: history if diabetic meds with hypoglycemia potential within last 90 days); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 SENSOR SYSTEM	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 if diabetic meds with hypoglycemia potential within last 90 days); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE SENSOR SYSTEM	T2		ST; RO; AI (ST: history if diabetic meds with hypoglycemia potential within last 90 days); QL (3 EA per 30 days)
FREESTYLE UNISTICK II LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
GENTEEL BUTTERFLY TOUCH LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
GENTLE-LET GP LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
GENTLE-LET LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>global inject ease lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>global inject ease lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
GLUCOCOM LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
GLUCOCOM LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
GLUCOCOM LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>gnp lancets 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>gnp lancets micro thin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>gnp lancets super thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>gnp lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>gnp lancets thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
GOJJI STERILE LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>goodsense color lancets 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>goodsense lancets 26g univ</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>goodsense lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>goodsense lancets 30g univ</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>goodsense lancets 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>goodsense lancets 33g univ</i>		T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE LOW FLOW LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE PLUS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE PLUS HIGH FLOW (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE PLUS LOW FLOW (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE PLUS MAX FLOW (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
HAEMOLANCE PLUS PEDIATRIC FLOW (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>healthy accents unilet lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>h-e-b incontrol lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>h-e-b incontrol lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>h-e-b incontrol lancets 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
HY-VEE LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>hy-vee thin lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
IN TOUCH STERILE LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>kinney lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>kinney thin lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
KROGER HEALTHPRO LANCET 26G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets micro thin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets super thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>croger lancets ultrathin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>lancets 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>lancets micro thin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>lancets super thin 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
LANCETS ULTRA THIN (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>lancets ultra thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
LIBERTY MEDICAL LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
LIFESCAN UNISTIK 2	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (3.34 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 (3.34 EA per 1 day)
<i>lite touch lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
LITETOUCH LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>live better lancet super thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>live better lancet ultra thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>longs lancets standard</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>longs lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>longs lancets ultra thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>medichoice safety lancet</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>medichoice safety lancet extra</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>medichoice safety lancet norm</i>		T1	R&M; QL (3.34 EA per 1 day)
MEDISENSE THIN LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE EXTRA 21G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE LITE 25G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE PLUS EXTRA 21G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE PLUS LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE PLUS LITE 25G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE PLUS SPECIAL 0.8MM (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE PLUS SUPERLITE 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE PLUS UNIVERSAL 21G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEDLANCE UNIVERSAL 21G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEIJER LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEIJER LANCETS THIN (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEIJER LANCETS UNIVERSAL 21G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEIJER LANCETS UNIVERSAL 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEIJER LANCETS UNIVERSAL 33G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MEIJER SUPER THIN LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MICROLET LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MM TWIST LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MONOLET LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MONOLET OPD LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
MONOLETTOR SAFETY LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>mpd safety lancet 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>mpd safety lancet 23g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>mpd safety lancet 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>mpd safety lancet 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
MYGLUCOHEALTH LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
NOVA SAFETY LANCETS 23G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
NOVA SAFETY LANCETS 28G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
NOVA SUREFLEX LANCETS (Lancets)	T1	T1	R&M; QL (3.34 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 (3.34 EA per 1 day)
ONETOUCH DELICA LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
ONETOUCH DELICA LANCETS 33G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ONETOUCH DELICA PLUS LANCET30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ONETOUCH DELICA PLUS LANCET33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ONETOUCH FINEPOINT LANCETS	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (3.34 EA per 1 day)
ONETOUCH ULTRASOFT LANCETS	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (3.34 EA per 1 day)
<i>pc lancets super thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
PERFECT LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
PERFECT LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
PHARMACIST CHOICE LANCETS	T1		R&M; AI (Max #300 Mail Order); QL (3.34 EA per 1 day)
PHARMACY COUNTER LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>pip lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>pip lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
PRECISION THINS GP LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>preferred plus lancets colored</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>preferred plus lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>pro comfort lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>pro comfort lancets 31g</i>		T1	R&M; QL (3.34 EA per 1 day)
PRODIGY LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
PRODIGY SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
PRODIGY TWIST TOP LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
PSS SELECT GP LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
PSS SELECT SAFETY LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>pure comfort lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>px lancets microthin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>px lancets ultra thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>px lancets ultra thin 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>qc lancets super thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>qc lancets ultra thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>qc unilet lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>qc unilet lancets micro thin</i>		T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS THIN 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
READYLANCE SAFETY LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>reality lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>reality trigger lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
RELION LANCETS MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
RELION LANCETS ULTRA-THIN 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION ULTRA THIN LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
REXALL LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
RIGHTEST GL300 LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SAFE-T-LANCE (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SAFE-T-LANCE PLUS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>safety lancet 30g/pressure act</i>		T1	R&M; QL (3.34 EA per 1 day)
SAFETY LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>safety lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>saps health twist top lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>saps twist top lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>saps scare twist top lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sb lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sb lancets ultra thin</i>		T1	R&M; QL (3.34 EA per 1 day)
SHOPKO ON-THE-GO LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SHOPKO UNILET LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SHOPKO UNILET LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SINGLE-LET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>sm lancets 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
SMART SENSE COLOR LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SMART SENSE STANDARD LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SMART SENSE SUPER THIN LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SMART SENSE THIN LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SMARTEST LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SOLUS V2 LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SOLUS V2 TWIST LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
STERILANCE TL (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>super thin lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sure comfort lancets 18g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sure comfort lancets 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sure comfort lancets 23g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sure comfort lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>sure comfort lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
SURE-LANCE FLAT LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SURE-LANCE LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SURE-LANCE THIN LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SURE-LANCE ULTRA THIN LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SURELITE LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
SURE-TOUCH LANCETS UNIVERSAL (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
TECHLITE AST LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TECHLITE LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
TECHLITE LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>tgt lancet micro thin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>tgt lancet thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>tgt lancet ultra thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
THINLETS GP LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>today's health thin lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>today's health thin lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>topcare lancets micro-thin 33g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>travel lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
TRAVEL LANCETS ADVANCED 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>true comfort twist top lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
TRUEPLUS LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
TRUEPLUS SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ULTILET CLASSIC LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ULTILET LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ULTILET SAFETY LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ULTILET SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>ultra thin lancets 31g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>ultra-care lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
ULTRA-THIN II AUTO LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ULTRA-THIN II LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET COMFORTOUCH LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET EXCELITE (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET EXCELITE II (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET G.P. LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET G.P. SUPERLITE LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET GP 28 ULTRA THIN (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET SUPERLITE LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET SUPER-THIN 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNILET ULTRA-THIN 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK 3 GENTLE (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK PRO SAFETY LANCET (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK SAFETY LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK TOUCH SAFETY LANC 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK TOUCH SAFETY LANC 23G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
UNISTIK TOUCH SAFETY LANC 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNISTIK TOUCH SAFETY LANC 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNIVERSAL 1 LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNIVERSAL 1 LANCETS THIN 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>value plus lancet standard 21g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>value plus lancets super thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>value plus lancets thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>valumark lancet super thin 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>valumark lancet ultra thin 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
VIDA MIA UNILET LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
VIDA MIA UNILET LANCETS 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
VIVAGUARD LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>walgreens adv travel lancets</i>		T1	R&M; QL (3.34 EA per 1 day)
WALGREENS LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>walgreens lancets micro thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>walgreens lancets super thin</i>		T1	R&M; QL (3.34 EA per 1 day)
WALGREENS THIN LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
<i>zevrx twist top lancets 30g</i>		T1	R&M; QL (3.34 EA per 1 day)
*Insulin Administration Supplies***			
OMNIPOD 5 PACK	T3		PA; R&M; AI (30 day supply maximum applies. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods/cartridges per 1 Month)
OMNIPOD DASH 5 PACK PODS	T3		PA; R&M; AI (30 day supply maximum applies. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods/cartridges per 1 Month)
*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 (<i>Pen Needles 3/16"</i>)	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 (<i>Pen Needles 5/16"</i>)	T2	T1	R
DROPLET MICRON	T1		R

