

Prescription Medication Formulary

AdvanceHealth, BlueSignature Prosano, EverydayHealth, and PPO PremierHealth Plans

Effective 1/1/25

Your prescription medications fall into one of seven categories or “tiers.” This means the member cost share for covered prescription medications varies depending on which tier a medication is in. Each tier may have a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

Tier	Description
\$0	Preventive Medications including Women’s Prevention (primarily generics)
1a	Lower Cost Share (select medications)
1b	Low Cost Share
2	Moderate Cost Share
3	Highest Cost Share
SP	Specialty Drugs (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	Medical Benefit (when covered, these medications will be under the medical benefit)

Questions?

Additional information about your benefits, including the formulary, claim forms, other resources, and pharmacy coverage guidelines for precertification, may be found on our public website at <https://www.azblue.com/healthcareprofessionals/resource-center/pharmacy-management/pharmacy-information/qualified-health-plans>.

You can also log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday



What Is Covered on the Formulary?

This is the list of covered formulary medications chosen by the Blue Cross® Blue Shield® of Arizona (AZ Blue) Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists.

AZ Blue covers the medications listed as long as:

- The medication is medically necessary and appropriate
- The medication has been approved by the Food and Drug Administration (FDA) for the diagnosis for which the medication has been prescribed
- The medication is not a benefit plan exclusion

Depending on the specifics of your benefit plan, other conditions may apply, such as requiring the medication to be filled at a AZ Blue network pharmacy.

Additionally, covered medications are subject to limitations, including but not limited to, prior authorization, step therapy, quantity, age, gender, dosage, and frequency of refills.

What if my Medication is not on the Formulary?

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. Non-Formulary medications are not covered unless an exception is made. Requirements are outlined in the [QHP Non Formulary Medications Coverage Guideline](#).

Non-Formulary Exception 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 [Pharmacy Prior Authorization Request Form](#) and providing appropriate documentation supporting the request. The form and documentation may be submitted by fax to 602-864-3126 or by email to pharmacyprecert@azblue.com.

A non-formulary exception request does not guarantee approval. Drugs that are not listed on the formulary below but are considered specific benefit plan exclusions will not be covered (see “What is Not Covered?” below).

Formulary exception requests are reviewed within 72 hours from the time that the complete request has been received. 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.

These medications are initially reviewed by AZ Blue through the formulary exception review process. If your request is denied, you have the right to an external review and detailed instructions will be provided on your denial letter.

What Is Not Covered (Benefit Exclusion)?

Certain medications or medication classes are pharmacy benefit plan exclusions, including but not limited to the items below:

- Athletic performance
- Clinic packs
- ‘Combination’ products, including:
 - Medications packaged with one other or multiple other prescription products
 - Medications packaged with over-the-counter medications, supplies, medical foods, vitamins, or other excluded products
- Cosmetic purposes
- Excluded Drugs List
 - Medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form
 - Medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations
- Experimental and/or investigational
- Fertility/infertility
- Lifestyle enhancement
- Medical foods
- Medical devices, unless specifically noted in the listing below
- Non-FDA approved, including DESI
- Off-label, unlabeled and orphan medications, unless specifically noted in the listing below
- Over-the-counter (OTC) medications that can be obtained without a prescription, unless specifically noted in the listing below and obtained using a prescription
 - Medications with primary therapeutic ingredients that are sold over the counter in any form, strength, packaging, or name
- Sexual dysfunction
- Unit-dose packaging, unless that is the only form in which the medication is available
- Weight Gain or Loss

Medications that exceed limitations, including quantity, age, gender, and refill limits, may not be covered. Coverage is not available for medications used to treat a condition not covered under your benefit plan. If a medication does not process at the pharmacy and you do not understand why, please contact us. Medications may reject for many reasons, including member eligibility, exclusion status, quantity, age, gender, dosage, and/or frequency of refill limitations.

If you need to verify medication coverage or requirements, refer to your benefit book or contact us.

How Much Will My Medications Cost?

Benefits and cost sharing for prescription medications vary depending on your benefit plan terms, the medication prescribed, and whether the medication is obtained at a retail pharmacy, a specialty pharmacy, or a mail order pharmacy. Please consult the member benefit plan book and Summary of Benefits and Coverage (SBC) for a complete description of the prescription medication benefit. If the information in this section differs from the applicable benefit plan, the terms of your benefit plan apply.

If your plan does not cover a medication and you obtain it, you will have to pay the full cost of the medication and costs incurred for non-covered medications are not applied to the deductible or out-of-pocket-maximum.

No exceptions will be made regarding the assigned tier of a medication.

When and Why Are Tier Changes Made? How Will I Know?

Medications may change tier twice each year (January 1 and July 1). AZ Blue's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

A medication may change tiers for a variety of reasons, including but not limited to:

- Recommendation by the AZ Blue P&T Committee
- Availability of a new generic option
- New clinical information

Mandatory Generics

If you purchase a brand-name medication when a generic equivalent is available, you will pay the tier 1a or 1b copay plus the difference between the allowed amounts for the generic and brand-name medications, even if the prescribing provider indicates on the prescription that the brand-name medication is what you should have.

Exceptions are made when a medication is approved through the step therapy process if all alternative medications have been tried and failed, or when AZ Blue requires the brand-name medication to be utilized as the preferred medication. Please refer to your benefit book or contact the pharmacy customer service phone number on the back of your ID card with any questions.

Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

Abbreviations Quick Reference

AL: Age Limit

DS: Days' Supply Limit

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

SP: Specialty Pharmacy Distribution

ST: Step Therapy

Utilization Management & Limitation Abbreviations with Explanations

AL: Age Limit

Coverage may be limited to specific patient age(s) based on recommendations by the Food and Drug Administration (FDA). If a medication is outside of age limits, it will reject at the pharmacy; your provider may request Prior Authorization.

DS: Days' Supply Limit

Coverage may be limited to specific minimum or maximum days' supply. If a medication is above days' supply limits, it will reject at the pharmacy; your provider may request Prior Authorization.

Additionally, general days' supply maximum apply as noted below:

Retail	Retail-90	Mail Order	Specialty
30 days' supply	90 days' supply	90 days' supply	30 days' supply

Please note, certain benefit plans may not offer retail-90, or retail-90 may be limited to maintenance medications only.

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called 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 *View resources for QHP Pharmacy Plans*. Forms are listed at the bottom of the page by medication name under "Pharmacy Coverage Guidelines and Precertification Forms". If the medication being requested is not listed under the specific forms section, please use 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 by your provider as urgent are reviewed within 72 hours. 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.

What is a Pharmacy Coverage Guideline?

The AZ Blue Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a

non-covered claim, the provider has the option to appeal the decision.

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

- Precertification Guidelines and Forms
- Mail Order Enrollment Forms
- Claim Forms

QL: Quantity Limit

Coverage may be limited to specific quantities per prescription and/or time period based on FDA recommendations. Coverage may also be stricter for controlled substances. If a medication is above quantity limits, it will reject at the pharmacy; your provider may request Prior Authorization.

R&M: Retail & Mail Distribution

Distribution limitations may apply.

- **Retail**—AZ Blue uses Optum’s National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for AZ Blue members. Certain benefit plans may offer a limited network that excludes CVS and Target.
- **Mail order**—AZ Blue does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is AZ Blue’s exclusive mail order pharmacy provider. Complete the [Mail Order Pharmacy Form](#) on azblue.com to get started.

SP: Specialty Pharmacy Distribution

These medications are covered up to a 30-day supply and include self-injectable, oral, topical, and inhaled medications. The preferred specialty pharmacy is Optum Specialty Pharmacy. Please call Optum Specialty Pharmacy at (866) 618-6741 to begin working with a Patient Care Coordinator who will guide you through the process of getting your prescription filled through Optum Specialty Pharmacy.

ST: Step Therapy

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.



Blue Cross Blue Shield of Arizona Formulary
AdvanceHealth, BlueSignature Prosano, EverydayHealth, and PPO PremierHealth plans

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List of Abbreviations

\$0: Zero Cost Share

T1a: Tier 1a

T1b: Tier 1b

MB: Medical Benefit

SP: Specialty Medications

T2: Tier 2

T3: Tier 3

M: Male Only

QL: Quantity Limit

AI: Additional Information

F: Female Only

Notes: Notes

PA: PA Applies

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

AdvanceHealth, BlueSignature Prosano, EverydayHealth, and PPO PremierHealth plans

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er oral tablet extended release 12 hour</i>		T3	QL (2 EA per 1 day)
<i>guanfacine hcl er</i>		T1b	AG (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg</i>		T1b	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>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg</i>		T1b	AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 25 mg</i>		T1b	AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 40 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 60 mg</i>		T1b	AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	T3		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (1 capsule per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T3		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (3 capsules per 1 day)
*Amphetamine Mixtures***			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>		T2	QL (3 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg</i>		T2	QL (2 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		T1b	QL (3 EA per 1 day); AG (Min 6 Years)
*Amphetamines***			
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T1b	QL (3 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T1b	QL (4 EA per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate</i>		T3	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methamphetamine hcl</i>		T1b	QL (3 EA per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG	T1b	T1b	QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Anorexiant Non-Amphetamine***			
<i>phendimetrazine tartrate</i>		T3	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		T3	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	T3		PA
*Stimulant Combinations***			
AZSTARYS	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
*Stimulants - Misc.***			
ADHANSIA XR	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>		T3	QL (1 EA per 1 day); AG (Min 18 Years)
<i>armodafinil oral tablet 50 mg</i>		T3	QL (2 EA per 1 day); AG (Min 18 Years)
DAYTRANA (Methylphenidate)	T3	T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T2	QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		T2	QL (2 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T2	QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>		T1b	AI (Max #180 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>		T2	AI (Max #90 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>		T2	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</i>		T2	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		T3	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg</i>		T1b	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg</i>		T2	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>		T2	QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (xr)</i>		T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl er oral tablet extended release</i>		T2	QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T2	QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T3	QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>		T2	QL (6 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		T2	QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		T3	QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil oral</i>		T2	QL (2 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T3		PA
PALFORZIA (12 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T3		PA
*Mixed Allergenic Extracts***			
ODACTRA	T3		PA
ORALAIR	T3		PA

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Drug Name	Brand	Generic	Additional Information
Amebicides			
*Amebicides***			
SOLOSEC	T3		QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>neomycin sulfate oral</i>		T3	
<i>tobramycin inhalation</i>		SP	SP; AI (30 day supply max)
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RINVOQ	SP		PA; SP; AI (30 day supply max)
RINVOQ LQ	SP		PA; SP; AI (30 day supply max)
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 1 day); AG (Max 18 Years)
XELJANZ ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XELJANZ XR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
<i>adalimumab-adbm (2 pen)</i>		SP	PA; SP
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(cdluc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>		SP	PA; SP
<i>adalimumab-adbm(cdluc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>		SP	PA; SP
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (Adalimumab-adbm (2 Pen)) 40 MG/0.4ML	SP	SP	PA; SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (Adalimumab-adbm) 40 MG/0.8ML	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (Adalimumab-adbm) 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (Adalimumab-adbm (2 Syringe)) 40 MG/0.4ML	SP	SP	PA; SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (Adalimumab-adbm (2 Pen)) 40 MG/0.4ML	SP	SP	PA; SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (Adalimumab-adbm) 40 MG/0.8ML	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (Adalimumab-adbm (2 Pen)) 40 MG/0.4ML	SP	SP	PA; SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (Adalimumab-adbm) 40 MG/0.8ML	SP	SP	PA; SP; AI (30 day supply max)
HADLIMA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HADLIMA PUSHTOUCH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)

Drug Name	Brand	Generic	Additional Information
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA-PED<40KG CROHNS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PED>=40KG CROHNS START	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PED>=40KG UC STARTER	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA-PS/UV/ADOL HS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PSORIASIS/UEVIT STARTER	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Gold Compounds***			
RIDAURA	T3		

Drug Name	Brand	Generic	Additional Information
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	SP		PA; SP
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KEVZARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T1b	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
<i>diclofenac potassium oral tablet 50 mg</i>		T1b	
<i>diclofenac sodium er</i>		T1b	
<i>diclofenac sodium oral</i>		T1b	
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1b	QL (3 EA per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1b	QL (2 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1b	AI (Max #540 Mail Order); QL (6 EA per 1 day)
<i>etodolac oral capsule 300 mg</i>		T1b	AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>fenoprofen calcium oral tablet</i>		T3	
<i>flurbiprofen oral</i>		T1b	
<i>ibuprofen oral suspension</i>		T1b	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1b	
<i>indomethacin er</i>		T3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1b	
<i>ketorolac tromethamine oral</i>		T1b	QL (20 EA per 5 days)

Drug Name	Brand	Generic	Additional Information
<i>meclofenamate sodium oral capsule 100 mg</i>		T2	
<i>meclofenamate sodium oral capsule 50 mg</i>		T3	
<i>mefenamic acid oral</i>		T3	
<i>meloxicam oral tablet 15 mg</i>		T1b	QL (1 EA per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>		T1b	QL (2 EA per 1 day)
<i>naproxen oral tablet</i>		T1b	
<i>naproxen sodium oral tablet 275 mg</i>		T1b	
<i>oxaprozin oral tablet</i>		T1b	
<i>piroxicam oral</i>		T1b	
RELAFEN ORAL TABLET (Nabumetone) 500 MG	T1b	T1b	
<i>sulindac oral</i>		T1b	
TOLECTIN 600	T3		
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 20 MG	SP		PA; SP
OTEZLA ORAL TABLET 30 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Year)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	SP		PA; SP; QL (1 pack per 1 Year)
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)

Drug Name	Brand	Generic	Additional Information
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1b	
<i>butalbital-apap-caffeine oral capsule</i>		T1b	QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		T1b	
<i>butalbital-asa-caffeine</i>		T1b	
*Salicylates***			
<i>adult aspirin regimen</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin 81 oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec adult low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin regimen</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
ASPIR-LOW (<i>Aspirin EC</i>)	\$0	\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (<i>Aspirin</i>)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE (<i>Aspirin EC</i>)	\$0	\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (<i>Aspirin</i>)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin EC</i>)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET CHEWABLE (<i>Aspirin</i>)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (<i>Aspirin EC</i>)	\$0	\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>childrens aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs genuine aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>diflunisal oral</i>		T1b	
ECOTRIN LOW STRENGTH (<i>Aspirin EC</i>)	\$0	\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
ECPIRIN (<i>Aspirin EC</i>)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>ft aspirin low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin oral tablet</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft enteric coated aspirin</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>genuine aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>goodsense aspirin adults</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>goodsense aspirin low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>h-e-b aspirin</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>hm adult aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin ec</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin ec low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>kp aspirin</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>meijer aspirin ec</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>mm aspirin oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>px aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>qc aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra pain relief aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin ec</i>		\$0	QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin adult low strength oral tablet chewable</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin adult low strength oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm aspirin ec</i>		\$0	QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin ec low strength</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm aspirin low dose oral tablet delayed release</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm childrens aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin EC)	\$0	\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin EC)	\$0	\$0	QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine #2</i>		T1b	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>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)
<i>acetaminophen-codeine #4</i>		T1b	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>		T2	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
ASCOMP-CODEINE (Butalbital-ASA-Caff-Codeine)	T1b	T1b	QL (6 EA per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1b	QL (60 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
*Dihydrocodeine Combinations***			
TREZIX ORAL CAPSULE (APAP-Caff-Dihydrocodeine) 320.5-30-16 MG	T3	T3	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 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		T1b	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>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>		T1b	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>		T1b	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 5-200 mg</i>		T1b	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)

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		T1b	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***			
<i>codeine sulfate oral tablet 15 mg</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T1b	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>		T1b	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>fentanyl</i>		T1b	PA; AI (30 day supply max); QL (0.34 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		T3	PA; AI (30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		T3	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg</i>		T3	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg</i>		T3	PA; QL (1 EA per 1 day); AG (Min 4 Years)
<i>hydromorphone hcl oral liquid</i>		T1b	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)

Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl oral tablet 2 mg</i>		T1b	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>		T1b	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>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>hydromorphone hcl rectal</i>		T3	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 (HYDROcodone Bitartrate ER)	T2	T2	PA; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>		T3	PA; QL (8 EA per 1 day)
<i>meperidine hcl oral solution</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (49 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		T1b	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>methadone hcl oral tablet</i>		T3	PA

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2.4 ML per 1 day)
<i>morphine sulfate er beads</i>		T3	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		T3	PA; QL (1 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>		T1b	QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T1b	QL (12.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		T3	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)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate rectal suppository 5 mg</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (8 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE <i>(Morphine Sulfate ER)</i>	T3	T1b	PA
NUCYNTA ER	T3		PA; 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)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T3		PA; 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 capsule</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		T1b	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>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		T2	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 20 mg</i>		T1b	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>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent</i>		T1b	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 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxyCODONE HCl ER</i>)	T3	T3	PA; AI (PA applies to new starts); QL (2 EA per 1 day)
<i>oxymorphone hcl er</i>		T3	PA; AI (PA applies to new starts); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxymorphone hcl oral tablet 10 mg</i>		T1b	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>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
SUBSYS	T3		PA; AI (30 day supply max)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>		T3	ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er</i>		T3	QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		T1b	AI (Max #720 Mail Order); QL (8 EA per 1 day)
XTAMPZA ER	T3		PA; QL (2 EA per 1 day)
*Opioid Combinations***			
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T1b	T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	T1b	T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-325 MG	T1b	T1b	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 solution 5-325 mg/5ml</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T1b	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)
PERCOCET ORAL TABLET 10-325 MG		T3	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.)
*Opioid Partial Agonists***			
BELBUCA		T3	PA; QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1b	QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1b	QL (4 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T3	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T3	QL (8 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T3	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T3	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T1b	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T1b	QL (2 EA per 1 day)
<i>buprenorphine transdermal</i>		T1b	PA; QL (0.143 EA per 1 day); AG (Min 18 Years)
<i>butorphanol tartrate nasal</i>		T3	AI (2x 2.5ml bottles per month); QL (5 ML per 30 days)
<i>pentazocine-naloxone hcl</i>		T1b	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG		T2	QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2		QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		QL (2 EA per 1 day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		T1b	QL (8 EA per 1 day)
Androgens-Anabolic			
*Androgens***			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T3		PA
<i>danazol oral</i>		T3	QL (4 EA per 1 day)
KYZATREX	T3		PA
<i>methitest</i>		T3	PA
<i>methyltestosterone oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>		T1b	QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>		T1b	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>		T1b	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>		T2	QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>		T3	PA; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		T2	AI (5mg per day); QL (5 MG per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>		T2	QL (5 GM per 1 day)
TLANDO	T3		PA
Anorectal And Related Products			
*Intrarectal Steroids***			
<i>hydrocortisone rectal enema</i>		T1b	
*Nitrate Vasodilating Agents***			
RECTIV (<i>Nitroglycerin</i>)	T3	T3	
Antacids			
*Antacids - Calcium Salts***			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T3	PA
Anthelmintics			
*Anthelmintics***			
<i>albendazole oral</i>		T3	PA
<i>benznidazole</i>		T3	QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>ivermectin oral</i>		T1b	PA
<i>praziquantel oral</i>		T3	

Drug Name	Brand	Generic	Additional Information
Antianginal Agents			
*Antianginals-Other***			
<i>ranolazine er</i>		T2	QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1b	
<i>isosorbide mononitrate</i>		T2	
<i>isosorbide mononitrate er</i>		T2	
NITRO-BID	T2		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>nitroglycerin sublingual</i>		T1b	
<i>nitroglycerin transdermal patch 24 hour</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>nitroglycerin translingual solution</i>		T3	
NITROMIST	T3		QL (0.6 GM per 1 day)
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg</i>		T1b	AI (Max #540 Mail Order); QL (6 EA per 1 day)
<i>buspirone hcl oral tablet 15 mg</i>		T1b	AI (Max #120 Mail Order); QL (4 EA per 1 day)
<i>buspirone hcl oral tablet 30 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>buspirone hcl oral tablet 5 mg</i>		T1b	AI (Max #1080 Mail Order); QL (12 EA per 1 day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T3	
<i>hydroxyzine hcl oral syrup</i>		T1b	
<i>hydroxyzine hcl oral tablet</i>		T1b	
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		T1b	
<i>meprobamate oral tablet 200 mg</i>		T3	
*Benzodiazepines***			
<i>alprazolam er</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 18 Years)
<i>alprazolam xr</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (8 EA per 1 day); AG (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 9 Years)
<i>diazepam oral solution 5 mg/5ml</i>		T3	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>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1b		AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
<i>disopyramide phosphate oral</i>		T1b	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T3		

