



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona’s Prescription Medication

Formulary for Portfolio and SimpleHealth Plans

Effective 1/1/21

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

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

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

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

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

Additional Information About Your Prescription Benefits

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

Non-Formulary Exception Process:

- Non-Formulary medications are not covered unless an exception is made. A medication is considered non-formulary if it is not included on this formulary document below. If a provider feels there are no suitable formulary alternatives available, they may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form along with appropriate documentation supporting the request.
- You can find the non-formulary request form, along with other prior authorization request forms, at azblue.com. Click on the "Resource Center" tab, select "Pharmacy" and select the "View resources for QHP Pharmacy Plans". A non-formulary exception request does not guarantee approval. Drugs that are not on the formulary and have specific plan benefit exclusions will not be covered, such as weight loss products.
- Formulary exception requests are reviewed within 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
Portfolio and SimpleHealth**

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List of Abbreviations

\$0: Zero Cost Share Preventive

MB: Medical Benefit

SP: Coinsurance Specialty

T1: Coinsurance Retail and Mail Order

\$0: \$0 cost share Prevention Drug

AI: Additional Information

F: Female Only

M: Male Only

MO: Mail Only

N: Notes

PA: PA Applies

QL: Quantity Limit

R&M: Retail & Mail

RO: Retail Only

SP: Specialty Pharmacy Only

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Portfolio and SimpleHealth

CURRENT AS OF 1/1/2021

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er</i>		T1	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	T1		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>		T1	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)	T1	T1	PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
ADZENYS XR-ODT	T1		PA; ST; R
<i>amphetamine sulfate</i>		T1	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	T1		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG	T1		PA; R
<i>methamphetamine hcl</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)

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

Drug Name	Brand	Generic	Additional Information
VYVANSE ORAL CAPSULE 10 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 20 MG, 40 MG, 50 MG, 60 MG, 70 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 30 MG	T1		R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T1		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>phentermine hcl oral capsule 15 mg, 30 mg</i>		T1	R
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	T1		PA; R
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX ORAL TABLET 17.8 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WAKIX ORAL TABLET 4.45 MG	SP		PA; R
*Stimulant Combinations***			
AZSTARYS	T1		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
*Stimulants - Misc.***			
ADHANSIA XR	T1		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
APTENSIO XR (<i>Methylphenidate HCl ER (XR)</i>)	T1	T1	PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>armodafinil</i>		T1	PA; R
DAYTRANA	T1		PA; ST; R&M; AI (;); 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>		T1	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>		T1	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>		T1	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)
METADATE ER ORAL TABLET EXTENDED RELEASE (<i>Methylphenidate HCl ER</i>) 20 MG	T1	T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd)</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<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)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		T1	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; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T1	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T1	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T1		PA; ST; R
PALFORZIA (12 MG DAILY DOSE)	T1		R&M; QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T1		R&M; QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T1		R&M; QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T1		R&M; QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T1		R&M; QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T1		R&M; QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T1		R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T1		R&M; QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T1		R&M; QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T1		R&M; QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T1		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	T1		PA; ST; R
*Mixed Allergenic Extracts***			
ODACTRA	T1		PA; R
ORALAIR	T1		PA; ST; R
Amebicides			
*Amebicides***			
SOLOSEC	T1		R&M; QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	SP		PA; R&M; AI (Limited Distribution PantheRx)
BETHKIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>neomycin sulfate oral</i>		T1	R
<i>paromomycin sulfate oral</i>		T1	RO
TOBI PODHALER	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RINVOQ	SP		PA; R
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-CD/UC/HS STARTER	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	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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI ARIA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Gold Compounds***			
RIDAURA	T1		R

Drug Name	Brand	Generic	Additional Information
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	SP		PA; R
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<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>		T1	R
<i>flurbiprofen oral</i>		T1	R
<i>ibuprofen oral suspension</i>		T1	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	R
INDOCIN ORAL	T1		R
INDOCIN RECTAL	T1		R
<i>indomethacin er</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1	R
<i>ketoprofen oral</i>		T1	R
<i>ketorolac tromethamine oral</i>		T1	R&M; QL (20 EA per 5 days)
<i>meclofenamate sodium oral</i>		T1	R
<i>mefenamic acid oral</i>		T1	R
<i>meloxicam oral tablet</i>		T1	R&M; QL (1 EA per 1 Day)
<i>naproxen dr</i>		T1	R
<i>naproxen oral tablet</i>		T1	R
<i>naproxen sodium oral tablet 275 mg</i>		T1	R
<i>oxaprozin</i>		T1	R
<i>piroxicam oral</i>		T1	R
RELAFEN ORAL TABLET (Nabumetone) 500 MG	T1	T1	R
<i>sulindac oral</i>		T1	R
<i>tolmetin sodium oral capsule</i>		T1	R
<i>tolmetin sodium oral tablet 600 mg</i>		T1	R
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET	SP		PA; SP; QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	SP		PA; SP; QL (1 EA per 1 Year); AG (Min 18 Years)
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 EA per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1	R
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>		T1	R&M; AI (;); QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>		T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		T1	R
<i>butalbital-asa-caffeine</i>		T1	R
*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)
<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)

Drug Name	Brand	Generic	Additional Information
<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 (<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)
BAYER ADVANCED ASPIRIN REG ST (<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)
BAYER ASPIRIN ORAL TABLET (<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)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (<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)
BAYER LOW DOSE (<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)
<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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<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)

Drug Name	Brand	Generic	Additional Information
<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; 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 adult low strength oral tablet delayed release</i>		\$0	R&M; 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; 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; 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)
<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)

Drug Name	Brand	Generic	Additional Information
<i>sb aspirin oral tablet delayed release</i>		\$0	R&M; 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>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 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>sm aspirin adult low strength oral tablet delayed release</i>		\$0	R&M; 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; 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 (SB Low Dose ASA EC)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet delayed release</i>		\$0	R&M; 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)
<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)

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine #4</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
<i>acetaminophen-codeine oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (136 ML per 1 day)
ASCOMP-CODEINE (<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	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12 EA per 1 day)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<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, 7.5-325 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 (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)
<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)
*Opioid Agonists***			
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG	T1		PA; R&M; AI (;)
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 400 MCG, 600 MCG, 800 MCG	T1		PA; RO; AI (;); 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)

Drug Name	Brand	Generic	Additional Information
<i>codeine sulfate oral tablet 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
CONZIP (<i>traMADol HCl ER</i>)	T1	T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DURAGESIC-100 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-12 (<i>fentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-25 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-50 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
DURAGESIC-75 (<i>FentaNYL</i>)	T1	T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (0.34 EA per 1 day)
EMBEDA	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA)
<i>fentanyl citrate buccal lozenge on a handle</i>		T1	PA; RO; AI (;); QL (3 EA per 1 day); AG (Min 16 Years)
<i>fentanyl citrate buccal tablet</i>		T1	PA; R&M; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; ST; RO; AI (;); QL (90 EA per 1 Copay); AG (Min 18 Years)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent</i>		T1	PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		T1	R&M; QL (2 EA per 1 day)
<i>hydrocodone bitartrate 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)
<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)

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Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>		T1	PA; R&M; QL (1 EA per 1 day)
<i>hydromorphone hcl oral liquid</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12.25 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
<i>hydromorphone hcl rectal</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
HYSINGLA ER	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (1 EA per 1 day)
LAZANDA	T1		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T1	PA; R&M; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>		T1	PA; R&M; QL (8 EA per 1 Day)
<i>meperidine hcl oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (49 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<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 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>		T1	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>		T1	RO; AI (30 capsules per copay); 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)
<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 (12.25 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)

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

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

Drug Name	Brand	Generic	Additional Information
<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	T1		PA; ST; RO; AI (Limited to 30 day supply.); QL (60 EA per 1 Copay); AG (Min 18 Years)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		T1	RO; AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral tablet extended release 24 hour</i>		T1	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	T1		PA; R&M; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
*Opioid Combinations***			
<i>benzhydrocodone-acetaminophen</i>		T1	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	T1		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification)
PRIMLEV ORAL TABLET (oxyCODONE-Acetaminophen) 10-300 MG	T1	T1	R&M; QL (3 EA per 1 day)
PRIMLEV ORAL TABLET (oxyCODONE-Acetaminophen) 5-300 MG	T1	T1	R&M; QL (6 EA per 1 day)
PRIMLEV ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-300 MG	T1	T1	PA; R&M; QL (4 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG	T1		R&M; QL (3 tablets per 1 day)
PROLATE ORAL TABLET 5-300 MG	T1		R&M; QL (6 tablets per 1 day)
PROLATE ORAL TABLET 7.5-300 MG	T1		PA; R&M; QL (4 tablets per 1 day)
*Opioid Partial Agonists***			
BELBUCA	T1		PA; R&M; QL (2 EA per 1 day)
BUNAVAIL	T1		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T1	R&M; QL (3 EA per 1 day)

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>		T1	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	T1		R&M; QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	T1		R&M; AI (;); QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG	T1		R&M; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	T1		R&M; AI (;); QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T1		R&M; QL (22 EA per 1 day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		T1	R&M; QL (8 EA per 1 Day)
Androgens-Anabolic			
*Anabolic Steroids***			
ANADROL-50	T1		PA; R
<i>oxandrolone oral</i>		T1	R
*Androgens***			
<i>danazol oral</i>		T1	R&M; QL (4 EA per 1 day)
JATENZO	T1		PA; R
<i>methitest</i>		T1	PA; R
<i>methyltestosterone oral</i>		T1	PA; R
TESTIM (Testosterone)	T1	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
XYOSTED	T1		PA; R

Drug Name	Brand	Generic	Additional Information
Anorectal And Related Products			
*Intrarectal Steroids***			
COLOCORT (<i>Hydrocortisone</i>)	T1	T1	R
*Nitrate Vasodilating Agents***			
RECTIV	T1		R
Antacids			
*Antacids - Calcium Salts***			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T1	PA; R
Anthelmintics			
*Anthelmintics***			
ALBENZA (<i>Albendazole</i>)	T1	T1	PA; R
<i>benznidazole</i>		T1	R&M; AI (.); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>praziquantel oral</i>		SP	R
STROMEKTOL (<i>Ivermectin</i>)	T1	T1	PA; R
Antianginal Agents			
*Antianginals-Other***			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		T1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR	T1		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	T1		R
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<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>		T1	R
NITROMIST	T1		R&M; QL (0.6 GM per 1 day)
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>bupirone hcl oral tablet 10 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>bupirone hcl oral tablet 15 mg</i>		T1	R&M; AI (Max #120 Mail Order); QL (4 EA per 1 Day)
<i>bupirone hcl oral tablet 30 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
<i>diazepam oral solution 5 mg/5ml</i>		T1	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	R&M; AI (max 2 fills of any benzodiazepir per month); QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		T1	R&M; AI (max 2 fills of any benzodiazepir per month); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1		R&M; QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		T1	R&M; QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1	R&M; AI (Max of 2 fills of any benzodiazepir per month); QL (4 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T1	R&M; AI (Max of 2 fills of any benzodiazepir per month); QL (5 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T1	R&M; AI (Max of 2 fills of any benzodiazepir 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	T1		R
<i>quinidine gluconate er</i>		T1	R
<i>quinidine sulfate oral</i>		T1	R
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		T1	R
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		T1	R
<i>propafenone hcl</i>		T1	R
<i>propafenone hcl er</i>		T1	R
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MULTAQ	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG	T1	T1	R

Drug Name	Brand	Generic	Additional Information
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		T1	ST; R&M; AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
ZYFLO	T1		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>)	T1	T1	R&M; QL (2 EA per 1 day)
ADVAIR HFA	T1		R&M; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGIHALER	T1		PA; ST; R&M; AI (Trial of two of the following for 3 months each in the last 12 months: ADVAIR (DISKUS or HFA), BREO ELLIPTA, fluticasone propionate/salmeterol, SYMBICORT); QL (0.035 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 113/14	T1		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	T1		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	T1		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	T1		R
BEVESPI AEROSPHERE	T1		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo); QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA	T1		R

Drug Name	Brand	Generic	Additional Information
BREZTRI AEROSPHERE	T1		PA; ST; R&M; AI (ST: Trial of 2 of the following for 3 months each in the last 12 months: Bevespi, Duaklir Pressair, Lonhala Magnair)
COMBIVENT RESPIMAT	T1		R&M; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T1		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	T1		PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (13 GM per 30 Days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T1		ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (13 GM per 30 Days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	T1		PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1	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	T1		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT (Budesonide-Formoterol Fumarate)	T1	T1	R&M; AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA	T1		R
WIXELA INHUB (Fluticasone-Salmeterol)	T1	T1	R&M; QL (2 EA per 1 day)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		T1	R
*Beta Adrenergics***			
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		T1	R
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1	R&M; AI (Max #15 Mail Order); AG (Max 13 Years)

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	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
BROVANA (Arformoterol Tartrate)	T1	T1	R&M; QL (60 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		T1	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>		T1	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>		T1	R&M; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
<i>metaproterenol sulfate oral syrup</i>		T1	R
PERFOROMIST	T1		R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT	T1		R
PROAIR HFA	T1		R&M; AI (;)
PROAIR RESPICLICK	T1		R
PROVENTIL HFA	T1		R&M; AI (;)
SEREVENT DISKUS	T1		R&M; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
STRIVERDI RESPIMAT	T1		PA; ST; R&M; AI (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)	T1	T1	R
XOPENEX HFA (Levalbuterol Tartrate)	T1	T1	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	T1		R&M; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA	T1		R
<i>ipratropium bromide inhalation</i>		T1	R
LONHALA MAGNAIR REFILL KIT	\$0		PA; ST; R&M; AI (ST: Trial of both of the following for 3 months each in the last 12 months: Incruse Ellipta, Seebri Neohaler, Spiriva (Handihaler or Respimat), Tudorza Pressair); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LONHALA MAGNAIR STARTER KIT	\$0		PA; ST; R&M; AI (ST: Trial of both of the following for 3 months each in the last 12 months: Incruse Ellipta, Seebri Neohaler, Spiriva (Handihaler or Respimat), Tudorza Pressair); AG (Min 18 Years)
SEEBRI NEOHALER	T1		R
SPIRIVA HANDIHALER	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T1		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T1		R&M; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T1		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	T1		PA; R
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA PEN	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>zafirlukast</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T1		R&M; AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		R&M; AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARMONAIR DIGIHALER	T1		ST; R&M; AI (ST: Trial of the following in the last 3 months: Flovent)
ARNUITY ELLIPTA	T1		R
ASMANEX (120 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order)

Drug Name	Brand	Generic	Additional Information
ASMANEX (14 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (30 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (60 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX (7 METERED DOSES)	T1		R&M; AI (Max #6 Inhalers Mail Order)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T1		R
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	T1		R&M; AI (Max #6 Inhalers Mail Order)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>		T1	R&M; AI (Max #360ml Mail Order)
<i>budesonide inhalation suspension 1 mg/2ml</i>		T1	R&M; AI (Max #180ml per 90 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	T1		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
FLOVENT HFA	T1		R&M; AI (:)
PULMICORT FLEXHALER	T1		R&M; AI (:)
QVAR REDHALER	T1		R
*Xanthines***			
<i>aminophylline anhydrous</i>		T1	PA; R
THEO-24	T1		R
<i>theophylline</i>		T1	R
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		T1	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	T1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ELIQUIS	T1		R
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T1		R
SAVAYSA	T1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T1		R&M; AI (:)
XARELTO ORAL TABLET 2.5 MG	T1		R
XARELTO STARTER PACK	T1		R&M; AI (:)

Drug Name	Brand	Generic	Additional Information
*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	T1		R
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium</i>		T1	R
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA	T1		R
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	T1		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension</i>		T1	R
<i>clobazam oral tablet 10 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>clobazam oral tablet 20 mg</i>		T1	R&M; QL (8 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1	R&M; QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1	R&M; QL (4 EA per 1 day)
DIASTAT ACUDIAL (DiazePAM)	T1	T1	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	T1		R&M; QL (3 EA per 1 day)
<i>diazepam rectal</i>		T1	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
NAYZILAM	T1		PA; R
SYMPAZAN	SP		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	T1		PA; R
VALTOCO 15 MG DOSE	T1		PA; R
VALTOCO 20 MG DOSE	T1		PA; R
VALTOCO 5 MG DOSE	T1		PA; R