Drug Name	Brand	Generic	Additional Information
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	T1		R
FREESTYLE PRECISION INS SYR (<i>Insulin Syringe</i>)	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)
INSUPEN ULTRAFIN (<i>Pen Needles 5/16"</i>) 30G X 8 MM	T1	T1	R
MAXICOMFORT II PEN NEEDLE (<i>Pen Needles</i>)	\$0	T1	R
MAXICOMFORT SYR 27G X 1/2" (<i>Insulin Syringe/Needle</i>)	T1	T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<i>pen needles 1/2"</i>		T1	R
<i>pen needles 29g x 12mm</i>		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 (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER MV (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 Year)

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

Drug Name	Brand	Generic	Additional Information
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)
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)
procare spacer/adult mask		T1	R&M; QL (2 EA per 1 year)
procare spacer/child mask		T1	R&M; QL (2 EA per 1 year)
RITEFLO (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
WATCHHALER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC	T3		PA; R
UBRELVY	T3		PA; R&M; QL (16 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
*Cgrp Receptor Antagonists - Monoclonal Antibodies***			
AIMOVIG	SP		PA; R&M; AI (Limited to 30 day supply.)
AJOVY	SP		PA; R&M; 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)
EMGALITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EMGALITY (300 MG DOSE)	SP		PA; R&M; 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 Products - Cyclooxygenase 2 (Cox-2) Inhibitors***			
ELYXYB	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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 (0.54 ML per 1 day)
TRUDHESA	T3		PA; R
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate oral tablet 12.5 mg</i>		T3	R&M; QL (0.14 EA per 1 day)
<i>almotriptan malate oral tablet 6.25 mg</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)

Drug Name	Brand	Generic	Additional Information
<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)
<i>zolmitriptan oral tablet 5 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1	R&M; QL (4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T1	R&M; QL (2 EA per 1 day)
ZOMIG NASAL SOLUTION (ZOLMitriptan) 2.5 MG	T3	T3	R&M; QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION (ZOLMitriptan) 5 MG	T3	T3	R&M; QL (0.2 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***			
LUDENT (Fluoritab)	\$0	\$0	R&M; AG (Max 6 Years)
NAFRINSE (Fluoritab)	\$0	\$0	R&M; AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		\$0	R&M; AG (Max 6 Years)
<i>sodium fluoride oral tablet</i>		\$0	R&M; AG (Max 6 Years)
<i>sodium fluoride oral tablet chewable</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 (Potassium Bicarbonate) 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 (Potassium Chloride Crys ER)	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
KLOR-CON M20 (<i>Potassium Chloride Cryst ER</i>)	T1	T1	R
KLOR-CON ORAL PACKET (<i>Potassium Chloride</i>) 20 MEQ	T1	T1	R
KLOR-CON ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride ER</i>)	T1	T1	R
KLOR-CON/EF (<i>Potassium Bicarbonate</i>)	T1	T1	R
K-PRIME (<i>Potassium Bicarbonate</i>)	T1	T1	R
K-TAB ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride ER</i>) 8 MEQ	T1	T1	R
<i>potassium chloride oral capsule extended release</i>		T1	R
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		T1	R
Miscellaneous Therapeutic Classes			
*Antileptics***			
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***			
<i>penicillamine oral tablet</i>		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***			
<i>cyclosporine oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE (<i>CycloSPORINE Modified</i>) 100 MG, 25 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL SOLUTION (<i>CycloSPORINE Modified</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LUPKYNIS	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
NEORAL (<i>CycloSPORINE Modified</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE INTRAVENOUS (<i>CycloSPORINE</i>)	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
*Farnesyltransferase Inhibitors***			
ZOKINVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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>mycophenolate sodium oral tablet delayed release 180 mg</i>		T1	R&M; QL (6 EA per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	T3		R
ENVARUSUS XR	T3		PA; R
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</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)
<i>everolimus oral tablet 1 mg</i>		SP	R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
PROGRAF ORAL (<i>Tacrolimus</i>)	T3	T1	R
<i>sirolimus oral solution</i>		T3	R
<i>sirolimus oral tablet</i>		T1	R

Drug Name	Brand	Generic	Additional Information
ZORTRESS	SP		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)
*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 ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>)	T1	T1	R
LOKELMA	T3		PA; R
<i>sodium polystyrene sulfonate oral</i>		T1	R
SPS (<i>Sodium Polystyrene Sulfonate</i>)	T1	T1	R
VELTASSA	T3		PA; R
*Purine Analogs***			
<i>azathioprine oral tablet 50 mg</i>		T1	R
*Rock Inhibitors***			
REZUROCK	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Selective T-Cell Costimulation Blockers***			
NULOJIX	MB		R
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous hcl</i>		T1	R&M; AI (Limited to 1 fill per month); QL (100 ML per 10 days)
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat</i>		T1	R
<i>nystatin mouth/throat</i>		T1	R
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL	T3		R
*Antiseptics - Mouth/Throat***			
PAROEX (<i>Chlorhexidine Gluconate</i>)	T1	T1	R
PERIOGARD (<i>Chlorhexidine Gluconate</i>)	T1	T1	R
*Fluoride Dental Products***			
NAFRINSE DAILY/NEUTRAL	\$0		R&M; AG (Max 6 Years)
NAFRINSE WEEKLY	\$0		R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Max 6 Years)
*Periodontal Anti-Infectives***			
ARESTIN	T3		PA; R