Drug Name	Brand	Generic	Additional Information
<i>quinidine gluconate er</i>		T2	
<i>quinidine sulfate oral</i>		T3	
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		T3	
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		T1b	
<i>propafenone hcl</i>		T1b	
<i>propafenone hcl er</i>		T3	
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
MULTAQ	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 16 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG	T1b	T1b	
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		T3	AI (Max #360 Mail Order); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); QL (2 EA per 1 day); AG (Min 12 Years)
*Adrenergic Combinations***			
ADVAIR HFA	T2		QL (12 GM per 30 days); AG (Min 3 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2		
BEVESPI AEROSPHERE	T3		ST (Step Therapy required: Required trial of ALL of the following in the last 12 months: Anoro Ellipta, Stiolto Respimat, and Spiriva Handihaler / Spiriva Respimat); QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone Furoate-Vilanterol) 100-25 MCG/ACT, 200-25 MCG/ACT	T2	T2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2		AG (Min 5 Years)
BREYNA (Budesonide-Formoterol Fumarate)	T3	T3	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)

Drug Name	Brand	Generic	Additional Information
BREZTRI AEROSPHERE	T3		ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Trelegy Ellipta, Bevespi Aerosphere, and Duaklir Pressair); QL (0.383 GM per 1 day); AG (Min 18 Years)
COMBIVENT RESPIMAT	T3		AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T3		ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); QL (0.0358 EA per 1 day); AG (Min 18 Years)
DULERA	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>		T2	QL (12 GM per 30 days); AG (Min 3 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1b	QL (0.035 EA per 1 day); AG (Min 12 Years)
<i>ipratropium-albuterol</i>		T1b	AI (Max #1620ml mail order); QL (540 ML per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T2		AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone-Salmeterol) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T2	T2	QL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		T1b	
*Beta Adrenergics***			
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>		T1b	
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1b	AI (Max #15 Mail Order)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1b	AI (Max #1125ml Mail Order)

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Drug Name	Brand	Generic	Additional Information
<i>albuterol sulfate oral</i>		T1b	
<i>arformoterol tartrate</i>		T3	QL (60 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		T3	QL (120 ML per 30 days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>		T2	AI (Max #810ml mail order); QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T2	AI (Max #810ml Mail Order); QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1b	AI (Max #270 vials mail order); QL (90 EA per 30 days)
<i>levalbuterol tartrate</i>		T3	ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 GM per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2		QL (1 EA per 30 days)
STRIVERDI RESPIMAT	T3		ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva); QL (0.15 GM per 1 day); AG (Min 18 Years)
<i>terbutaline sulfate oral</i>		T1b	
VENTOLIN HFA (Albuterol Sulfate HFA)	T3	T1b	
*Bronchodilators - Anticholinergics***			
ATROVENT HFA	T2		AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3		
<i>ipratropium bromide inhalation</i>		T1b	
LONHALA MAGNAIR REFILL KIT	T3		ST (Step Therapy required: 2 of the following for 3 months Incruse Ellipta, Tudorza Pressair, Spiriva); QL (2 ML per 1 day); AG (Min 18 Years)
SPIRIVA HANDHALER	T2		QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2		QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
YUPELRI	T3		PA
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	SP		PA; SP

Drug Name	Brand	Generic	Additional Information
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUCALA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>montelukast sodium oral tablet</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>zafirlukast</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
<i>roflumilast</i>		T3	QL (1 EA per 1 day); AG (Min 18 Years)
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T2		AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARNUITY ELLIPTA	T2		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX HFA	T2		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>		T2	AI (Max #360ml Mail Order)
<i>budesonide inhalation suspension 1 mg/2ml</i>		T2	AI (Max #180ml per 90 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone Propionate Diskus) 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T2	T2	QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FLOVENT HFA (<i>Fluticasone Propionate HFA</i>)	T2	T2	
PULMICORT FLEXHALER	T2		
QVAR REDIHALER	T2		
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP
*Xanthines***			
<i>aminophylline anhydrous</i>		T3	PA
ELIXOPHYLLIN (<i>Theophylline</i>)	T1b	T1b	
THEO-24	T3		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>		T3	QL (3 tabs per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		T3	
<i>theophylline er oral tablet extended release 24 hour</i>		T1b	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN (<i>Warfarin Sodium</i>)	T1b	T1a	
*Direct Factor Xa Inhibitors***			
ELIQUIS	T2		QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2		QL (74 EA per 28 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2		QL (10 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T2		QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	T2		QL (2 EA per 1 day)
XARELTO STARTER PACK	T2		QL (51 EA per 28 days)
*Heparins And Heparinoid-Like Agents***			
BD HEPARIN POSIFLUSH (<i>Heparin Na (Pork) Lock Flsh PF</i>)	T3	T3	QL (120 ML per 30 days)
<i>heparin na (pork) lock flsh pf</i>		T3	QL (120 ML per 30 days)
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>		T3	QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		T3	QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution prefilled syringe</i>		T3	QL (120 ML per 30 days)
<i>heparin sodium (porcine) pf</i>		T3	QL (120 ML per 30 days)
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		T1b	
<i>enoxaparin sodium injection solution prefilled syringe</i>		T1b	QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T3		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3		
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium</i>		T1b	
*Thrombin Inhibitors - Selective Direct & Reversible***			
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>		T2	QL (2 capsules per 1 day)
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>		T2	QL (2 EA per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	T2		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension</i>		T3	QL (8 ML per 1 day)
<i>clobazam oral tablet</i>		T3	QL (2 EA per 1 day); AG (Min 2 Years)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1b	QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1b	QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1b	QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1b	QL (4 EA per 1 day)
<i>diazepam rectal gel 2.5 mg</i>		T3	AI (Max #9 per fill Retail or Mail Order); QL (10 EA per 30 days)
NAYZILAM	T3		PA
VALTOCO 10 MG DOSE	T3		PA
VALTOCO 15 MG DOSE	T3		PA
VALTOCO 20 MG DOSE	T3		PA
VALTOCO 5 MG DOSE	T3		PA
*Anticonvulsants - Misc.***			
APTOM ORAL TABLET 200 MG, 400 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (1 EA per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
BRIVIACT ORAL SOLUTION	T3		ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (20 ML per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET	T3		ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (2 EA per 1 day); AG (Min 4 Years)
<i>carbamazepine er</i>		T1b	
<i>carbamazepine oral suspension 100 mg/5ml</i>		T1b	
<i>carbamazepine oral tablet chewable</i>		T1b	
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPITOL (<i>carBAMazepine</i>)	T1b	T1b	
EPRONTIA	T3		ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (16 ML per 1 day)
<i>gabapentin oral capsule</i>		T1b	
<i>gabapentin oral solution 250 mg/5ml</i>		T1b	
<i>gabapentin oral tablet 600 mg, 800 mg</i>		T1b	
<i>lacosamide oral solution</i>		T3	
<i>lacosamide oral tablet</i>		T2	
<i>lamotrigine er</i>		T1b	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>		T3	AG (Max 6 Years)
<i>lamotrigine oral tablet</i>		T1b	
<i>lamotrigine oral tablet chewable</i>		T1b	
<i>lamotrigine oral tablet dispersible</i>		T1b	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1b	QL (6 EA per 1 day); AG (Min 12 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>		T1b	AG (Min 12 Years)
<i>levetiracetam oral solution 100 mg/ml</i>		T1b	
<i>levetiracetam oral tablet</i>		T1b	
<i>oxcarbazepine</i>		T1b	
<i>pregabalin oral</i>		T1b	
<i>primidone oral tablet 250 mg, 50 mg</i>		T1b	
ROWEEPRA ORAL TABLET (<i>levETIRAcetam</i>) 500 MG	T1b	T1b	
<i>rufinamide</i>		T3	PA

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Drug Name	Brand	Generic	Additional Information
<i>topiramate er oral capsule er 24 hour sprinkle</i>		T3	ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); QL (1 EA per 1 day); AG (Min 3 Years)
<i>topiramate er oral capsule extended release 24 hour</i>		T3	ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (1 EA per 1 day); AG (Min 6 Years)
<i>topiramate oral capsule sprinkle</i>		T1b	QL (2 EA per 1 day)
<i>topiramate oral tablet</i>		T1b	
<i>zonisamide oral capsule 100 mg</i>		T1b	AI (Max #540 Mail Order)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		T1b	
ZTALMY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Carbamates***			
<i>felbamate</i>		T1b	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		T3	ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)		T3	ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		T3	ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET 25 MG		T3	QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
XCOPRI ORAL TABLET THERAPY PACK	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
*Gaba Modulators***			
<i>tiagabine hcl</i>		T3	
VIGADRONE (<i>Vigabatrin</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIGPODER	SP		PA; SP
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	T3		
PHENYTEK (<i>Phenytoin Sodium Extended</i>)	T1b	T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>phenytoin oral tablet chewable</i>		T1b	
<i>phenytoin sodium extended oral capsule 100 mg</i>		T1b	
*Succinimides***			
<i>ethosuximide oral</i>		T2	
<i>methsuximide</i>		T3	
*Valproic Acid***			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1b	
<i>divalproex sodium oral tablet delayed release 125 mg</i>		T1a	
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>		T1b	
<i>valproic acid oral capsule</i>		T1b	
<i>valproic acid oral solution 250 mg/5ml</i>		T1b	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet</i>		T1b	
<i>mirtazapine oral tablet dispersible 15 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T3	AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T3	AI (Max #180 Mail Order); QL (1 EA per 1 day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>		T1a	AI (Max #180 Mail Order); QL (3 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>		T1a	AI (Max #180 Mail Order); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>bupropion hcl oral</i>		T1b	
<i>maprotiline hcl oral tablet 25 mg</i>		T1b	
*Gaba Receptor Modulator - Neuroactive Steroid***			
ZURZUVAE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 16 Years)
MARPLAN	T3		
<i>phenelzine sulfate oral</i>		T1b	
<i>tranylcypromine sulfate</i>		T1b	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
<i>citalopram hydrobromide oral solution</i>		T1b	
<i>citalopram hydrobromide oral tablet 10 mg</i>		T1a	AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 20 mg</i>		T1b	AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 40 mg</i>		T1b	AI (Max #180 Mail Order)
<i>escitalopram oxalate oral solution</i>		T1b	
<i>escitalopram oxalate oral tablet 10 mg</i>		T1b	AI (Max #135 Mail Order)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>		T1b	AI (Max #90 Mail Order)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>		T1a	
<i>fluoxetine hcl oral capsule 40 mg</i>		T1b	
<i>fluoxetine hcl oral solution</i>		T1b	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1b	
<i>fluoxetine hcl oral tablet 60 mg</i>		T1b	QL (1 TAB per 1 day)
<i>fluvoxamine maleate</i>		T2	
<i>fluvoxamine maleate er</i>		T2	AI (Max #180 Mail Order); QL (1 EA per 1 day)
<i>paroxetine hcl er</i>		T3	QL (1 EA per 1 day)
<i>paroxetine hcl oral suspension</i>		T3	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>sertraline hcl oral concentrate</i>		T1b	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>		T1b	
<i>sertraline hcl oral tablet 25 mg</i>		T1a	
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1b	
<i>trazodone hcl oral tablet 300 mg</i>		T1b	AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD STARTER PACK	T3		QL (1 EA per 1 Lifetime); AG (Min 18 Years)
<i>vilazodone hcl</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)***			
<i>desvenlafaxine er</i>		T3	QL (1 EA per 1 day)
<i>desvenlafaxine succinate er</i>		T1b	QL (1 EA per 1 day)
DRIZALMA SPRINKLE	T3		QL (1 EA per 1 day); AG (Min 7 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1b	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T1b	QL (3 EA per 1 day)
FETZIMA	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FETZIMA TITRATION	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day)
<i>venlafaxine hcl er</i>		T1b	
<i>venlafaxine hcl oral tablet 100 mg, 75 mg</i>		T1b	
<i>venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg</i>		T1a	
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		T1b	
<i>amoxapine oral tablet 100 mg</i>		T1b	
<i>amoxapine oral tablet 150 mg, 25 mg, 50 mg</i>		T2	
<i>clomipramine hcl oral</i>		T1b	
<i>desipramine hcl oral</i>		T1b	
<i>doxepin hcl oral capsule</i>		T1b	
<i>doxepin hcl oral concentrate</i>		T1b	
<i>imipramine hcl oral</i>		T1b	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>nortriptyline hcl oral capsule</i>		T1b	
<i>protriptyline hcl</i>		T1b	
<i>trimipramine maleate oral capsule 50 mg</i>		T3	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1b	
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
*Biguanides***			
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1a	AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>		T1a	
<i>metformin hcl oral tablet 850 mg</i>		T1b	
*Diabetic Other - Combinations***			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1b		

Drug Name	Brand	Generic	Additional Information
*Diabetic Other***			
BAQSIMI ONE PACK	T2		QL (2 EA per 30 days)
BAQSIMI TWO PACK	T2		QL (1 EA per 30 days)
<i>diazoxide oral</i>		T3	
GLUCAGEN HYPOKIT	T2		
<i>glucagon emergency injection kit</i>		T2	QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted</i>		T2	QL (2 EA per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
NESINA (<i>Alogliptin Benzoate</i>)	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 18 Years)
ONGLYZA	T3		QL (1 tablet per 1 day); AG (Min 16 Years)
<i>saxagliptin hcl</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 16 Years)
TRADJENTA	T2		
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2		QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T2		
JENTADUETO XR	T2		QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO (<i>Alogliptin-metFORMIN HCl</i>)	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
KOMBIGLYZE XR (<i>sAXagliptin-metFORMIN ER</i>)	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)

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Drug Name	Brand	Generic	Additional Information
<i>sitagliptin base-metformin hcl</i>		T3	ST (Step Therapy required: through at least one of each type of drug in BOTH categories for 3 months each in the last 12 months: Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	T3		
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***			
OSENI ORAL TABLET (Alogliptin-Pioglitazone) 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
*Human Insulin***			
ADMELOG INJECTION (Insulin Lispro)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
ADMELOG SOLOSTAR (Insulin Lispro (1 Unit Dial))	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3		PA; QL (6 EA per 1 day); AG (Min 18 Years)
APIDRA	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
BASAGLAR KWIKPEN (Insulin Glargine Solostar)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
BASAGLAR TEMPO PEN	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T3		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP INJECTION	T3		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T3		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP PUMPCART	T3		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
HUMALOG INJECTION	T2		QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T2		QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2		QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1b		QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2		QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T2		QL (2 ML per 1 day)
HUMULIN 70/30	T1a		QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMULIN N	T1a		QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMULIN R	T1a		QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T2		ST (Step Therapy required: trial of Humulin R U 100 for 3 mo in the last 6 months); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100); QL (2 ML per 1 day)
<i>insulin glargine max solostar</i>		T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
<i>insulin lispro junior kwikpen</i>		T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
<i>insulin lispro prot & lispro</i>		T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
LANTUS	T2		QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		QL (2 ML per 1 day)
LEVEMIR	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
LYUMJEV	T1b		QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T2		QL (0.5 ML per 1 day)
LYUMJEV TEMPO PEN	T2		QL (0.5 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T2		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T2		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Aspart FlexPen</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG INJECTION (<i>Insulin Aspart</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 (<i>Insulin Aspart Prot & Aspart</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>Insulin Asp Prot & Asp FlexPen</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION (<i>Insulin Aspart</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
SEMGLEE (YFGN) (<i>Insulin Glargine-yfgn</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
SEMGLEE SUBCUTANEOUS SOLUTION (<i>Insulin Glargine</i>)	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T2		QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T2		QL (2 ML per 1 day)
TRESIBA (<i>Insulin Degludec</i>)	T3	T3	ST (Step Therapy required: 3 months in the last 12 months - Lantus); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH (<i>Insulin Degludec FlexTouch</i>)	T3	T3	ST (Step Therapy required: 3 months in the last 12 months - Lantus); QL (2 ML per 1 day); AG (Min 1 Years)
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***			
MOUNJARO	T3		PA
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE	T2		PA; QL (4 pens per 1 Month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		PA; QL (2.4 ML per 1 Month); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		PA; QL (1.2 ML per 1 Month); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T2		PA; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2		PA; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE)	T2		PA; QL (1 pen per 28 days)
RYBELSUS	T2		PA; QL (1 tab per 1 day)
TRULICITY	T2		PA; QL (4 pens per 1 Month); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Liraglutide</i>)	T2	T3	PA; QL (3 pens per 1 Month); AG (Min 10 Years)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T2		QL (20 ML per 30 days); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>repaglinide</i>		T1b	
*Progesterone Receptor Antagonists***			
<i>mifepristone oral tablet 300 mg</i>		SP	PA; SP; AI (30 day supply max)

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Drug Name	Brand	Generic	Additional Information
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T2		QL (1 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T2		QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
STEGLUJAN	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
<i>dapagliflozin propanediol</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA	T2		QL (1 tablet per 1 day); AG (Min 10 Years)
INVOKANA	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
JARDIANCE	T2		QL (1 EA per 1 day)
STEGLATRO	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 tablets per 1 day); AG (Min 10 Years)
INVOKAMET	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
INVOKAMET XR	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
SEGLUROMET	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
SYNJARDY	T2		
SYNJARDY XR	T2		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2		QL (1 tablet per 1 day); AG (Min 10 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	T2		QL (2 tablets per 1 day); AG (Min 10 Years)
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1b	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>		T1b	AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1a	AI (Max #270 Mail Order); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		T1a	AI (Max #360 Mail Order); QL (4 EA per 1 day)
*Sulfonylureas***			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>glimepiride oral tablet 4 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>glipizide er</i>		T1b	
<i>glipizide oral tablet 10 mg, 5 mg</i>		T1a	
<i>glipizide xl</i>		T1b	
<i>glyburide micronized</i>		T1b	
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>		T1b	
<i>glyburide oral tablet 5 mg</i>		T1a	
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl</i>		T1b	AI (Max #90 Mail Order); QL (3 EA per 1 day); AG (Min 16 Years)
*Thiazolidinediones***			
<i>pioglitazone hcl</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T1b	
<i>ft anti-diarrheal oral capsule</i>		T1b	
MOTOFEN	T3		
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox granules</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferiprone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antidotes And Specific Antagonists***			
RADIOGARDASE	T3		QL (18 EA per 1 day); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
*Opioid Antagonists***			
KLOXXADO	T3		QL (1 box per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1b	
<i>naloxone hcl injection solution cartridge</i>		T1b	
<i>naloxone hcl injection solution prefilled syringe</i>		T1b	
<i>naloxone hcl nasal</i>		T2	QL (1 box per 30 days)
<i>naltrexone hcl oral</i>		T1b	
OPVEE	T2		QL (2 EA per 30 days)
REXTOVY	T2		QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZIMHI	T3		AI (Limited to 1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); QL (0.034 ML per 1 day); AG (Min 12 Years)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 50 MG	T3		QL (4 EA per 1 Copay)
<i>granisetron hcl oral</i>		T1b	AI (1 per day); QL (2 EA per 1 day)
<i>ondansetron hcl oral solution</i>		T1b	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1b	QL (4 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		T1b	QL (4 EA per 1 day)
SANCUSO	T3		QL (0.67 EA per 1 day)
*Antiemetic Combinations***			
AKYNZEO ORAL	T3		ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); QL (1 EA per 1 1st treatment day); AG (Min 18 Years)
BONJESTA	T3		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<i>doxylamine-pyridoxine</i>		T3	PA; 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>		T1b	
<i>scopolamine</i>		T3	QL (0.34 EA per 1 day)
<i>trimethobenzamide hcl oral</i>		T2	
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule 10 mg</i>		T3	AI (Max #180 Mail Order); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule</i>		T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T3		
VARUBI (180 MG DOSE)	T3		AI (30 day supply max); QL (4 EA per 28 days)
Antifungals			
*Antifungals***			
<i>flucytosine oral</i>		T3	
<i>griseofulvin microsize oral</i>		T1b	
<i>griseofulvin ultramicrosize</i>		T1b	
<i>nystatin oral tablet</i>		T1b	
<i>terbinafine hcl oral</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Imidazoles***			
<i>ketoconazole oral</i>		T1b	
<i>miconazole</i>		T3	
*Tetrazoles***			
VIVJOA	T3		ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (0.215 EA per 1 day)
*Triazoles***			
CRESEMBA ORAL	SP		PA
<i>fluconazole oral</i>		T1b	
<i>itraconazole oral</i>		T3	
<i>posaconazole oral tablet delayed release</i>		T3	PA
<i>voriconazole oral</i>		T1b	
Antihistamines			
*Antihistamines - Alkylamines***			
RYCLORA ORAL SOLUTION	T3		AI (118MG per 30 days)
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution</i>		T3	
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1b	
<i>clemastine fumarate oral tablet 2.68 mg</i>		T3	QL (1 tab per 1 day)
<i>diphenhydramine hcl injection</i>		T1b	
*Antihistamines - Non-Sedating***			
<i>desloratadine oral tablet</i>		T1b	AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>levocetirizine dihydrochloride oral solution</i>		T1b	
QUZYTIR	MB		
*Antihistamines - Phenothiazines***			
<i>promethazine hcl injection</i>		T3	