Drug Name	Brand	Generic	Additional Information
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG	T1		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	T1		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>)	T1	T1	PA; R
BRIVIACT ORAL SOLUTION	T1		PA; ST; R&M; AI (ST:Step through Levetiracetam (genericKeppra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET 10 MG	T1		PA; ST; R&M; AI (ST:Step through Levetiracetam (genericKeppra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	T1		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>)	T1	T1	R
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T1		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	T1		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	T1		PA; R
EPITOL (<i>carBAMazepine</i>)	T1	T1	R
EPRONTIA	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
<i>gabapentin oral capsule</i>		T1	R
<i>gabapentin oral solution 250 mg/5ml</i>		T1	R
<i>gabapentin oral tablet</i>		T1	R
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T1		R&M; AG (Max 6 Years)
<i>lamotrigine er</i>		T1	R
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>		T1	R
<i>lamotrigine oral tablet</i>		T1	R
<i>lamotrigine oral tablet chewable</i>		T1	R
<i>lamotrigine oral tablet dispersible</i>		T1	R
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1	R&M; QL (6 EA per 1 Day); AG (Min 12 Years)
<i>levetiracetam oral</i>		T1	R
<i>oxcarbazepine</i>		T1	R
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>pregabalin oral capsule 225 mg, 300 mg</i>		T1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>pregabalin oral solution</i>		T1	R
<i>primidone oral</i>		T1	R
QUDEXY XR	T1		PA; ST; R&M; AI (ST: Trial of the following for 3 months in the last 12 months: topiramate (generic for Topamax)); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (<i>levETIRAcetam</i>) 500 MG	T1	T1	R
ROWEEPRA ORAL TABLET (<i>LevETIRAcetam</i>) 750 MG	T1	T1	R
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		R&M; QL (6 EA per 1 day); AG (Min 12 Years)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>LevETIRAcetam ER</i>) 750 MG	T1	T1	R&M; AG (Min 12 Years)
TEGRETOL-XR (<i>CarBAMazepine ER</i>)	T1	T1	R
<i>topiramate er</i>		T1	ST; R&M; AI (ST: Trial of the following for 3 months 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
TROKENDI XR	T1		ST; R&M; AI (ST: 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	T1		R

Drug Name	Brand	Generic	Additional Information
<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	T1		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T1		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	T1		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (2 EA per 1 day)
XCOPRI (350 MG DAILY DOSE)	T1		ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (2 EA per 1 day)
*Gaba Modulators***			
<i>tiagabine hcl</i>		T1	R
<i>vigabatrin oral tablet</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIGADRONE (Vigabatrin)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hydantoins***			
DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended)	T1	T1	R
PEGANONE	T1		R
PHENYTEK (Phenytoin Sodium Extended)	T1	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*Succinimides***			
CELONTIN	T1		R
<i>ethosuximide oral</i>		T1	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>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T1	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, 300 mg</i>		T1	R
<i>bupropion hcl oral</i>		T1	R
<i>maprotiline hcl</i>		T1	R
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
MARPLAN	T1		R
<i>phenelzine sulfate oral</i>		T1	R
<i>tranylcypromine sulfate</i>		T1	R
*Selective Serotonin Reuptake Inhibitors (Ssrís)***			
<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

Drug Name	Brand	Generic	Additional Information
<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>		T1	R
<i>fluvoxamine maleate er</i>		T1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl er</i>		T1	R&M; 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)	T1	T1	R
<i>sertraline hcl oral concentrate</i>		T1	R
<i>sertraline hcl oral tablet</i>		T1	R
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T1	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	R
<i>trazodone hcl oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL TABLET	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIIBRYD STARTER PACK	T1		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (SnrIs)***			
<i>desvenlafaxine succinate er</i>		T1	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DRIZALMA SPRINKLE	T1		ST; R&M; AI (ST: Trial of the following for 3 months in the last 6 months brand or generic Cymbalta); QL (1 EA per 1 day); AG (Min 7 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1	R&M; QL (2 EA per 1 Day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T1	R&M; QL (3 EA per 1 Day)
FETZIMA	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day)
FETZIMA TITRATION	T1		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day)
<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>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>imipramine pamoate oral capsule 75 mg</i>		T1	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>		T1	R
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1	R
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
*Biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T1		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	T1		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	T1		ST; R&M; AI (ST: Trial of the following in last 6 months: generic for Glucophage ER tablet 500mg); QL (20 ML per 1 day)
*Diabetic Other - Combinations***			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1		R
*Diabetic Other***			
BAQSIMI ONE PACK	T1		R&M; QL (2 EA per 30 Days)
BAQSIMI TWO PACK	T1		R&M; QL (1 EA per 30 Days)
<i>diazoxide oral</i>		T1	R
GLUCAGEN HYPOKIT	T1		R
<i>glucagon emergency injection kit</i>		T1	R&M; QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted</i>		T1	R&M; QL (2 EA per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA (Alogliptin Benzoate)	T1	T1	PA; ST; R&M; AI (Trial of one the following for 3 months in last 12 months simultaneous use of metformin with Onglyza or simultaneous use of metformin with Januvia)

Drug Name	Brand	Generic	Additional Information
ONGLYZA	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 16 Years)
TRADJENTA	T1		PA; R
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T1		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T1		R
JENTADUETO XR	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KOMBIGLYZE XR	T1		R
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	T1		R
*Human Insulin***			
ADMELOG (<i>Insulin Lispro</i>)	T1	T1	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>)	T1	T1	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	T1		PA; R&M; AG (Min 18 Years)
APIDRA	T1		PA; ST; R&M; AI (Max #6 vials retail or #18 vials Mail Order); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		PA; ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
BASAGLAR KWIKPEN	T1		ST; R&M; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
FIASP	T1		PA; ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T1		PA; ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T1		ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.)
HUMALOG JUNIOR KWIKPEN	T1		R&M; QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION	T1		R&M; AI (;); QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1		R&M; QL (2 ML per 1 day)
HUMULIN 70/30	T1		R&M; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; \$0; QL (2 ML per 1 day)
HUMULIN N	T1		R&M; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
HUMULIN R	T1		R&M; AI (;); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T1		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
<i>insulin asp prot & asp flexpen</i>		T1	ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>		T1	ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin lispro junior kwikpen</i>		T1	PA; ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
<i>insulin lispro prot & lispro</i>		T1	PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
LANTUS	T1		R&M; AI (;); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; QL (2 ML per 1 day)
LEVEMIR	T1		ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T1		ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LYUMJEV	T1		PA; R&M; QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T1		PA; R&M; QL (0.5 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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	T1		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>)	T1	T1	ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Aspart FlexPen</i>)	T1	T1	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	T1		ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	T1	T1	ST; R&M; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
SEMGLEE	T1		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>)	T1	T1	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	T1		R&M; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T1		R&M; QL (2 ML per 1 day)
TRESIBA	T1		ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T1		ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
ADLYXIN	T1		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	T1		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	T1		R&M; QL (0.13 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T1		R&M; AI (Max #12 Mail Order); QL (4 EA per 28 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T1		R&M; QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	T1		R&M; QL (3 ML per 28 days)
RYBELSUS	T1		R&M; QL (1 EA per 1 day)
TRULICITY	T1		R&M; QL (0.0715 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		R&M; AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T1		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
<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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T1		R&M; QL (1 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T1		PA; ST; R&M; AI (Est: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
STEGLUJAN	T1		ST; R&M; AI (ST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA	T1		R&M; QL (1 EA per 1 day)
INVOKANA	T1		ST; R&M; AI (EST DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
JARDIANCE	T1		R&M; AI (;); QL (1 EA per 1 day)
STEGLATRO	T1		ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET	T1		ST; R&M; AI (EST DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)

Drug Name	Brand	Generic	Additional Information
INVOKAMET XR	T1		ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy)
SEGLUROMET	T1		ST; R&M; AI (Est: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.)
SYNJARDY	T1		R
SYNJARDY XR	T1		R&M; AI (;)
XIGDUO XR	T1		R
*Sulfonylurea-Biguanide Combinations***			
<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)
*Thiazolidinediones***			
AVANDIA ORAL TABLET 2 MG, 4 MG	T1		R
<i>pioglitazone hcl</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
*Antidiarrheal - Chloride Channel Antagonists***			
MYTESI	T1		R
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		T1	R
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>loperamide hcl oral capsule</i>		T1	R
MOTOFEN	T1		R
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	T1		PA; R
<i>deferasirox granules oral packet 180 mg, 360 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>deferasirox granules oral packet 90 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy- some medications may have limited distribution and some may be available at retail. 30 days limit applies)
<i>deferasirox oral tablet 180 mg</i>		SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>deferasirox oral tablet 360 mg, 90 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXJADE (Deferasirox)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX TWICE-A-DAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
*Antidotes And Specific Antagonists***			
RADIOGARDASE	T1		R&M; QL (18 EA per 1 day); AG (Min 2 Years)
*Opioid Antagonists***			
KLOXXADO	T1		R&M; QL (1 box per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1	R
<i>naloxone hcl injection solution cartridge</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>naloxone hcl injection solution prefilled syringe</i>		T1	R
<i>naltrexone hcl oral</i>		T1	R
NARCAN (<i>Naloxone HCl</i>)	T1	T1	R&M; QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL	T1		R&M; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
<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</i>		T1	R&M; AI (;); QL (4 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)
SANCUSO	T1		RO; AI (;); QL (0.67 EA per 1 day)
ZUPLENZ	T1		R&M; AI (#10 per copay retail or mail); QL (0.34 EA per 1 day)
*Antiemetic Combinations***			
AKYNZEO ORAL	T1		PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.)
BONJESTA	T1		PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<i>doxylamine-pyridoxine</i>		T1	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>		T1	R&M; QL (0.34 EA per 1 day)
TIGAN INTRAMUSCULAR	T1		R
<i>trimethobenzamide hcl oral</i>		T1	R
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule 10 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (3 EA per 1 day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T1		PA; R
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule</i>		T1	R&M; AI (;)
CINVANTI	MB		R
EMEND ORAL SUSPENSION RECONSTITUTED	T1		R

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Drug Name	Brand	Generic	Additional Information
VARUBI (180 MG DOSE)	T1		R&M; AI (Limited to 30 day supply.); QL (4 EA per 28 days)
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***			
BREXAFEMME	T1		PA; ST; R&M; AI (ST through Fluconazole for 1 fill in the last 3 months.); QL (4 EA per 1 day)
*Antifungals***			
<i>flucytosine oral</i>		T1	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>		T1	R
*Triazoles***			
CRESEMBA ORAL	T1		PA; R
<i>fluconazole oral</i>		T1	R
<i>itraconazole oral</i>		T1	R
NOXAFIL ORAL SUSPENSION	T1		PA; R
<i>posaconazole</i>		T1	PA; R
<i>voriconazole oral</i>		T1	R&M; AI (;)
Antihistamines			
*Antihistamines - Alkylamines***			
RYCLORA ORAL SOLUTION	T1		R&M; AI (118MG per 30 days)
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	R
<i>diphenhydramine hcl oral elixir</i>		T1	PA; R
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T1		ST; R&M; AI (EST through carbinoxamine 4 mg tablet for at least 1 month in last 60 days.); QL (120 ML per 30 days); AG (Min 2 Years)
*Antihistamines - Non-Sedating***			
<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 (Promethazine HCl)	T1	T1	R
<i>promethazine hcl injection</i>		T1	R
<i>promethazine hcl oral</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
PROMETHEGAN	T1		R
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral</i>		T1	R
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET	T1		PA; ST; R&M; AI (Trial of the following for at least 2 months each in last 12 months:two statins plus ezetimbe (generic for ZETIA))
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL	T1		ST; R&M; AI (ST: Trial of the following for at least 2 months each in last 12 months: 2 statins plus ezetimbe (generic for Zetia))
*Antihyperlipidemics - Misc.***			
LOVAZA	T1		PA; R&M; AI (Alt: Generic Lovaza)
<i>omega-3-acid ethyl esters</i>		T1	R
VASCEPA ORAL CAPSULE 0.5 GM	T1		R
VASCEPA ORAL CAPSULE (Icosapent Ethyl) 1 GM	T1	T1	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 (Cholestyramine Light)	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)
<i>fenofibric acid oral tablet 105 mg</i>		T1	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)

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Drug Name	Brand	Generic	Additional Information
<i>fluvastatin sodium oral capsule 40 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	T1		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>		T1	PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day)
ZYPITAMAG	T1		ST; R&M; AI (ST: 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)
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 13 Years)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		T1	R
<i>trandolapril-verapamil hcl er</i>		T1	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1	R
<i>captopril-hydrochlorothiazide</i>		T1	R
<i>enalapril-hydrochlorothiazide</i>		T1	R
<i>fosinopril sodium-hctz</i>		T1	R
<i>lisinopril-hydrochlorothiazide</i>		T1	R
<i>quinapril-hydrochlorothiazide</i>		T1	R
*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>		T1	R
<i>perindopril erbumine</i>		T1	R
<i>quinapril hcl</i>		T1	R
<i>ramipril</i>		T1	R
<i>trandolapril</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
*Agents For Pheochromocytoma***			
DEMSER	SP		ST; R&M; AI (30 capsules per copay)
METYROSINE	SP		ST; R&M; AI (30 capsules per copay)
<i>phenoxybenzamine hcl oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the 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>		T1	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>		T1	R&M; AI (;)
EDARBYCLOR	T1		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>		T1	R&M; AI (;)
EDARBI	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<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)

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Drug Name	Brand	Generic	Additional Information
*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>		T1	R
*Antiadrenergics - Centrally Acting***			
CATAPRES-TTS-1 (<i>CloNIDine</i>)	T1	T1	R
CATAPRES-TTS-2 (<i>CloNIDine</i>)	T1	T1	R
CATAPRES-TTS-3 (<i>CloNIDine</i>)	T1	T1	R
<i>clonidine hcl oral</i>		T1	R
<i>guanfacine hcl oral</i>		T1	R
<i>methyldopa 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	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>epplerenone oral tablet 25 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>epplerenone oral tablet 50 mg</i>		T1	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	T1		R&M; AI (Limited to two fills per year); QL (12 EA per 3 Days)
<i>metronidazole oral tablet</i>		T1	R
<i>pentamidine isethionate inhalation</i>		SP	R
<i>tinidazole oral</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>trimethoprim oral</i>		T1	R
XIFAXAN	T1		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	T1		R&M; AI (30 days must pass before able to refill); QL (60 ML per 3 days)
ALINIA ORAL TABLET (<i>Nitazoxanide</i>)	T1	T1	R&M; AI (30 days must pass before able to refill); QL (6 EA per 3 days)
<i>atovaquone oral</i>		T1	R
*Carbapenem Combinations***			
VABOMERE	MB		R
*Glycopeptides***			
FIRVANQ (<i>Vancomycin HCl</i>)	T1	T1	R&M; QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1	R
*Leprostics***			
<i>dapsone oral</i>		T1	R
*Lincosamides***			
<i>clindamycin hcl oral</i>		T1	R
<i>clindamycin palmitate hcl</i>		T1	R
*Monobactams***			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Oxazolidinones***			
<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	T1		PA; RO; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Anti-Infectives***			
<i>methenamine hippurate</i>		T1	R
MONUROL (<i>Fosfomycin Tromethamine</i>)	T1	T1	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</i>		T1	R
COARTEM	T1		R

Drug Name	Brand	Generic	Additional Information
*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>		T1	R&M; AI (Max #15 per 90 days)
<i>primaquine phosphate oral tablet 26.3 mg</i>		T1	PA; R
<i>pyrimethamine oral</i>		T1	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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>guanidine hcl oral</i>		T1	R
<i>pyridostigmine bromide oral solution</i>		T1	R
<i>pyridostigmine bromide oral tablet 60 mg</i>		T1	R
RUZURGI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
Antimycobacterial Agents			
*Anti Tb Combinations***			
RIFAMATE	T1		R
RIFATER	T1		R
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		SP	PA; RO; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>ethambutol hcl oral</i>		T1	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	T1		PA; ST; R
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIFTIN	T1		R
<i>pyrazinamide oral</i>		T1	R
<i>rifabutin</i>		T1	R
<i>rifampin oral</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
SIRTURO	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRECTOR	T1		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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiadrenals***			
LYSODREN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiandrogens***			
CASODEX (<i>Bicalutamide</i>)	T1	T1	R
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EULEXIN	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>flutamide</i>		T1	R
NILANDRON (<i>Nilutamide</i>)	T1	T1	R&M; M
XTANDI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiestrogens***			
FARESTON (<i>Toremifene Citrate</i>)	T1	T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
SOLTAMOX	T1		R
<i>tamoxifen citrate oral</i>		\$0	R&M; AI (Limited to 30 day supply.); \$0