Drug Name	Brand	Generic	Additional Information
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>pilocarpine hcl oral</i>		T1	R
*Steroids - Mouth/Throat/Dental***			
ORALONE (<i>Triamcinolone Acetonide</i>)	T1	T1	R
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
<i>c-nate dha</i>		T3	R&M; F
<i>completenate</i>		T3	R&M; F
CO-NATAL FA (<i>PreTAB</i>)	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 ORAL CAPSULE 130-92.4-1 MG	T3		R&M; F
INATAL GT	T3		R&M; F
MYNATAL ADVANCE	T3		R&M; F
MYNATAL ORAL TABLET	T3		R&M; F
OB COMPLETE ONE	T3		R&M; F
OB COMPLETE ORAL TABLET	T3		R&M; F
OB COMPLETE/DHA	T3		R&M; F
<i>pnv tabs 29-1</i>		T3	R&M; F
<i>pnv-select</i>		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
<i>prenatal plus iron</i>		T3	R&M; F
<i>preplus</i>		T3	R&M; F
<i>se-natal 19</i>		T3	R&M; F
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG	T3		R&M; F
THERANATAL CORE NUTRITION (<i>Vol-Plus</i>)	T3	T3	R&M; F
<i>thrivite rx</i>		T3	R&M; F
TRICARE (<i>Vol-Plus</i>)	T3	T3	R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3		R&M; F
VINATE M	T3		R&M; F
<i>virt-nate dha</i>		T3	R&M; F
VITATHELY WITH GINGER (<i>Vol-Plus</i>)	T3	T3	R&M; F
VIVA DHA (<i>ReInate DHA</i>)	T3	T3	R&M; F
<i>vp-heme ob + dha</i>		T3	R&M; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha oral 29-1-200 & 250 mg</i>		T3	R&M; F

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Drug Name	Brand	Generic	Additional Information
PR NATAL 400	T3		R&M; F
PR NATAL 400 EC	T3		R&M; F
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG	T3		R&M; F
*Prenatal Mv & Min W/Fe-Fa-Dha***			
<i>pnv-dha+docusate</i>		T3	R&M; F
<i>prenaissance</i>		T3	R&M; F
<i>prenaissance plus</i>		T3	R&M; F
TARON-PREX	T3		R&M; F
<i>virt-pn dha</i>		T3	R&M; F
VITAMEDMD ONE RX/QUATREFOLIC	T3		R&M; F
ZATEAN-PN DHA (PNV-DHA)	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 2 mg</i>		T1	R&M; QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		T1	R&M; QL (9 EA per 1 day)
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		T2	R
Nasal Agents - Systemic And Topical			
*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)
*Nasal Antihistamines***			
<i>azelastine hcl nasal solution 0.1 %</i>		T1	R&M; AI (;)
<i>azelastine hcl nasal solution 0.15 %</i>		T1	R
<i>olopatadine hcl nasal</i>		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)
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>		T1	R&M; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)

Drug Name	Brand	Generic	Additional Information
ZETONNA	T3		R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
Neuromuscular Agents			
*Benzothiazoles***			
EXSERVAN	SP		PA; R&M; AI (Limited Distribution available with PantheRX; limited to a 30 day supply)
<i>riluzole</i>		T1	R
*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 (;)
<i>dorzolamide hcl-timolol mal</i>		T1	R
<i>dorzolamide hcl-timolol mal pf</i>		T1	PA; R
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	T3		R
<i>carteolol hcl</i>		T1	R
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	R
<i>timolol maleate ophthalmic solution</i>		T1	R
TIMOPTIC-XE (<i>Timolol Maleate</i>)	T3	T3	R
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION (<i>Phenylephrine HCl</i>) 10 %, 2.5 %	T1	T1	R
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T2	R
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1	R
HOMATROPAIRE	T1		R
ISOPTO ATROPINE (<i>Atropine Sulfate</i>)	T1	T1	R
<i>tropicamide ophthalmic</i>		T3	R
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA	T3		PA; R

Drug Name	Brand	Generic	Additional Information
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	T1		R
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	R
VUITY	T3		ST; R&M; AI (EST: step thru Pilocarpine 1% in last 6mo for at least 1 fill)
*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 (<i>Bepotastine Besilate</i>)	T3	T3	R&M; QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T1	R
<i>epinastine hcl</i>		T2	R
LASTACAFT	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
ZERVIAE	T3		PA; ST; R&M; AI (ST: Trial of azelastine drops 0.05% for 2 months in last 6 months); QL (1 EA per 1 day)
*Ophthalmic Antibiotics***			
BACIGUENT OPHTHALMIC (<i>Bacitracin</i>)	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
GENTAK OPHTHALMIC OINTMENT	T3		R
<i>gentamicin sulfate ophthalmic solution</i>		T1	R
<i>levofloxacin ophthalmic</i>		T2	R
<i>moxifloxacin hcl (2x day)</i>		T3	R
<i>moxifloxacin hcl ophthalmic solution</i>		T1	R
<i>ofloxacin ophthalmic</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

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Drug Name	Brand	Generic	Additional Information
POLYCIN (AK-Poly-Bac)	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***			
<i>brinzolamide</i>		T3	R
<i>dorzolamide hcl ophthalmic</i>		T1	R
*Ophthalmic Immunomodulators***			
CEQUA	T2		R&M; QL (2 EA per 1 day)
RESTASIS	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T3		R&M; AI (0.185ml per day-min 30ds, max 90ds)
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic</i>		T1	R
<i>tetracaine hcl ophthalmic</i>		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)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T2	R
<i>diclofenac sodium ophthalmic</i>		T1	R
<i>flurbiprofen sodium</i>		T1	R
<i>ketorolac tromethamine ophthalmic</i>		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
<i>apraclonidine hcl</i>		T1	R
<i>brimonidine tartrate ophthalmic</i>		T1	R
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1	R
BLEPHAMIDE	T3		R
BLEPHAMIDE S.O.P.	T3		R
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T3	R
PRED-G	T3		R
PRED-G S.O.P.	T3		R
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T3	R
TOBRADEX OPHTHALMIC OINTMENT	T2		R
TOBRADEX ST	T2		R
<i>tobramycin-dexamethasone</i>		T1	R
*Ophthalmic Steroids***			
ALREX	T3		R
<i>dexamethasone sodium phosphate ophthalmic</i>		T3	R
DUREZOL (Difluprednate)	T3	T3	R
FLAREX	T3		R
<i>fluorometholone ophthalmic</i>		T1	R
FML	T3		R
FML FORTE	T3		R
INVELTYS	T3		R
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
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	R
<i>sulfacetamide sodium ophthalmic solution</i>		T1	R
*Ophthalmics - Cystinosis Agents**			
CYSTADROPS	SP		PA; R&M; AI (Limited to 30 day supply)
CYSTARAN	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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 (;)
<i>travoprost (bak free)</i>		T2	R