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Drug Name	Brand	Generic	Additional Information
<i>promethazine hcl oral</i>		T1b	
PROMETHEGAN RECTAL SUPPOSITORY <i>(Promethazine HCl) 12.5 MG, 25 MG</i>	T1b	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T2		
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral</i>		T1b	
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
<i>icosapent ethyl</i>		T3	
<i>omega-3-acid ethyl esters</i>		T1b	QL (4 EA per 1 day); AG (Min 18 Years)
VASCEPA	T3		PA
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		T1b	
<i>colesevelam hcl oral packet</i>		T1b	QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet</i>		T1b	QL (6 EA per 1 day)
<i>colestipol hcl oral packet</i>		T1b	
<i>colestipol hcl oral tablet</i>		T1b	
PREVALITE (Cholestyramine Light)	T1b	T1b	
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 200 mg</i>		T3	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>		T1b	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 67 mg</i>		T1b	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 200 mg</i>		T3	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>fenofibrate oral tablet 160 mg</i>		T1b	QL (1 EA per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release</i>		T1b	QL (1 EA per 1 day); AG (Min 18 Years)
<i>gemfibrozil oral</i>		T1a	
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>		T1a	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1a	AI (Max #135 Mail Order); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1a	
<i>lovastatin oral tablet 40 mg</i>		T1a	AI (Max #180 Mail Order); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>pitavastatin calcium</i>		T3	ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 tablet per 1 day); AG (Min 8 Years)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>rosuvastatin calcium oral</i>		T1b	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1a	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>		T2	PA; 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)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		T1b	PA; 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>		T1b	QL (1 EA per 1 day)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T2	AI (Max #270 Mail Order); QL (3 EA per 1 day)
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2		PA; AI (30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA	T2		PA; QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	T2		PA; QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	T2		PA; QL (0.08 ML per 1 day); AG (Min 13 Years)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		T1a	
<i>trandolapril-verapamil hcl er</i>		T3	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>enalapril-hydrochlorothiazide</i>		T1b	
<i>fosinopril sodium-hctz</i>		T3	
<i>lisinopril-hydrochlorothiazide</i>		T1a	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>		T1b	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		T3	
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		T1a	
<i>captopril oral</i>		T1b	
<i>enalapril maleate oral tablet 10 mg</i>		T1a	
<i>enalapril maleate oral tablet 2.5 mg, 20 mg, 5 mg</i>		T1b	
<i>fosinopril sodium oral tablet 10 mg, 40 mg</i>		T1b	
<i>fosinopril sodium oral tablet 20 mg</i>		T1a	
<i>lisinopril oral</i>		T1a	
<i>moexipril hcl</i>		T2	
<i>perindopril erbumine</i>		T2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg</i>		T1a	
<i>quinapril hcl oral tablet 5 mg</i>		T1b	
<i>ramipril</i>		T1b	
<i>trandolapril</i>		T1b	
*Agents For Pheochromocytoma***			
<i>metyrosine</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>phenoxybenzamine hcl oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan</i>		T1b	QL (1 EA per 1 day)
<i>amlodipine-olmesartan</i>		T3	QL (1 EA per 1 day)
<i>telmisartan-amlodipine</i>		T1b	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
<i>candesartan cilexetil-hctz</i>		T3	
EDARBYCLOR	T3		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1b	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1b	QL (1 tablet per 1 day)
<i>losartan potassium-hctz</i>		T1a	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T1b	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>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Angiotensin II Receptor Antagonists***			
<i>candesartan cilexetil</i>		T3	
EDARBI	T3		AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1a	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>irbesartan oral tablet 300 mg</i>		T1a	AI (Max #90 Mail Order); QL (1 tab per 1 day)
<i>losartan potassium oral</i>		T1a	
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>telmisartan</i>		T1b	
<i>valsartan oral tablet</i>		T1b	QL (2 EA per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	
*Antiadrenergics - Centrally Acting***			
<i>clonidine</i>		T3	
<i>clonidine hcl oral tablet 0.1 mg</i>		T1a	
<i>clonidine hcl oral tablet 0.2 mg, 0.3 mg</i>		T1b	
<i>guanfacine hcl oral</i>		T1b	
<i>methyldopa oral</i>		T3	
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral</i>		T1b	
<i>prazosin hcl oral</i>		T1b	
<i>terazosin hcl oral</i>		T1b	
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		T1b	
<i>bisoprolol-hydrochlorothiazide</i>		T1b	
<i>metoprolol-hydrochlorothiazide</i>		T1b	
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T2	QL (1 EA per 1 day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg</i>		T3	AI (Max #90 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>eplerenone oral tablet 50 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Vasodilators***			
<i>hydralazine hcl oral</i>		T1b	
<i>minoxidil oral</i>		T1b	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T2		AI (1 fill per 30 days); QL (150 ML per 10 days)
METRONIDAZOLE BENZO+SYRSPEND	T2		
<i>metronidazole oral tablet</i>		T1b	
<i>pentamidine isethionate inhalation</i>		SP	SP
<i>tinidazole oral</i>		T1b	
XIFAXAN	T3		PA
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral tablet</i>		T1a	
SULFATRIM PEDIATRIC (Sulfamethoxazole-Trimethoprim)	T1b	T1b	
*Antiprotozoal Agents***			
<i>atovaquone oral</i>		T2	
LAMPIT	T3		PA
<i>nitazoxanide oral</i>		T3	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
*Carbapenems***			
<i>ertapenem sodium</i>		MB	
*Glycopeptides***			
FIRVANQ (Vancomycin HCl)	T3	T3	QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1b	
*Leprostotics***			
<i>dapsone oral</i>		T2	
*Lincosamides***			
<i>clindamycin hcl oral capsule 150 mg</i>		T1a	
<i>clindamycin hcl oral capsule 300 mg, 75 mg</i>		T1b	
<i>clindamycin palmitate hcl</i>		T3	
*Monobactams***			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Oxazolidinones***			
<i>linezolid oral suspension reconstituted</i>		T1b	AI (Max 28 day supply); QL (60 ML per 1 day)
<i>linezolid oral tablet</i>		T1b	AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SIVEXTRO ORAL	T3		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Anti-Infectives***			
<i>fosfomycin tromethamine</i>		T3	
<i>methenamine hippurate</i>		T1b	
<i>nitrofurantoin macrocrystal oral</i>		T1b	
<i>nitrofurantoin monohyd macro</i>		T1b	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T1b	
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl</i>		T1b	
COARTEM	T3		
*Antimalarials***			
<i>chloroquine phosphate oral</i>		T3	AI (30 day supply max); QL (2 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		T1b	QL (3 EA per 1 day)
<i>mefloquine hcl</i>		T3	AI (Max #15 per 90 days)
<i>pyrimethamine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>quinine sulfate oral</i>		T1b	
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>guanidine hcl oral</i>		T3	
<i>pyridostigmine bromide oral solution</i>		T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>		T1b	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ethambutol hcl oral tablet 100 mg</i>		T1b	
<i>ethambutol hcl oral tablet 400 mg</i>		T2	
<i>isoniazid oral syrup</i>		T3	
<i>isoniazid oral tablet 100 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
PASER	T3		PA

Drug Name	Brand	Generic	Additional Information
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN	T2		
<i>pyrazinamide oral</i>		T3	
<i>rifabutin</i>		T1b	
<i>rifampin oral</i>		T1b	
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRECTOR	T3		
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
MYLERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Androgen Biosynthesis Inhibitors***			
YONSA	T1b		PA; SP
ZYTIGA (<i>Abiraterone Acetate</i>)	T1b	T1b	PA; SP; AI (Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.)
*Antiadrenals***			
LYSODREN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiandrogens***			
CASODEX (<i>Bicalutamide</i>)	T1b	T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERLEADA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>flutamide</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NILANDRON (<i>Nilutamide</i>)	T1b	T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); M
NUBEQA	T1b		PA; SP

Drug Name	Brand	Generic	Additional Information
XTANDI	T1b		PA; SP
*Antiestrogens***			
FARESTON (<i>Toremifene Citrate</i>)	T1b	T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
SOLTAMOX	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tamoxifen citrate oral</i>		\$0	AI (30 day supply max)
*Antimetabolites***			
JYLAMVO	T1b		PA; AI (30 day supply max)
<i>mercaptopurine oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium injection solution 1000 mg/40ml</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ONUREG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PURIXAN	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TABLOID	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREXALL	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
XATMEP	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XELODA (<i>Capecitabine</i>)	T1b	T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Akt Inhibitors***			
TRUQAP	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Alk Inhibitors***			
ALECENSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T1b		PA; SP
XALKORI ORAL CAPSULE	T1b		PA; SP; QL (2 EA per 1 day); AG (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	T1b		PA; SP
ZYKADIA ORAL TABLET	T1b		PA; SP; QL (5 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Anti-Her2 Agents***			
TUKYSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENCLEXTA STARTING PACK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF	T1b		PA; SP
<i>dasatinib</i>		T1b	PA; SP

Drug Name	Brand	Generic	Additional Information
GLEEVEC	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
ICLUSIG	T1b		PA; SP
<i>imatinib mesylate oral tablet 100 mg</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day)
SCEMBLIX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SPRYCEL ORAL TABLET (Dasatinib) 100 MG, 140 MG, 80 MG	T1b	T1b	PA; SP
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1b		PA; SP; QL (2 EA per 1 day)
TASIGNA	T1b		PA; SP
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T1b		PA; SP; AI (30 day supply max)
OJEMDA ORAL TABLET 100 MG	T1b		PA; SP; AI (30 day supply max)
TAFINLAR	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZELBORAF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Btk Inhibitors***			
BRUKINSA	T1b		PA; SP
CALQUENCE	T1b		PA
IMBRUVICA ORAL CAPSULE 140 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL SUSPENSION	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
IMBRUVICA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAYPIRCA	T1b		PA; SP
*Antineoplastic - Egfr Inhibitors***			
EXKIVITY	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>gefitinib</i>		T1b	PA
GILOTRIF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IRESSA	T1b		PA; SP
LAZCLUZE	T1a		PA
TAGRISO	T1b		PA; SP
TARCEVA (<i>Erlotinib HCl</i>)	T1b	T1b	PA; SP
VIZIMPRO	T1b		PA; SP
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (12 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (16 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (20 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEMAZYRE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (100MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (125MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
TRUSELTIQ (50MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (75MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO	T1b		PA; SP; AI (30 day supply max)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO	T1b		PA; SP
ERIVEDGE	T1b		PA; SP
ODOMZO	T1b		PA; SP; QL (1 EA per 1 day); AG (Min 18 Years)
*Antineoplastic - Hif-2-Alpha Inhibitors***			
WELIREG	T1b		PA
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA	T1b		PA; SP; QL (4 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Hormonal And Related Agent Combinations***			
AKEEGA	T1b		PA
*Antineoplastic - Immunomodulators***			
POMALYST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Kras Inhibitors***			
KRAZATI	T1b		PA
LUMAKRAS	T1b		PA; SP
*Antineoplastic - Mek Inhibitors***			
COTELLIC	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KOSELUGO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKINIST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKTOVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Met Inhibitors***			
TABRECTA	T1b		PA
TEPMETKO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK	T1b		PA
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AFINITOR DISPERZ	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>		T1b	PA; SP
<i>everolimus oral tablet soluble</i>		T1b	PA; SP
TORPENZ	T1b		PA; SP; AI (30 day supply max)
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX	T1b		PA; SP
CAPRELSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T1b		PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T1b		PA; SP
COMETRIQ (60 MG DAILY DOSE)	T1b		PA; SP
FOTIVDA	T1b		PA; SP; AI (30 day supply max)
<i>lapatinib ditosylate</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 EA per 1 day)
NERLYNX	T1b		PA; SP
NEXAVAR	T1b		PA; SP; QL (4 EA per 1 day); AG (Min 16 Years)
QINLOCK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RYDAPT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>sorafenib tosylate</i>		T1b	PA; SP; QL (4 EA per 1 day); AG (Min 16 Years)
STIVARGA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SUTENT (<i>SUNItinib Malate</i>)	T1b	T1b	PA; SP; QL (1 EA per 1 day)
TURALIO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYKERB	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 EA per 1 day)
VANFLYTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VOTRIENT (<i>PAZOPanib HCl</i>)	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XOSPATA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT	T1b		PA; SP; AI (Limited distribution may apply; 30 day supply max)
*Antineoplastic - Proteasome Inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1b		PA
NINLARO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Ret Inhibitors***			
GAVRETO	T1b		PA; SP
RETEVMO ORAL CAPSULE	T1b		PA; SP
RETEVMO ORAL TABLET	T1b		PA; SP; AI (30 day supply max)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
AUGTYRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ROZLYTREK	T1b		PA; SP
VITRAKVI	T1b		PA; SP

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Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1b		PA; AI (30 day supply max)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA; AI (30 day supply max)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA; AI (30 day supply max)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1b		PA; AI (30 day supply max)
XPOVIO (60 MG TWICE WEEKLY)	T1b		PA; AI (30 day supply max)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA; AI (30 day supply max)
XPOVIO (80 MG TWICE WEEKLY)	T1b		PA; AI (30 day supply max)
*Antineoplastic Combinations***			
DARZALEX FASPRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INQOVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LONSURF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
*Antineoplastics Misc.***			
ACTIMMUNE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYDREA (<i>Hydroxyurea</i>)	T1b	T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INTRON A INJECTION SOLUTION RECONSTITUTED	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MATULANE	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
SYNRIBO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		\$0	AI (30 day supply max); QL (1 EA per 1 day)
ARIMIDEX	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
AROMASIN	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 EA per 1 day)
<i>exemestane</i>		\$0	AI (30 day supply max); F; QL (1 EA per 1 day)
FEMARA	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 EA per 1 day)
<i>letrozole oral</i>		\$0	AI (30 day supply max); F; QL (1 EA per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (200 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (400 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (600 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VERZENIO	T1b		PA; SP
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>Fulvestrant</i>)	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Estrogens-Antineoplastic***			
EMCYT	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		T1b	
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORGOVYX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Imidazotetrazines***			
TEMODAR ORAL CAPSULE (<i>Temozolomide</i>) 250 MG	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***			
VORANIGO	T1b		PA; SP
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA	T1b		PA
TIBSOVO	T1b		PA
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	T1b		PA
JAKAFI	T1b		PA; SP
OJJAARA	T1b		PA; SP
VONJO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Lhrh Analogs***			
CAMCEVI	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (84 to 90 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 90 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (112 to 120 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (167 to 180 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (30 day supply max. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate (3 month)</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (84 to 90 day supply. FDA approved only for Prostate Cancer); M; QL (1 EA per 90 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (30 day supply max. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (30 day supply max. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (30 day supply max. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (84 to 90 day supply. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (84 to 90 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 90 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (112 to 120 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (167 to 180 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
TRELSTAR MIXJECT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZOLADEX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Mitotic Inhibitors***			
<i>etoposide oral</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrogen Mustards And Related Analogues***			
ALKERAN ORAL	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>cyclophosphamide oral capsule</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>cyclophosphamide oral tablet</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LEUKERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>melphalan</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ornithine Decarboxylase (Odc) Inhibitors***			
IWILFIN	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1b		PA; SP
PIQRAY (200 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (250 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (300 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ZYDELIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1b		PA; SP
TALZENNA	T1b		PA; SP
ZEJULA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>megestrol acetate oral tablet</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Retinoids***			
<i>tretinoin oral</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Selective Estrogen Receptor Degraders***			
ORSERDU	T1b		PA; SP
*Selective Retinoid X Receptor Agonists***			
TARGRETIN ORAL (<i>Bexarotene</i>)	T1b	T1b	PA; SP
*Topoisomerase I Inhibitors***			
HYCANTIN ORAL	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urinary Tract Protective Agents***			
MESNEX ORAL	SP		SP
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
FRUZAQLA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLYTA	T1b		PA; SP
LENVIMA (10 MG DAILY DOSE)	T1b		PA; SP
LENVIMA (12 MG DAILY DOSE)	T1b		PA; SP