Drug Name	Brand	Generic	Additional Information
*Antimetabolites***			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	T1		PA; ST; R
<i>mercaptopurine oral</i>		T1	R
<i>methotrexate oral</i>		T1	R
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA ORAL TABLET (Capecitabine) 150 MG	T1	T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA ORAL TABLET 500 MG	T1		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Alk Inhibitors***			
ALECENSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG ORAL TABLET 30 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LORBRENA	T1		PA; R
XALKORI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AG (Min 16 Years)
ZYKADIA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Anti-Cd33 Antibody-Drug Complex***			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB		R

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Anti-Her2 Agents***			
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	MB		SP
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 the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
VENCLEXTA STARTING PACK	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF ORAL TABLET 100 MG, 500 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLEEVEC ORAL TABLET (<i>Imatinib Mesylate</i>) 100 MG	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day)
GLEEVEC ORAL TABLET (<i>Imatinib Mesylate</i>) 400 MG	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 30 MG	T1		PA; R&M; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
TASIGNA	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
TAFINLAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	T1		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL CAPSULE 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL TABLET 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Egfr Inhibitors***			
EXKIVITY	SP		PA; SP; AI (Limited Distribution available with ONCO360; limited to a 30 day supply)
GILOTRIF	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IRESSA	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
TAGRISO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA (Erlotinib HCl)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ODOMZO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Antineoplastic - 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 supply maximum)
ZOLINZA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Immunomodulators***			
POMALYST	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Kras Inhibitors***			
LUMAKRAS	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Mek Inhibitors***			
COTELLIC	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKINIST	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Met Inhibitors***			
TABRECTA	T1		PA; R
TEPMETKO	T1		PA; R&M; AI (Optum Specialty Pharmacy is the 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)

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Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR (<i>Everolimus</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
NERLYNX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
NEXAVAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day); AG (Min 16 Years)
QINLOCK	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RYDAPT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STIVARGA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SUTENT (<i>SUNItinib Malate</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
TURALIO	T1		PA; R
TYKERB	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 Day)
UKONIQ	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOTRIENT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XOSPATA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T1		PA; R&M; AI (Limited distribution Biologics & PantheRx)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T1		PA; R&M; AI (Limited distribution Biologics ; PantheRx)
LARTRUVO	T1		SP; AI (Optum Specialty Pharmacy is the 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 the 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

Drug Name	Brand	Generic	Additional Information
*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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T1		PA; R
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T1		PA; R
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T1		PA; R
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T1		PA; R
XPOVIO (60 MG TWICE WEEKLY)	T1		PA; R
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T1		PA; R
XPOVIO (80 MG TWICE WEEKLY)	T1		PA; R
*Antineoplastic Combinations***			
DARZALEX FASPRO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
INQOVI	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
LONSURF	T1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum); AG (Min 18 Years)
*Antineoplastics Misc.***			
ACTIMMUNE	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BESREMI	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HYDREA (<i>Hydroxyurea</i>)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
INTRON A	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	MB		R
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		\$0	R&M; AI (Limited to 30 day supply.); 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
VERZENIO	T1		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION (Fulvestrant) 250 MG/5ML	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogens-Antineoplastic***			
EMCYT	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral</i>		T1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORGOVYX	T1		PA; R
*Imidazotetrazines***			
TEMODAR ORAL (<i>Temozolomide</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	T1		PA; R
JAKAFI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>leuprolide acetate injection</i>		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); 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 the preferred Pharmacy - some medications may be available at Retail); F; QL (1 inj per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); F; QL (1 inj per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 180 days); AG (Min 18 Years)
TRELSTAR MIXJECT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VANTAS	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mitotic Inhibitors***			
<i>etoposide oral</i>		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nitrogen Mustards And Related Analogues***			
ALKERAN ORAL (Melphalan)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
<i>cyclophosphamide oral capsule</i>		T1	R
<i>cyclophosphamide oral tablet</i>		T1	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1		PA; R
ZYDELIG	T1		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET	T1		PA; SP
RUBRACA ORAL TABLET 200 MG, 300 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 250 MG	T1		PA; R&M; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*Progestins-Antineoplastic***			
<i>hydroxyprogesterone caproate intramuscular solution</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<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 the 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 the 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 the 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 the 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 supply maximum)
LENVIMA (14 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (18 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (20 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (24 MG DAILY DOSE)	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (8 MG DAILY DOSE)	T1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
Antiparkinson And Related Therapy Agents			
*Adenosine Receptor Antagonist***			
NOURIANZ ORAL TABLET 20 MG	T1		PA; R&M; QL (1 EA per 1 day)
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		T1	R
<i>trihexyphenidyl hcl 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	T1		PA; R
INBRIJA	T1		PA; R
OSMOLEX ER	T1		PA; R
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>selegiline hcl oral</i>		T1	R
XADAGO	T1		PA; R
*Central/Peripheral Comt Inhibitors***			
<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	T1		PA; R
STALEVO 100 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 125 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 150 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 200 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 50 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 75 (Carbidopa-Levodopa-Entacapone)	T1	T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
*Nonergoline Dopamine Receptor Agonists***			
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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>pramipexole dihydrochloride</i>		T1	R
<i>ropinirole hcl</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		T1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T1	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (4 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
*Peripheral Comt Inhibitors***			
<i>entacapone</i>		T1	R
ONGENTYS	T1		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	T1		PA; R
LATUDA	T1		R&M; QL (1 EA per 1 Day); AG (Min 10 Years)
NUPLAZID ORAL CAPSULE	T1		PA; R
NUPLAZID ORAL TABLET 10 MG	T1		PA; R
VRAYLAR ORAL CAPSULE	T1		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	T1		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	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T1		R&M; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T1	R&M; AI (90 tablets per copay); QL (2 EA per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T1	R&M; AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
<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>		T1	R&M; QL (2 EA per 1 day)
SECUADO	T1		R&M; QL (1 EA per 1 day)
*Dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>		T1	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</i>		T1	R
<i>perphenazine oral</i>		T1	R
<i>prochlorperazine</i>		T1	R
<i>prochlorperazine maleate oral</i>		T1	R
<i>thioridazine hcl oral</i>		T1	R
<i>trifluoperazine hcl oral</i>		T1	R
*Quinolinone Derivatives***			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)

Drug Name	Brand	Generic	Additional Information
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
<i>aripiprazole oral solution</i>		T1	R&M; QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 day)
REXULTI	T1		PA; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine oral tablet 10 mg, 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>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Thioxanthenes***			
<i>thiothixene oral</i>		T1	R
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
<i>formaldehyde external solution 10 %</i>		T1	R
*Iodine Antiseptics***			
IODOSORB	T1		R
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1	R
<i>abacavir-lamivudine-zidovudine</i>		T1	R&M; AI (;); QL (2 EA per 1 day)
ATRIPLA	T1		R&M; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T1		R&M; QL (1 EA per 1 day)
CIMDUO	T1		R&M; QL (1 EA per 1 day)
COMPLERA	T1		R&M; AI (;)
DELSTRIGO	T1		ST; R&M; AI (ST: No prior history of antiretroviral therapy within the last 6 months)

Drug Name	Brand	Generic	Additional Information
DESCOVY	T1		R&M; QL (1 EA per 1 day)
DOVATO	T1		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
<i>efavirenz-emtricitab-tenofovir</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir</i>		T1	R&M; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		T1	R&M; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$0	R&M; \$0; QL (1 EA per 1 day)
EVOTAZ	T1		R&M; AI (;
GENVOYA	T1		R&M; AI (;
JULUCA	T1		PA; R
KALETRA ORAL TABLET	T1		R&M; AI (;
<i>lamivudine-zidovudine</i>		T1	R&M; AI (;
<i>lopinavir-ritonavir</i>		T1	R
ODEFSEY	T1		R&M; AI (;
PREZCOBIX	T1		R&M; AI (;
STRIBILD	T1		R&M; AI (;
SYMTUZA	T1		PA; R
TEMIXYS	T1		R&M; QL (1 EA per 1 day)
TRIUMEQ	T1		R&M; AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION	T1		PA; R
SELZENTRY ORAL TABLET 150 MG, 300 MG	T1		PA; R&M; AI (;
SELZENTRY ORAL TABLET 25 MG, 75 MG	T1		PA; R
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA	T1		PA; R
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T1		R&M; AI (;
ISENTRESS HD	T1		R
TIVICAY ORAL TABLET 10 MG, 25 MG	T1		R
TIVICAY ORAL TABLET 50 MG	T1		R&M; AI (;
TIVICAY PD	T1		R
*Antiretrovirals - Protease Inhibitors***			
APTIVUS	T1		R&M; AI (;
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>atazanavir sulfate oral capsule 300 mg</i>		T1	R&M; QL (1 EA per 1 day)
CRIVAN ORAL CAPSULE 200 MG, 400 MG	T1		R&M; AI (;)
<i>fosamprenavir calcium</i>		T1	R
INVIRASE ORAL TABLET	T1		R&M; AI (;)
LEXIVA ORAL SUSPENSION	T1		R&M; AI (;)
NORVIR ORAL PACKET	T1		R
NORVIR ORAL SOLUTION	T1		R&M; AI (;)
PREZISTA ORAL SUSPENSION	T1		R&M; AI (;)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T1		R&M; AI (;)
REYATAZ ORAL PACKET	T1		R&M; AI (;)
<i>ritonavir</i>		T1	R
VIRACEPT ORAL TABLET	T1		R&M; AI (;)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	T1		R&M; AI (;); QL (1 EA per 1 Day)
<i>efavirenz oral capsule 200 mg</i>		T1	R&M; QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>efavirenz oral tablet</i>		T1	R&M; QL (1 EA per 1 day)
<i>etravirine</i>		T1	R
INTELENCE ORAL TABLET 25 MG	T1		R&M; AI (;)
<i>nevirapine</i>		T1	R&M; AI (;)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		T1	R
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T1	R&M; AI (;)
PIFELTRO	T1		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
*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)	T1	T1	R
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
<i>emtricitabine</i>		T1	R&M; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	T1		R&M; AI (;); QL (1 EA per 1 Day)
EMTRIVA ORAL SOLUTION	T1		R&M; AI (;); QL (720 ML per 30 Days)
<i>lamivudine oral solution</i>		T1	R&M; AI (;)
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T1	R&M; AI (;)

Drug Name	Brand	Generic	Additional Information
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>stavudine oral capsule</i>		T1	R&M; AI (;)
<i>zidovudine</i>		T1	R&M; AI (;)
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T1	R
VIREAD ORAL POWDER	T1		R&M; AI (;)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T1		R&M; AI (;); QL (1 EA per 1 day)
*Antiretrovirals Adjuvants***			
TYBOST	T1		R&M; AI (;)
*Cmv Agents***			
LIVTENCITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML	SP		R
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24ML	MB		R
PREVYMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>valganciclovir hcl oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
*Hepatitis B Agents***			
<i>adefovir dipivoxil</i>		SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BARACLUDE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (20 ML per 1 Day); AG (Min 16 Years)
<i>entecavir</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 16 Years)

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

Drug Name	Brand	Generic	Additional Information
VOSEVI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hepatitis C Agents***			
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOVALDI ORAL TABLET 200 MG	SP		PA; R
SOVALDI ORAL TABLET 400 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral</i>		T1	R
<i>valacyclovir hcl oral tablet 1 gm</i>		T1	R&M; AI (;); QL (3 EA per 1 Day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1	R&M; QL (2 EA per 1 Day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		T1	R
*Influenza Agents***			
<i>rimantadine hcl</i>		T1	R
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		T1	RO; AI (;); QL (10 EA per 5 Dayss)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1	RO; AI (;); QL (24 ML per 5 days)
RELENZA DISKHALER	T1		R&M; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)

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Drug Name	Brand	Generic	Additional Information
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	T1		R&M; AI (;)
KAPSPARGO SPRINKLE	T1		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</i>		T1	R
<i>nebivolol hcl</i>		T1	R
*Beta Blockers Non-Selective***			
HEMANGEOL	T1		R
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1	R
<i>pindolol</i>		T1	R
<i>propranolol hcl er</i>		T1	R
<i>propranolol hcl oral</i>		T1	R
SORINE (Sotalol HCl)	T1	T1	R
<i>sotalol hcl (af)</i>		T1	R
<i>timolol maleate oral</i>		T1	R
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	T1	T1	R
<i>amlodipine besylate oral</i>		T1	R
CARTIA XT (Diltiazem HCl ER Coated Beads)	T1	T1	R
CONJUPRI	T1		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>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>isradipine</i>		T1	R
<i>nicardipine hcl oral</i>		T1	R
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER Osmotic Release) 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>		T1	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>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT (Diltiazem HCl ER Beads)	T1	T1	R
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 240 MG, 300 MG, 360 MG	T1	T1	R
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DilTIAZem HCl ER Beads) 180 MG	T1	T1	R
<i>verapamil hcl er oral capsule extended release 24 hour</i>		T1	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 (Verapamil HCl ER) 200 MG	T1	T1	R
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (Digoxin)	T1	T1	R
DIGOX (Digoxin)	T1	T1	R
LANOXIN ORAL TABLET 62.5 MCG	T1		R
Cardiovascular Agents - Misc.			
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
ENTRESTO	T1		PA; R&M; QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
ORENITRAM	SP		PA; SP
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO REFILL	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
UPTRAVI ORAL TABLET THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
CIALIS ORAL TABLET 2.5 MG, 5 MG	T1		ST; R&M; AI (ST: thru 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	T1		PA; R
*Transthyretin Stabilizers***			
VYNDAMAX	SP		PA; R
VYNDAQEL	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil</i>		T1	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	R
<i>cephalexin oral suspension reconstituted</i>		T1	R
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er</i>		T1	R
<i>cefaclor oral capsule</i>		T1	R&M; AI (one fill per month); QL (3 EA per 10 days)
<i>cefaclor oral suspension reconstituted</i>		T1	R
<i>cefprozil</i>		T1	R
<i>cefuroxime axetil oral tablet</i>		T1	R
*Cephalosporins - 3Rd Generation***			
<i>cefdinir</i>		T1	R
<i>cefditoren pivoxil</i>		T1	R
<i>cefixime oral suspension reconstituted</i>		T1	R
<i>cefpodoxime proxetil</i>		T1	R

Drug Name	Brand	Generic	Additional Information
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T1		R
SUPRAX ORAL TABLET CHEWABLE	T1		R
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		T1	R
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		T1	R
*Bulk Chemicals - Va's***			
<i>vancomycin hcl</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
BEKYREE (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
KARIVA (<i>Viorele</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
LO LOESTRIN FE	T1		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
PIMTREA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
VOLNEA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
*Combination Contraceptives - Oral***			
AFIRMELLE	\$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)

Drug Name	Brand	Generic	Additional Information
AUROVELA 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
AUROVELA 1/20	\$0		R&M; \$0
AUROVELA 24 FE (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30	\$0		R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
AVIANE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
BALZIVA (Briellyn)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
BLISOVI 24 FE (Norethin Ace-Eth Estrad-FE)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20	T1		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CHATEAL (Marlissa)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CRYSSELLE-28	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYCLAFEM 1/35 (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYRED (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
DASETTA 1/35 (Alyacen 1/35)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
DELYLA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ELINEST	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
EMOQUETTE (Desogestrel-Ethinyl Estradiol)	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ESTARYLLA	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<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	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 Day)
HAILEY 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
HAILEY FE 1.5/30	\$0		R&M; F; QL (1.34 EA per 1 day)
HAILEY FE 1/20	\$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	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL 1.5/30	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL 1/20 (<i>Norethindrone Acet-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>)	T1	T1	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KALLIGA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 Day)
KELNOR 1/35	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KELNOR 1/50 (<i>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)

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

Drug Name	Brand	Generic	Additional Information
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; \$0; 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)
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>		\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) (<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)
NORTREL 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)
NYLIA 1/35	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
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	T1		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ORSYTHIA (<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)
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)

Drug Name	Brand	Generic	Additional Information
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>)	T1	T1	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)
TYDEMY (<i>Drospiren-Eth Estrad-Levomefol</i>)	T1	T1	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
VIENVA (<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	\$0		R&M; F; QL (1.34 EA per 1 day)
WERA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
WYMZYA FE (<i>Norethin-Eth Estradiol-Fe</i>)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
ZARAH (<i>Drospirenone-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)