Drug Name	Brand	Generic	Additional Information
VYZULTA	T3		PA; ST; R&M; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan)
XELPROS	T3		R
ZIOPTAN	T3		R
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1	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
<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
*Otic Steroids***			
ACETASOL HC (<i>Hydrocortisone-Acetic Acid</i>)	T3	T2	R
<i>fluocinolone acetonide otic</i>		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 INTRAVENOUS SOLUTION 5 GM/50ML	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 INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB		R
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	MB		R
GAMUNEX-C	MB		R

Drug Name	Brand	Generic	Additional Information
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB		R
HIZENTRA 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)
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)
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)
*Passive Immunizing Agents - Combinations***			
HYQVIA	MB		R
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule</i>		T1	R
<i>amoxicillin oral suspension reconstituted</i>		T1	R
<i>amoxicillin oral tablet</i>		T1	R
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1	R
<i>ampicillin oral capsule 500 mg</i>		T1	R
*Natural Penicillins***			
<i>penicillin v potassium</i>		T1	R
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		T3	R
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		T1	R
<i>amoxicillin-pot clavulanate oral tablet</i>		T1	R
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		T3	R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T3		R
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
Pharmaceutical Adjuvants			
*Parenteral Vehicles***			
<i>saline bacteriostatic</i>		MB	SP
Progestins			
*Progestins***			
<i>hydroxyprogesterone caproate intramuscular oil</i>		MB	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)
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T2	R
<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

Drug Name	Brand	Generic	Additional Information
<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
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 ORAL CAPSULE	SP		PA; SP; AI (Limited Distribution available with PantheRX, Genoa or Orsini Pharm; limited to a 30 day supply); QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	SP		PA; SP; AI (Limited Distribution available with PantheRX, Genoa or Orsini Pharm; limited to a 30 day supply); QL (56 EA per 1 Year)
<i>tetrabenazine</i>		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)

Drug Name	Brand	Generic	Additional Information
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 PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)

Drug Name	Brand	Generic	Additional Information
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
*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)
TECFIDERA (<i>Dimethyl Fumarate Starter Pack</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY	SP		PA; SP; 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***			
<i>dalfampridine er</i>		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)

Drug Name	Brand	Generic	Additional Information
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl er</i>		T2	R
<i>memantine hcl oral solution 2 mg/ml</i>		T1	R&M; AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>		T1	R
<i>memantine hcl oral tablet 5 mg</i>		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***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T2	R
*Pseudobulbar Affect Agent Combinations***			
NUDEXTA	T3		PA; R
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		T1	PA; R
<i>pimozide</i>		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***			
<i>apo-varenicline</i>		\$0	R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); QL (2 EA per 1 day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		\$0	R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX	\$0		R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	\$0		R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX STARTING MONTH PAK	\$0		R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>cvs nicotine mouth/throat gum 2 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.)

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Drug Name	Brand	Generic	Additional Information
<i>cvs nicotine mouth/throat gum 4 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>cvs nicotine mouth/throat lozenge</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>cvs nicotine transdermal</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>eq nicotine step 3</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>eq1 nicotine polacrilex mouth/throat lozenge</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>goodsense nicotine mouth/throat gum 4 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>goodsense nicotine mouth/throat lozenge</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
HABITROL (<i>Nicotine</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>hm nicotine</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
KLS QUIT2 (<i>Nicotine Polacrilex</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
KLS QUIT4 (<i>Nicotine Polacrilex</i>)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 2 MG	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>nicotine</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>nicotine mini</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>nicotine step 1</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>nicotine step 2</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>nicotine step 3</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
NICOTROL	\$0		R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NICOTROL NS	\$0		R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); QL (4 ML per 1 Day); AG (Min 18 Years)
<i>px stop smoking aid</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>ra mini nicotine</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>ra nicotine mouth/throat</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>sm nicotine</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 18 Years)
<i>varenicline tartrate</i>		\$0	R&M; AI (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*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)
PONVORY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PONVORY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Thienbenzodiazepines & Opioid Antagonists***			
LYBALVI	T3		PA; R
*Thienbenzodiazepines & Ssris***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		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)
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)

Drug Name	Brand	Generic	Additional Information
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 ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 28 day limit applies); QL (3 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy / some medications may be available at retail / 28 day supply limit applies); QL (3 EA per 1 day)
*Cystic Fibrosis Agents - Miscellaneous***			
BRONCHITOL	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 1 MG/ML	SP		PA; 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)

Drug Name	Brand	Generic	Additional Information
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral</i>		T3	R
Tetracyclines			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	T3		PA; R
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		T3	R
<i>doxycycline hyclate oral capsule</i>		T1	R
<i>doxycycline hyclate oral tablet 100 mg</i>		T2	R
<i>doxycycline hyclate oral tablet 20 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>		T2	R
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1	R
<i>doxycycline monohydrate oral tablet 100 mg</i>		T2	R
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		T1	R
<i>minocycline hcl oral capsule</i>		T1	R
<i>minocycline hcl oral tablet</i>		T3	R
<i>tetracycline hcl oral</i>		T1	R
VIBRAMYCIN ORAL SYRUP	T3		R
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1	R
<i>propylthiouracil oral</i>		T1	R
*Thyroid Hormones***			
ARMOUR THYROID (NP Thyroid)	T3	T3	R
EUTHYROX (Levothyroxine Sodium)	T1	T1	R
LEVO-T (Levothyroxine Sodium)	T1	T1	R
LEVOXYL (Levothyroxine Sodium)	T1	T1	R
<i>lithyronine sodium oral</i>		T2	R
NATURE-THROID	T3		R
SYNTHROID (Levothyroxine Sodium)	T2	T1	R
TIROSINT (Levothyroxine Sodium)	T3	T3	R
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	T3		R

Drug Name	Brand	Generic	Additional Information
UNITHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 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 (<i>Levothyroxine Sodium</i>) 150 MCG	T2	T1	R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 97.5 MG	T3		R
WESTHROID ORAL TABLET (<i>Thyroid</i>) 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; AI (3 doses (1.5ml) per year)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 LF-MCG/0.5	\$0		R&M; AI (3 doses (1.5ml) per year)
DAPTACEL INTRAMUSCULAR SUSPENSION 23- 15-5	\$0		R&M; AI (3 doses (1.5ml) per year)
<i>diphtheria-tetanus toxoids dt</i>		\$0	RO; AI (3 doses (1.5ml) per year)
INFANRIX	\$0		RO; AI (3 doses (1.5ml) per year)
KINRIX INTRAMUSCULAR SUSPENSION	\$0		RO; AI (1 dose (.5ml) per lifetime); AG (Min 4 Years and Max 6 Years)
PEDIARIX	\$0		RO; AI (3 doses (1.5ml) per year); AG (Max 6 Years)
QUADRACEL	\$0		RO; AI (1 dose (.5ml) per lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX (<i>Tetanus-Diphtheria Toxoids Td</i>)	\$0	\$0	R&M; AI (3 doses (1.5ml) per year)
TENIVAC	\$0		RO; AI (3 doses (1.5ml) per year)
VAXELIS	\$0		R&M; \$0; AG (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Anticholinergic Combinations***			
<i>chlordiazepoxide-clidinium</i>		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)
<i>hyoscyamine sulfate oral elixir</i>		T1	R
<i>hyoscyamine sulfate oral solution</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
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T3	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<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>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution</i>		T2	R
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (Sucralfate)	T2	T2	R
<i>sucralfate oral tablet</i>		T1	R
*Proton Pump Inhibitors***			
DEXILANT (Dexlansoprazole)	T3	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)
FIRST-LANSOPRAZOLE	T2		RO
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; AI (;); QL (1 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>		T3	R&M; AI (;)
<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***			
<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 (8 EA per 1 day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T1	R&M; QL (4 EA per 1 day)
<i>propantheline bromide oral</i>		T1	R
*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			
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
<i>urin ds oral tablet</i>		T2	R