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Drug Name	Brand	Generic	Additional Information
LENVIMA (14 MG DAILY DOSE)	T1b		PA; SP
LENVIMA (18 MG DAILY DOSE)	T1b		PA; SP
LENVIMA (20 MG DAILY DOSE)	T1b		PA; SP
LENVIMA (24 MG DAILY DOSE)	T1b		PA; SP
LENVIMA (4 MG DAILY DOSE)	T1b		PA; SP
LENVIMA (8 MG DAILY DOSE)	T1b		PA; SP
Antiparkinson And Related Therapy Agents			
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		T1b	
<i>trihexyphenidyl hcl oral tablet</i>		T1b	
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		T1b	
<i>amantadine hcl oral solution</i>		T1b	
<i>bromocriptine mesylate oral</i>		T1b	
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>selegiline hcl oral</i>		T1b	
*Central/Peripheral Comt Inhibitors***			
<i>tolcapone</i>		T1b	PA
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1b	
*Levodopa Combinations***			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1b	
<i>carbidopa-levodopa oral tablet</i>		T1b	
<i>carbidopa-levodopa oral tablet dispersible</i>		T3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		T3	AI (Max #270 Mail Order); QL (8 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Apomorphine HCl</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KYNMOBI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pramipexole dihydrochloride</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>ropinirole hcl</i>		T1b	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		T3	QL (6 EA per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T3	QL (8 EA per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T3	QL (4 EA per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T3	QL (3 EA per 1 day); AG (Min 16 Years)
*Peripheral Comt Inhibitors***			
<i>entacapone</i>		T1b	
ONGENTYS	T3		PA
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium</i>		T1b	AG (Min 7 Years)
<i>lithium carbonate er</i>		T1b	
<i>lithium carbonate oral capsule</i>		T1a	
<i>lithium carbonate oral tablet</i>		T1b	
*Antipsychotics - Misc.***			
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		QL (8 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		QL (5 EA per 1 day)
<i>lurasidone hcl oral tablet 120 mg</i>		T1b	QL (1 EA per 1 day); AG (Min 10 Years)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T1b	QL (2 EA per 1 day); AG (Min 10 Years)
VRAYLAR ORAL CAPSULE	T3		ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); QL (1 EA per 1 day); AG (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3		ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); QL (1 EA per 7 days); AG (Min 18 Years)
<i>ziprasidone hcl</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>ziprasidone mesylate</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Benzisoxazoles***			
FANAPT	T3		AI (Max #180 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
FANAPT TITRATION PACK	T3		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T3	AI (2 tablets per day); QL (2 EA per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T3	AI (1 tablet per day); QL (1 EA per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone microspheres er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone oral solution</i>		T1b	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg</i>		T1a	
<i>risperidone oral tablet 2 mg, 3 mg, 4 mg</i>		T1b	
<i>risperidone oral tablet dispersible 1 mg</i>		T1b	
RYKINDO	SP		PA; SP
UZEDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Butyrophenones***			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1b	
<i>haloperidol oral</i>		T1b	
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1b	AI (Max #810 Mail Order); QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>		T1b	AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>clozapine oral tablet 50 mg</i>		T1b	AI (Max #540 per 90days); QL (6 EA per 1 day)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate</i>		T3	QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Dibenzothiazepines***			
<i>quetiapine fumarate er</i>		T3	AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg</i>		T1a	QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg</i>		T1b	QL (3 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 25 mg</i>		T1a	QL (3 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 300 mg</i>		T1b	QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 400 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 50 mg</i>		T1a	AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1b	
*Phenothiazines***			
<i>chlorpromazine hcl injection</i>		T3	PA
<i>chlorpromazine hcl oral tablet</i>		T1b	
<i>fluphenazine decanoate injection</i>		T3	PA
<i>fluphenazine hcl injection</i>		T3	PA
<i>fluphenazine hcl oral concentrate</i>		T3	
<i>fluphenazine hcl oral elixir</i>		T3	
<i>fluphenazine hcl oral tablet</i>		T1b	
<i>perphenazine oral</i>		T1b	
<i>prochlorperazine</i>		T2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>		T3	PA
<i>prochlorperazine maleate oral</i>		T2	
<i>thioridazine hcl oral</i>		T1b	
<i>trifluoperazine hcl oral</i>		T1b	
*Quinolinone Derivatives***			
ABILIFY ASIMTUFII	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>aripiprazole oral solution</i>		T1b	QL (25 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>aripiprazole oral tablet 10 mg, 2 mg, 5 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
ARISTADA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ARISTADA INITIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REXULTI ORAL TABLET 0.25 MG	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine intramuscular</i>		SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>olanzapine oral tablet</i>		T1b	AI (Max #90 Mail Order); QL (4 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>		T3	AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Thioxanthenes***			
<i>thiothixene oral</i>		T3	
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1b	
ATRIPLA (Efavirenz-Emtricitab-Tenofo DF)	T2	T1b	QL (1 EA per 1 day); AG (Min 18 Years)
BIKTARVY	T3		QL (1 EA per 1 day)
CIMDUO	T2		QL (1 EA per 1 day)
COMPLERA	T2		
DELSTRIGO	T3		QL (1 EA per 1 day); AG (Min 12 Years)
DESCOVY	T3		PA; ST (Step Therapy required: emtricitabine-tenofovir disoproxil fumarate (generic Truvada) for at least 3 months in the last 6 months); QL (1 EA per 1 day)
DOVATO	T3		
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		T2	QL (1 EA per 11 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>		T2	QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		T3	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$0	QL (1 EA per 1 day)
EVOTAZ	T3		
GENVOYA	T2		
JULUCA	T3		PA
<i>lamivudine-zidovudine</i>		T1b	
<i>lopinavir-ritonavir</i>		T2	
ODEFSEY	T2		
PREZCOBIX	T3		
STRIBILD	T2		
SYMTUZA	T3		
TRIUMEQ	T3		QL (1 EA per 1 day); AG (Min 16 Years)
<i>trumeq pd</i>		T3	QL (6 EA per 1 day); AG (Max 10 Years)
*Antiretrovirals - Capsid Inhibitors***			
SUNLENCA ORAL	SP		PA; SP; AI (Limited to 1 fill per month); QL (5 EA per 30 days)
SUNLENCA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); Notes (3ml per 6 months with a minimum 167 days supply and maximum of 180 days supply); QL (3 ML per 180 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
<i>maraviroc</i>		T2	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	T2		
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		QL (2 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA	T3		PA
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T2		
ISENTRESS HD	T2		
TIVICAY	T2		
TIVICAY PD	T2		

Drug Name	Brand	Generic	Additional Information
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE	T3		
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T2	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T2	QL (1 EA per 1 day)
<i>darunavir</i>		T2	QL (2 EA per 1 day)
<i>fosamprenavir calcium</i>		T2	
LEXIVA ORAL SUSPENSION	T2		
NORVIR ORAL PACKET	T2		
NORVIR ORAL SOLUTION	T2		
PREZISTA ORAL SUSPENSION	T2		
PREZISTA ORAL TABLET 150 MG, 75 MG	T2		
REYATAZ ORAL PACKET	T2		
<i>ritonavir</i>		T2	
VIRACEPT ORAL TABLET	T2		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	T2		QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg</i>		T2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		T2	QL (2 EA per 1 day)
<i>efavirenz oral tablet</i>		T1b	QL (2 EA per 2 days)
<i>etravirine</i>		T3	
INTELENCE ORAL TABLET 25 MG	T3		
<i>nevirapine er</i>		T1b	
<i>nevirapine oral suspension</i>		T2	
<i>nevirapine oral tablet</i>		T1b	
PIFELTRO	T3		QL (1 EA per 1 day); AG (Min 12 Years)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution</i>		T2	
<i>abacavir sulfate oral tablet</i>		T1b	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE (Emtricitabine)	T3	T3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T2		QL (720 ML per 30 days)
<i>lamivudine oral solution</i>		T1b	
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T1b	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>stavudine oral capsule</i>		T1b	
<i>zidovudine oral capsule</i>		T1b	
<i>zidovudine oral syrup</i>		T1b	
<i>zidovudine oral tablet</i>		T2	

Drug Name	Brand	Generic	Additional Information
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T2	
*Antiretrovirals Adjuvants***			
TYBOST	T3		
*Antiviral Combinations***			
PAXLOVID (150/100)	T2		AI (Max 2 fills per year); QL (4 EA per 1 day)
PAXLOVID (300/100)	T2		AI (Max 2 fills per year); QL (6 EA per 1 day)
*Cmv Agents***			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PREVMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>valganciclovir hcl oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day)
*Hepatitis B Agents***			
<i>adefovir dipivoxil</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BARACLUDGE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (20 ML per 1 day); AG (Min 16 Years)
<i>entecavir</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 16 Years)
EPIVIR HBV ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>lamivudine oral tablet 100 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
VEMLIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
HARVONI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET 45-200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET (<i>Ledipasvir-Sofosbuvir</i>) 90-400 MG	SP	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
MAVYRET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sofosbuvir-velpatasvir</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
VOSEVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Hepatitis C Agents***			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ribavirin oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ribavirin oral tablet 200 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOVALDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral</i>		T1b	
<i>valacyclovir hcl oral tablet 1 gm</i>		T1b	QL (4 EA per 1 day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1b	QL (2 EA per 1 day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		T1b	
*Influenza Agents***			
<i>rimantadine hcl</i>		T3	
*Misc. Antivirals***			
LAGEVRIO	T2		PA; AI (Paxlovid is the preferred product (does not require PA))
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		T1b	AI (Limited to 5 day supply); QL (2 Capsules per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1b	QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3		QL (0.67 EA per 1 day)
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol</i>		T1b	
<i>labetalol hcl oral</i>		T1b	
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral</i>		T1b	
<i>atenolol oral tablet 100 mg</i>		T1b	
<i>atenolol oral tablet 25 mg, 50 mg</i>		T1a	

Drug Name	Brand	Generic	Additional Information
<i>betaxolol hcl oral tablet 10 mg</i>		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>bisoprolol fumarate oral</i>		T1b	
<i>metoprolol succinate er</i>		T1b	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		T1a	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		T3	
<i>nebivolol hcl</i>		T2	
*Beta Blockers Non-Selective***			
HEMANGEOL	T3		AG (Max 2 Years)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1b	
<i>pindolol</i>		T1b	
<i>propranolol hcl er</i>		T1b	
<i>propranolol hcl oral solution</i>		T2	
<i>propranolol hcl oral tablet 10 mg</i>		T1a	
<i>propranolol hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T1b	
SORINE (Sotalol HCl)	T1b	T1b	
<i>sotalol hcl (af)</i>		T1b	
<i>timolol maleate oral</i>		T2	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	T1b	T1b	
<i>amlodipine besylate oral</i>		T1a	
CARTIA XT (dilTIAZem HCl ER Coated Beads)	T1b	T1b	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T1b	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		T1b	
<i>diltiazem hcl oral</i>		T1a	
<i>dilt-xr</i>		T1b	
<i>felodipine er</i>		T2	
<i>isradipine</i>		T1b	
<i>levamlodipine maleate</i>		T2	QL (1 EA per 1 day)
<i>nicardipine hcl oral</i>		T1b	
<i>nifedipine er osmotic release</i>		T1b	
<i>nifedipine oral</i>		T1b	
<i>nimodipine oral</i>		T1b	AI (Max #756 Mail Order)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 day)
TAZTIA XT (Diltiazem HCl ER Beads)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
TIADYL ER (<i>dilTIAZem HCl ER Beads</i>)	T1b	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg</i>		T3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg</i>		T1b	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T1b	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>		T1a	
<i>verapamil hcl oral tablet 40 mg</i>		T1b	
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (<i>Digoxin</i>)	T1b	T1b	
DIGOX (<i>Digoxin</i>)	T1b	T1b	
<i>digoxin oral solution</i>		T1b	
<i>digoxin oral tablet 62.5 mcg</i>		T3	
Cardiovascular Agents - Misc.			
*Cardiac Myosin Inhibitors***			
CAMZYOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cardiovascular SglT2 Inhibitors**			
INPEFA ORAL TABLET 200 MG	T3		ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); QL (1 EA per 1 day); AG (Min 18 Years)
INPEFA ORAL TABLET 400 MG	T3		ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); QL (1 tablet per 1 day); AG (Min 18 Years)
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE	T3		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); QL (3 capsules per 1 day); AG (Max 6 Years)
ENTRESTO ORAL TABLET	T3		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol); QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
ORENITRAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ORENITRAM MONTH 1	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 2	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 3	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI INSTITUTIONAL KIT	SP		PA; SP
TYVASO DPI MAINTENANCE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI TITRATION KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO REFILL KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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 preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>bosentan</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
OPSUMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ (Tadalafil (PAH))	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
<i>sildenafil citrate oral suspension reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); QL (6 ML per 1 day); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
TADLIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
UPTRAVI TITRATION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		T1b	QL (1 EA per 1 day); AG (Min 18 Years)
*Sinus Node Inhibitors**			
CORLANOR ORAL SOLUTION	T3		PA

Drug Name	Brand	Generic	Additional Information
<i>ivabradine hcl</i>		T3	PA
*Transthyretin Stabilizers***			
VYNDAMAX	SP		PA; SP
VYNDAQEL	SP		PA; SP
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO	T3		PA; QL (1 EA per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil oral capsule</i>		T1b	
<i>cefadroxil oral suspension reconstituted</i>		T1b	
<i>cefadroxil oral tablet</i>		T3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1a	
<i>cephalexin oral suspension reconstituted</i>		T1b	
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er</i>		T3	
<i>cefaclor oral capsule</i>		T2	AI (one fill per month); QL (3 EA per 10 days)
<i>cefaclor oral suspension reconstituted</i>		T3	
<i>cefprozil</i>		T3	
<i>cefuroxime axetil oral tablet</i>		T1b	
*Cephalosporins - 3Rd Generation***			
<i>cefdinir oral capsule</i>		T1b	
<i>cefdinir oral suspension reconstituted</i>		T3	
<i>cefixime oral suspension reconstituted</i>		T1b	
<i>cefpodoxime proxetil oral suspension reconstituted</i>		T1b	
<i>cefpodoxime proxetil oral tablet</i>		T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		
SUPRAX ORAL TABLET CHEWABLE	T3		
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		T3	
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		T3	
*Bulk Chemicals - Va's***			
<i>vancomycin hcl</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE	\$0		F; QL (28 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
KARIVA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (28 EA per 30 days)
LO LOESTRIN FE	\$0		F; QL (1.34 EA per 1 day)
PIMTREA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (28 EA per 30 days)
SIMLIYA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (28 EA per 30 days)
viorele		\$0	F; QL (28 EA per 30 days)
VOLNEA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (28 EA per 30 days)
*Combination Contraceptives - Oral***			
AFIRMELLE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
ALTAVERA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
APRI (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUBRA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUBRA EQ (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA 1/20 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA 24 FE	\$0		F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
AVIANE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
AYUNA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
BALZIVA (Briellyn)	\$0	\$0	F; QL (1.34 EA per 1 day)
BLISOVI 24 FE	\$0		F; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
CHARLOTTE 24 FE (Norethin Ace-Eth Estrad-FE)	T3	T3	F; QL (1.34 EA per 1 day)
CHATEAL (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
CHATEAL EQ (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
CRYSSELLE-28	\$0		F; QL (1.34 EA per 1 day)
CYRED (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
CYRED EQ (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
DASETTA 1/35 (Alyacen 1/35)	\$0	\$0	F; QL (1.34 EA per 1 day)
DELYLA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
drospiren-eth estrad-levomefol		T3	F; QL (1.34 EA per 1 day)
ELINEST	\$0		F; QL (1.34 EA per 1 day)
EMOQUETTE (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG	\$0	\$0	F; QL (1.34 EA per 1 day)
ESTARYLLA (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
FALMINA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
FEMYNOR (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
FINZALA (Norethin Ace-Eth Estrad-FE)	T3	T3	F; QL (1.34 EA per 1 day)
HAILEY 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
HAILEY 24 FE	\$0		F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
HAILEY FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
HAILEY FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
ISIBLOOM (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
JASMIEL (Drospirenone-Ethinyl Estradiol)	T1b	T1b	F; QL (1.34 EA per 1 day)
JULEBER (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL 1/20 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL FE 24	\$0		F; QL (1.34 EA per 1 day)
KAITLIB FE (Norethin-Eth Estradiol-Fe)	T3	T3	F; QL (1.34 EA per 1 day)
KALLIGA	\$0		F; QL (1.34 EA per 1 day)
KELNOR 1/35 (Ethinodiol Diac-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
KELNOR 1/50 (Ethinodiol Diac-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
KURVELO (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN 1/20 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN 24 FE	\$0		F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARISSIA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
LAYOLIS FE (Norethin-Eth Estradiol-Fe)	T3	T3	F; QL (1.34 EA per 1 day)
LESSINA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21) (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1/20 (21) (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
LORYNA (Drospirenone-Ethinyl Estradiol)	T1b	T1b	F; QL (1.34 EA per 1 day)
LOW-OGESTREL	\$0		F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	T1b		F; QL (1.34 EA per 1 day)
LUTERA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
<i>marlissa</i>		\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 (Norethindrone Acet-Ethinyl Est)	\$0	\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 24 FE	\$0		F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1.5/30 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
MILI (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
MONO-LINYAH (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
NECON 0.5/35 (28)	\$0		F; QL (1.34 EA per 1 day)
NECON 1/35 (28) (Alyacen 1/35)	\$0	\$0	F; QL (1.34 EA per 1 day)
NIKKI (Drospirenone-Ethinyl Estradiol)	T1b	T1b	F; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	\$0		F; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) (Alyacen 1/35)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORTREL 1/35 (28) (Alyacen 1/35)	\$0	\$0	F; QL (1.34 EA per 1 day)
NYLIA 1/35 (Alyacen 1/35)	\$0	\$0	F; QL (1.34 EA per 1 day)
NYMYO (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
OCELLA (Drospirenone-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
ORSYTHIA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
PHILITH (Brielllyn)	\$0	\$0	F; QL (1.34 EA per 1 day)
PIRMELLA 1/35 (Alyacen 1/35)	\$0	\$0	F; QL (1.34 EA per 1 day)
PORTIA-28 (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
RECLIPSEN (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
SOLIA (Desogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
SPRINTEC 28 (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
SRONYX (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
SYEDA (Drospirenone-Ethinyl Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
TARINA 24 FE	\$0		F; QL (1.34 EA per 1 day)
TARINA FE 1/20 (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
TARINA FE 1/20 EQ (Norethin Ace-Eth Estrad-FE)	\$0	\$0	F; QL (1.34 EA per 1 day)
TURQOZ	\$0		F; QL (1.34 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE	\$0		F; QL (1.34 EA per 1 day)
TYDEMY (Drospiren-Eth Estrad-Levomefol)	T3	T3	F; QL (1.34 EA per 1 day)
VESTURA (Drospirenone-Ethinyl Estradiol)	T1b	T1b	F; QL (1.34 EA per 1 day)
VIENVA (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
VYFEMLA (Brielllyn)	\$0	\$0	F; QL (1.34 EA per 1 day)
VYLIBRA (Norgestimate-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
WERA	\$0		F; QL (1.34 EA per 1 day)
WYMZYA FE (Norethin-Eth Estradiol-Fe)	\$0	\$0	F; QL (1.34 EA per 1 day)
ZOVIA 1/35 (28) (Ethinodiol Diac-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
ZUMANDIMINE	\$0		F; QL (1.34 EA per 1 day)
*Combination Contraceptives - Transdermal***			
XULANE (Norelgestromin-Eth Estradiol)	\$0	\$0	F; QL (3 EA per 30 days)
ZAFEMY (Norelgestromin-Eth Estradiol)	\$0	\$0	F; QL (3 EA per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG (Etonogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1 EA per 30 days)
ENILLORING (Etonogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1 EA per 30 days)
HALOETTE (Etonogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1 EA per 30 days)
NUVARING (Etonogestrel-Ethinyl Estradiol)	T3	\$0	F; QL (1 EA per 30 days)
*Continuous Contraceptives - Oral***			
AMETHYST (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DOLISHALE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
*Emergency Contraceptives***			
AFTERA (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
AFTERPILL (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
CURAE (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
ECONTRA EZ (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
ECONTRA ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
ELLA	T3		F; QL (3 EA per 30 days)
MY CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
MY WAY (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
NEW DAY (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
OPCICON ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
OPTION 2 (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
PLAN B ONE-STEP (<i>Levonorgestrel</i>)	T3	\$0	F; QL (3 EA per 30 days)
REACT (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
TAKE ACTION (<i>Levonorgestrel</i>)	\$0	\$0	F; QL (3 EA per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
ASHLYNA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
CAMRESE (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
CAMRESE LO (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
DAYSEE (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
FAYOSIM (<i>Levonorgest-Eth Est & Eth Est</i>)	T1b	T1b	F; QL (91 EA per 91 days)
ICLEVIA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
INTROVALE (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
JAIMIESS (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
JOLESSA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
LOJAIMIESS (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
RIVELSA (<i>Levonorgest-Eth Est & Eth Est</i>)	T1b	T1b	F; QL (91 EA per 91 days)
SETLAKIN (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
SIMPESSE (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	F; QL (91 EA per 90 days)
*Four Phase Contraceptives - Oral***			
NATAZIA	T3		F; QL (28 EA per 30 days)
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		F; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular</i>		\$0	F; QL (1 ML per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA (<i>Norethindrone</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
DEBLITANE (<i>Norethindrone</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
EMZAHH (<i>Norethindrone</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
ERRIN (<i>Norethindrone</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
HEATHER (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
INCASSIA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
JENCYCLA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
LYLEQ (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
LYZA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORA-BE (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORLYDA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORLYROC (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
SHAROBEL (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
SLYND	T3		ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (1.34 EA per 1 day)
*Triphasic Contraceptives - Oral***			
ARANELLE	\$0		F; QL (1.34 EA per 1 day)
CAZIAN	\$0		F; QL (1.34 EA per 1 day)
DASETTA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
ENPRESSE-28 (Levonorg-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
LEENA	\$0		F; QL (1.34 EA per 1 day)
LEVONEST (Levonorg-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORTREL 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
NYLIA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
PIRMELLA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
TILIA FE (Norethindron-Ethinyl Estrad-Fe)	\$0	\$0	F; QL (28 EA per 30 days)
TRI FEMYNOR (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-ESTARYLLA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LEGEST FE (Norethindron-Ethinyl Estrad-Fe)	\$0	\$0	F; QL (28 EA per 30 days)
TRI-LINYAH (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-ESTARYLLA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-MARZIA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-MILI (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-MILI (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRINESSA (28) (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-NYMYO (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-SPRINTEC (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRIVORA (28) (Levonorg-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-VYLIBRA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-VYLIBRA LO (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
VELIVET	\$0		F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Corticosteroids			
*Glucocorticosteroids***			
AGAMREE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>budesonide oral</i>		T3	
<i>deflazacort oral suspension</i>		T3	PA
<i>deflazacort oral tablet</i>		SP	PA
DEXAMETHASONE INTENSOL	T1b		
<i>dexamethasone oral elixir</i>		T1b	
<i>dexamethasone oral solution</i>		T1b	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>		T1b	
<i>dexamethasone oral tablet 2 mg</i>		T3	
EMFLAZA ORAL TABLET 6 MG	SP		PA; SP
<i>hydrocortisone oral</i>		T1b	
MEDROL ORAL TABLET 2 MG	T3		
<i>methylprednisolone oral tablet</i>		T1b	
<i>prednisolone oral syrup 15 mg/5ml</i>		T2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>		T3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		T1b	
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T2	
PREDNISON INTENSOL	T2		
<i>prednisone oral</i>		T1b	
SOLU-CORTEF	T3		
TARPEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1b	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1b	
*Antitussive - Opioid***			
<i>hydrocodone bit-homatrop mbr oral solution</i>		T1b	AI (Max 10 day supply and 1 fill per month); QL (150 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone bit-homatrop mbr oral tablet</i>		T1b	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>hydromet oral solution</i>		T1b	AI (Max 10 day supply and 1 fill per month); QL (150 ML per 10 days)
*Antitussive-Expectorant***			
<i>g tussin ac</i>		T2	QL (240 ML per 10 days)
<i>guaiaitussin ac</i>		T2	QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T2	QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T2	QL (240 ML per 10 days)
<i>virtussin a/c</i>		T2	QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	T3		AI (Max #180 Mail Order); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs); QL (2 EA per 1 day)
<i>promethazine vc</i>		T1b	QL (150 ML per 10 days)
<i>promethazine-phenylephrine</i>		T1b	QL (150 ML per 10 days)
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1b	
*Misc. Respiratory Inhalants***			
<i>sodium chloride inhalation nebulization solution 0.9 %, 7 %</i>		T1b	
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %</i>		T1b	
<i>acetylcysteine inhalation solution 20 %</i>		T2	
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup</i>		T1b	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		T1b	
*Opioid Antitussive-Antihistamine***			
<i>hydrocod poli-chlorphe poli er</i>		T3	AI (Limited to 1 fill per month); QL (120 ML per 7 days); AG (Min 18 Years)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>		T3	AI (Limited to 1 fill per month); QL (120 ML per 7 days); AG (Min 18 Years)
<i>promethazine-codeine oral syrup</i>		T1b	AI (one fill per month); QL (150 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
*Opioid Antitussive-Decongestant-Antihistamine***			
M-END PE	T1b		
<i>promethazine vc/codeine</i>		T1b	AI (one fill per month); QL (150 ML per 10 days)
<i>promethazine-phenyleph-codeine</i>		T1b	AI (one fill per month); QL (150 ML per 10 days)
Dermatologicals			
*Acne Antibiotics***			
CLINDACIN (<i>Clindamycin Phosphate</i>)	T1b	T1b	QL (50 GM per 30 days)
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	T1b	T1b	
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1b	T1b	
<i>clindamycin phosphate external gel 1 %</i>		T1b	
<i>clindamycin phosphate external lotion</i>		T1b	
<i>clindamycin phosphate external solution</i>		T1b	
<i>dapsone external gel 5 %</i>		T3	QL (2 GM per 1 day)
<i>ery</i>		T3	
<i>erythromycin external gel</i>		T3	
<i>erythromycin external solution</i>		T1b	
<i>sulfacetamide sodium (acne)</i>		T1b	
*Acne Combinations***			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		T3	
*Acne Products***			
ACCUTANE (<i>ISOTretinoin</i>)	T3	T3	
AMNESTEEM (<i>ISOTretinoin</i>)	T3	T3	
<i>bpo external gel 4 %</i>		T3	
CLARAVIS (<i>ISOTretinoin</i>)	T3	T3	
MYORISAN (<i>ISOTretinoin</i>)	T3	T3	
<i>tretinoin external cream</i>		T1b	
<i>tretinoin external gel 0.01 %, 0.025 %</i>		T1b	
<i>tretinoin external gel 0.05 %</i>		T3	
<i>tretinoin microsphere external gel 0.04 %</i>		T1b	
<i>tretinoin microsphere pump external gel 0.04 %</i>		T1b	
WINLEVI	T3		AI (Limited to 30 day supply); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); QL (2 GM per 1 day); AG (Min 12 Years)
ZENATANE (<i>ISOTretinoin</i>)	T3	T3	
*Agents For External Genital And Perianal Warts***			
VEREGEN	T3		QL (1 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***			
LITFULO	SP		PA; SP; AI (30 day supply max)
*Antibiotics - Topical***			
ALTABAX	T3		QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T2	
<i>mupirocin external</i>		T1b	
XEPI	T3		ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); QL (30 GM per 1 month); AG (Min 2 Years)
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone</i>		T1b	
<i>nystatin-triamcinolone external cream</i>		T1b	
<i>nystatin-triamcinolone external ointment</i>		T3	
*Antifungals - Topical***			
<i>ciclopirox external gel</i>		T2	
<i>ciclopirox external shampoo</i>		T1b	
<i>ciclopirox external solution</i>		T2	
<i>ciclopirox olamine external</i>		T1b	
KLAYESTA (Nystatin)	T1b	T1b	
MENTAX	T3		
<i>naftifine hcl external cream 1 %</i>		T1b	
<i>naftifine hcl external cream 2 %</i>		T3	
NYAMYC (Nystatin)	T1b	T1b	
<i>nystatin external</i>		T1b	
NYSTOP (Nystatin)	T1b	T1b	
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
*Antineoplastic Antimetabolites - Topical***			
<i>fluorouracil external cream 0.5 %</i>		T3	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 GM per 1 day); AG (Min 18 Years)
<i>fluorouracil external cream 5 %</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fluorouracil external solution 2 %</i>		T3	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>fluorouracil external solution 5 %</i>		T3	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 1 Month); AG (Min 18 Years)
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium external gel 3 %</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (100 GM per 1 Month); AG (Min 18 Years)
*Antipruritics - Topical***			
<i>doxepin hcl external</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)
*Antipsoriatics - Systemic***			
<i>acitretin</i>		T3	
BIMZELX	SP		PA; AI (30 day supply max)
COSENTYX (300 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY (300 MG)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX UNOREADY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methoxsalen rapid</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
SILIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOTYKTU	SP		PA; SP; AI (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	SP		PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Antipsoriatics**