Drug Name	Brand	Generic	Additional Information
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 (<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)
*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; QL (3 EA per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG	\$0		R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 days)
*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	T1		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
MY CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
MY WAY (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
NEW DAY (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
OPCICON ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
OPTION 2 (<i>Levonorgestrel</i>)	\$0	\$0	RO; AI (Not covered at Mail Order); F; \$0; QL (3 EA per 30 days)
PLAN B ONE-STEP	T1		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)

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

Drug Name	Brand	Generic	Additional Information
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 Mail Order); F; \$0; QL (1.25 EA per 1 day)
NORLYROC	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
SHAROBEL	\$0		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
TULANA	\$0		R&M; F; \$0; QL (1.25 EA per 1 day)
*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)
CAZIAN	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CESIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CYCLAFEM 7/7/7 (<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	T1		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
LEENA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (28 EA per 30 Days)
LEVONEST	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		\$0	R&M; 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 (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
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; AI (;); F; QL (28 EA per 30 Dayss)
TRI-ESTARYLLA	\$0		R&M; AI (;); 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	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MARZIA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MILI	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRINESSA (28)	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-NYMYO	\$0		R&M; QL (28 EA per 30 days)
TRI-PREVIFEM	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-SPRINTEC	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
TRIVORA (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
TRI-VYLIBRA	\$0		R&M; F; QL (28 EA per 30 days)
VELIVET	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
Corticosteroids			
*Glucocorticosteroids***			
<i>budesonide oral</i>		T1	R
<i>cortisone acetate oral</i>		T1	R
DEXAMETHASONE INTENSOL	T1		R
<i>dexamethasone oral elixir</i>		T1	R
<i>dexamethasone oral solution</i>		T1	R
<i>dexamethasone oral tablet</i>		T1	R
EMFLAZA	T1		PA; R&M; AG (Min 5 Years)

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Drug Name	Brand	Generic	Additional Information
<i>hydrocortisone oral</i>		T1	R
MEDROL ORAL TABLET 2 MG	T1		R
<i>methylprednisolone oral tablet</i>		T1	R
ORTIKOS	T1		ST; R&M; AI (EST: Trial of the following for at least 3 months in last 12 months: budesonide capsule 3 mg DR)
<i>prednisolone oral solution</i>		T1	R
<i>prednisolone oral syrup 15 mg/5ml</i>		T1	R
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		T1	R
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T1	R
PREDNISONE INTENSOL	T1		R
<i>prednisone oral solution</i>		T1	R
<i>prednisone oral tablet</i>		T1	R
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1	R
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	R
*Antitussive - Opioid***			
HYCODAN ORAL TABLET (Hydrocodone-Homatropine)	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
<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>		T1	RO; QL (240 ML per 10 days)
<i>g tussin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>guaia tussin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T1	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution</i>		T1	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral syrup</i>		T1	RO; QL (240 ML per 10 days)
<i>virtussin a/c</i>		T1	RO; QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	T1		ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>promethazine vc</i>		T1	R
<i>promethazine-phenylephrine</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*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</i>		T1	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)
*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	T1		ST; R&M; AI (ST: trial of both tretinoin gel 0.04% and minocycline hcl capsule 100mg in last 3 months)
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	T1	T1	R
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1	T1	R
<i>clindamycin phosphate external</i>		T1	R
<i>dapsone external gel 5 %</i>		T1	PA; R
<i>ery</i>		T1	R
<i>erythromycin external gel</i>		T1	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>		T1	R
<i>sulfacetamide sodium-sulfur external liquid 9-4 %</i>		T1	R
*Acne Products***			
AC CUTANE ORAL CAPSULE (<i>ISOtretinoin</i>) 20 MG, 30 MG, 40 MG	T1	T1	R

Drug Name	Brand	Generic	Additional Information
AKLIEF	T1		ST; R&M; AI (STEP: Through at least two of the following in last 12 months : Adapalene gel 0.1%, Tazarotene cream 0.1%, Tretinoin cream 0.1% or 0.05%)
ALTRENO	T1		R&M; QL (1.5 GM per 1 day)
AMNESTEEM (<i>ISOtretinoin</i>)	T1	T1	R
BENZEPRO SHORT CONTACT (<i>Benzoyl Peroxide</i>)	T1	T1	R
<i>bpo external gel 4 %</i>		T1	R
CLARAVIS (<i>ISOtretinoin</i>)	T1	T1	R
MYORISAN (<i>ISOtretinoin</i>)	T1	T1	R
<i>tretinoin external</i>		T1	R
WINLEVI	T1		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)
ZENATANE (<i>ISOtretinoin</i>)	T1	T1	R
*Agents For External Genital And Perianal Warts***			
VEREGEN	T1		R&M; AI (;); QL (1 GM per 1 day)
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL OINTMENT	T1		R
*Antibiotics - Topical***			
ALTABAX	T1		R&M; QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T1	R
<i>mupirocin external</i>		T1	R
XEPI	T1		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>		T1	R
*Antifungals - Topical***			
<i>ciclopirox external</i>		T1	R
<i>ciclopirox olamine external</i>		T1	R
MENTAX	T1		R
<i>naftifine hcl</i>		T1	R
NAFTIN EXTERNAL CREAM (<i>Naftifine HCl</i>) 2 %	T1	T1	R
NYAMYC (<i>Nystatin</i>)	T1	T1	R
<i>nystatin external</i>		T1	R
NYSTOP (<i>Nystatin</i>)	T1	T1	R

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

Drug Name	Brand	Generic	Additional Information
COSENTYX	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX (300 MG DOSE)	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX SENSOREADY (300 MG)	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>methoxsalen rapid</i>		SP	RO; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
SILIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TREMFYA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
*Antipsoriatics***			
<i>calcipotriene external cream</i>		T1	R
<i>calcipotriene external solution</i>		T1	R
CALCITRENE (<i>Calcipotriene</i>)	T1	T1	R
DRITHO-CREME HP	T1		R
<i>tazarotene external cream</i>		T1	R&M; QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T1		R
TAZORAC EXTERNAL GEL	T1		R
VECTICAL (<i>Calcitriol</i>)	T1	T1	R&M; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T1	R
*Antiviral Topical Combinations***			
XERESE	T1		R
*Antivirals - Topical***			
<i>acyclovir external</i>		T1	R
DENAVIR	T1		R
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
OPZELURA	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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	T1		R
THERMAZENE (<i>Silver Sulfadiazine</i>)	T1	T1	R
*Cauterizing Agents***			
TRI-CHLOR	T1		R
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1	R
<i>alclometasone dipropionate</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>amcinonide</i>		T1	R
<i>betamethasone dipropionate aug</i>		T1	R
<i>betamethasone dipropionate external</i>		T1	R
<i>betamethasone valerate external</i>		T1	R
<i>clobetasol propionate e</i>		T1	R
<i>clobetasol propionate emulsion</i>		T1	R&M; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>clobetasol propionate external</i>		T1	R
<i>clocortolone pivalate</i>		T1	R&M; QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>)	T1	T1	R
CORDRAN EXTERNAL TAPE	T1		ST; R&M; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone (Rx), Triamcinolone); QL (0.034 EA per 1 day)
<i>desonide external cream</i>		T1	R
<i>desonide external gel</i>		T1	R&M; QL (60 GM per 30 days)
<i>desonide external lotion</i>		T1	R
<i>desonide external ointment</i>		T1	R
<i>desoximetasone external cream</i>		T1	R
<i>desoximetasone external gel</i>		T1	R
<i>desoximetasone external ointment 0.25 %</i>		T1	R
<i>diflorasone diacetate external cream</i>		T1	ST; RO; AI (EST through at least 2 of the following in the last 3 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (60 GM per 30 days)
<i>diflorasone diacetate external ointment</i>		T1	PA; ST; R&M; AI (Trial of two of the following in the last three months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (60 GM per 30 days)
<i>fluocinolone acetonide body</i>		T1	R
<i>fluocinolone acetonide external</i>		T1	R
<i>fluocinolone acetonide scalp</i>		T1	R
<i>fluocinonide external cream 0.05 %</i>		T1	R
<i>fluocinonide external gel</i>		T1	R
<i>fluocinonide external ointment</i>		T1	R
<i>fluocinonide external solution</i>		T1	R
<i>flurandrenolide external cream</i>		T1	ST; R&M; AI (EST: Step through two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone.); QL (120 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>flurandrenolide external lotion</i>		T1	PA; ST; R&M; AI (EST: thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (120 ML per 30 days)
<i>flurandrenolide external ointment</i>		T1	ST; R&M; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone (Rx), Triamcinolone); QL (2 GM per 1 day)
<i>fluticasone propionate external</i>		T1	R
<i>halcinonide</i>		T1	PA; ST; R&M; AI (EST thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (60 GM per 30 days)
<i>halobetasol propionate external cream</i>		T1	R&M; QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1	R&M; QL (1 GM per 1 day)
<i>hydrocortisone butyrate external cream</i>		T1	R&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>		T1	R
<i>hydrocortisone external cream 2.5 %</i>		T1	R
<i>hydrocortisone external lotion 2.5 %</i>		T1	R
<i>hydrocortisone external ointment 2.5 %</i>		T1	R
<i>hydrocortisone valerate</i>		T1	R
<i>mometasone furoate external</i>		T1	R
NOLIX EXTERNAL CREAM	T1		ST; R&M; AI (EST: Step through two of the following in the last 6 months : betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (120 GM per 30 days)
NOLIX EXTERNAL LOTION	T1		PA; 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>		T1	R
*Enzymes - Topical***			
SANTYL	T1		R

Drug Name	Brand	Generic	Additional Information
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1	R
<i>econazole nitrate external</i>		T1	R
EXELDERM	T1		R
<i>ketoconazole external cream</i>		T1	R
<i>ketoconazole external shampoo 2 %</i>		T1	R
<i>oxiconazole nitrate</i>		T1	R&M; AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		T1	R
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL	T1		R
<i>podofilox external</i>		T1	R
<i>salicylic acid external lotion</i>		T1	R
*Local Anesthetics - Topical***			
<i>lidocaine external patch 5 %</i>		T1	R
<i>lidocaine hcl external solution</i>		T1	R
*Macrolide Immunosuppressants - Topical***			
ELIDEL	T1		PA; R&M; AI (Max 2 refills in 6 months); QL (30 GM per 1 month); AG (Min 2 Years)
<i>pimecrolimus</i>		T1	R&M; AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
<i>tacrolimus external ointment</i>		T1	R&M; 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Oxaborole-Related Antifungals - Topical***			
KERYDIN (<i>Tavaborole</i>)	T1	T1	PA; R
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T1		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)
*Rosacea Agents***			
MIRVASO	T1		PA; R
ROSADAN EXTERNAL GEL (<i>MetroNIDAZOLE</i>)	T1	T1	R

Drug Name	Brand	Generic	Additional Information
SOOLANTRA (<i>Ivermectin</i>)	T1	T1	ST; R&M; AI (Trial of any of following for 60 days in the last 6 months: metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, metronidazole lotion 0.75%); QL (45 GM per 10 days)
ZILXI	T1		ST; R&M; AI (ST: Trial of both of the following within the last 3 months: minocycline hcl capsule 100mg, tretinoin gel 0.04%)
*Scabicides & Pediculicides***			
CROTAN	T1		PA; R
<i>ivermectin external lotion</i>		T1	PA; RO; AI (Not covered at Mail Order); QL (117 GM per 30 days)
<i>lindane external shampoo</i>		T1	R
<i>malathion external</i>		T1	R&M; QL (2.7 ML per 1 day)
NATROBA (<i>Spinosad</i>)	T1	T1	PA; R
OVIDE	T1		PA; R&M; QL (2.7 ML per 1 day)
<i>permethrin external cream</i>		T1	R
SKLICE	T1		PA; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
*Steroid-Local Anesthetic Combinations***			
CORTANE-B EXTERNAL	T1		R
EPIFOAM	T1		R
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T1		R
*Tar Products***			
SCYTERA	T1		R
*Topical Anesthetic Combinations***			
ITCH-X EXTERNAL SOLUTION	T1		R
<i>lidocaine-prilocaine external cream</i>		T1	R
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 Days)
*Topical Steroid Combinations***			
<i>calcipotriene-betameth diprop external ointment</i>		T1	R&M; QL (60 GM per 30 days); AG (Min 16 Years)
<i>calcipotriene-betameth diprop external suspension</i>		T1	R&M; QL (2 GM per 1 day); AG (Min 18 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	T1		PA; R&M; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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+ TEST (<i>Blood Glucose Test</i>)	T1	T1	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 TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 PLATINUM (<i>Blood Glucose Test</i>)	T1	T1	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 PRISM MULTI TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 TEST (<i>Blood Glucose Test</i>)	T1	T1	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 CHOICE AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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)
D-CARE BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T1	T1	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
DIATHRIVE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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 TEST (<i>Blood Glucose Test</i>)	T1	T1	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>easy trak blood glucose test</i>		T1	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>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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 EVO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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 D15G BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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/TN'G VOICE (<i>Blood Glucose Test</i>)	T1	T1	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 V10 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 LITE TEST (<i>Blood Glucose Test</i>)	T1	T1	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 PRECISION NEO TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 VITAL TEST (<i>Blood Glucose Test</i>)	T1	T1	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 X-SENSOR (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>		T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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 TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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
IGLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
<i>kroger blood glucose test</i>		T1	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>)	T1	T1	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>		T1	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>		T1	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>)	T1	T1	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>liberty test</i>		T1	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>meijer blood glucose test</i>		T1	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>		T1	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>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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)
NOVA MAX GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>one drop test</i>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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	T1		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>)	T1	T1	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 PLUS TEST (<i>Blood Glucose Test</i>)	T1	T1	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 POINT OF CARE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 AC BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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 GS100 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T1	T1	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 GS300 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>tgt blood glucose test</i>		T1	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>true focus blood glucose strip</i>		T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>)	T1	T1	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>		T1	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>)	T1	T1	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	T1		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	T1		ST; R&M; AI (ST: trial of both of the following in the last 12 months: Creon, Zenpep); QL (12 EA per 1 day)
PERTZYE	T1		ST; R&M; AI (ST: trial of both of the following in the last 12 months: Creon, Zenpep); QL (12 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIOKACE	T1		ST; R&M; AI (ST: trial of both of the following in the last 12 months: Creon, 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	T1		R&M; QL (12 EA per 1 day)
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		T1	R
<i>acetazolamide oral</i>		T1	R
KEVEYIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
<i>methazolamide oral</i>		T1	R
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T1		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>		T1	R
DYRENIUM (Triamterene)	T1	T1	R
<i>spironolactone oral</i>		T1	R
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorothiazide oral</i>		T1	R
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1	R
DIURIL	T1		R
<i>hydrochlorothiazide oral</i>		T1	R
<i>indapamide oral</i>		T1	R
<i>metolazone</i>		T1	R

Drug Name	Brand	Generic	Additional Information
THALITONE	T1		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>		T1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<i>pamidronate disodium</i>		MB	R
<i>risedronate sodium oral tablet 150 mg</i>		T1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days)
<i>zoledronic acid intravenous solution 5 mg/100ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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>		T1	R
<i>calcitonin (salmon) nasal</i>		T1	R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
*Carnitine Replenisher - Agents***			
<i>levocarnitine oral solution</i>		T1	PA; ST; R
<i>levocarnitine oral tablet</i>		T1	PA; ST; R
*Corticotropin***			
ACTHAR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cortisol Synthesis Inhibitors***			
ISTURISA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		T1	R
*Fabry Disease - Agents***			
GALAFOLD	SP		PA; R&M; AI (limited distribution Accredo Pharmacy.)

Drug Name	Brand	Generic	Additional Information
*Gaa Deficiency Treatment - Agents***			
LUMIZYME	MB		R
*Gnrh/Lhrh Antagonists***			
ORLISSA	T1		PA; R
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	SP		PA; R&M; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Growth Hormones***			
GENOTROPIN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.8 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYTROFA	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Hereditary Orotic Aciduria Treatment - Agents**			
XURIDEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
<i>nitisinone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NITYR	T1		PA; R
ORFADIN ORAL CAPSULE 20 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORFADIN ORAL SUSPENSION	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Homocystinuria Treatment - Agents***			
CYSTADANE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperammonemia Treatment - Agents***			
CARBAGLU	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>carglumic acid oral tablet soluble</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral</i>		T1	R
<i>doxercalciferol oral</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T1	R&M; QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	T1		PA; R
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ	SP		PA; SP; AI (Limited Distribution- PatheRX. Some medications may be available at retail. 30ds limit applies.)