Drug Name	Brand	Generic	Additional Information
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)
<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***			
GEMTESA	T3		PA; R
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; AI (2 doses (1ml) per year); \$0; AG (Min 10 Years)
MENACTRA INTRAMUSCULAR INJECTABLE	\$0		RO; AI (1 dose (.5ml) per year); AG (Max 23 Years)
MENQUADFI INTRAMUSCULAR INJECTABLE	\$0		RO; AI (1 dose (.5ml) per year); AG (Max 23 Years)
MENVEO	\$0		RO; AI (1 dose per year); AG (Max 23 Years)
PNEUMOVAX 23	\$0		RO; AI (2 doses (1ml) per year)
PREVNAR 13	\$0		RO; QL (0.5 ML per 1 Lifetime)
PREVNAR 20	\$0		R&M; QL (0.5 ML per 1 Lifetime)
TRUMENBA	\$0		RO; AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T3		RO
VAXCHORA	T3		RO
VAXNEUVANCE	\$0		R&M; QL (0.5 ML per 1 Lifetime)

Drug Name	Brand	Generic	Additional Information
*Viral Vaccine Combinations***			
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		R&M; AI (3 doses (3ml) per year); AG (Min 18 Years)
*Viral Vaccines***			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO; QL (0.5 ML per 274 days); AG (Min 6 Months)
<i>astrazeneca covid-19 vaccine</i>		\$0	RO; \$0; QL (2 inj per 328 days)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0		RO
FLUAD	\$0		RO; \$0; QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUAD QUADRIVALENT	\$0		R&M; QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; QL (0.5 ML per 274 days); AG (Min 6 Months)
FLUBLOK QUADRIVALENT	\$0		RO; \$0; QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		RO; QL (1 ML per 274 days); AG (Min 6 Months)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		R&M; QL (0.5 ML per 274 days); AG (Min 4 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		RO; QL (1 ML per 274 days); AG (Min 6 Months)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; QL (0.5 ML per 274 days); AG (Min 6 Months)
FLUMIST QUADRIVALENT	\$0		R&M; QL (2 ml per 274 days); AG (Min 6 Months)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0		RO; QL (0.7 ML per 274 days); AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	\$0		RO; QL (1 ML per 274 days); AG (Min 6 Months)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	\$0		RO; QL (0.5 ML per 274 days); AG (Min 18 Years and Max 64 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO; QL (0.5 ML per 274 days); AG (Min 6 Months)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0		RO; AI (3 doses (1.5ml) oer lifetime); QL (0.5 ML per 1 dose); AG (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; AI (3 doses (1.5ml) per lifetime); QL (0.5 ML per 1 dose); AG (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0		RO; AI (4 doses (4ml) per lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0		RO; AI (4 doses (2ml) per lifetime)

Drug Name	Brand	Generic	Additional Information
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		R&M; AI (3 doses (1.5ml) per year); AG (Min 18 Years)
<i>janssen covid-19 vaccine</i>		\$0	RO; \$0; QL (1 inj per 328 days)
<i>moderna covid-19 vaccine</i>		\$0	RO; \$0; QL (3 inj per 365 days); AG (Min 18 Years)
<i>pfizer covid-19 vac-tris 5-11y</i>		\$0	R&M; QL (3 inj per 365 days); AG (Min 5 Years and Max 11 Years)
<i>pfizer-biont covid-19 vac-tris</i>		\$0	R
<i>pfizer-biontech covid-19 vacc</i>		\$0	RO; \$0; QL (3 inj per 365 days); AG (Min 12 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		RO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0		R&M; AI (2 doses per lifetime); AG (Min 50 Years)
TICOVAC	\$0		R
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0		RO; AI (4 doses (2ml) per lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0		RO; AI (4 doses (4ml) per lifetime)
VARIVAX	\$0		RO; AI (2 doses per year)
YF-VAX	T3		RO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		RO; AI (One dose per lifetime); AG (Min 50 Years)
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	T3		R&M; F
<i>terconazole vaginal cream</i>		T2	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
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)

Drug Name	Brand	Generic	Additional Information
<i>clindamycin phosphate vaginal</i>		T1	R&M; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
VANDAZOLE (<i>MetroNIDAZOLE</i>)	T2	T2	R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
*Vaginal Estrogens***			
<i>estradiol vaginal cream</i>		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 (<i>Estradiol</i>)	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***			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>		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)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>		T2	R&M; AI (Non-Mylan pens are non-formulary. Limit is 1 refill of 2 pens in one month.)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
NORTHERA ORAL CAPSULE (<i>Droxidopa</i>) 100 MG	SP	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); AG (Min 18 Years)
NORTHERA ORAL CAPSULE (<i>Droxidopa</i>) 200 MG, 300 MG	SP	SP	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); AG (Min 18 Years)
*Vasopressors***			
<i>epinephrine pf injection solution</i>		T2	R
<i>midodrine hcl</i>		T3	R
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T3		R

Drug Name	Brand	Generic	Additional Information
*Vitamin D***			
<i>d 1000</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d 10000</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d 5000</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d-1000</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d2000 ultra strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d3 adult</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d3 high potency oral capsule 125 mcg (5000 ut)</i>		\$0	R&M; \$0; AG (Min 65 Years)
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d3 kids</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d3 super strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>d3-1000</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
D3-50 (Vitamin D3)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d-400</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>d-5000</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	\$0		R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>delta d3</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 (D-3-5)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	\$0		R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>ergocalciferol oral capsule</i>		T1	R
<i>gnp vitamin d maximum strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>gnp vitamin d super strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 (D 400)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>hm vitamin d</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>hm vitamin d3 oral capsule</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	\$0		R&M; \$0; AG (Min 65 Years)
OPTIMAL-D (Vitamin D3)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 (Vitamin D3)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>qc vitamin d3 oral capsule</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>ra vitamin d-3</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>sm vitamin d</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 50 mcg (2000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>sm vitamin d3 oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
THERA-D 2000 (Vitamin D)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
THERA-D 4000	\$0		R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
THERA-D RAPID REPLETION (Vitamin D)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>		T1	R
<i>vitamin d high potency</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D3)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d3 gummies</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>vitamin d-3 oral capsule</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
<i>vitamin d-400</i>		\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
WEEKLY-D (Vitamin D3)	\$0	\$0	R&M; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
*Vitamin K***			
<i>phytonadione oral</i>		T3	R