<i>calcipotriene external cream</i>		T1b	AI (120GM per month); QL (4 GM per 1 day)
<i>calcipotriene external solution</i>		T3	AI (120ML per month)
CALCITRENE (Calcipotriene)	T1b	T1b	
<i>calcitriol external</i>		T3	AI (Max #300 Mail Order); QL (100 GM per 30 days)
<i>tazarotene external cream 0.05 %</i>		T3	AI (30 day supply max); QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>		T1b	AI (30 day supply max); QL (30 GM per 30 days)
<i>tazarotene external gel 0.05 %</i>		T3	

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Drug Name	Brand	Generic	Additional Information
<i>tazarotene external gel 0.1 %</i>		T3	AI (30 day supply max); QL (1 GM per 1 day)
TAZORAC EXTERNAL CREAM 0.05 %	T3		
VTAMA	T3		PA
ZORYVE EXTERNAL CREAM 0.3 %	T3		PA
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T2	
ZORYVE EXTERNAL FOAM	T3		PA
*Antiviral Topical Combinations***			
XERESE	T3		
*Antivirals - Topical***			
<i>acyclovir external</i>		T3	
<i>penciclovir</i>		T3	
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
CIBINQO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Burn Products***			
SSD (Silver sulfADIAZINE)	T1b	T1b	
SULFAMYLON EXTERNAL CREAM	T3		
THERMAZENE (Silver sulfADIAZINE)	T1b	T1b	
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1b	
<i>alclometasone dipropionate</i>		T1b	
<i>amcinonide external cream</i>		T3	
<i>amcinonide external lotion</i>		T3	
<i>betamethasone dipropionate aug external cream</i>		T1b	
<i>betamethasone dipropionate aug external gel</i>		T3	
<i>betamethasone dipropionate aug external lotion</i>		T1b	
<i>betamethasone dipropionate aug external ointment</i>		T1b	
<i>betamethasone dipropionate external</i>		T1b	
<i>betamethasone valerate external</i>		T1b	
<i>clobetasol propionate e</i>		T1b	
<i>clobetasol propionate emulsion</i>		T3	AI (1x 100gm can per month); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>clobetasol propionate external cream</i>		T1b	
<i>clobetasol propionate external foam</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>clobetasol propionate external gel</i>		T1b	
<i>clobetasol propionate external liquid</i>		T1b	
<i>clobetasol propionate external lotion</i>		T3	
<i>clobetasol propionate external ointment</i>		T1b	
<i>clobetasol propionate external solution</i>		T1b	
<i>clocortolone pivalate</i>		T3	AI (30 day supply max); QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>)	T3	T3	
CORDRAN EXTERNAL TAPE	T3		ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (0.034 EA per 1 day)
<i>desonide external cream</i>		T1b	
<i>desonide external lotion</i>		T1b	
<i>desonide external ointment</i>		T1b	
<i>desoximetasone external cream 0.05 %</i>		T1b	
<i>desoximetasone external cream 0.25 %</i>		T2	
<i>desoximetasone external gel</i>		T2	
<i>desoximetasone external ointment 0.25 %</i>		T2	
<i>diflorasone diacetate external</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)
<i>fluocinolone acetonide body</i>		T2	
<i>fluocinolone acetonide external</i>		T2	
<i>fluocinolone acetonide scalp</i>		T2	
<i>fluocinonide external cream 0.05 %</i>		T1b	
<i>fluocinonide external cream 0.1 %</i>		T1b	QL (4 GM per 1 day)
<i>fluocinonide external gel</i>		T1b	QL (2 GM per 1 day)
<i>fluocinonide external ointment</i>		T1b	
<i>fluocinonide external solution</i>		T1b	
<i>flurandrenolide external cream</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external lotion</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 ML per 30 days)
<i>flurandrenolide external ointment</i>		T3	QL (2 GM per 1 day)
<i>fluticasone propionate external cream</i>		T1b	
<i>fluticasone propionate external lotion</i>		T3	

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Drug Name	Brand	Generic	Additional Information
<i>fluticasone propionate external ointment</i>		T1b	
<i>halcinonide</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)
<i>halobetasol propionate external cream</i>		T1b	QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1b	QL (1 GM per 1 day)
<i>hydrocortisone butyrate external cream</i>		T3	AI (Limited to 1 fill per month); QL (15 GM per 10 days)
<i>hydrocortisone butyrate external ointment</i>		T1b	
<i>hydrocortisone butyrate external solution</i>		T3	
<i>hydrocortisone external cream 2.5 %</i>		T1b	
<i>hydrocortisone external ointment 2.5 %</i>		T1b	
<i>hydrocortisone valerate</i>		T1b	
<i>mometasone furoate external</i>		T1b	
<i>triamcinolone acetonide external aerosol solution</i>		T1b	
<i>triamcinolone acetonide external cream</i>		T1b	
<i>triamcinolone acetonide external lotion</i>		T1b	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1b	
*Enzymes - Topical***			
SANTYL	T3		
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1b	
<i>econazole nitrate external</i>		T1b	
EXELDERM	T3		
JUBLIA	T3		PA; QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketconazole external cream</i>		T1b	
<i>ketconazole external shampoo 2 %</i>		T1b	
<i>oxiconazole nitrate</i>		T1b	AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		T1b	QL (24 packets per 1 Month); AG (Min 12 Years)
*Keratolytic/Antimitotic/Vesicant Agents***			
<i>podofilox external gel</i>		T3	
<i>podofilox external solution</i>		T1b	
*Macrolide Immunosuppressants - Topical***			
HYFTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>pimecrolimus</i>		T3	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		PA; QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; QL (60 GM per 30 days); AG (Min 16 Years)
<i>tacrolimus external ointment 0.03 %</i>		T1b	QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T1b	QL (60 GM per 30 days); AG (Min 16 Years)
*Microtubule Inhibitors - Topical***			
KLISYRI	T3		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); QL (5 packets per 1 Month); AG (Min 18 Years)
*Oxaborole-Related Antifungals - Topical***			
<i>tavaborole</i>		T3	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T3		PA; QL (2 GM per 1 day); AG (Min 2 Years)
*Rosacea Agents***			
<i>azelaic acid external</i>		T2	QL (50 GM per 30 days)
<i>brimonidine tartrate external</i>		T3	PA
<i>ivermectin external cream</i>		T3	AI (Limited to 1 fill per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%); QL (45 GM per 10 days)
RHOFADE	T3		PA; QL (30 GM per 30 days)
ROSADAN EXTERNAL CREAM (metroNIDAZOLE)	T1b	T1b	
ROSADAN EXTERNAL GEL (MetroNIDAZOLE)	T1b	T1b	
*Scabicides & Pediculicides***			
CROTAN	T3		PA
<i>lindane external shampoo</i>		T3	
<i>malathion external</i>		T1b	AI (1x 59ml bottle per month)
<i>permethrin external cream</i>		T1b	
<i>spinosad</i>		T3	PA
*Seborrheic Keratosis Products**			
ESKATA	MB		