Drug Name	Brand	Generic	Additional Information
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Leptin Analogues***			
MYALEPT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); 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); QL (1 inj per 90 days)
SYNAREL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE	MB		R
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME	MB		R
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA	T1		PA; R&M; QL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phenylketonuria Treatment - Agents***			
KUVAN ORAL PACKET (<i>Sapropterin Dihydrochloride</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KUVAN ORAL TABLET SOLUBLE (<i>Sapropterin Dihydrochloride</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
PALYNZIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail); QL (1 ML inj per 180 days); AG (Min 18 Years)
*Selective Estrogen Receptor Modulators (Serms)***			
EVISTA (Raloxifene HCl)	T1	\$0	R&M; AI (Limited to 30 day supply.); QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
JYNARQUE ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JYNARQUE ORAL TABLET THERAPY PACK	SP		PA; SP; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
SAMSCA ORAL TABLET 15 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Somatostatic Agents***			
MYCAPSSA	SP		PA; R
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB		R

Drug Name	Brand	Generic	Additional Information
*Urea Cycle Disorder - Agents***			
RAVICTI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>		SP	SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Vasopressin***			
DDAVP RHINAL TUBE	T1		R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig</i>		T1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin acetate injection</i>		T1	R
<i>desmopressin acetate oral tablet 0.1 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>desmopressin acetate spray</i>		T1	R
NOCDURNA	T1		PA; R
STIMATE	T1		R
Estrogens			
*Estrogen & Progestin***			
AMABELZ	T1		R&M; F
COMBIPATCH	T1		R&M; F
FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG	T1	T1	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY (Estradiol-Norethindrone Acet)	T1	T1	R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T1		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE	T1		PA; R&M; QL (1 EA per 1 day)
*Estrogens***			
ALORA (Estradiol)	T1	T1	R&M; AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T1		R
DOTTI	T1		R&M; QL (2 EA per 1 Week)
<i>estradiol oral</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<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	T1		R
MENOSTAR	T1		R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T1		R
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL	T1		PA; R
<i>ciprofloxacin hcl oral</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>levofloxacin oral solution</i>		T1	R
<i>levofloxacin oral tablet 250 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>moxifloxacin hcl oral</i>		T1	R
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
*5-Ht4 Receptor Agonists***			
MOTEGRITY	T1		PA; R
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Gallstone Solubilizing Agents***			
CHENODAL	T1		R

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Drug Name	Brand	Generic	Additional Information
<i>ursodiol oral capsule 300 mg</i>		T1	R
<i>ursodiol oral tablet</i>		T1	R
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		T1	R
*Gastrointestinal Chloride Channel Activators***			
AMITIZA (<i>Lubiprostone</i>)	T1	SP	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>		T1	R
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***			
ZELNORM	T1		ST; R&M; AI (ST: Trial of Linzess in last 6 months); QL (2 EA per 1 day); AG (Min 18 Years and Max 65 Years)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T1		PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***			
BYLVAY	SP		PA; R
BYLVAY (PELLETS)	SP		PA; R
LIVMARLI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Inflammatory Bowel Agents***			
<i>balsalazide disodium</i>		T1	R
DIPENTUM	T1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>mesalamine er</i>		T1	R
<i>mesalamine oral capsule delayed release</i>		T1	R
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T1	R&M; QL (4 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>mesalamine oral tablet delayed release 800 mg</i>		T1	R
<i>mesalamine rectal enema</i>		T1	R
<i>mesalamine rectal suppository</i>		T1	R&M; QL (1 EA per 1 Day)
<i>mesalamine-cleanser</i>		T1	R
PENTASA	T1		R
SFROWASA	T1		R
SULFAZINE (<i>SulfaSALazine</i>)	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	T1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T1		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; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMPROIC	T1		PA; R
*Phosphate Binder Agents***			
FOSRENOL ORAL TABLET CHEWABLE (<i>Lanthanum Carbonate</i>) 1000 MG	SP	SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 16 Years)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	SP		R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 16 Years)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>		SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 16 Years)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T1	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T1	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet</i>		T1	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>		T1	R&M; QL (17.5 EA per 1 day)
VELPHORO	T1		PA; ST; R

Drug Name	Brand	Generic	Additional Information
*Tryptophan Hydroxylase Inhibitors***			
XERMELO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CIMZIA STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	T1		R
<i>silodosin</i>		T1	R
<i>tamsulosin hcl</i>		T1	R
*Citrates***			
<i>potassium citrate er</i>		T1	R
*Cystinosis Agents***			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL PACKET 300 MG	SP		PA; R
PROCYSBI ORAL PACKET 75 MG	SP		PA; R&M; AI (Limited Distribution Accredo)
*Genitourinary Irrigants***			
ARGYLE STERILE SALINE (<i>Sodium Chloride</i>)	T1	T1	R
CURITY STERILE SALINE (<i>Sodium Chloride</i>)	T1	T1	R
RENACIDIN	T1		R

Drug Name	Brand	Generic	Additional Information
*Interstitial Cystitis Agents***			
ELMIRON	T1		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>)	T1	T1	PA; R
THIOLA EC	T1		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>		T1	R
<i>febuxostat</i>		T1	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	T1		ST; R&M; AI (ST: Trial of any of the following in the last 3 months: colchicine 0.6mg tablet or 0.6mg capsule)
ULORIC	T1		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	\$0		PA; R
*Bradykinin B2 Receptor Antagonists***			
SAJAZIR (<i>Icatibant Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*C1 Inhibitors***			
CINRYZE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*Complement Inhibitors***			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		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; SP
*Plasma Kallikrein Inhibitors***			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T1	R
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1	R
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T1		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
*Quinazoline Agents***			
<i>anagrelide hcl</i>		T1	R
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>prasugrel hcl</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA	SP		PA; SP
<i>miglustat</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		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)
SIKLOS ORAL TABLET 100 MG	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	SP		PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCRIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		\$0	R&M; QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	SP		SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NIVESTYM INJECTION SOLUTION	SP		SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NYVEPRIA	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UDENYCA	SP		R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZARXIO	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*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	T1		R
INTEGRA F	T1		R
*Iron***			
FERRLECIT (<i>Na Ferric Gluc Cplx in Sucrose</i>)	MB	MB	R
<i>ferrous sulfate oral liquid</i>		\$0	R&M; AG (Max 1 Years)

Drug Name	Brand	Generic	Additional Information
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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA ORAL PACKET 12.5 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
*Hemostatics - Systemic***			
<i>aminocaproic acid oral solution</i>		T1	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	T1		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		T1	RO; AI (Limited to one fill of any hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		T1	RO; AI (Limited to one fill of any hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>midazolam hcl oral</i>		T1	RO; AI (Limited to one fill of any hypnotic per month.); QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)
<i>temazepam</i>		T1	RO; AI (Limited to one fill of any hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>		T1	RO; AI (Limited to one fill of any hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Hypnotics - Tricyclic Agents***			
SILENOR (<i>Doxepin HCl</i>)	T1	T1	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 (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (15 EA per 1 Copay)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 Day)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day)
<i>zolpidem tartrate oral</i>		T1	RO; AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 Day)
*Orexin Receptor Antagonists***			
BELSOMRA	T1		ST; R&M; AI (ST: Trial of at least 2 of the following in last 6 months: eszopiclone tab, zaleplon cap and rozerem tab); QL (1 EA per 1 Day); AG (Min 18 Years)
DAYVIGO	T1		ST; R&M; AI (EST through the following for at least 2 in last 6 months: Eszopiclone tab, Zaleplon cap and Rozerem tab.); QL (1 EA per 1 day); AG (Min 18 Years)
*Selective Melatonin Receptor Agonists***			
HETLIOZ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
HETLIOZ LQ	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>ramelteon</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-G (<i>PEG-3350/Electrolytes</i>)	\$0	\$0	R&M; \$0
GAVILYTE-N WITH FLAVOR PACK (<i>PEG 3350-KCl-Na Bicarb-NaCl</i>)	\$0	\$0	R&M; \$0

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Drug Name	Brand	Generic	Additional Information
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	T1		R
<i>peg-3350/electrolytes/ascorbat</i>		T1	R
<i>peg-kcl-nacl-nasulf-na asc-c</i>		T1	R
PREPOPIK	T1		R
SUPREP BOWEL PREP KIT	T1		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
*Laxatives - Miscellaneous***			
<i>constulose</i>		T1	R
<i>lactulose oral solution</i>		T1	R
*Saline Laxative Mixtures***			
OSMOPREP	T1		R&M; QL (1.34 EA per 1 day)
Local Anesthetics-Parenteral			
*Local Anesthetic & Sympathomimetic***			
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	MB	MB	R
Macrolides			
*Azithromycin***			
<i>azithromycin oral packet</i>		T1	R
<i>azithromycin oral suspension reconstituted</i>		T1	R
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>		T1	R
*Clarithromycin***			
<i>clarithromycin er</i>		T1	R
<i>clarithromycin oral suspension reconstituted</i>		T1	R&M; QL (10 ML per 1 day)
<i>clarithromycin oral tablet</i>		T1	R
*Erythromycins***			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate)	T1	T1	R
ERY-TAB	T1		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1		R
<i>erythromycin base oral capsule delayed release particles</i>		T1	R
<i>erythromycin base oral tablet</i>		T1	R
<i>erythromycin ethylsuccinate oral</i>		T1	R
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED	T1		PA; R
DIFICID ORAL TABLET	T1		PA; RO; QL (4 EA per 1 day)
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
<i>alcohol swabs pad</i>		T1	R

Drug Name	Brand	Generic	Additional Information
*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
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)

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Drug Name	Brand	Generic	Additional Information
ASSURE HAEMOLANCE PLUS PED (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE LANCETS 21G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE PLUS SAFETY 25G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE PLUS SAFETY 30G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ASSURE LANCE SAFETY LANCET 28G (<i>Lancets</i>)	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 (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
BD LANCET ULTRAFINE 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
BD MICROTAINER LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CAREONE LANCET SUPER THIN 30G (<i>Lancets</i>)	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 (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CARETOUCH SAFETY LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
CARETOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
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	T1		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	T1		PA; ST; R&M; AI (ST: Covered if any history of any insulin within last 90 days.); QL (1 EA per 1 lifetime)

Drug Name	Brand	Generic	Additional Information
DEXCOM G5 MOBILE TRANSMITTER	T1		PA; ST; R&M; AI (ST: Covered if any history of any insulin within last 90 days.); QL (1 EA per 3 months)
DEXCOM G5 RECEIVER KIT	T1		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	T1		PA; ST; RO; AI (ST: Covered if on any insulin within last 90 days.); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	T1		ST; RO; AI (ST: Covered if on any insulin within last 90 days.); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	T1		PA; ST; RO; AI (ST: Covered if on any insulin within last 90 days.); QL (1 EA per 3 months)
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)
<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)

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Drug Name	Brand	Generic	Additional Information
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)
FREESTYLE LANCETS	T1		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (3.34 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER	T1		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T1		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T1		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 SYSTM	T1		ST; R&M; AI (ST: Covered if history of diabetic medications with hypoglycemia potential within last 90 days.); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T1		ST; R&M; AI (ST: history if diabetic meds with hypoglycemia potential within last 90 days-added); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 SENSOR SYSTM	T1		ST; R&M; AI (ST: Covered if history of diabetic medications with hypoglycemia potential within last 90 days.); QL (3 EA per 30 days)
FREESTYLE LIBRE READER	T1		ST; RO; AI (ST: history if diabetic meds with hypoglycemia potential within last 90 days); QL (1 EA per 1 Lifetime)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE SENSOR SYSTEM	T1		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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
GENTEEL BUTTERFLY TOUCH LANCET (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
GENTLE-LET GP LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
GENTLE-LET LANCETS (Lancets)	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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
GLUCOCOM LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
GLUCOCOM LANCETS 33G (Lancets)	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 (Lancets)	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)
<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)
<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)
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)

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Drug Name	Brand	Generic	Additional Information
<i> Kroger lancets super thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i> Kroger lancets thin</i>		T1	R&M; QL (3.34 EA per 1 day)
<i> Kroger lancets thin 26g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i> Kroger 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)
<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)

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Drug Name	Brand	Generic	Additional Information
MEIJER SUPER THIN LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
MICROLET LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
MM TWIST LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
MONOLET LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
MONOLET OPD LANCETS (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
MONOLETTOR SAFETY LANCETS (<i>Lancets</i>)	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 (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
NOVA SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
NOVA SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
NOVA SUREFLEX LANCETS (<i>Lancets</i>)	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 (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
ONETOUCH DELICA LANCETS 33G (<i>Lancets</i>)	T1	T1	R&M; QL (3.34 EA per 1 day)
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)

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Drug Name	Brand	Generic	Additional Information
PSS SELECT SAFETY LANCETS (Lancets)	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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS THIN 26G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS THIN 28G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RA E-ZJECT LANCETS ULTRA THIN (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
READYLANCE SAFETY LANCETS (Lancets)	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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION LANCETS THIN 26G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION LANCETS ULTRA-THIN 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION ULTRA THIN LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
REXALL LANCETS ULTRA THIN 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
RIGHTEST GL300 LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SAFE-T-LANCE (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SAFE-T-LANCE PLUS (Lancets)	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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SAFETY LANCETS 21G (Lancets)	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>sapscare 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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SHOPKO UNILET LANCETS 28G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SHOPKO UNILET LANCETS 30G (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SINGLE-LET (Lancets)	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 (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SMART SENSE STANDARD LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)
SMART SENSE SUPER THIN LANCETS (Lancets)	T1	T1	R&M; QL (3.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
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)
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>todays health thin lancets 28g</i>		T1	R&M; QL (3.34 EA per 1 day)
<i>todays 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 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)

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Drug Name	Brand	Generic	Additional Information
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)
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)

Drug Name	Brand	Generic	Additional Information
*Insulin Administration Supplies***			
OMNIPOD 5 PACK	T1		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	T1		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 U-500	T1		R
DROPLET MICRON	T1		R
FREESTYLE PRECISION INS SYR (<i>Insulin Syringe</i>)	T1	T1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
<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" 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 if purchase insulin vial first, otherwise Co-Ins applies)
MAXICOMFORT II PEN NEEDLE (<i>Pen Needles</i>)	T1	T1	R
MAXICOMFORT SYR 27G X 1/2" (<i>Insulin Syringe/Needle</i>)	T1	T1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
<i>pen needles 1/2"</i>		T1	R
<i>pen needles 29g x 12mm</i>		T1	R
<i>pen needles 3/16"</i>		T1	R
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	T1		R
ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	R
UNIFINE PENTIPS 30G X 5 MM	T1		R
UNIFINE PENTIPS PLUS 30G X 5 MM	T1		R
*Respiratory Therapy Supplies***			
VORTEX HOLDING CHAMBER/MASK	T1		R
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER (<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)

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

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

Drug Name	Brand	Generic	Additional Information
POCKET SPACER (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 year)
<i>procare spacer/adult mask</i>		T1	R&M; QL (2 EA per 1 year)
<i>procare spacer/child mask</i>		T1	R&M; QL (2 EA per 1 year)
RITEFLO (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 year)
WATCHHALER (<i>Valved Holding Chamber</i>)	T1	T1	R&M; QL (2 EA per 1 year)
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC	T1		PA; R
UBRELVY ORAL TABLET 100 MG	T1		R&M; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 50 MG	T1		PA; R&M; QL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monoclonal Antibodies***			
AIMOVIG	SP		PA; R&M; AI (Limited to 30 day supply.)
AJOVY	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)
EMGALITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EMGALITY (300 MG DOSE)	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ergot Combinations***			
<i>ergotamine-caffeine</i>		T1	R
MIGERGOT	T1		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>		T1	PA; R&M; AI (.)
ERGOMAR	T1		R&M; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL (<i>Dihydroergotamine Mesylate</i>)	T1	T1	PA; R&M; QL (0.54 ML per 1 day)
TRUDHESA	T1		PA; R
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate</i>		T1	R&M; QL (0.14 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
<i>eletriptan hydrobromide</i>		T1	R&M; QL (0.9 EA per 1 day)
<i>frovatriptan succinate</i>		T1	ST; R&M; AI (ST: through 2 of the following in last 12 mo-almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan.); QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg</i>		T1	R&M; QL (5 EA per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1	R&M; QL (6 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1	R&M; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T1	R&M; QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T1	R&M; QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1	R&M; QL (20 tabs per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)
TOSYMRA	T1		R&M; QL (30 EA per 30 days)
<i>zolmitriptan nasal solution 2.5 mg</i>		T1	R&M; QL (6 EA per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>		T1	R&M; QL (0.2 EA per 1 day)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1	R&M; AI (;); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T1	R&M; AI (;); QL (2 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1	R&M; AI (;); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T1	R&M; AI (;); QL (2 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG	T1		R&M; AI (;); QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T1		R&M; AI (;); QL (0.2 EA per 1 day)
*Selective Serotonin Agonists 5-Ht(1F)***			
REYVOW	T1		PA; R&M; AI (Limited to 30 day supply.); QL (4 EA per 1 Month)
Minerals & Electrolytes			
*Fluoride***			
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)