Medical Benefit

Drug Name	Brand	Generic	Additional Information
ABELCET	MB		SP
ABRAXANE	MB		SP
ACTEMRA INTRAVENOUS	MB		R
ADCETRIS	MB		SP
ADRUCIL INTRAVENOUS SOLUTION 2.5 GM/50ML, 500 MG/10ML	MB		SP
ADVATE	MB		R
<i>adynovate</i>	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
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	MB		SP
<i>aminophylline intravenous</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
ATGAM	MB		SP
AVASTIN	MB		SP
<i>azacitidine</i>	MB		SP
<i>aztreonam</i>	MB		SP
BELEODAQ	MB		SP
BERINERT	MB		R
<i>bermuda grass subcutaneous</i>	MB		SP
<i>bleomycin sulfate</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
BLINCYTO	MB		SP
BOTOX	MB		R
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 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>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</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
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	MB		R
<i>chloramphenicol sod succinate</i>	MB		SP
<i>chorionic gonadotropin intramuscular</i>	MB		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cidofovir intravenous</i>	MB		SP
CINQAIR	MB		R
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</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

Drug Name	Brand	Generic	Additional Information
<i>dacarbazine intravenous</i>	MB		SP
<i>decitabine</i>	MB		SP
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>	MB		SP; AI (;)
<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>	MB		SP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	MB		SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	MB		SP; AI (;)
<i>diphenhydramine hcl injection</i>	MB		SP
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	MB		SP
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	MB		SP
<i>dog epithelium subcutaneous solution 1:10</i>	MB		SP
<i>doxorubicin hcl intravenous solution</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
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 INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	MB		SP
FABRAZYME	MB		R
<i>fentanyl citrate (pf) injection solution cartridge</i>	MB		SP
<i>floxuridine injection</i>	MB		SP
<i>fludarabine phosphate</i>	MB		SP
<i>fluorouracil intravenous</i>	MB		SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML	MB		SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	MB		SP
GAZYVA	MB		SP

Drug Name	Brand	Generic	Additional Information
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 REDIJECT	MB		PA; SP
HALAVEN	MB		SP
HEMLIBRA	MB		R
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	MB		R
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	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
IMFINZI	MB		SP
IMLYGIC	MB		PA; SP
INFLECTRA	MB		R
INJECTAFER	MB		PA; SP
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	MB		SP
IXEMPRA KIT	MB		SP
IXIARO	MB		SP
JEVTANA	MB		SP
JIVI	MB		R
<i>johnson grass</i>	MB		SP
KADCYLA	MB		SP
KANUMA	MB		PA; SP
KCENTRA	MB		R
KEYTRUDA INTRAVENOUS SOLUTION	MB		SP
KOATE-DVI	MB		R

Drug Name	Brand	Generic	Additional Information
KOGENATE FS	MB		R
KOVALTRY	MB		R
KRYSTEXXA	MB		R
LEMTRADA	MB		R
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	MB		R
MACUGEN	MB		R
MARQIBO	MB		SP
<i>melphalan hcl</i>	MB		SP
<i>meropenem</i>	MB		SP
<i>methotrexate sodium injection solution reconstituted</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
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	MB		R
<i>mountain cedar</i>	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
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 DASH SYSTEM	MB		R
OMNIPOD STARTER	MB		R
ONCASPAR INJECTION	MB		SP
ONIVYDE	MB		SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	MB		PA; SP
ORENCIA INTRAVENOUS	MB		R
OTIPRIO	MB		SP
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
<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 phosphates intravenous solution 45 mmole/l 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 INTRAVENOUS SUSPENSION	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
RITUXAN INTRAVENOUS SOLUTION	MB		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>rixubis intravenous solution reconstituted 250 unit</i>	MB		R
SIGNIFOR	MB		R
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB		R
SIMULECT	MB		SP
<i>sodium chloride injection solution 2.5 meq/ml</i>	MB		SP
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	MB		SP
SOMATULINE DEPOT	MB		R
SPINRAZA	MB		PA; SP
STELARA INTRAVENOUS	MB		PA; SP
<i>streptomycin sulfate intramuscular</i>	MB		SP
SYLVANT	MB		R
TEFLARO	MB		SP
TEMODAR INTRAVENOUS	MB		SP
<i>teniposide</i>	MB		SP
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%</i>	MB		SP
THYMOGLOBULIN	MB		SP
<i>ticarcillin-pot clavulanate</i>	MB		SP
TICE BCG	MB		SP
<i>timothy grass pollen allergen subcutaneous solution 100000 baulml</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
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	MB		SP
TRETTEN	MB		R
TYSABRI	MB		R
UNITUXIN	MB		SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB		SP
VELCADE INJECTION	MB		SP
VELETRI	MB		R
V-GO 20	MB		R
V-GO 30	MB		R
V-GO 40	MB		R
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	MB		SP
VIMIZIM	MB		R
<i>vinblastine sulfate intravenous solution</i>	MB		SP
<i>vincristine sulfate intravenous</i>	MB		SP
<i>vinorelbine tartrate</i>	MB		SP