Drug Name	Brand	Generic	Additional Information
*Steroid-Local Anesthetic Combinations***			
CORTANE-B EXTERNAL	T3		
EPIFOAM	T2		
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3		
*Tar Products***			
SCYTERA	T3		
*Topical Anesthetic Combinations***			
ITCH-X EXTERNAL SOLUTION	T3		
*Topical Selective Retinoid X Receptor Agonists***			
<i>bexarotene external</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 GM per 1 day); AG (Min 18 Years)
*Topical Steroid Combinations***			
<i>calcipotriene-betameth diprop external ointment</i>		T3	QL (60 GM per 30 days); AG (Min 16 Years)
<i>calcipotriene-betameth diprop external suspension</i>		T3	QL (2 GM per 1 day); AG (Min 18 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	T3		PA; AI (30 day supply max)
Diagnostic Products			
*Diagnostic Drugs***			
METOPIRONE	SP		PA
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCU-CHEK GUIDE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCUTREND GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVANCE INTUITION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ADVANCE MICRO-DRAW TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE REDI-CODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE TEST (<i>CVS True Metrix Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
AGAMATRIX AMP TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX KEYNOTE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE 3 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE 4 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE II (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE II CHECK (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PLATINUM (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
ASSURE PRISM MULTI TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PRO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
BIOTEL CARE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>blood glucose test strips 333</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
BLULINK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CARESENS N GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CARETOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CHEMSTRIP K	T1b		AI (Max #300 90 day supply); QL (3.34 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHEK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CLEVER CHOICE MICRO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE NO CODING (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CONTOUR NEXT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CONTOUR PLUS TEST (<i>CVS True Metrix Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
CONTOUR TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>cvs glucose meter test strips</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
D-CARE BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DIATHRIVE GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DIATHRIVE+ GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>diatrue plus test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DUO-CARE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY MAX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>easy plus ii glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY STEP TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>easy talk blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>easy talk plus ii test strips</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY TOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>easy trak blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>easy trak ii glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYGLUCO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYMAX 15 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASYMAX TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYPRO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYPRO PLUS IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>element compact test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ELEMENT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE PRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T3		PA; QL (200 strips per 30 days)
<i>eq blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EVOLUTION AUTOCODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FIFTY50 GLUCOSE TEST 2.0 (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA 6 CONNECT IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA 6 CONNECT/GTEL TEST	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EAstrips per 30 days)
FORA BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D15G BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D40/G31 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA G20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA G30/PREM V10 GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GD20 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA TN'G/TN'G VOICE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
FORA V10 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V30A BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORACARE GD40 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORACARE PREMIUM V10 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORACARE TEST N GO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORTISCARE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE INSULINX TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE LITE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>ge100 blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GENULTIMATE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>ght test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCO PERFECT 3 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD SHINE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD VITAL TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD X-SENSOR (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCOM TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>glucose meter test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>gnp easy touch glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
GNP TRUE METRIX GLUCOSE STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GNP TRUETRACK TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>goodsense blood glucose in vitro</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
HW EMBRACE PRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
IGLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
IHEALTH BLOOD GLUCOSE TEST STR (<i>CVS True Metrix Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
INFINITY VOICE IN VITRO STRIP (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
KETOSTIX	T2		AI (Max #300 Mail Order); QL (100 EA per 30 days)
<i> Kroger blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i> Kroger premium glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
LIBERTY NEXT GENERATION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i> liberty test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i> meijer blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i> meijer essential glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MEIJER TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MEIJER TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MICRODOT TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MM BLULINK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MM EASY TOUCH GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MYGLUCOHEALTH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
NEUTEK 2TEK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>one drop test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	T1b		AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH ULTRA TEST	T1b		QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1b		AI (30 day supply max); QL (200 EA per 30 days)
OPTIUMEZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PHARMACIST CHOICE AUTOCODE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>pharmacist choice no coding</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
POCKETCHEM EZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
POGO AUTOMATIC TEST CARTRIDGES	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (3.3 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>premium blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>pro voice v8/v9 glucose</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PTS PANELS EGLU TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
QUICKTEK TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
QUINTET AC BLOOD GLUCOSE TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION BLOOD GLUCOSE TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION CONFIRM/MICRO TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION PREMIER TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION PRIME TEST <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION TRUE METRIX TEST STRIPS <i>(Blood Glucose Test)</i>	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION ULTIMA TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
REXALL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SMART SENSE PREMIUM TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SMART SENSE VALUE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SMARTEST BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SOLUS V2 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SUPREME TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>tgt blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>true focus blood glucose strip</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
UNISTRIP1 GENERIC (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>verasens blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
Digestive Aids			
*Digestive Enzymes***			
CREON	T2		PA; QL (12 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T3		PA; QL (12 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT	T3		PA; ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT	T3		PA; ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT	T3		PA; QL (12 capsules per 1 day)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
VIOKACE	T3		PA; QL (12 capsules 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, 60000-189600 UNIT	T2		PA; QL (12 capsules per 1 day)
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		T3	
<i>acetazolamide oral</i>		T1b	
<i>methazolamide oral</i>		T2	
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		
<i>amiloride-hydrochlorothiazide</i>		T1b	
<i>spironolactone-hctz</i>		T1b	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1b	
<i>triamterene-hctz oral tablet</i>		T1b	
*Loop Diuretics***			
<i>bumetanide oral</i>		T1b	
<i>ethacrynic acid oral</i>		T1b	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1b	
<i>furosemide oral tablet 20 mg, 40 mg</i>		T1a	
<i>furosemide oral tablet 80 mg</i>		T1b	
<i>toremide oral</i>		T1b	
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		T3	
<i>spironolactone oral tablet 100 mg</i>		T1b	
<i>spironolactone oral tablet 25 mg, 50 mg</i>		T1a	
<i>triamterene oral</i>		T3	
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1b	
DIURIL	T2		
<i>hydrochlorothiazide oral capsule</i>		T1a	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>		T1b	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>		T1a	
<i>indapamide oral</i>		T1b	
<i>metolazone</i>		T1b	
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>		T1b	AI (Max #12 Mail Order); QL (4 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>alendronate sodium oral tablet 70 mg</i>		T1b	AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
<i>ibandronate sodium oral</i>		T2	AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>		T1b	AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1b	AI (Max #12 Mail Order); QL (4 EA per 30 days)
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; QL (5 EA per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; QL (4 EA per 1 day)
*Calcitonins***			
<i>calcitonin (salmon) injection</i>		T3	
<i>calcitonin (salmon) nasal</i>		T2	AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***			
<i>levocarnitine oral solution</i>		T3	
<i>levocarnitine oral tablet</i>		T3	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
XPHOZAH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cortisol Synthesis Inhibitors***			
RECORLEV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		T3	
*Fabry Disease - Agents***			
GALAFOLD	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
*Gaa Deficiency Treatment - Agents***			
OPFOLDA	T3		PA
*Gnrh/Lhrh Antagonists***			
ORLISSA	T3		PA
*Growth Hormone Receptor Antagonists***			
SOMAVERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Growth Hormones***			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMATROPE INJECTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NGENLA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZORBIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
<i>nitisinone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Homocystinuria Treatment - Agents***			
<i>betaine</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hyperammonemia Treatment - Agents***			
CARBAGLU ORAL TABLET SOLUBLE (<i>Carglumic Acid</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral</i>		T2	
<i>doxercalciferol oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T1b	QL (1 EA per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T1b	QL (0.4 EA per 1 day); AG (Min 18 Years)
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Leptin Analogues***			
MYALEPT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*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); Notes (30 day supply max. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 30 days)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT-PED (3-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (84 to 90 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 90 days)
LUPRON DEPOT-PED (6-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); Notes (172 to 180 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 EA per 180 days)
SYNAREL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Natriuretic Peptides***			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA	T3		PA; QL (1 EA per 1 day)
*Ovulation Stimulants-Synthetic***			
CLOMID (<i>clomiPHENE Citrate</i>)	T3	T3	PA; AI (Quantity limit of 1 per day, up to a 5 day supply, with a fill limit of 1 fill per 30 days); F; QL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives***			
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>teriparatide</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>teriparatide (recombinant)</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Phenylketonuria Treatment - Agents***			
JAVYGTOR (<i>Sapropterin Dihydrochloride</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PALYNZIQ	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (1 prefilled syringe per 180 days); AG (Min 18 Years)
*Selective Estrogen Receptor Modulators (Serms)***			
EVISTA (<i>Raloxifene HCl</i>)	T1b	\$0	AI (30 day supply max); QL (1 EA per 1 day)
OSPHENA	T3		PA
*Selective Vasopressin V2-Receptor Antagonists***			
<i>tolvaptan</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Somatostatic Agents***			
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>octreotide acetate subcutaneous</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDOSTATIN INJECTION SOLUTION (<i>Octreotide Acetate</i>) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDOSTATIN LAR DEPOT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urea Cycle Disorder - Agents***			
OLPRUVA (2 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (3 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
OLPRUVA (4 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (5 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (6 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (6.67 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RAVICTI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sodium phenylbutyrate oral powder 3 gml tsp</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sodium phenylbutyrate oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Vasopressin***			
<i>desmopressin ace spray refrig</i>		T3	AI (Max #45ml Mail Order); QL (0.5 ML per 1 day)
<i>desmopressin acetate injection</i>		T3	
<i>desmopressin acetate oral tablet 0.1 mg</i>		T3	AI (Max #270 Mail Order); QL (8 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T3	AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>desmopressin acetate spray</i>		T3	
STIMATE	T3		
Estrogens			
*Estrogen & Progestin***			
AMABELZ	T1b		F
BIJUVA ORAL CAPSULE 0.5-100 MG	T3		PA
COMBIPATCH	T3		F
FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG	T2	T2	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY (Estradiol-Norethindrone Acet)	T3	T3	AI (Max #84 Mail Order); F; QL (28 EA per 30 days)
PREMPHASE	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T2		AI (Max #180 Mail Order); F; QL (2 EA per 1 day)
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE	T3		PA; QL (1 EA per 1 day)
*Estrogens***			
DEPO-ESTRADIOL	T3		
DOTTI (Estradiol)	T1b	T1b	QL (2 EA per 1 Week)
<i>estradiol oral</i>		T1b	
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>		T1b	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>		T1b	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>		T1b	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR	T1b	T1b	QL (2 EA per 1 Week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3		
MENOSTAR	T3		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T2		
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE	T3		PA; F; QL (1 EA per 1 day); AG (Min 18 Years)
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL	T3		PA
<i>ciprofloxacin hcl oral tablet 100 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		T1a	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>levofloxacin oral solution</i>		T3	
<i>levofloxacin oral tablet 250 mg</i>		T2	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>moxifloxacin hcl oral</i>		T1b	
<i>ofloxacin oral tablet 300 mg</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>ofloxacin oral tablet 400 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
Gastrointestinal Agents - Misc.			
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE	T3		ST (Step Therapy required: 1 fill in the last 6 months - Linzess); QL (2 EA per 1 day); AG (Min 18 Years)
*Farnesoid X Receptor (Fxr) Agonists***			
OCALIVA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Gallstone Solubilizing Agents***			
CHENODAL	T3		
<i>ursodiol oral capsule 300 mg</i>		T2	
<i>ursodiol oral tablet</i>		T3	
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		T1b	
*Gastrointestinal Chloride Channel Activators***			
<i>lubiprostone</i>		T2	QL (2 EA per 1 day); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1b	
<i>metoclopramide hcl oral tablet</i>		T1b	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		T3	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T2		QL (1 EA per 1 day); AG (Min 6 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
*Inflammatory Bowel Agents***			
<i>balsalazide disodium</i>		T1b	
DIPENTUM	T3		AI (Max #360 Mail Order); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>mesalamine er oral capsule extended release</i>		T3	
<i>mesalamine er oral capsule extended release 24 hour</i>		T3	QL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release</i>		T2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T3	QL (4 EA per 1 day); AG (Min 18 Years)
<i>mesalamine oral tablet delayed release 800 mg</i>		T3	QL (6 EA per 1 day)
<i>mesalamine rectal enema</i>		T3	QL (60 ML per 1 day)
<i>mesalamine rectal suppository</i>		T2	QL (1 EA per 1 day)
<i>mesalamine-cleanser</i>		T3	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T3		
<i>sulfasalazine oral</i>		T1b	
*Integrin Receptor Antagonists***			
ENTYVIO SUBCUTANEOUS	SP		PA; SP; AI (30 day supply max)
*Interleukin Antagonists***			
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Intestinal Acidifiers***			
<i>enulose</i>		T1b	
<i>generlac</i>		T1b	
<i>lactulose encephalopathy oral solution 10 gml/15ml</i>		T1b	
*Live Fecal Microbiota (Human)**			
VOWST	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK	T3		QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T3		PA; QL (3 EA per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMPROIC	T3		PA
*Phosphate Binder Agents***			
<i>calcium acetate (phos binder) oral capsule</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>lanthanum carbonate</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T3	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T3	AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet</i>		T3	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>		T1b	QL (35 EA per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>		T1b	QL (17.5 EA per 1 day)
VELPHORO	T3		PA
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***			
VELSIPITY	SP		PA; AI (30 day supply max)
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA (2 SYRINGE)	SP		PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	SP		PA; SP
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
<i>dutasteride oral</i>		T1b	AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
CARDURA XL	T3		
<i>silodosin</i>		T3	
<i>tamsulosin hcl</i>		T1b	
*Citrates***			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>		T2	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>		T3	

Drug Name	Brand	Generic	Additional Information
*Cystinosis Agents***			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Genitourinary Irrigants***			
ARGYLE STERILE SALINE (<i>Sodium Chloride</i>)	T1b	T1b	
CURITY STERILE SALINE (<i>Sodium Chloride</i>)	T1b	T1b	
RENACIDIN	T1b		
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***			
FILSPARI	SP		PA; SP; AI (30 day supply max)
*Interstitial Cystitis Agents***			
ELMIRON	T3		QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl</i>		T1b	M
*Small Interfering Ribonucleic Acid Agents (Sirna)***			
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urinary Stone Agents***			
<i>tiopronin oral tablet</i>		SP	PA
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid</i>		T1b	
*Gout Agents***			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T1b	
<i>colchicine oral tablet</i>		T3	
<i>febuxostat</i>		T3	ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); QL (1 EA per 1 day); AG (Min 18 Years)
*Uricosurics***			
<i>probenecid oral</i>		T1b	
Hematological Agents - Misc.			
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Icatibant Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>icatibant acetate</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Icatibant Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*C1 Esterase Inhibitors***			
BERINERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CINRYZE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUCONEST	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Complement C3 Inhibitors***			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Complement C5a Receptor Inhibitors***			
TAVNEOS	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
*Complement Factor B Inhibitors***			
FABHALTA	SP		PA
*Direct-Acting P2y12 Inhibitors***			
BRILINTA	T2		
*Hematorheologic Agents***			
<i>pentoxifylline er</i>		T1b	
*Phosphodiesterase lii Inhibitors***			
<i>cilostazol</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
TAKHZYRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Plasma Kallikrein Inhibitors***			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T2	
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1b	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T2		QL (1 EA per 1 day); AG (Min 16 Years)
*Pyruvate Kinase Activators***			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PYRUKYND TAPER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Quinazoline Agents***			
<i>anagrelide hcl</i>		T1b	
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1a	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>prasugrel hcl</i>		T1b	QL (1 EA per 1 day); AG (Min 16 Years)
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>miglustat</i>		SP	PA; SP
YARGESA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cobalamins***			
<i>cyanocobalamin nasal</i>		T3	
DODEX (<i>Cyanocobalamin</i>)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
*Cytotoxic Agents***			
DROXIA	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); QL (1 EA per 1 day); AG (Min 18 Years)
SIKLOS ORAL TABLET 100 MG	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		\$0	QL (2 EA per 1 day)
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
FULPHILA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (0.086 ML per 1 day)
NEULASTA ONPRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (286 syringes per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (8 day supply min / 10 day supply max); QL (10 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (8 day supply min / 10 day supply max); QL (16 ML per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (8 day supply min / 10 day supply max); QL (5 ML per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); Notes (8 day supply min / 10 day supply max); QL (8 ML per 10 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 10 day supply max); QL (0.5 ML per 1 day)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 10 day supply max); QL (0.8 ML per 1 day)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; SP; AI (30 day supply max)
*Iron W/ Folic Acid***			
FOLIVANE-F	T2		
INTEGRA F	T2		
*Iron***			
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		\$0	AG (Max 1 Years)
SPATONE PUR-ABSORB IRON ORAL LIQUID	\$0		QL (60 ML per 1 day); AG (Max 1 Years)
SPATONE PUR-ABSORB IRON ORAL SOLUTION	\$0		AG (Max 1 Years)
*Thrombopoietin (Tpo) Receptor Agonists***			
DOPTELET ORAL TABLET 20 MG	SP		PA; SP
MULPLETA	SP		PA; SP
NPLATE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
PROMACTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hemostatics			
*Hemostatics - Systemic***			
<i>aminocaproic acid oral solution</i>		T2	
<i>tranexamic acid oral</i>		T1b	F
Hypnotics/Sedatives/Sleep Disorder Agents			
*Antihistamine Hypnotics***			
<i>eq sleep-aid</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
*Barbiturate Hypnotics***			
<i>phenobarbital oral tablet</i>		T1b	
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>midazolam hcl oral</i>		T1b	AI (Max fill of one hypnotic per month.); QL (10 ML per 1 day); AG (Min 6 Years and Max 16 Years)
<i>temazepam</i>		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
*Hypnotics - Tricyclic Agents***			
<i>doxepin hcl oral tablet 3 mg</i>		T3	ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years)
<i>doxepin hcl oral tablet 6 mg</i>		T3	ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg cap); QL (1 EA per 1 day); AG (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone</i>		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon</i>		T1b	AI (Max fill of one hypnotic per month.); QL (15 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
<i>zolpidem tartrate er</i>		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day)
*Orexin Receptor Antagonists***			
BELSOMRA	T3		ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 EA per 1 day); AG (Min 18 Years)
DAYVIGO	T3		ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 EA per 1 day); AG (Min 18 Years)
QUVIVIQ	T3		ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem); QL (1 EA per 1 day)
*Selective Melatonin Receptor Agonists***			
HETLIOZ (<i>Tasimelteon</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
HETLIOZ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ramelteon</i>		T3	QL (1 EA per 1 day); AG (Min 18 Years)
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-G (<i>PEG-3350/Electrolytes</i>)	\$0	\$0	
GAVILYTE-N WITH FLAVOR PACK (<i>PEG 3350-KCl-Na Bicarb-NaCl</i>)	\$0	\$0	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>		T3	
<i>peg-3350/electrolytes/ascorbat</i>		T3	
<i>peg-kcl-nacl-nasulf-na asc-c</i>		T3	
*Laxatives - Miscellaneous***			
<i>constulose</i>		T1b	
<i>lactulose oral solution</i>		T1b	
*Saline Laxative Mixtures***			
OSMOPREP	T3		QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Local Anesthetics-Parenteral			
*Local Anesthetics - Amides***			
XARACOLL	MB		
Macrolides			
*Azithromycin***			
<i>azithromycin oral packet</i>		T1b	
<i>azithromycin oral suspension reconstituted</i>		T1b	
<i>azithromycin oral tablet 250 mg</i>		T1a	
<i>azithromycin oral tablet 500 mg</i>		T1b	
<i>azithromycin oral tablet 600 mg</i>		T2	
*Clarithromycin***			
<i>clarithromycin er</i>		T2	
<i>clarithromycin oral suspension reconstituted</i>		T3	QL (10 ML per 1 day)
<i>clarithromycin oral tablet 250 mg</i>		T1b	
<i>clarithromycin oral tablet 500 mg</i>		T1b	QL (3 EA per 1 day)
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>)	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
<i>erythromycin base oral capsule delayed release particles</i>		T3	
<i>erythromycin base oral tablet</i>		T3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>		T1b	
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED	T3		PA
DIFICID ORAL TABLET	T3		PA; QL (4 EA per 1 day)
Medical Devices And Supplies			
*Cervical Caps***			
FEMCAP	\$0		AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
*Condoms - Female***			
FC2 FEMALE CONDOM	\$0		AI (Max #36 Mail Order); F; QL (12 EA per 30 days)
*Condoms - Male***			
<i>aimsco lubricated</i>		\$0	F
<i>condoms</i>		\$0	F
DUREX EXTRA SENSITIVE THIN (<i>Maxx</i>)	\$0	\$0	F
DUREX REALFEEL	\$0		F
DUREX TROPICAL (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F

Drug Name	Brand	Generic	Additional Information
KAMELEON LUBRICATED (Maxx)	\$0	\$0	F
<i>kimono</i>		\$0	F
KIMONO COLORS (Maxx)	\$0	\$0	F
KIMONO MAXX-LARGE FLARE (Maxx)	\$0	\$0	F
<i>kimono micro thin plus</i>		\$0	F
<i>kimono plus</i>		\$0	F
<i>kimono ps</i>		\$0	F
<i>kimono ps plus</i>		\$0	F
<i>kimono sensation</i>		\$0	F
<i>kimono sensation plus</i>		\$0	F
KIMONO SPECIAL (Maxx)	\$0	\$0	F
K-Y ME & YOU EXTRA LUBRICATED (Maxx)	\$0	\$0	F
K-Y ME & YOU INTENSE (Maxx)	\$0	\$0	F
<i>maxx plus</i>		\$0	F
REALITY LATEX CONDOMS (Maxx)	\$0	\$0	F
REALITY LATEX/ULTRA TEXTURED (Maxx)	\$0	\$0	F
REALITY LATEX/ULTRA THIN (Maxx)	\$0	\$0	F
<i>true cover</i>		\$0	F
TRUSTEX COLOR CONDOMS + LUBE (Maxx)	\$0	\$0	F
TRUSTEX LUB/RIBBED/STUDED (Maxx)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE EX ST (Maxx)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE XL (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED EX LARGE (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED EXTRA ST (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED/SPERMICIDE (Maxx)	\$0	\$0	F
TRUSTEX NATURAL CONDOMS + LUBE (Maxx)	\$0	\$0	F
TRUSTEX NON-LUBRICATED (Kimono Micro Thin)	\$0	\$0	F
TRUSTEX RIA LUB/SPERMICIDE (Maxx)	\$0	\$0	F
TRUSTEX RIA LUBRICATED (Maxx)	\$0	\$0	F
TRUSTEX RIA NON-LUBRICATED (Kimono Micro Thin)	\$0	\$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD (Maxx)	\$0	\$0	F
*Diaphragms***			
CAYA	\$0		
OMNIFLEX DIAPHRAGM	\$0		F
WIDE-SEAL DIAPHRAGM 60	\$0		F
WIDE-SEAL DIAPHRAGM 65	\$0		F
WIDE-SEAL DIAPHRAGM 70	\$0		F
WIDE-SEAL DIAPHRAGM 75	\$0		F
WIDE-SEAL DIAPHRAGM 80	\$0		F
WIDE-SEAL DIAPHRAGM 85	\$0		F

Drug Name	Brand	Generic	Additional Information
WIDE-SEAL DIAPHRAGM 90	\$0		F
WIDE-SEAL DIAPHRAGM 95	\$0		F
*Glucose Monitoring Test Supplies***			
ACCU-CHEK FASTCLIX LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>acti-lance 28g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>acti-lance lite lancets 28g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>acti-lance special lancets 17g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>acti-lance universal 23g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>advanced mobile lancet</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ADVOCATE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>aim스코 twist lancets 32g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>assure comfort lancets 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS HIGH (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS LOW (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS MICRO (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS PED (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
ASSURE LANCE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>aurora lancet super thin 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>aurora lancet thin 23g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
AUTOLET PLATFORMS (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
BD MICROTAINER LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CAREONE LANCET SUPER THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>careone lancet thin 23g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARESENS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARESENS LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CHOSEN SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
CLEVER CHOICE LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>comfort assured lancets 28g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>comfort assured lancets 33g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
COMFORT TOUCH LANCETS 31G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs lancets 21g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs lancets micro thin 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs lancets original</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs lancets thin 26g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs lancets ultra thin 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs lancets ultra-thin 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>cvs ultra thin lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G6 SENSOR	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)