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Drug Name	Brand	Generic	Additional Information
<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 (<i>Virt-Phos 250 Neutral</i>)	T1	T1	R
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T1		R
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT (<i>Potassium Bicarbonate</i>) 25 MEQ	T1	T1	R
KLOR-CON 10 (<i>Potassium Chloride ER</i>)	T1	T1	R
KLOR-CON M10 (<i>Potassium Chloride Crys ER</i>)	T1	T1	R
KLOR-CON M15 (<i>Potassium Chloride Crys ER</i>)	T1	T1	R
KLOR-CON M20 (<i>Potassium Chloride Crys 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 er oral capsule extended release</i>		T1	R
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		T1	R
Miscellaneous Therapeutic Classes			
*Antileptotics***			
THALOMID	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Chelating Agents***			
<i>penicillamine oral tablet</i>		T1	R
<i>trientine hcl</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclosporine Analogs***			
<i>cyclosporine modified oral capsule 25 mg</i>		SP	SP

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

Drug Name	Brand	Generic	Additional Information
*Inosine Monophosphate Dehydrogenase Inhibitors***			
<i>mycophenolate mofetil oral</i>		T1	R
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		T1	R&M; QL (6 EA per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	T1		R
ENVARUS XR	T1		PA; R
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
PROGRAF ORAL (Tacrolimus)	T1	T1	R
<i>sirolimus oral</i>		T1	R
ZORTRESS (Everolimus)	SP	SP	R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
*Monoclonal Antibodies***			
ENSPRYNG	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Potassium Removing Agents***			
KIONEX ORAL SUSPENSION (Sodium Polystyrene Sulfonate)	T1	T1	R
LOKELMA	T1		PA; R
SPS (Sodium Polystyrene Sulfonate)	T1	T1	R
VELTASSA	T1		PA; R
*Purine Analogs***			
<i>azathioprine oral 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, 30day 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

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Drug Name	Brand	Generic	Additional Information
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL	T1		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	T1		PA; R
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>pilocarpine hcl oral</i>		T1	R
*Steroids - Mouth/Throat/Dental***			
ORALONE (<i>Triamcinolone Acetonide</i>)	T1	T1	R
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
<i>c-nate dha</i>		T1	R&M; F
<i>completenate</i>		T1	R&M; F
CO-NATAL FA (<i>PreTAB</i>)	T1	T1	R&M; F
CONCEPT DHA	T1		R&M; F
CONCEPT OB	T1		R&M; F
ELITE-OB	T1		R&M; F
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	T1		R&M; F
INATAL GT	T1		R&M; F
MYNATAL ADVANCE	T1		R&M; F
MYNATAL ORAL TABLET	T1		R&M; F
OB COMPLETE ONE	T1		R&M; F
OB COMPLETE ORAL TABLET	T1		R&M; F
OB COMPLETE/DHA	T1		R&M; F
<i>pnv tabs 29-1</i>		T1	R&M; F
<i>pnv-select</i>		T1	R&M; F
PRENATABS RX (<i>Vol-Tab Rx</i>)	T1	T1	R&M; F
<i>prenatal 19 oral tablet 29-1 mg</i>		T1	R&M; F
<i>prenatal 19 oral tablet chewable</i>		T1	R&M; F
<i>prenatal plus iron</i>		T1	R&M; F
<i>preplus</i>		T1	R&M; F
<i>se-natal 19</i>		T1	R&M; F
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG	T1		R&M; F

Drug Name	Brand	Generic	Additional Information
THERANATAL CORE NUTRITION (Vol-Plus)	T1	T1	R&M; F
<i>thrivite rx</i>		T1	R&M; F
TRICARE (Vol-Plus)	T1	T1	R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T1		R&M; F
VINATE M	T1		R&M; F
<i>virt-nate dha</i>		T1	R&M; F
VITATHELY WITH GINGER (Vol-Plus)	T1	T1	R&M; F
VIVA DHA (Relnate DHA)	T1	T1	R&M; F
<i>vp-heme ob + dha</i>		T1	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>		T1	R&M; F
PR NATAL 400	T1		R&M; F
PR NATAL 400 EC	T1		R&M; F
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG	T1		R&M; F
*Prenatal Mv & Min W/Fe-Fa-Dha***			
<i>pnv-dha+docusate</i>		T1	R&M; F
<i>prenaissance</i>		T1	R&M; F
<i>prenaissance plus</i>		T1	R&M; F
TARON-PREX	T1		R&M; F
<i>virt-pn dha</i>		T1	R&M; F
VITAMEDMD ONE RX/QUATREFOLIC	T1		R&M; F
ZATEAN-PN DHA (PNV-DHA)	T1	T1	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>		T1	R
<i>metaxalone oral tablet 800 mg</i>		T1	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>		T1	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)

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

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Drug Name	Brand	Generic	Additional Information
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %</i>		T1	R
HOMATROPAIRE	T1		R
ISOPTO ATROPINE (<i>Atropine Sulfate</i>)	T1	T1	R
<i>tropicamide ophthalmic</i>		T1	R
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA	T1		PA; R
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	T1		R
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	R
VUITY	T1		ST; R&M; AI (EST: step thru Pilocarpine 1% in last 6mo for at least 1 fill)
*Ophthalmic Antiallergic***			
ALOCRIL	T1		R
ALOMIDE	T1		R
<i>azelastine hcl ophthalmic</i>		T1	R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
BEPREVE (<i>Bepotastine Besilate</i>)	T1	T1	R&M; QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T1	R
<i>epinastine hcl</i>		T1	R
LASTACFT	T1		PA; ST; R&M; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>		T1	R
ZERVIAE	T1		PA; ST; R&M; AI (EST through Azelastine drops 0.05% for at least 2 month in last 6 months.); QL (1 EA per 1 day)
*Ophthalmic Antibiotics***			
BACIGUENT OPHTHALMIC (<i>Bacitracin</i>)	T1	T1	R
BESIVANCE	T1		R
CILOXAN OPHTHALMIC OINTMENT	T1		R
<i>ciprofloxacin hcl ophthalmic</i>		T1	R
<i>erythromycin ophthalmic</i>		T1	R
<i>gatifloxacin ophthalmic</i>		T1	R
GENTAK OPHTHALMIC OINTMENT	T1		R
<i>gentamicin sulfate ophthalmic solution</i>		T1	R
<i>levofloxacin ophthalmic</i>		T1	R
<i>moxifloxacin hcl (2x day)</i>		T1	R
<i>moxifloxacin hcl ophthalmic solution</i>		T1	R
<i>ofloxacin ophthalmic</i>		T1	R
TOBREX OPHTHALMIC OINTMENT	T1		R

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Antifungal***			
NATACYN	T1		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>		T1	R
NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)	T1	T1	R
POLYCIN (AK-Poly-Bac)	T1	T1	R
<i>polymyxin b-trimethoprim</i>		T1	R
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T1	R
ZIRGAN	T1		R
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide</i>		T1	R
<i>dorzolamide hcl ophthalmic</i>		T1	R
*Ophthalmic Immunomodulators***			
CEQUA	T1		R&M; QL (2 EA per 1 day)
RESTASIS	T1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T1		R&M; AI (0.185ml per day-minimum 30 days/maximum 90 days)
*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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T1	R
<i>diclofenac sodium ophthalmic</i>		T1	R
<i>flurbiprofen sodium</i>		T1	R
<i>ketorolac tromethamine ophthalmic</i>		T1	R
NEVANAC	T1		R&M; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	T1		PA; R
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T1		R
<i>apraclonidine hcl</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>brimonidine tartrate ophthalmic</i>		T1	R
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1	R
BLEPHAMIDE	T1		R
BLEPHAMIDE S.O.P.	T1		R
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1	R
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T1	R
PRED-G	T1		R
PRED-G S.O.P.	T1		R
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T1	R
TOBRADEX OPHTHALMIC OINTMENT	T1		R
TOBRADEX ST	T1		R
<i>tobramycin-dexamethasone</i>		T1	R
*Ophthalmic Steroids***			
ALREX	T1		R
<i>dexamethasone sodium phosphate ophthalmic</i>		T1	R
DUREZOL (Difluprednate)	T1	T1	R
FLAREX	T1		R
<i>fluorometholone ophthalmic</i>		T1	R
FML	T1		R
FML FORTE	T1		R
INVELTYS	T1		R
LOTEMAX OPHTHALMIC GEL	T1		R&M; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	T1		R
LOTEMAX SM	T1		R
<i>loteprednol etabonate</i>		T1	R
MAXIDEX	T1		R
PRED FORTE (prednisolONE Acetate)	T1	T1	R
PRED MILD	T1		R
<i>prednisolone acetate p-f</i>		T1	R
<i>prednisolone sodium phosphate ophthalmic</i>		T1	R
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic</i>		T1	R
*Ophthalmics - Cystinosis Agents**			
CYSTADROPS	SP		PA; SP; AI (Limited to 30 day supply.)
CYSTARAN	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
*Prostaglandins - Ophthalmic***			
<i>latanoprost ophthalmic</i>		T1	R&M; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T1		R&M; AI (;)
<i>travoprost (bak free)</i>		T1	R
VYZULTA	T1		PA; ST; R&M; AI (ST: trial of two of the following in the last 12 months: Lumigan, Xalatan, Zioptan)
XELPROS	T1		R
ZIOPTAN	T1		R
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1	R
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		T1	R
<i>ofloxacin otic</i>		T1	R
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	T1		R
<i>ciprofloxacin-dexamethasone</i>		T1	R&M; QL (7.5 ML per 30 days)
CORTISPORIN-TC	T1		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	R
<i>neomycin-polymyxin-hc otic suspension</i>		T1	R
*Otic Steroids***			
ACETASOL HC (Hydrocortisone-Acetic Acid)	T1	T1	R
<i>fluocinolone acetonide otic</i>		T1	R&M; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (Methylergonovine Maleate)	T1	T1	R
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
SYNAGIS	MB		R
*Immune Serums***			
BIVIGAM 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

Drug Name	Brand	Generic	Additional Information
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
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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	MB		R
PRIVIGEN	MB		R
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Passive Immunizing Agents - Combinations***			
HYQVIA	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Penicillins			
*Aminopenicillins***			
<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>		T1	R

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

Drug Name	Brand	Generic	Additional Information
<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>		T1	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	T1		R&M; AI (;)
SAVELLA TITRATION PACK	T1		R&M; AI (;)
*Movement Disorder Drug Therapy***			
AUSTEDO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INGREZZA 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
AUBAGIO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (4 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (5 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA	SP		PA; R
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>		SP	PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
TECFIDERA (<i>Dimethyl Fumarate Starter Pack</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY	SP		PA; R&M; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY (STARTER)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
<i>dalfampridine er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years)
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>) 20 MG/ML	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl er</i>		T1	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	T1		R
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T1	R
*Pseudobulbar Affect Agent Combinations***			
NUDEXTA	T1		PA; R
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		T1	PA; R
<i>pimozide</i>		T1	R
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	T1		R&M; AI (;); F; QL (1 EA per 1 day); AG (Min 18 Years)
*Smoking Deterrents***			
<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.); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>cvs nicotine</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>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)
<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 (Nicotine)	\$0	\$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>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)
NICORETTE MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 4 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)
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)

Drug Name	Brand	Generic	Additional Information
<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)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
ESBRIET ORAL TABLET 801 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day)
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral</i>		T1	R
Tetracyclines			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	T1		PA; R
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		T1	R
<i>doxycycline hyclate oral capsule</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<i>doxycycline hyclate oral tablet 100 mg</i>		T1	R
<i>doxycycline hyclate oral tablet 20 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 75 mg</i>		T1	R&M; QL (2 EA per 1 Day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>		T1	R
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1	R
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		T1	R
<i>minocycline hcl oral</i>		T1	R
<i>tetracycline hcl oral</i>		T1	R
VIBRAMYCIN ORAL SYRUP	T1		R
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1	R
<i>propylthiouracil oral</i>		T1	R
*Thyroid Hormones***			
ARMOUR THYROID	T1		R
EUTHYROX (Levothyroxine Sodium)	T1	T1	R
LEVO-T (Levothyroxine Sodium)	T1	T1	R
LEVOXYL (Levothyroxine Sodium)	T1	T1	R
<i>liothyronine sodium oral</i>		T1	R
NATURE-THROID	T1		R
SYNTHROID (Levothyroxine Sodium)	T1	T1	R
TIROSINT (Levothyroxine Sodium)	T1	T1	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	T1		R
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1		R
WP THYROID	T1		R
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0		RO; 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

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Drug Name	Brand	Generic	Additional Information
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)
TENIVAC	\$0		RO
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>		T1	R
<i>dicyclomine hcl oral</i>		T1	R
*Belladonna Alkaloids***			
<i>ed-spaz</i>		T1	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>		T1	R
<i>hyoscyamine sulfate oral tablet dispersible</i>		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>hyosyne oral solution</i>		T1	R
<i>oscimin oral tablet</i>		T1	R
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T1	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	R
<i>famotidine oral suspension reconstituted</i>		T1	R
<i>famotidine oral tablet 20 mg, 40 mg</i>		T1	R
<i>nizatidine oral capsule 150 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution</i>		T1	R
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (Sucralfate)	T1	T1	R
<i>sucralfate oral</i>		T1	R
*Proton Pump Inhibitors***			
DEXILANT (Dexlansoprazole)	T1	T1	R&M; 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	T1		RO

Drug Name	Brand	Generic	Additional Information
FIRST-OMEPRAZOLE	T1		RO
<i>lansoprazole oral capsule delayed release 15 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>		T1	R
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		T1	R&M; AI (;); QL (1 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>		T1	R&M; AI (;)
<i>omeprazole oral capsule delayed release</i>		T1	R
OMEPRAZOLE+SYRSPEND SF ALKA	T1		RO
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>		T1	R&M; QL (6 EA per 1 day)
<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	T1		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>		T1	R
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		T1	R&M; 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
<i>tropium chloride</i>		T1	R
<i>tropium chloride er</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
GEMTESA	T1		PA; R
MYRBETRIQ	T1		R
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	R
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		T1	R
Vaccines			
*Bacterial Vaccines***			
BEXSERO	\$0		RO; 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); QL (1 EA per 354 days); 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	SP		RO
VAXCHORA	T1		RO
VAXNEUVANCE	\$0		R&M; QL (0.5 ML per 1 Lifetime)
*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
ENGERIX-B INTRAMUSCULAR	\$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)

Drug Name	Brand	Generic	Additional Information
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 (1 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	\$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)
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 1 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)

Drug Name	Brand	Generic	Additional Information
VARIVAX	\$0		RO; AI (2 doses per year); QL (2 ml per 354 days)
YF-VAX	T1		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	T1		R&M; F
<i>terconazole vaginal cream</i>		T1	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
<i>today sponge</i>		\$0	R&M; F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		R
*Vaginal Anti-Infectives***			
CLEOCIN VAGINAL SUPPOSITORY	T1		R&M; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<i>clindamycin phosphate vaginal</i>		T1	R&M; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
VANDAZOLE (<i>MetroNIDAZOLE</i>)	T1	T1	R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
*Vaginal Estrogens***			
<i>estradiol vaginal</i>		T1	R&M; F
FEMRING VAGINAL RING 0.05 MG/24HR	T1		R&M; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T1		R&M; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T1		R&M; F
YUVAFEM (<i>Estradiol</i>)	T1	T1	R&M; F
*Vaginal Progestins***			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
ENDOMETRIN	T1		PA; R&M; F

Drug Name	Brand	Generic	Additional Information
Vasopressors			
*Anaphylaxis Therapy Agents***			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		T1	R&M; AI (Non Mylan pens are non formualry. Limit to one fill of two pens in one month.); QL (2 EA per 2 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
<i>droxidopa oral capsule 300 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE (Droxidopa) 100 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE (Droxidopa) 200 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE 300 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
*Vasopressors***			
<i>epinephrine pf injection solution</i>		T1	R
<i>midodrine hcl</i>		T1	R
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T1		R
*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)

Drug Name	Brand	Generic	Additional Information
<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; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); \$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)
<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)