Last revision date: 01/20/2022 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
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
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	MB		R
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		R
XYNTHA SOLOFUSE	MB		R
YERVOY	MB		PA; SP
ZALTRAP	MB		SP
ZANOSAR	MB		SP
ZEMAIRA	MB		R
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<i>chlorthalidone</i>	132	<i>clocortolone pivalate</i>	110	CORTANE-B	113
<i>chlorzoxazone</i>	171	CLODAN	110	<i>cortisone acetate</i>	103
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<i>cholestyramine</i>	58	<i>clonazepam</i>	41	CORTISPORIN-TC	176
<i>chorionic gonadotropin</i>	201	<i>clonidine hcl</i>	62	COSENTYX	107, 108
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<i>ciprofloxacin-dexamethasone</i>	176	COMETRIQ (100 MG DAILY		<i>cvs aspirin adult low dose</i>	16
<i>cisplatin</i>	201	DOSE)	73	<i>cvs aspirin adult low strength</i>	16
<i>citalopram hydrobromide</i>	46	COMETRIQ (140 MG DAILY		<i>cvs aspirin ec</i>	16, 17
CLARAVIS	105	DOSE)	73	<i>cvs aspirin low dose</i>	17
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FREESTYLE LIBRE READER	155	GLASSIA	203	<i>goodsense blood glucose</i>	124
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HEMOFIL M	203	<i>hydroxychloroquine sulfate</i>	<i>insulin aspart prot & aspart</i>	50
HEPLISAV-B	193	<i>hydroxyprogesterone caproate</i>	<i>insulin lispro junior kwikpen</i>	50
HERCEPTIN	203	<i>hydroxyzine hcl</i>	<i>insulin lispro prot & lispro</i>	50
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<i>hm aspirin ec</i>	18	HYPERRHO S/D	INTRON A	74
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START	12	TEST	ISTURISA	133
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HUMULIN N	50	INATAL GT	<i>ivermectin</i>	113
HUMULIN N KWIKPEN	50	INBRIJA	IXEMpra KIT	203
HUMULIN R	50	INCASSIA	IXIARO	203
HUMULIN R U-500		INCRELEX	JADENU	55
(CONCENTRATED)	50	INCRUSE ELLIPTA	JAIMIESS	100
HUMULIN R U-500 KWIKPEN	50	<i>indapamide</i>	JAKAFI	75
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JANUMET	49	<i>kls aspirin low dose</i>	18	LARTRUVO	73
JANUMET XR	49	KLS QUIT2	184	LASTACFT	173
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JASMIEL	95	KOGENATE FS	204	LAYOLIS FE	96
JATENZO	32	KOMBIGLYZE XR	49	LAZANDA	25
JENCYCLA	101	KORLYM	53	LEENA	102
JENTADUETO	49	KOVALTRY	204	<i>leflunomide</i>	14
JENTADUETO XR	49	<i>kp aspirin</i>	18	LEMTRADA	204
JEVTANA	203	<i>kp vitamin d</i>	197	LENVIMA (10 MG DAILY DOSE)	79
JIVI	203	K-PHOS	166	LENVIMA (14 MG DAILY DOSE)	79
<i>johnson grass</i>	203	K-PRIME	167	LENVIMA (18 MG DAILY DOSE)	79
JOLESSA	100	<i>kroger blood glucose test</i>	125	LENVIMA (20 MG DAILY DOSE)	79
JUBLIA	112	KROGER HEALTHPRO		LENVIMA (24 MG DAILY DOSE)	79
JULEBER	95	GLUCOSE TEST	125	LENVIMA (8 MG DAILY DOSE)	79
JULUCA	84	KROGER HEALTHPRO LANCET		LESSINA	96
JUNEL 1.5/30	96	26G	156	LETAIRIS	91
JUNEL 1/20	96	<i>kroger lancets</i>	156	<i>letrozole</i>	74
JUNEL FE 1.5/30	96	<i>kroger lancets 21g</i>	156	<i>leucovorin calcium</i>	75
JUNEL FE 1/20	96	<i>kroger lancets micro thin 33g</i>	156	LEUKERAN	78
JUNEL FE 24	96	<i>kroger lancets super thin</i>	156	<i>leuprolide acetate</i>	76
JUXTAPID	60	<i>kroger lancets thin</i>	156	<i>levabuterol hcl</i>	38
JYNARQUE	138	<i>kroger lancets thin 26g</i>	156	LEVEMIR	51
KADCYLA	203	<i>kroger lancets ultrathin 30g</i>	156	LEVEMIR FLEXTOUCH	51
KAITLIB FE	96	<i>kroger premium glucose test</i>	125	<i>levetiracetam</i>	43
KALBITOR	146	<i>kroger test</i>	125	<i>levetiracetam er</i>	43
KALETRA	84	KRYSTEXXA	204	<i>levobunolol hcl</i>	172
KALLIGA	96	K-TAB	167	<i>levocarnitine</i>	133
KALYDECO	186	KURVELO	96	<i>levocetirizine dihydrochloride</i>	58
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KARBINAL ER	57	KYPROLIS	73	<i>levonorgestrel-ethinyl estrad</i>	99
KARIVA	93	<i>labetalol hcl</i>	89	LEVORA 0.15/30 (28)	96
KCENTRA	203	LACRISERT	172	<i>levorphanol tartrate</i>	25
KELNOR 1/35	96	<i>lactulose</i>	150	LEVO-T	188
KELNOR 1/50	96	<i>lactulose encephalopathy</i>	142	LEVOXYL	188
KERENDIA	137	LAMICTAL ODT	43	LEXIVA	85
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<i>ketoprofen</i>	14	<i>lamotrigine er</i>	43	<i>liberty test</i>	126
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KETOSTIX	125	<i>lancets 33g</i>	156	<i>lidocaine hcl</i>	112
KEVEYIS	132	<i>lancets micro thin 33g</i>	156	<i>lidocaine viscous hcl</i>	169
KEVZARA	13	<i>lancets super thin 28g</i>	156	<i>lidocaine-prilocaine</i>	113
KEYTRUDA	203	<i>lancets thin</i>	156	LIFESCAN UNISTIK 2	156
KINERET	13	LANCETS ULTRA THIN	156	LIFESCAN UNISTIK II LANCETS	156
<i>kinney lancets</i>	156	<i>lancets ultra thin 30g</i>	156	LILLOW	96
<i>kinney thin lancets</i>	156	LANOXIN	90	<i>lindane</i>	113
KINRIX	189	<i>lansoprazole</i>	190	<i>linezolid</i>	63
KIONEX	169	<i>lanthanum carbonate</i>	143	LINZESS	141
KITABIS PAK	11	LANTUS	50	<i>liothyronine sodium</i>	188
KLISYRI	112	LANTUS SOLOSTAR	50	<i>lisinopril</i>	61
KLOR-CON	167	<i>lapatinib ditosylate</i>	71	<i>lisinopril-hydrochlorothiazide</i>	60
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KLOR-CON/EF	167	LARIN FE 1/20	96	<i>lithium carbonate</i>	81
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<i>live better lancet super thin</i>	157	<i>malathion</i>	113	MELODETTA 24 FE	97
<i>live better lancet ultra thin</i>	157	<i>maprotiline hcl</i>	46	<i>meloxicam</i>	14
LIVMARLI	142	MARPLAN	46	<i>melphalan hcl</i>	204
LIVTENCITY	86	MARQIBO	204	<i>memantine hcl</i>	182
LO LOESTRIN FE	94	MASK VORTEX	164	<i>memantine hcl er</i>	182
LOESTRIN 1.5/30 (21)	96	MATULANE	74	MENACTRA	191
LOESTRIN FE 1/20	97	MAVENCLAD (10 TABS)	179	M-END PE	105
LOJAIMIESS	100	MAVENCLAD (4 TABS)	179	MENEST	140
LOKELMA	169	MAVENCLAD (5 TABS)	180	MENOSTAR	140
<i>longs lancets standard</i>	157	MAVENCLAD (6 TABS)	180	MENQUADFI	191
<i>longs lancets thin</i>	157	MAVENCLAD (7 TABS)	180	MENTAX	106
<i>longs lancets ultra thin</i>	157	MAVENCLAD (8 TABS)	180	MENVEO	191
LONHALA MAGNAIR REFILL KIT	38	MAVENCLAD (9 TABS)	180	<i>meperidine hcl</i>	26
LONHALA MAGNAIR STARTER		MAVYRET	87	<i>meprobamate</i>	34
KIT	39	MAXICOMFORT II PEN NEEDLE	162	<i>mercaptapurine</i>	66
LONSURF	73	MAXICOMFORT SYR 27G X 1/2"	162	<i>meropenem</i>	204
<i>loperamide hcl</i>	55	MAXIDEX	175	<i>mesalamine</i>	142
<i>lopinavir-ritonavir</i>	84	MAXIMUM D3	197	<i>mesalamine er</i>	142
<i>lorazepam</i>	35	MAYZENT	186	<i>mesalamine-cleanser</i>	142
LORAZEPAM INTENSOL	35	MAYZENT STARTER PACK	186	MESNEX	79
LORBRENA	66	<i>meclizine hcl</i>	56	<i>metaproterenol sulfate</i>	38
LORCET HD	23	<i>meclofenamate sodium</i>	14	<i>metaxalone</i>	171
LORCET PLUS	23	<i>medichoic safety lancet</i>	157	<i>metformin hcl</i>	48
LORYNA	97	<i>medichoic safety lancet extra</i>	157	<i>metformin hcl er</i>	48
<i>losartan potassium</i>	62	<i>medichoic safety lancet norm</i>	157	<i>metformin hcl er (osm)</i>	48
<i>losartan potassium-hctz</i>	61	MEDISENSE THIN LANCETS	157	<i>methamphetamine hcl</i>	8
LOTEMAX	175	MEDLANCE EXTRA 21G	157	<i>methazolamide</i>	132
LOTEMAX SM	175	MEDLANCE LITE 25G	157	<i>methenamine hippurate</i>	64
<i>loteprednol etabonate</i>	175	MEDLANCE PLUS EXTRA 21G	157	METHERGINE	176
<i>lovastatin</i>	59	MEDLANCE PLUS LANCETS	157	<i>methimazole</i>	188
LOVAZA	58	MEDLANCE PLUS LITE 25G	157	<i>methitest</i>	32
LOW-OGESTREL	97	MEDLANCE PLUS SPECIAL		<i>methocarbamol</i>	171
<i>loxapine succinate</i>	82	0.8MM	157	<i>methotrexate</i>	66
LO-ZUMANDIMINE	97	MEDLANCE PLUS SUPERLITE		<i>methotrexate sodium</i>	204
LUCEMYRA	178	30G	157	<i>methotrexate sodium (pf)</i>	66
LUCENTIS	204	MEDLANCE PLUS UNIVERSAL		<i>methoxsalen rapid</i>	108
LUDENT	166	21G	157	<i>methscopolamine bromide</i>	190
LUMAKRAS	70	MEDLANCE UNIVERSAL 21G	157	<i>methyl dopa</i>	62
LUMIGAN	175	MEDROL	103	<i>methylphenidate hcl</i>	10
LUMIZYME	134	<i>medroxyprogesterone acetate</i>	101, 178	<i>methylphenidate hcl er</i>	10
LUPKYNIS	167	<i>mefenamic acid</i>	14	<i>methylphenidate hcl er (cd)</i>	9
LUPRON DEPOT (1-MONTH)	76	<i>mefloquine hcl</i>	64	<i>methylphenidate hcl er (la)</i>	9, 10
LUPRON DEPOT (3-MONTH)	77	<i>megestrol acetate</i>	78, 178	<i>methylprednisolone</i>	103
LUPRON DEPOT (4-MONTH)	77	<i>meijer aspirin ec</i>	18	<i>methyltestosterone</i>	32
LUPRON DEPOT (6-MONTH)	77	<i>meijer blood glucose test</i>	126	<i>metoclopramide hcl</i>	141
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MONTH)	137	MEIJER LANCETS	157	<i>metoprolol succinate er</i>	89
LUPRON DEPOT-PED (3-		MEIJER LANCETS THIN	157	<i>metoprolol tartrate</i>	89
MONTH)	137	MEIJER LANCETS UNIVERSAL		<i>metoprolol-hydrochlorothiazide</i>	62
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LYLLANA	140	30G	157	MIBELAS 24 FE	97
LYNPARZA	78	MEIJER LANCETS UNIVERSAL		<i>miconazole</i>	57
LYRICA	43	33G	157	MICRHOGAM ULTRA-FILTERED	
LYSODREN	65	<i>meijer premium glucose test</i>	126	PLUS	177
LYUMJEV	51	MEIJER SUPER THIN LANCETS	157	MICROCHAMBER	164
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MACUGEN	204	MEKINIST	70	MICROGESTIN 1/20	97