Drug Name	Brand	Generic	Additional Information
DEXCOM G6 TRANSMITTER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G7 SENSOR	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DIATHRIVE LANCET ULTRA THIN 30 (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DIATHRIVE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
DROPLET PERSONAL LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>drug mart lancets thin 26g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>easy comfort lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>easy comfort lancets twist top</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 21G (<i>ZevRx Twist Top Lancets 30G</i>)	T1b	T1b	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>ZevRx Twist Top Lancets 30G</i>)	T1b	T1b	QL (204 lancets per 30 days)
<i>eql color lancets 21g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>eql color lancets micro 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>eql super thin lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>eql thin lancets 26g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCET MICRO-THIN 33G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
E-Z JECT LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
EZ-LETS LANCETS 30G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
FINE 30 (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
FINGERSTIX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
FORA LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
FREESTYLE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 lifetime)
FREESTYLE LIBRE 3 SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE UNISTICK II LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTEEL NOZZLES (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
GENTLE-LET GP LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
GENTLE-LET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
GENTLE-LET PLATFORMS (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
<i>global inject ease lancets 28g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>global inject ease lancets 30g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
GLUCOCOM LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>gnp lancets 21g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>gnp lancets thin 26g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>gnp sterile lancets 28g</i>		T1b	QL (204 lancets per 30 days)
<i>gnp sterile lancets 30g</i>		T1b	QL (204 lancets per 30 days)
<i>gnp sterile lancets 33g</i>		T1b	QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
GOJJI STERILE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>goodsense color lancets 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>goodsense lancets 26g univ</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>goodsense lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>goodsense lancets 30g univ</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>goodsense lancets 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>goodsense lancets 33g univ</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
HY-VEE LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>hy-vee thin lancets</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
IN TOUCH STERILE LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>kinney lancets</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
KROGER HEALTHPRO LANCET 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>croger lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>croger lancets 21g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i> Kroger lancets micro thin 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> Kroger lancets super thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> Kroger lancets thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> Kroger lancets thin 26g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> Kroger lancets ultrathin 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lancets 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lancets micro thin 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
LANCETS SUPER THIN (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lancets super thin 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lancets thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
LANCETS ULTRA THIN (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lancets ultra thin 30g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
LIBERTY MEDICAL LANCETS (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> lite touch lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
LITETOUCH LANCETS (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> live better lancet super thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> longs lancets standard</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> longs lancets thin</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i> longs lancets ultra thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> medichoice safety lancet</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> medichoice safety lancet extra</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i> medichoice safety lancet norm</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE EXTRA 21G (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
MEDLANCE LITE 25G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
MEDLANCE UNIVERSAL 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER LANCETS THIN (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
MEIJER SUPER THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MICROLET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MM TWIST LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MONOLET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MONOLET OPD LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>mpd safety lancet 21g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>mpd safety lancet 23g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>mpd safety lancet 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>mpd safety lancet 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
NOVA SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
PERFECT LANCETS 28G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
PERFECT LANCETS 30G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
PERFECT POINT SAFETY LANCETS (<i>ZevRx Twist Top Lancets 30G</i>)	T1b	T1b	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>pip lancets 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>pip lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
PRECISION THINS GP LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>preferred plus lancets colored</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>preferred plus lancets thin</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>pro comfort lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>pro comfort lancets 31g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>pro comfort safety lancets 30g</i>		T1b	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
PRODIGY SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
PSS SELECT GP LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
PSS SELECT PLATFORMS (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
PSS SELECT SAFETY LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>pure comfort lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>px lancets microthin 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>px lancets ultra thin 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>qc lancets super thin 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>qc lancets ultra thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>qc unilet lancets 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>qc unilet lancets micro thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>reality lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>reality trigger lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
SAFE-T-LANCE (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
SAFE-T-LANCE PLUS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>safety lancet 30g/pressure act</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SAFETY LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SAFETY LANCETS 23G (<i>ZevRx Twist Top Lancets 30G</i>)	T1b	T1b	QL (204 lancets per 30 days)
<i>safety lancets 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>saps health plus lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>saps health twist top lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>saps twist top lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sapscore twist top lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sb lancets thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sb lancets ultra thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SINGLE-LET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sm lancets 33g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
SMART SENSE COLOR LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SMARTEST LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SOLUS V2 TWIST LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
STERILANCE PA (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
STERILANCE TL (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>super thin lancets</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>sure comfort lancets 18g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sure comfort lancets 21g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sure comfort lancets 23g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sure comfort lancets 28g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>sure comfort lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
SURELITE LANCETS (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE AST LANCETS (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE LANCETS (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE LANCETS 26G (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE LANCETS 30G (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>tgt lancet micro thin 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>tgt lancet thin 26g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>tgt lancet ultra thin 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
THINLETS GP LANCETS (Kinney Thin Lancets)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>todays health thin lancets 28g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>todays health thin lancets 30g</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>topcare lancets micro-thin 33g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>		T1b	QL (204 lancets per 30 days)
<i>true comfort twist top lancets</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 26G (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (Lancets)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (Kinney Thin Lancets)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
TRUEPLUS LANCETS 33G (Kinney Thin Lancets)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TRUEPLUS SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>		T1b	QL (204 lancets per 30 days)
ULTILET CLASSIC LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
ULTILET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>ultra thin lancets 31g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>ultra-care lancets 30g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
UNILET COMFORTOUCH LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET EXCELITE (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET EXCELITE II (<i>Kinney Thin Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 EA per 30 days)
UNILET G.P. LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK 1 (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 2 (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 2 COMFORT (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 2 EXTRA (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 2 NEONATAL (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 2 NORMAL (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
UNISTIK 2 SUPER (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 3 (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 3 COMFORT (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 3 EXTRA (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 3 GENTLE (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK 3 NORMAL (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK CZT COMFORT (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK CZT NORMAL (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK NORMAL (<i>Lancet Transporter Case</i>)	T1b	T1b	QL (200 EA per 30 days)
UNISTIK PRO SAFETY LANCET (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>value plus lancet standard 21g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>value plus lancets super thin</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>value plus lancets thin 26g</i>		T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic	Additional Information
VERIFINE UNIVERSAL LANCETS 30G (<i>ZevRx Twist Top Lancets 30G</i>)	T1b	T1b	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (<i>ZevRx Twist Top Lancets 30G</i>)	T1b	T1b	QL (204 lancets per 30 days)
VIVAGUARD LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
VIVAGUARD SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
WALGREENS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
<i>walgreens lancets micro thin</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
<i>walgreens lancets super thin</i>		T1b	AI (30 day supply max); QL (204 EA per 30 days)
WALGREENS THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (30 day supply max); QL (204 lancets per 30 days)
*Insulin Administration Supplies***			
OMNIPOD 5 G6 INTRO (GEN 5)	T3		PA
OMNIPOD 5 G6 PODS (GEN 5)	T3		PA; AI (30 day supply max. 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 EA per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T3		PA
OMNIPOD 5 G7 PODS (GEN 5)	T3		PA; AI (30 day supply max. 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 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	T3		PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T3		PA; QL (10 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	T3		PA; AI (30 day supply max. 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 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
OMNIPOD DASH PODS (GEN 4)	T3		PA; AI (30 day supply max. 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 EA per 30 days)
*Needles & Syringes***			
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 6 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>1st tier unifine pentips 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>1st tier unifine pentips plus 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
ABOUTTIME PEN NEEDLE (Sure Comfort Pen Needles) 30G X 8 MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
ABOUTTIME PEN NEEDLE (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
ABOUTTIME PEN NEEDLE (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (Insupen Pen Needles)	T1b	T1b	QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (Pen Needles 5/16")	T1b	T1b	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE (AQ Insulin Syringe) 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
<i>aqinject pen needle 31g x 5 mm</i>		T1b	QL (200 EA per 30 days)
<i>aqinject pen needle 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES	T1b		QL (200 needles per 30 days)
ASSURE ID INSULIN SAFETY SYR (TechLITE Insulin Syringe) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
ASSURE ID PRO PEN NEEDLES	T1b		QL (200 pen needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (Sure Comfort Pen Needles) 30G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
<i>aum insulin safety pen needle</i>		T1b	QL (200 EA per 30 days)
<i>aum mini insulin pen needle 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>aum mini insulin pen needle 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>		T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>aum pen needle 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>aum pen needle 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>		T1b	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	QL (200 pen needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>Raya Sure Pen Needle</i>)	T1b	T1b	QL (200 EA per 30 days)
<i>aurora pen needles</i>		T1b	QL (200 EA per 30 days)
BD AUTOSHIELD DUO (<i>Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	T1b		QL (200 EA per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 27G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	T1b		QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE (<i>Kmart Valu Insulin Syringe 29G</i>) U-100 1 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE U-500	T1b		QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BD INSULIN SYRINGE ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO U/F (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>Insupen Pen Needles</i>)	T1b	T1b	QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>Insupen Pen Needles</i>)	T1b	T1b	QL (200 pen needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F (<i>Pen Needles 5/16"</i>)	T1b	T1b	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>AQ Insulin Syringe</i>) 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>TechLITE Insulin Syringe</i>)	T1b	T1b	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>TechLITE Insulin Syringe</i>)	T1b	T1b	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
CAREFINE PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>careone insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>careone unifine pentips plus 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	T1b		QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE (AQ Insulin Syringe) 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (Kroger Pen Needles) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
CARETOUCH PEN NEEDLES (Pro Comfort Pen Needles) 32G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (Insupen Pen Needles) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ (Kroger Pen Needles) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ (Insupen Pen Needles) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (Insulin Syringe) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (Insulin Syringe-Needle U-100) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
COMFORT EZ INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>AQ Insulin Syringe</i>) 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1b	T1b	QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES 33G X 8 MM	T1b		QL (200 EA per 30 days)
COMFORT EZ PRO PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Raya Sure Pen Needle</i>) 31G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
DIATHRIVE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
DROPLET INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	T1b		QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
DROPLET MICRON	T1b		QL (200 EA per 30 days)
DROPLET PEN NEEDLES 29G X 10MM	T1b		QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
DROPLET PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
<i>dropsafe safety pen needles</i>		T1b	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	QL (200 syringes per 30 days)

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Drug Name	Brand	Generic	Additional Information
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>drug mart unifine pentips 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>drug mart unifine pentips plus</i>		T1b	QL (200 pen needles per 30 days)
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 32g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>easy comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1b	QL (200 EA per 30 days)
<i>easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>easy comfort pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>easy glide pen needles</i>		T1b	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	T1b		QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Pen Needles</i>) 30G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES 30G X 6 MM	T1b		QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
EASY TOUCH PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES	T1b		QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Pen Needles</i>) 30G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>eql insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	QL (200 EA per 30 days)
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>global ease inject pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i>		T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>global easy glide pen needles</i>		T1b	QL (200 pen needles per 30 days)
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>global inject ease insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>global insulin syringes</i>		T1b	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
<i>gnp clickfine pen needles</i>		T1b	QL (200 EA per 30 days)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>gnp insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>		T1b	QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>		T1b	QL (200 EA per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>		T1b	QL (200 EA per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>		T1b	QL (200 EA per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>		T1b	QL (200 EA per 30 days)
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 6 mm</i>		T1b	QL (200 EA per 30 days)
<i>gnp ulticare pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>goodsense clickfine pen needle</i>		T1b	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>healthwise insulin syrlneedle 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>healthwise insulin syrlneedle 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>		T1b	QL (200 pen needles per 30 days)
<i>healthwise short pen needles</i>		T1b	QL (200 EA per 30 days)
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>h-e-b incontrol pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (Insupen Pen Needles) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
HM ULTICARE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 1/2" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
HM ULTICARE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
HM ULTICARE MINI PEN NEEDLES (Sure Comfort Pen Needles)	T1b	T1b	QL (200 EA per 30 days)
HM ULTICARE SHORT PEN NEEDLES (Pen Needles 5/16")	T1b	T1b	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
INSUPEN SENSITIVE (Sure Comfort Pen Needles)	T1b	T1b	QL (200 EA per 30 days)
INSUPEN ULTRAFIN (Sure Comfort Pen Needles) 30G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
INSUPEN ULTRAFIN (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
INSUPEN ULTRAFIN (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>kinray insulin syringe</i>		T1b	QL (200 EA per 30 days)
<i>kmart valu insulin syringe 29g</i>		T1b	QL (200 EA per 30 days)
<i>kmart valu insulin syringe 30g</i>		T1b	QL (200 EA per 30 days)
<i>kroger insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>kroger insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>kroger pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>leader insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
LITETOUCH INSULIN SYRINGE (Insulin Syringe) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE (Insulin Syringe-Needle U-100) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>		T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MAGELLAN INSULIN SAFETY SYR (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>Meijer Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1b	T1b	QL (200 EA per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE	T1b		QL (200 EA per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	QL (200 EA per 30 days)
<i>medic insulin syringe 30g x 5/16" 0.3 ml</i>		T1b	QL (200 EA per 30 days)
<i>medic insulin syringe 30g x 5/16" 0.5 ml</i>		T1b	QL (200 syringes per 30 days)
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
MICRODOT PEN NEEDLE (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>mm insulin syringe/needle 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
MM PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
MM PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
MM PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	T1b		QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MONOJECT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
MONOJECT INSULIN SYRINGE (<i>Kmart Valu Insulin Syringe 29G</i>) U-100 1 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
NOVOFINE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	QL (200 pen needles per 30 days)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>pen needles 29g x 12mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
PENTIPS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>pip pen needles 31g x 5mm</i>		T1b	QL (200 EA per 30 days)
<i>pip pen needles 32g x 4mm</i>		T1b	QL (200 pen needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml</i>		T1b	QL (200 EA per 30 days)
<i>preferred plus insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>preferred plus unifine pentips 29g x 12mm</i>		T1b	QL (200 EA per 30 days)
PREVENT DROPSAFE PEN NEEDLES (Meijer Pen Needles)	T1b	T1b	QL (200 EA per 30 days)
PREVENT SAFETY PEN NEEDLES (Meijer Pen Needles)	T1b	T1b	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 6 mm</i>		T1b	QL (200 EA per 30 days)
<i>pro comfort pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
PRODIGY INSULIN SYRINGE (Insulin Syringe-Needle U-100)	T1b	T1b	QL (200 EA per 30 days)
<i>pure comfort pen needle 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>pure comfort pen needle 32g x 5 mm , 32g x 6 mm</i>		T1b	QL (200 EA per 30 days)
<i>px extra short pen needles</i>		T1b	QL (200 EA per 30 days)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>		T1b	QL (200 syringes per 30 days)
<i>px mini pen needles</i>		T1b	QL (200 EA per 30 days)
<i>px pen needle</i>		T1b	QL (200 EA per 30 days)
<i>px shortlength pen needles</i>		T1b	QL (200 EA per 30 days)
<i>qc pen needles</i>		T1b	QL (200 EA per 30 days)
<i>qc unifine pentips</i>		T1b	QL (200 pen needles per 30 days)
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>ra insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>ra pen needles</i>		T1b	QL (200 EA per 30 days)
<i>reality insulin syringe</i>		T1b	QL (200 EA per 30 days)
RELION INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML	T1b	T1b	QL (200 EA per 30 days)
RELION INSULIN SYRINGE (TechLITE Insulin Syringe) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
RELION MINI PEN NEEDLES (Meijer Pen Needles)	T1b	T1b	QL (200 EA per 30 days)
RELION PEN NEEDLES (Kroger Pen Needles) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
RELION PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
RELION PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
RELION SHORT PEN NEEDLES (Pen Needles 5/16")	T1b	T1b	QL (200 EA per 30 days)
<i>safety pen needles 30g x 5 mm</i>		T1b	QL (200 EA per 30 days)
<i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>sb insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (Insulin Syringe)	T1b	T1b	QL (200 EA per 30 days)
SECURESAFE SAFETY PEN NEEDLES (Sure Comfort Pen Needles)	T1b	T1b	QL (200 EA per 30 days)
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>sure comfort insulin syringe 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>sure comfort pen needles 31g x 6 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>sure comfort pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml</i>		T1b	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES 29G X 10MM	T1b		QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (Kroger Pen Needles) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
TECHLITE PEN NEEDLES (Pure Comfort Pen Needle) 32G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
TECHLITE PLUS PEN NEEDLES (Insupen Pen Needles)	T1b	T1b	QL (200 pen needles per 30 days)
<i>today's health pen needles</i>		T1b	QL (200 EA per 30 days)
<i>today's health short pen needle</i>		T1b	QL (200 EA per 30 days)
<i>topcare clickfine pen needles</i>		T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>topcare ultra comfort ins syr 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm</i>		T1b	QL (200 EA per 30 days)
<i>true comfort pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1b	QL (200 EA per 30 days)
<i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>		T1b	QL (200 EA per 30 days)
<i>true comfort pro pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
TRUEPLUS INSULIN SYRINGE (Insulin Syringe) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE (Insulin Syringe-Needle U-100) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
ULTICARE INSULIN SAFETY SYR (Insulin Syringe)	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT	T1b		

Drug Name	Brand	Generic	Additional Information
ULTICARE INSULIN SYRINGE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1b	T1b	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ULTILET PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTILET PEN NEEDLE (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
ULTILET PEN NEEDLE (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>		T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (Kroger Pen Needles) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (Insupen Pen Needles) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (Sure Comfort Insulin Syringe)	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.3 ML	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ULTRA THIN PEN NEEDLES (Insupen Pen Needles)	T1b	T1b	QL (200 pen needles per 30 days)
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>ultracare insulin syringe 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	QL (200 EA per 30 days)
<i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>		T1b	QL (200 EA per 30 days)
<i>ultracare pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
ULTRA-THIN II INS SYR SHORT (Insulin Syringe-Needle U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	QL (200 EA per 30 days)
ULTRA-THIN II INS SYR SHORT (Insulin Syringe-Needle U-100) 30G X 5/16" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	T1b		QL (200 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTRA-THIN II MINI PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>Pen Needles 5/16"</i>)	T1b	T1b	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Pen Needles</i>) 30G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
UNIFINE PENTIPS (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Pen Needles</i>) 30G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE	T1b		QL (200 pen needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>Pen Needles</i>) 30G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
UNIFINE ULTRA PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>value health insulin syringe</i>		T1b	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1b	T1b	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	T1b		QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1b	T1b	QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1b	T1b	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
VERIFINE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	QL (200 pen needles per 30 days)
<i>vp insulin syringe</i>		T1b	QL (200 EA per 30 days)
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>wegmans unifine pentips plus 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
<i>zevrx insulin syringe</i>		T1b	QL (200 syringes per 30 days)
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<i>zevrx pen needles 32g x 4 mm</i>		T1b	QL (200 pen needles per 30 days)
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER HOLDING CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER MINI CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER MV (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLS FLOVU MTHPIECE (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU INTERM (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 Year)

Drug Name	Brand	Generic	Additional Information
AEROCHAMBER PLUS FLO-VU LARGE <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
AEROVENT PLUS <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
CLEVER CHOICE HOLDING CHAMBER <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
EASIVENT <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
EASIVENT MASK LARGE <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
EASIVENT MASK MEDIUM <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
EASIVENT MASK SMALL <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<i>eq space chamber anti-static</i>		T1b	
<i>eq space chamber anti-static l</i>		T1b	
<i>eq space chamber anti-static m</i>		T1b	
<i>eq space chamber anti-static s</i>		T1b	
FLEXICHAMBER <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T1b		QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1b		QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1b		QL (2 EA per 1 Year)
INSPIREASE	T1b		QL (1 EA per 2 Years)
INSPIREASE RESERVOIR BAGS	T1b		QL (2 EA per 1 Year)
MICROSPACER <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)

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Drug Name	Brand	Generic	Additional Information
OPTICHAMBER DIAMOND (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
POCKET CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
POCKET SPACER (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
RITEFLO (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	QL (2 EA per 1 year)
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
QULIPTA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
UBRELVY	SP		PA; AI (30 day supply max); QL (16 EA per 30 days)
ZAVZPRET	SP		PA; AI (30 day supply max)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG	SP		PA; AI (30 day supply max)
AJOVY	SP		PA; AI (30 day supply max); QL (0.05 ML per 1 day)
EMGALITY	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EMGALITY (300 MG DOSE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ergot Combinations***			
MIGERGOT	T3		
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		SP	PA; SP; AI (30 day supply max)
<i>dihydroergotamine mesylate nasal</i>		SP	PA; SP; AI (30 day supply max)
ERGOMAR	T3		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate</i>		T3	QL (25 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i>eletriptan hydrobromide</i>		T1b	QL (0.9 EA per 1 day)
<i>frovatriptan succinate</i>		T1b	ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan); QL (20 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg</i>		T1b	QL (5 EA per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1b	QL (2 EA per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1b	QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1b	QL (6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1b	QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1b	QL (6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1b	QL (6 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1b	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T1b	QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T1b	QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1b	QL (20 tabs per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1b	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1b	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1b	QL (10 ML per 30 days)
<i>zolmitriptan nasal</i>		T3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1b	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T1b	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1b	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T1b	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)
Minerals & Electrolytes			
*Fluoride***			
NAFRINSE (Sodium Fluoride)	\$0	\$0	AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet chewable</i>		\$0	AG (Max 6 Years)
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T2		
*Potassium***			
KLOR-CON 10 (Potassium Chloride ER)	T1b	T1b	
KLOR-CON M10 (Potassium Chloride Crys ER)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
KLOR-CON M15 (<i>Potassium Chloride Crys ER</i>)	T1b	T1b	
KLOR-CON M20 (<i>Potassium Chloride Crys ER</i>)	T1b	T1b	
KLOR-CON ORAL PACKET (<i>Potassium Chloride</i>) 20 MEQ	T1b	T1b	
KLOR-CON ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride ER</i>)	T1b	T1b	
<i>potassium chloride er oral capsule extended release</i>		T1b	
<i>potassium chloride er oral tablet extended release 20 meq</i>		T3	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		T1b	
Miscellaneous Therapeutic Classes			
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***			
JOENJA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antileptics***			
THALOMID	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Chelating Agents***			
CUVRIOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>penicillamine oral tablet</i>		T3	
<i>trientine hcl oral capsule 500 mg</i>		SP	PA; SP; AI (30 day supply max)
*Cyclosporine Analogs***			
<i>cyclosporine oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL CAPSULE (<i>cycloSPORINE Modified</i>) 100 MG, 25 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL SOLUTION (<i>CycloSPORINE Modified</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
LUPKYNIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEORAL (<i>cycloSPORINE Modified</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID (<i>Lenalidomide</i>)	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
*Inosine Monophosphate Dehydrogenase Inhibitors***			
<i>mycophenolate mofetil oral</i>		T1b	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		T1b	QL (6 EA per 1 day)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		T1b	QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		T1b	QL (4 tablets per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	T3		
ENVARUSUS XR	T3		PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
PROGRAF ORAL (<i>Tacrolimus</i>)	T3	T1b	
<i>sirolimus oral solution</i>		T3	
<i>sirolimus oral tablet</i>		T1b	
*Monoclonal Antibodies***			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Potassium Removing Agents***			
KIONEX ORAL SUSPENSION	T1b		
LOKELMA	T3		PA
<i>sodium polystyrene sulfonate oral powder</i>		T1b	
SPS	T1b		
VELTASSA	T3		PA