Drug Name	Brand	Generic	Additional Information
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)
<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)

Drug Name	Brand	Generic	Additional Information
<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; AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); \$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)
<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)

Drug Name	Brand	Generic	Additional Information
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)
<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)

Drug Name	Brand	Generic	Additional Information
<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>		T1	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
ALPROLIX	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
BENEFIX INTRAVENOUS KIT	MB		R
BENLYSTA INTRAVENOUS	MB		R

Drug Name	Brand	Generic	Additional Information
BERINERT	MB		R
<i>bermuda grass subcutaneous</i>	MB		SP
BETASERON SUBCUTANEOUS KIT	SP		PA; SP
<i>bleomycin sulfate</i>	MB		SP
BLINCYTO	MB		SP
BOTOX	MB		R
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 the 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

Drug Name	Brand	Generic	Additional Information
<i>cyclophosphamide injection</i>	MB		SP
CYRAMZA	MB		SP
<i>cytarabine (pf)</i>	MB		SP
<i>cytarabine injection solution</i>	MB		SP
<i>dacarbazine intravenous</i>	MB		SP
<i>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
FASENRA	MB		PA; R
<i>fentanyl citrate (pf) injection solution cartridge</i>	MB		SP
<i>floxuridine injection</i>	MB		SP
<i>fludarabine phosphate</i>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<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
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
HALAVEN	MB		SP
HEMLIBRA	MB		R
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	MB		R
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
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		R
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	MB		SP
<i>ifosfamide</i>	MB		SP
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
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB		R
JEVTANA	MB		SP
JIVI	MB		R
<i>johnson grass</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
KADCYLA	MB		SP
KANUMA	MB		PA; SP
KCENTRA	MB		R
KEYTRUDA INTRAVENOUS SOLUTION	MB		SP
KOATE-DVI	MB		R
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>mitoxantrone hcl</i>	MB		R
<i>mixed ragweed</i>	MB		SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	MB		R
<i>mountain cedar</i>	MB		SP
MYCAMINE	MB		SP
MYOBLOC	MB		R
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
NATPARA	SP		PA; SP
NIPENT	MB		SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NOVOEIGHT	MB		R
NOVOSEVEN RT	MB		R
NUWIQ	MB		R
<i>obizur</i>	MB		R
OCREVUS	MB		R
OMNIPOD DASH SYSTEM	MB		R
OMNIPOD STARTER	MB		R
ONCASPAR INJECTION	MB		SP

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

Drug Name	Brand	Generic	Additional Information
REGONOL INTRAVENOUS	MB		SP
REMICADE	MB		R
RENFLEXIS	MB		R
RIASTAP	MB		R
<i>ringers irrigation</i>	MB		SP
RITUXAN HYCELA	MB		SP
RITUXAN INTRAVENOUS SOLUTION	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>rixubis</i>	MB		R
RUCONEST	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>saline bacteriostatic</i>	MB		SP
SIGNIFOR	MB		R
<i>sildenafil citrate intravenous</i>	MB		R
SIMULECT	MB		SP
<i>sodium chloride injection solution 2.5 meq/ml</i>	MB		SP
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	MB		SP
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 bau/ml</i>	MB		SP
TIS-U-SOL	MB		SP
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	MB		SP
<i>topotecan hcl</i>	MB		SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	MB		SP
TRETEN	MB		R
TYSABRI	MB		R
UNITUXIN	MB		SP

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Drug Name	Brand	Generic	Additional Information
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB		SP
VELCADE INJECTION	MB		PA; 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
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
XGEVA	MB		R
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		R
XYNTHA SOLOFUSE	MB		R
YERVOY	MB		PA; SP
ZALTRAP	MB		SP
ZANOSAR	MB		SP
ZEMAIRA	MB		R
ZEVALIN Y-90	MB		SP
<i>zoledronic acid intravenous concentrate</i>	MB		R
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	MB		R

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HUMULIN R	48	INCRELEX	133	JAIMIESS	97
HUMULIN R U-500		INCRUSE ELLIPTA	36	JAKAFI	73
(CONCENTRATED)	48	<i>indapamide</i>	128	<i>janssen covid-19 vaccine</i>	187
HUMULIN R U-500 KWIKPEN	48	INDOCIN	13	JANTOVEN	38
HW EMBRACE PRO GLUCOSE		<i>indomethacin</i>	14	JANUMET	47
TEST	120	<i>indomethacin er</i>	13	JANUMET XR	47
HW EMBRACE TALK GLUCOSE		INFANRIX	184	JANUVIA	46
TEST	120	INFINITY BLOOD GLUCOSE		JARDIANCE	51
HYALGAN	199	TEST	121	JASMIEL	92
HYCAMTIN	76	INFINITY VOICE	121	JATENZO	30
HYCODAN	100				

JENCYCLA.....	98	<i>kp aspirin</i>	18	LEMTRADA.....	200
JENTADUETO.....	47	<i>kp vitamin d</i>	192	LENVIMA (10 MG DAILY DOSE)....	76
JENTADUETO XR.....	47	K-PHOS	162	LENVIMA (14 MG DAILY DOSE)....	76
JEVTANA.....	199	K-PRIME	162	LENVIMA (18 MG DAILY DOSE)....	76
JIVI.....	199	<i>kruger blood glucose test</i>	121	LENVIMA (20 MG DAILY DOSE)....	76
<i>johnson grass</i>	199	KROGER HEALTHPRO		LENVIMA (24 MG DAILY DOSE)....	76
JOLESSA.....	97	GLUCOSE TEST	121	LENVIMA (8 MG DAILY DOSE).....	76
JULEBER.....	92	KROGER HEALTHPRO LANCET		LESSINA.....	93
JULUCA.....	81	26G	151	LETAIRIS.....	88
JUNEL 1.5/30.....	92	<i>kruger lancets</i>	151	<i>letrozole</i>	72
JUNEL 1/20.....	92	<i>kruger lancets 21g</i>	151	<i>leucovorin calcium</i>	73
JUNEL FE 1.5/30.....	92	<i>kruger lancets micro thin 33g</i>	151	LEUKERAN	75
JUNEL FE 1/20.....	92	<i>kruger lancets super thin</i>	152	<i>leuprolide acetate</i>	74
JUNEL FE 24.....	92	<i>kruger lancets thin</i>	152	<i>levabuterol hcl</i>	36
JUXTAPID.....	57	<i>kruger lancets thin 26g</i>	152	LEVEMIR	48
JYNARQUE.....	134	<i>kruger lancets ultrathin 30g</i>	152	LEVEMIR FLEXTOUCH	48
KADCYLA.....	200	<i>kruger premium glucose test</i>	121	<i>levetiracetam</i>	41
KAITLIB FE.....	92	<i>kruger test</i>	121	<i>levetiracetam er</i>	41
KALBITOR.....	141	KRYSTEXXA	200	<i>levobunolol hcl</i>	167
KALETRA.....	81	K-TAB	162	<i>levocarnitine</i>	129
KALLIGA.....	92	KURVELO	92	<i>levocetirizine dihydrochloride</i>	55
KALYDECO.....	181	KUVAN	133	<i>levofloxacin</i>	136, 168
KANUMA.....	200	KYNMOBI	77	LEVONEST	98
KAPSPARGO SPRINKLE.....	86	KYPROLIS	70	<i>levonorgestrel-ethinyl estrad</i>	96
KARBINAL ER.....	55	<i>labetalol hcl</i>	86	LEVORA 0.15/30 (28)	93
KARIVA.....	90	LACRISERT	167	<i>levorphanol tartrate</i>	24
KCENTRA.....	200	<i>lactulose</i>	146	LEVO-T	183
KELNOR 1/35.....	92	<i>lactulose encephalopathy</i>	138	LEVOXYL	183
KELNOR 1/50.....	92	LAMICTAL ODT	41	LEXIVA	82
KERENDIA.....	133	<i>lamivudine</i>	82, 84	LIBERTY MEDICAL LANCETS	152
KERYDIN.....	108	<i>lamivudine-zidovudine</i>	81	LIBERTY NEXT GENERATION	
KESIMPTA.....	176	<i>lamotrigine</i>	41	TEST	121
<i>ketoconazole</i>	55, 108	<i>lamotrigine er</i>	41	<i>liberty test</i>	121
<i>ketoprofen</i>	14	<i>lancets 30g</i>	152	<i>lidocaine</i>	108
<i>ketorolac tromethamine</i>	14, 169	<i>lancets 33g</i>	152	<i>lidocaine hcl</i>	108
KETOSTIX	121	<i>lancets micro thin 33g</i>	152	<i>lidocaine viscous hcl</i>	164
KEVEYIS	128	<i>lancets super thin 28g</i>	152	<i>lidocaine-prilocaine</i>	109
KEVZARA	13	<i>lancets thin</i>	152	LIFESCAN UNISTIK 2	152
KEYTRUDA	200	LANCETS ULTRA THIN	152	LIFESCAN UNISTIK II LANCETS ..	152
KINERET	13	<i>lancets ultra thin 30g</i>	152	LILLOW	93
<i>kinney lancets</i>	151	LANOXIN	87	<i>lindane</i>	109
KINRIX	184	<i>lansoprazole</i>	185	<i>linezolid</i>	61
KIONEX	164	<i>lanthanum carbonate</i>	138	LINZESS	137
KITABIS PAK	11	LANTUS	48	<i>liothyronine sodium</i>	183
KLISYRI	108	LANTUS SOLOSTAR	48	<i>lisinopril</i>	58
KLOR-CON	162	<i>lapatinib ditosylate</i>	69	<i>lisinopril-hydrochlorothiazide</i>	58
KLOR-CON 10	162	LARIN 1.5/30	93	<i>lite touch lancets</i>	152
KLOR-CON M10	162	LARIN 1/20	93	LITEAIRE	159
KLOR-CON M15	162	LARIN 24 FE	93	LITETOUCH LANCETS	152
KLOR-CON M20	162	LARIN FE 1.5/30	93	<i>lithium</i>	78
KLOR-CON/EF	162	LARIN FE 1/20	93	<i>lithium carbonate</i>	78
KLOXXADO	53	LARISSIA	93	<i>lithium carbonate er</i>	78
<i>kls aspirin low dose</i>	18	LARTRUVO	70	LIVALO	57
KLS QUIT2	179	LASTACAFT	168	<i>live better lancet super thin</i>	152
KLS QUIT4	179	<i>latanoprost</i>	171	<i>live better lancet ultra thin</i>	152
KOATE-DVI	200	LATUDA	78	LIVMARLI	137
KOGENATE FS	200	LAYOLIS FE	93	LIVTENCITY	83
KOMBIGLYZE XR	47	LAZANDA	24	LO LOESTRIN FE	90
KORLYM	51	LEENA	98	LOESTRIN 1.5/30 (21)	93
KOVALTRY	200	<i>leflunomide</i>	14	LOESTRIN FE 1/20	93

LOJAIMIESS	97	MAVENCLAD (7 TABS)	175	MENTAX	102
LOKELMA	164	MAVENCLAD (8 TABS)	175	MENVEO	186
<i>longs lancets standard</i>	152	MAVENCLAD (9 TABS)	175	<i>mepерidine hcl</i>	24, 25
<i>longs lancets thin</i>	152	MAVYRET	84	<i>meprobamate</i>	32
<i>longs lancets ultra thin</i>	152	MAXICOMFORT II PEN NEEDLE	157	<i>mercaptapurine</i>	64
LONHALA MAGNAIR REFILL KIT	36	MAXICOMFORT SYR 27G X 1/2"	157	<i>meropenem</i>	200
LONHALA MAGNAIR STARTER		MAXIDEX	170	<i>mesalamine</i>	137, 138
KIT	37	MAXIMUM D3	192	<i>mesalamine er</i>	137
LONSURF	71	MAYZENT	181	<i>mesalamine-cleanser</i>	138
<i>loperamide hcl</i>	53	MAYZENT STARTER PACK	181	MESNEX	76
<i>lopinavir-ritonavir</i>	81	<i>meclizine hcl</i>	54	METADATE ER	9
<i>lorazepam</i>	33	<i>meclufenamate sodium</i>	14	<i>metaproterenol sulfate</i>	36
LORAZEPAM INTENSOL	33	<i>medichoice safety lancet</i>	152	<i>metaxalone</i>	166
LORBRENA	64	<i>medichoice safety lancet extra</i>	152	<i>metformin hcl</i>	46
LORYNA	93	<i>medichoice safety lancet norm</i>	152	<i>metformin hcl er</i>	46
<i>losartan potassium</i>	59	MEDISENSE THIN LANCETS	152	<i>metformin hcl er (osm)</i>	46
<i>losartan potassium-hctz</i>	59	MEDLANCE EXTRA 21G	152	<i>methamphetamine hcl</i>	8
LOTEMAX	170	MEDLANCE LITE 25G	152	<i>methazolamide</i>	128
LOTEMAX SM	170	MEDLANCE PLUS EXTRA 21G	152	<i>methenamine hippurate</i>	61
<i>loteprednol etabonate</i>	170	MEDLANCE PLUS LANCETS	152	METHERGINE	171
<i>lovastatin</i>	57	MEDLANCE PLUS LITE 25G	152	<i>methimazole</i>	183
LOVAZA	56	MEDLANCE PLUS SPECIAL		<i>methitest</i>	30
LOW-OGESTREL	93	0.8MM	152	<i>methocarbamol</i>	166
<i>loxapine succinate</i>	79	MEDLANCE PLUS SUPERLITE		<i>methotrexate</i>	64
LO-ZUMANDIMINE	93	30G	152	<i>methotrexate sodium</i>	200
LUCEMYRA	173	MEDLANCE PLUS UNIVERSAL		<i>methotrexate sodium (pf)</i>	64
LUCENTIS	200	21G	152	<i>methoxsalen rapid</i>	104
LUDENT	161	MEDLANCE UNIVERSAL 21G	152	<i>methscopolamine bromide</i>	185
LUMAKRAS	68	MEDROL	100	<i>methyl dopa</i>	60
LUMIGAN	171	<i>medroxyprogesterone acetate</i>	97, 173	<i>methylphenidate hcl</i>	10
LUMIZYME	130	<i>mefenamic acid</i>	14	<i>methylphenidate hcl er</i>	10
LUPKYNIS	163	<i>mefloquine hcl</i>	62	<i>methylphenidate hcl er (cd)</i>	9
LUPRON DEPOT (1-MONTH)	74	<i>megestrol acetate</i>	75, 173	<i>methylphenidate hcl er (la)</i>	10
LUPRON DEPOT (3-MONTH)	74	<i>meijer aspirin ec</i>	18	<i>methylprednisolone</i>	100
LUPRON DEPOT (4-MONTH)	74	<i>meijer blood glucose test</i>	122	<i>methyltestosterone</i>	30
LUPRON DEPOT (6-MONTH)	74	<i>meijer essential glucose test</i>	122	<i>metoclopramide hcl</i>	137
LUPRON DEPOT-PED (1-		MEIJER LANCETS	152	<i>metolazone</i>	128
MONTH)	133	MEIJER LANCETS THIN	152	<i>metoprolol succinate er</i>	86
LUPRON DEPOT-PED (3-		MEIJER LANCETS UNIVERSAL		<i>metoprolol tartrate</i>	86
MONTH)	133	21G	152	<i>metoprolol-hydrochlorothiazide</i>	60
LUTERA	93	MEIJER LANCETS UNIVERSAL		<i>metronidazole</i>	60
LYBALVI	181	30G	152	METYROSINE	59
LYLLANA	136	MEIJER LANCETS UNIVERSAL		<i>mexiletine hcl</i>	33
LYNPARZA	75	33G	152	MIBELAS 24 FE	93
LYSODREN	63	<i>meijer premium glucose test</i>	122	<i>miconazole</i>	55
LYUMJEV	48	MEIJER SUPER THIN LANCETS	153	MICRHOGAM ULTRA-FILTERED	
LYUMJEV KWIKPEN	48	MEIJER TRUETEST TEST	122	PLUS	172
LYZA	98	MEIJER TRUETRACK TEST	122	MICROCHAMBER	159
MACUGEN	200	MEKINIST	68	MICRODOT TEST	122
MAKENA	173	MEKTOVI	68	MICROGESTIN 1.5/30	93
<i>malathion</i>	109	MELODETTA 24 FE	93	MICROGESTIN 1/20	94
<i>maprotiline hcl</i>	43	<i>meloxicam</i>	14	MICROGESTIN FE 1.5/30	94
MARPLAN	43	<i>melphalan hcl</i>	200	MICROGESTIN FE 1/20	94
MARQIBO	200	<i>memantine hcl</i>	177	MICROLET LANCETS	153
MASK VORTEX	159	<i>memantine hcl er</i>	177	MICROSPACER	159
MATULANE	72	MENACTRA	186	<i>midazolam hcl</i>	144
MAVENCLAD (10 TABS)	174	M-END PE	101	<i>midodrine hcl</i>	189
MAVENCLAD (4 TABS)	174	MENEST	136	MIGERGOT	160
MAVENCLAD (5 TABS)	174	MENOSTAR	136	<i>miglustat</i>	142
MAVENCLAD (6 TABS)	175	MENQUADFI	186	MIGRANAL	160