MICROGESTIN FE 1.5/30	97	<i>mycophenolate mofetil</i>	168	NEXLETOL	58
MICROGESTIN FE 1/20	97	<i>mycophenolate sodium</i>	168	NEXLIZET	58
MICROLET LANCETS	157	MYFEMBREE	140	<i>niacin er (antihyperlipidemic)</i>	60
MICROSPACER	164	MYGLUCOHEALTH LANCETS		<i>nicardipine hcl</i>	90
<i>midazolam hcl</i>	149	30G	157	NICORELIEF	184
<i>midodrine hcl</i>	194	MYGLUCOHEALTH TEST	126	<i>nicotine</i>	184
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<i>minoxidil</i>	63	MYRBETRIQ	191	NIFEDICAL XL	90
MIRCERA	147	MYTESI	55	<i>nifedipine</i>	90
<i>mirtazapine</i>	45	<i>nadolol</i>	89	NIKKI	97
MIRVASO	113	<i>nafacillin sodium</i>	204	NILANDRON	66
<i>misoprostol</i>	190	NAFRINSE	166	<i>nimodipine</i>	90
<i>mite (d. farinae)</i>	204	NAFRINSE DAILY/NEUTRAL	169	NINLARO	73
<i>mite (d. pteronyssinus)</i>	204	NAFRINSE WEEKLY	169	NIPENT	204
<i>mitomycin</i>	204	<i>naftifine hcl</i>	106	<i>nisoldipine er</i>	90
<i>mitoxantrone hcl</i>	73	NAFTIN	106	<i>nitisinone</i>	135
<i>mixed ragweed</i>	204	NAGLAZYME	137	NITRO-BID	33
MM EASY TOUCH GLUCOSE	126	<i>naloxone hcl</i>	56	NITRO-DUR	33
MM TWIST LANCETS	157	<i>naltrexone hcl</i>	56	<i>nitrofurantoin</i>	64
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RIGHTEST GS300 BLOOD		<i>sb childrens aspirin</i>	20	<i>sm aspirin ec low strength</i>	20
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