MIMVEY	135	MYOBLOC	200	<i>nicotine step 3</i>	179
MINIMED 530G INSULIN PUMP	200	MYORISAN	102	NICOTROL	179
<i>minocycline hcl</i>	183	MYRBETRIQ	186	NICOTROL NS	179
<i>minoxidil</i>	60	MYTESI	52	NIFEDICAL XL	87
MIRCERA	142	<i>nadolol</i>	86	<i>nifedipine</i>	87
<i>mirtazapine</i>	43	<i>naftillin sodium</i>	200	NIKKI	94
MIRVASO	108	NAFRINSE	161	NILANDRON	63
<i>misoprostol</i>	185	NAFRINSE DAILY/NEUTRAL	165	<i>nimodipine</i>	87
<i>mite (d. farinae)</i>	200	NAFRINSE WEEKLY	165	NINLARO	70
<i>mite (d. pteronyssinus)</i>	200	<i>naftifine hcl</i>	102	NIPENT	200
<i>mitoxantrone hcl</i>	200	NAFTIN	102	<i>nisoldipine er</i>	87
<i>mixed ragweed</i>	200	NAGLAZYME	133	<i>nitisinone</i>	132
MM EASY TOUCH GLUCOSE	122	<i>naloxone hcl</i>	53, 54	NITRO-BID	31
MM TWIST LANCETS	153	<i>naltrexone hcl</i>	54	NITRO-DUR	31
<i>modafinil</i>	10	NAMENDA XR TITRATION PACK	177	<i>nitrofurantoin</i>	61
<i>moderna covid-19 vaccine</i>	187	<i>naproxen</i>	14	<i>nitrofurantoin macrocrystal</i>	61
<i>moexipril hcl</i>	58	<i>naproxen dr</i>	14	<i>nitrofurantoin monohyd macro</i>	61
<i>mometasone furoate</i>	107	<i>naproxen sodium</i>	14	<i>nitroglycerin</i>	31
MONOLET LANCETS	153	<i>naratriptan hcl</i>	161	NITROMIST	31
MONOLET OPD LANCETS	153	NARCAN	54	NITYR	132
MONOLETTOR SAFETY		NASCOBAL	142	NIVESTYM	143
LANCETS	153	NATACYN	169	<i>nizatidine</i>	184
MONO-LINYAH	94	NATAZIA	97	NOCDURNA	135
MONONESSA	94	<i>nateglinide</i>	51	NOLIX	107
MONONINE	200	NATPARA	200	NORA-BE	98
<i>montelukast sodium</i>	37	NATROBA	109	NORDITROPIN FLEXPRO	130
MONUROL	61	NATURE-THROID	183	<i>norethin ace-eth estrad-fe</i>	94
<i>morphine sulfate</i>	25, 26	NAYZILAM	39	<i>norethindrone acetate</i>	173
<i>morphine sulfate (concentrate)</i>	25	<i>nebivolol hcl</i>	86	<i>norethindrone acet-ethinyl est</i>	94
<i>morphine sulfate er</i>	25	NECON 0.5/35 (28)	94	<i>norgestim-eth estrad triphasic</i>	98
<i>morphine sulfate er beads</i>	25	NECON 1/35 (28)	94	NORLYDA	98
MOTEGRITY	136	<i>nefazodone hcl</i>	44	NORLYROC	98
MOTOFEN	53	<i>neomycin sulfate</i>	11	NORPACE CR	33
<i>mountain cedar</i>	200	<i>neomycin-polymyxin-dexameth</i>	170	NORTHERA	189
MOVANTIK	138	<i>neomycin-polymyxin-gramicidin</i>	169	NORTREL 0.5/35 (28)	94
<i>moxifloxacin hcl</i>	136, 168	<i>neomycin-polymyxin-hc</i>	170, 171	NORTREL 1/35 (21)	94
<i>moxifloxacin hcl (2x day)</i>	168	NEO-POLYCIN	169	NORTREL 1/35 (28)	94
MOZOBIL	142	NEORAL	163	NORTREL 7/7/7	98
<i>mpd safety lancet 21g</i>	153	NERLYNX	69	<i>nortriptyline hcl</i>	45
<i>mpd safety lancet 23g</i>	153	NESINA	46	NORVIR	82
<i>mpd safety lancet 28g</i>	153	NEULASTA	143	NOURIANZ	76
<i>mpd safety lancet 30g</i>	153	NEULASTA ONPRO	143	NOVA MAX GLUCOSE TEST	122
MULPLETA	144	NEUPOGEN	143	NOVA SAFETY LANCETS 23G	153
MULTAQ	33	NEUPRO	77	NOVA SAFETY LANCETS 28G	153
<i>mupirocin</i>	102	NEUTEK 2TEK TEST	122	NOVA SUREFLEX LANCETS	153
MY CHOICE	96	NEVANAC	169	NOVAREL	200
MY WAY	96	<i>nevirapine</i>	82	NOVOEIGHT	200
MYALEPT	133	<i>nevirapine er</i>	82	NOVOLIN 70/30	49
MYCAMINE	200	NEW DAY	96	NOVOLIN 70/30 FLEXPEN	49
MYCAPSSA	134	NEXAVAR	69	NOVOLIN 70/30 FLEXPEN	
<i>mycophenolate mofetil</i>	164	NEXLETOL	56	RELION	49
<i>mycophenolate sodium</i>	164	NEXLIZET	56	NOVOLIN 70/30 RELION	49
MYFEMBREE	135	<i>niacin er (antihyperlipidemic)</i>	57	NOVOLIN N	49
MYGLUCOHEALTH LANCETS		<i>nicardipine hcl</i>	87	NOVOLIN N FLEXPEN	49
30G	153	NICORELIEF	179	NOVOLIN N FLEXPEN RELION	49
MYGLUCOHEALTH TEST	122	NICORETTE	179	NOVOLIN N RELION	49
MYLERAN	63	<i>nicotine</i>	179	NOVOLIN R	49
MYLOTARG	64	<i>nicotine mini</i>	179	NOVOLIN R FLEXPEN	49
MYNATAL	165	<i>nicotine step 1</i>	179	NOVOLIN R FLEXPEN RELION	49
MYNATAL ADVANCE	165	<i>nicotine step 2</i>	179	NOVOLIN R RELION	49

NOVOLOG	49	<i>ondansetron</i>	54	ORGOVYX	73
NOVOLOG FLEXPEN	49	<i>ondansetron hcl</i>	54	ORILISSA	130
NOVOLOG MIX 70/30	49	<i>one drop test</i>	123	ORKAMBI	181
NOVOLOG MIX 70/30 FLEXPEN	49	ONETOUCH CLUB LANCETS		ORLADEYO	141
NOVOLOG PENFILL	50	FINE PT	153	<i>orphenadrine citrate er</i>	166
NOVOSEVEN RT	200	ONETOUCH DELICA LANCETS		ORSYTHIA	94
NOXAFIL	55	30G	153	ORTIKOS	100
NPLATE	144	ONETOUCH DELICA LANCETS		<i>oscimin</i>	184
NUCALA	37	33G	153	<i>oseltamivir phosphate</i>	85
NUCYNTA	26	ONETOUCH DELICA PLUS		OSMOLEX ER	77
NUCYNTA ER	26	LANCET30G	153	OSMOPREP	146
NUDEXTA	177	ONETOUCH DELICA PLUS		OTEZLA	14
NULOJIX	164	LANCET33G	153	OTIPRIO	201
NUPLAZID	78	ONETOUCH FINEPOINT		OVIDE	109
NURTEC	160	LANCETS	153	<i>oxacillin sodium</i>	201
NUTROPIN AQ NUSPIN 10	130, 131	ONETOUCH ULTRA	123	<i>oxaliplatin</i>	201
NUTROPIN AQ NUSPIN 20	131	ONETOUCH ULTRASOFT		<i>oxandrolone</i>	30
NUTROPIN AQ NUSPIN 5	131	LANCETS	153	<i>oxaprozin</i>	14
NUWIQ	200	ONETOUCH VERIO	123	OXAYDO	26
NUZYRA	182	ONGENTYS	78	<i>oxazepam</i>	33
NYAMYC	102	ONGLYZA	47	OXBRYTA	143
NYLIA 1/35	94	ONIVYDE	201	<i>oxcarbazepine</i>	41
NYLIA 7/7/7	98	ONUREG	64	OXERVATE	169
<i>nystatin</i>	55, 102, 164	OPCICON ONE-STEP	96	<i>oxiconazole nitrate</i>	108
<i>nystatin-triamcinolone</i>	102	OPDIVO	201	<i>oxybutynin chloride</i>	185
NYSTOP	102	OPSUMIT	88	<i>oxybutynin chloride er</i>	185
NYVEPRIA	143	OPTICHAMBER ADVANTAGE-LG		<i>oxycodone hcl</i>	26, 27
OB COMPLETE	165	MASK	159	<i>oxycodone-acetaminophen</i>	29
OB COMPLETE ONE	165	OPTICHAMBER ADVANTAGE-		<i>oxycodone-aspirin</i>	29
OB COMPLETE/DHA	165	MED MASK	159	<i>oxycodone-ibuprofen</i>	29
<i>obizur</i>	200	OPTICHAMBER ADVANTAGE-		OXYCONTIN	27
OALIVA	136	SM MASK	159	<i>oxymorphone hcl</i>	28
OCELLA	94	OPTICHAMBER DIAMOND	159	<i>oxymorphone hcl er</i>	27
OCREVUS	200	OPTICHAMBER DIAMOND-LG		OZEMPIC (0.25 OR 0.5	
OCTAGAM	172	MASK	159	MG/DOSE)	50
<i>octreotide acetate</i>	134	OPTICHAMBER DIAMOND-MD		OZEMPIC (1 MG/DOSE)	50
ODACTRA	11	MASK	159	PACERONE	33
ODEFSEY	81	OPTICHAMBER DIAMOND-SM		<i>paclitaxel</i>	201
ODOMZO	68	MASK	159	PALFORZIA (12 MG DAILY	
OFEV	182	OPTICHAMBER FACE MASK-		DOSE)	10
<i>ofloxacin</i>	136, 168, 171	LARGE	159	PALFORZIA (120 MG DAILY	
OGESTREL	94	OPTICHAMBER FACE MASK-		DOSE)	10
<i>olanzapine</i>	80	MEDIUM	159	PALFORZIA (160 MG DAILY	
<i>olanzapine-fluoxetine hcl</i>	181	SMALL	159	DOSE)	10
<i>olmesartan medoxomil</i>	59	OPTIHALER	159	PALFORZIA (20 MG DAILY	
<i>olmesartan medoxomil-hctz</i>	59	OPTIMAL-D	192	DOSE)	10
<i>olmesartan-amlodipine-hctz</i>	60	OPTION 2	96	PALFORZIA (200 MG DAILY	
<i>olopatadine hcl</i>	167, 168	OPTIONS CONCEPTROL	188	DOSE)	10
OLUMIANT	11	OPTIONS GYNOL II		PALFORZIA (240 MG DAILY	
<i>omega-3-acid ethyl esters</i>	56	CONTRACEPTIVE	188	DOSE)	10
<i>omeprazole</i>	185	OPTIUM TEST	123	PALFORZIA (3 MG DAILY DOSE)	10
OMEPRAZOLE+SYRSPEND SF		OPTIUMEZ TEST	123	PALFORZIA (300 MG	
ALKA	185	OPZELURA	105	MAINTENANCE)	10
OMNIFLEX DIAPHRAGM	147	ORALAIR	11	PALFORZIA (300 MG	
OMNIPOD 5 PACK	157	ORALONE	165	TITRATION)	10
OMNIPOD DASH 5 PACK PODS	157	ORENCIA	14, 201	PALFORZIA (40 MG DAILY	
OMNIPOD DASH SYSTEM	200	ORENCIA CLICKJECT	14	DOSE)	10
OMNIPOD STARTER	200	ORENITRAM	87	PALFORZIA (6 MG DAILY DOSE)	10
OMNITROPE	131	ORFADIN	132	PALFORZIA (80 MG DAILY	
ONCASPAR	200			DOSE)	10

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<i>pamidronate disodium</i>	129	PHENADOZ	55	PR NATAL 400 EC	166
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PANDA MASK LARGE	159	<i>phenelzine sulfate</i>	43	PRALUENT	58
PANDA MASK MEDIUM	159	<i>phenobarbital</i>	144	<i>pramipexole dihydrochloride</i>	77
PANDA MASK SMALL	159	<i>phenoxybenzamine hcl</i>	59	PRAMOSONE	109
PANRETIN	103	<i>phentermine hcl</i>	9	<i>prasugrel hcl</i>	141
<i>pantoprazole sodium</i>	185	PHENYTEK	42	<i>pravastatin sodium</i>	57
<i>paricalcitol</i>	132	<i>phenytoin</i>	42	<i>praziquantel</i>	31
PAROEX	165	PHILITH	94	<i>prazosin hcl</i>	60
<i>paromomycin sulfate</i>	11	PHOSPHA 250 NEUTRAL	162	PRECISION PCX	123
<i>paroxetine hcl</i>	44	PHOSPHOLINE IODIDE	168	PRECISION PCX PLUS TEST	123
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PEGASYS	85	PIMTREA	90	PRED-G	170
PEGASYS PROCLICK	85	<i>pindolol</i>	86	PRED-G S.O.P.	170
PEGINTRON	85	<i>pioglitazone hcl</i>	52	<i>prednicarbate</i>	107
<i>peg-kcl-nacl-nasulf-na asc-c</i>	146	<i>pioglitazone hcl-metformin hcl</i>	52	<i>prednisolone</i>	100
PEMAZYRE	67	<i>pip lancets 28g</i>	153	<i>prednisolone acetate p-f</i>	170
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<i>pen needles 1/2"</i>	157	<i>piperacillin sod-tazobactam so</i>	201	100, 170
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<i>penicillin g potassium</i>	201	PLAN B ONE-STEP	96	<i>preferred plus lancets thin</i>	153
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<i>pentazocine-naloxone hcl</i>	30	<i>pnv-select</i>	165	PREMPRO	135
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<i>pro comfort lancets 31g</i>	153	<i>px lancets ultra thin</i>	154	RAYALDEE	132
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<i>prochlorperazine maleate</i>	79	<i>qc lancets super thin 30g</i>	154	PACK	175
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<i>rifampin</i>	62	<i>saps twist top lancets</i>	154	<i>sm aspirin</i>	20
RIFATER	62	<i>saps scare twist top lancets</i>	154	<i>sm aspirin adult low strength</i>	20
RIGHTEST GL300 LANCETS	154	SAVAYSA	38	<i>sm aspirin ec</i>	20
RIGHTEST GS100 BLOOD GLUCOSE	125	SAVELLA	174	<i>sm aspirin ec low strength</i>	20
RIGHTEST GS300 BLOOD GLUCOSE	126	SAVELLA TITRATION PACK	174	<i>sm childrens aspirin</i>	20
RIGHTEST GS550 BLOOD GLUCOSE	126	<i>sb aspirin</i>	19, 20	<i>sm lancets 33g</i>	154
RIGHTEST GT333 BLOOD GLUCOSE	126	<i>sb aspirin ec</i>	19	<i>sm nicotine</i>	180
<i>riluzole</i>	167	<i>sb childrens aspirin</i>	20	<i>sm nicotine polacrilex</i>	180
<i>rimantadine hcl</i>	85	<i>sb lancets thin</i>	154	<i>sm vitamin d</i>	192
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STALEVO 200	77	SYMLINPEN 120	45	<i>testosterone</i>	30
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STALEVO 75	77	SYMPAZAN	39	<i>testosterone enanthate</i>	30
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STIVARGA	69	SYNRIBO	72	<i>tgt lancet thin 26g</i>	155
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<i>streptomycin sulfate</i>	202	TABLOID	64	THALITONE	129
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<i>today's health thin lancets 30g</i>	155	TRI-LO-MILI	99	ULORIC	140
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