Drug Name	Brand	Generic	Additional Information
*Purine Analogs***			
<i>azathioprine oral tablet 50 mg</i>		T1b	
*Rock Inhibitors***			
REZUROCK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous hcl</i>		T1b	AI (Limited to 1 fill per month); QL (100 ML per 10 days)
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat troche</i>		T1b	
<i>nystatin mouth/throat</i>		T1b	
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL	T3		
*Antiseptics - Mouth/Throat***			
PERIOGARD (<i>Chlorhexidine Gluconate</i>)	T1b	T1b	
*Fluoride Dental Products***			
NAFRINSE DAILY/NEUTRAL	\$0		AG (Max 6 Years)
NAFRINSE WEEKLY	\$0		AG (Max 6 Years)
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>pilocarpine hcl oral</i>		T1b	
*Steroids - Mouth/Throat/Dental***			
KOURZEQ (<i>Triamcinolone Acetonide</i>)	T1b	T1b	
ORALONE (<i>Triamcinolone Acetonide</i>)	T1b	T1b	
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX EC	T1b		QL (1 tablet per 1 day)
ATABEX OB	T1b		QL (1 tablet per 1 day)
<i>completenate</i>		T1b	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE 85-1 MG	T1b		QL (1 tablet per 1 day)
INATAL GT	T1b		QL (1 tablet per 1 day)
OBSTETRIX EC (WITH DOCUSATE)	T1b		QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha</i>		T1b	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>		T1b	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>		T1b	QL (1 tablet per 1 day)
PRENATAL-U	T1b		QL (1 tablet per 1 day)
<i>thrivite rx</i>		T1b	QL (1 tablet per 1 day)
TRINATE	T1b		QL (1 tablet per 1 day)
VINATE II	T1b		QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha oral 29-1-200 & 200 mg</i>		T1b	QL (1 tablet per 1 day)
<i>wesnatal dha complete</i>		T1b	QL (1 tablet per 1 day)
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T1b	
<i>carisoprodol oral tablet 350 mg</i>		T1b	AI (Max #84 per 21 days); QL (84 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		T1b	QL (4 EA per 1 day); AG (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T2	
<i>metaxalone oral tablet 800 mg</i>		T2	AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		T1b	
<i>orphenadrine citrate er</i>		T1b	
<i>tizanidine hcl oral capsule 2 mg</i>		T1b	QL (18 EA per 1 day)
<i>tizanidine hcl oral capsule 4 mg, 6 mg</i>		T1b	QL (9 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		T1b	QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		T1b	QL (9 EA per 1 day)
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		T2	
*Muscle Relaxant Combinations***			
<i>carisoprodol-aspirin-codeine</i>		T3	AI (Quantity limit of 2 per day, up to a 10 day supply, with a fill limit of 1 fill per 30 days); QL (2 EA per 1 day)
*Retinoic Acid Receptor Gamma Selective Agonists***			
SOHONOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nasal Agents - Systemic And Topical			
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %</i>		T1b	AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T1b	AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
*Nasal Antihistamines***			
<i>olopatadine hcl nasal</i>		T1b	QL (1.02 GM per 1 day); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	T3		AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>		T1b	AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 days)

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Drug Name	Brand	Generic	Additional Information
ZETONNA	T3		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
Neuromuscular Agents			
*Als Agent Combinations***			
RELYVRIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Als Agents - Miscellaneous***			
RADICAVA ORS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RADICAVA ORS STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Benzothiazoles***			
<i>riluzole</i>		T1b	
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***			
SKYCLARYS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nondepolarizing Muscle Relaxants***			
<i>atracurium besylate intravenous solution 50 mg/5ml</i>		MB	
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***			
DAYBUE	SP		PA; SP; AI (30 day supply max)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T3		
*Artificial Tear Inserts***			
LACRISERT	T3		
*Beta-Blockers - Ophthalmic Combinations***			
<i>brimonidine tartrate-timolol</i>		T2	
<i>dorzolamide hcl-timolol mal</i>		T1b	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>		T1b	PA

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Drug Name	Brand	Generic	Additional Information
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	T3		
<i>carteolol hcl</i>		T1b	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1b	
<i>timolol maleate ophthalmic gel forming solution</i>		T3	
<i>timolol maleate ophthalmic solution</i>		T1b	
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION <i>(Phenylephrine HCl) 10 %, 2.5 %</i>	T1b	T1b	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1b	
HOMATROPAIRE	T1b		
ISOPTO ATROPINE <i>(Atropine Sulfate)</i>	T2	T2	
<i>tropicamide ophthalmic</i>		T3	
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	T1b		
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1b	
*Ophthalmic Antiallergic***			
ALOCRIAL	T3		
ALOMIDE	T3		
<i>azelastine hcl ophthalmic</i>		T2	AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
<i>bepotastine besilate</i>		T3	QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T2	
<i>epinastine hcl</i>		T2	
ZERVIAE	T3		QL (1 EA per 1 day)
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic</i>		T3	
BESIVANCE	T3		
CILOXAN OPHTHALMIC OINTMENT	T3		
<i>ciprofloxacin hcl ophthalmic</i>		T1b	
<i>erythromycin ophthalmic</i>		T1b	
<i>gatifloxacin ophthalmic</i>		T1b	
GENTAK OPHTHALMIC OINTMENT	T3		
<i>gentamicin sulfate ophthalmic solution</i>		T1b	
<i>levofloxacin ophthalmic solution 0.5 %</i>		T2	
<i>moxifloxacin hcl (2x day)</i>		T3	
<i>moxifloxacin hcl ophthalmic solution</i>		T1b	
<i>ofloxacin ophthalmic</i>		T1b	
*Ophthalmic Antifungal***			
NATACYN	T3		

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T3	
NEO-POLYCIN (<i>Neomycin-Bacitracin Zn-Polymyx</i>)	T1b	T1b	
POLYCIN (<i>AK-Poly-Bac</i>)	T1b	T1b	
<i>polymyxin b-trimethoprim</i>		T1b	
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T3	
ZIRGAN	T2		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide</i>		T3	
<i>dorzolamide hcl ophthalmic</i>		T1b	
*Ophthalmic Ectoparasiticide**			
XDEMVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); Notes (41 day supply min / 42 day supply max); QL (0.239 ML per 1 day)
*Ophthalmic Immunomodulators***			
<i>cyclosporine ophthalmic</i>		T3	QL (2 EA per 1 day)
VERKAZIA	T3		PA
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic</i>		T1b	
<i>tetracaine hcl ophthalmic</i>		T1b	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T2	
<i>diclofenac sodium ophthalmic</i>		T1b	
<i>flurbiprofen sodium</i>		T1b	
<i>ketorolac tromethamine ophthalmic</i>		T1b	
NEVANAC	T3		AI (Max 12ml per year retail or mail); QL (12 ML per 360 days); AG (Min 10 Years)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
<i>apraclonidine hcl</i>		T3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>		T2	QL (2 bottles per 1 Month)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		T1b	
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1b	
BLEPHAMIDE S.O.P.	T3		
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1b	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T3	
PRED-G	T3		
PRED-G S.O.P.	T3		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T3	
TOBRADEX OPHTHALMIC OINTMENT	T2		
TOBRADEX ST	T2		
<i>tobramycin-dexamethasone</i>		T1b	
*Ophthalmic Steroids***			
<i>dexamethasone sodium phosphate ophthalmic</i>		T3	
<i>difluprednate</i>		T3	
FLAREX	T3		
<i>fluorometholone ophthalmic</i>		T1b	
FML	T3		
FML FORTE	T3		
MAXIDEX	T3		
PRED MILD	T3		
<i>prednisolone acetate ophthalmic</i>		T1b	
<i>prednisolone acetate p-f</i>		T1b	
<i>prednisolone sodium phosphate ophthalmic</i>		T3	
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	
<i>sulfacetamide sodium ophthalmic solution</i>		T1b	
*Ophthalmics - Cystinosis Agents**			
CYSTARAN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ophthalmics Misc. - Other***			
MIEBO	SP		PA; SP; AI (30 day supply max)
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic</i>		T2	AI (1 x 5ml bottle per month); QL (0.17 ML per 1 day)
<i>latanoprost ophthalmic</i>		T1b	AI (Max #15ml Mail Order); QL (5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2		ST (Step Therapy through 60 days trial of bimatoprost 0.03% in the last 6 months)
<i>tafluprost (pf)</i>		T3	
<i>travoprost (bak free)</i>		T2	

Drug Name	Brand	Generic	Additional Information
VYZULTA	T3		ST (Step Therapy required: through 60 days trial of either latanoprost (generic Xalatan) OR bimatoprost 0.03% in the last 6 months); QL (0.1 ML per 1 day); AG (Min 17 Years)
XELPROS	T3		
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1b	
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		T3	
<i>ofloxacin otic</i>		T1b	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	T2		
<i>ciprofloxacin-dexamethasone</i>		T2	QL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1b	
<i>neomycin-polymyxin-hc otic suspension</i>		T1b	
OTOVEL (Ciprofloxacin-Fluocinolone PF)	T3	T3	
*Otic Steroids***			
ACETASOL HC (Hydrocortisone-Acetic Acid)	T3	T2	QL (10 ML per 1 month)
FLAC (Fluocinolone Acetonide)	T1b	T1b	QL (1.333 ML per 1 day)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (Methylergonovine Maleate)	T1b	T1b	
Passive Immunizing And Treatment Agents			
*Immune Serums***			
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule</i>		T1a	
<i>amoxicillin oral suspension reconstituted</i>		T1a	
<i>amoxicillin oral tablet</i>		T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1b	
<i>ampicillin oral capsule 500 mg</i>		T1b	
*Natural Penicillins***			
<i>penicillin v potassium oral solution reconstituted</i>		T1b	
<i>penicillin v potassium oral tablet</i>		T1a	
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		T3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		T1a	

Drug Name	Brand	Generic	Additional Information
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml, 600-42.9 mg/5ml</i>		T1b	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>		T1b	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>		T1a	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		T3	
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		T1b	
Progestins			
*Progestins***			
GALLIFREY (Norethindrone Acetate)	T1b	T1b	
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T2	
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>		T1b	
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T3	AI (Max #450ml Mail Order); QL (150 ML per 30 days)
<i>progesterone intramuscular</i>		T3	F
<i>progesterone oral</i>		T1b	F
Psychotherapeutic And Neurological Agents - Misc.			
*Agents For Opioid Withdrawal***			
LUCEMYRA (Lofexidine HCl)	T3	T3	PA; QL (224 EA per 14 days)
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		T1b	QL (6 EA per 1 day)
<i>disulfiram oral tablet 250 mg</i>		T1b	
<i>disulfiram oral tablet 500 mg</i>		T1b	QL (1 EA per 1 day)
*Anti-Cataplectic Agents***			
LUMRYZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years and Max 65 Years)
XYREM (Sodium Oxybate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
*Anti-Cataplectic Combinations***			
XYWAV	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
TEGSEDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
WAINUA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		T2	
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		T1b	
<i>donepezil hcl oral tablet dispersible</i>		T1b	
<i>galantamine hydrobromide er</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide oral solution</i>		T3	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>rivastigmine</i>		T2	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>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
*Fibromyalgia Agent - Snris***			
SAVELLA	T3		
SAVELLA TITRATION PACK	T3		
*Movement Disorder Drug Therapy***			
XENAZINE (<i>Tetrabenazine</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
AUBAGIO (<i>Teriflunomide</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BETASERON SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dimethyl fumarate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>dimethyl fumarate starter pack oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>		SP	QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
<i>dalfampridine er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GLATOPA (<i>Glatiramer Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl er</i>		T2	
<i>memantine hcl oral solution 2 mg/ml</i>		T1b	AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T1b	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>		T1b	
<i>memantine hcl oral tablet 5 mg</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T2	
*Pseudobulbar Affect Agent Combinations***			
NUEDEXTA	T3		PA
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		T1b	PA

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Drug Name	Brand	Generic	Additional Information
<i>pimozide</i>		T2	
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	T3		F; QL (1 EA per 1 day); AG (Min 18 Years)
*Smoking Deterrents***			
<i>apo-varenicline</i>		\$0	QL (2 EA per 1 day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		\$0	QL (2 EA per 1 day); AG (Min 18 Years)
<i>cvs nicotine</i>		\$0	AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine step 3</i>		\$0	AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ft nicotine</i>		\$0	AG (Min 18 Years)
<i>ft nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine</i>		\$0	AG (Min 18 Years)
HABITROL (Nicotine)	\$0	\$0	AG (Min 18 Years)
<i>hm nicotine</i>		\$0	AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
KLS QUIT2 (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
KLS QUIT4 (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
NICORETTE MOUTH/THROAT GUM (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>nicotine</i>		\$0	AG (Min 18 Years)
<i>nicotine mini</i>		\$0	AG (Min 18 Years)
<i>nicotine polacrilex mini</i>		\$0	AG (Min 18 Years)
<i>nicotine step 1</i>		\$0	AG (Min 18 Years)
<i>nicotine step 2</i>		\$0	AG (Min 18 Years)
<i>nicotine step 3</i>		\$0	AG (Min 18 Years)
NICOTROL	\$0		AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NICOTROL NS	\$0		QL (4 ML per 1 day); AG (Min 18 Years)
<i>px stop smoking aid</i>		\$0	AG (Min 18 Years)
<i>qc nicotine transdermal system</i>		\$0	AG (Min 18 Years)
<i>ra mini nicotine</i>		\$0	AG (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>		\$0	AG (Min 18 Years)
<i>ra nicotine mouth/throat</i>		\$0	AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>sm nicotine</i>		\$0	AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>varenicline tartrate (starter)</i>		\$0	QL (2 tabs per 1 day); AG (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>		\$0	QL (2 EA per 1 day); AG (Min 18 Years)
<i>varenicline tartrate(continue)</i>		\$0	QL (2 tablets per 1 day); AG (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILENYA ORAL CAPSULE (Fingolimod HCl) 0.5 MG	SP	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 10 Years)
MAYZENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAYZENT STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PONVORY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PONVORY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
TASCENSO ODT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPOSIA	SP		PA; SP; AI (30 day supply max)
ZEPOSIA 7-DAY STARTER PACK	SP		PA; SP; AI (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	SP		PA; AI (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	SP		PA; SP; AI (30 day supply max)
*Thienbenzodiazepines & Ssrís***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 day)
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KALYDECO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORKAMBI ORAL TABLET 100-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMDEKO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 1 Years)
TRIKAFTA ORAL THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (180 ML per 30 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV	SP		PA; SP; QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE (<i>Pirfenidone</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 EA per 1 day)
ESBRIET ORAL TABLET (<i>Pirfenidone</i>) 267 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 EA per 1 day)
ESBRIET ORAL TABLET (<i>Pirfenidone</i>) 801 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day)
<i>pirfenidone oral tablet 534 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day)
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral</i>		T3	
Tetracyclines			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	T3		PA
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		T3	
<i>doxycycline hyclate oral capsule 100 mg</i>		T1a	
<i>doxycycline hyclate oral capsule 50 mg</i>		T1b	
<i>doxycycline hyclate oral tablet 100 mg</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>doxycycline hyclate oral tablet 20 mg</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T1b	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>		T2	
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1b	
<i>doxycycline monohydrate oral tablet 100 mg</i>		T2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		T1b	
<i>minocycline hcl oral capsule</i>		T1b	
<i>minocycline hcl oral tablet</i>		T3	
MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG	T1b	T1b	
<i>tetracycline hcl oral capsule</i>		T1b	
VIBRAMYCIN ORAL SYRUP	T3		
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1b	
<i>propylthiouracil oral</i>		T1b	
*Thyroid Hormones***			
ADTHYZA ORAL TABLET (Thyroid) 120 MG	T1b	T1b	
ADTHYZA ORAL TABLET (Niva Thyroid) 30 MG, 90 MG	T1b	T1b	
ARMOUR THYROID ORAL TABLET (Thyroid) 120 MG, 15 MG, 60 MG	T1b	T1b	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	T3		
ARMOUR THYROID ORAL TABLET (Niva Thyroid) 30 MG, 90 MG	T1b	T1b	
ERMEZA	T3		
EUTHYROX (Levothyroxine Sodium)	T1b	T1b	
LEVO-T (Levothyroxine Sodium)	T1b	T1b	
LEVOXYL (Levothyroxine Sodium)	T1b	T1b	
<i>liothyronine sodium oral</i>		T1b	
<i>niva thyroid</i>		T1b	
NP THYROID (Niva Thyroid)	T1b	T1b	
SYNTHROID (Levothyroxine Sodium)	T2	T1b	
TIROSINT (Levothyroxine Sodium)	T3	T3	
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1b	T1b	
UNITHROID ORAL TABLET (Levothyroxine Sodium) 150 MCG	T2	T1b	

Drug Name	Brand	Generic	Additional Information
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0		AI (3 doses (1.5ml) per year)
<i>diphtheria-tetanus toxoids dt</i>		\$0	AI (3 doses (1.5ml) per year)
INFANRIX	\$0		AI (3 doses (1.5ml) per year)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); AG (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (.5ml) per lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX	\$0		QL (3 doses per 1 year)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0		AI (3 doses (1.5ml) per year)
VAXELIS	\$0		AG (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Anticholinergic Combinations***			
<i>chlordiazepoxide-clidinium</i>		T1b	
*Antispasmodics***			
<i>dicyclomine hcl intramuscular</i>		T3	
<i>dicyclomine hcl oral</i>		T1b	
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1b	
<i>famotidine oral suspension reconstituted</i>		T1b	
<i>nizatidine oral capsule 150 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Misc. Anti-Ulcer***			
<i>sucralfate oral suspension</i>		T2	
<i>sucralfate oral tablet</i>		T1b	
*Proton Pump Inhibitors***			
<i>dexlansoprazole</i>		T3	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		T1b	QL (4 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>		T1b	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	T2		
FIRST-OMEPRAZOLE	T2		
<i>lansoprazole oral capsule delayed release</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		T3	QL (1 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>		T3	
OMEPRAZOLE+SYRSPEND SF ALKA	T2		
<i>pantoprazole sodium oral tablet delayed release</i>		T1b	
<i>rabeprazole sodium oral tablet delayed release</i>		T1b	
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		T1b	
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1b	AI (Max #1080 Mail Order); QL (8 EA per 1 day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T1b	QL (4 EA per 1 day)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
TALICIA	T3		ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); QL (12 EA per 1 day); AG (Min 18 Years)
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral</i>		T1b	QL (4 EA per 1 day)
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		T2	QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T1b	
<i>oxybutynin chloride oral solution</i>		T3	
<i>oxybutynin chloride oral syrup</i>		T1b	
<i>oxybutynin chloride oral tablet 5 mg</i>		T1b	
<i>solifenacin succinate</i>		T1b	QL (1 EA per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1b	
<i>tolterodine tartrate er</i>		T1b	QL (1 EA per 1 day)
TOVIAZ (Fesoterodine Fumarate ER)	T3	T3	PA; QL (1 EA per 1 day); AG (Min 18 Years)
<i>trospium chloride</i>		T1b	
<i>trospium chloride er</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
<i>mirabegron er</i>		T3	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3		PA; QL (8 ML per 1 day); AG (Min 3 Years and Max 12 Years)
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		T1b	
Vaccines			
*Bacterial Vaccines***			
ACTHIB	\$0		
<i>bcg vaccine injection solution reconstituted</i>		\$0	
BEXSERO	\$0		AI (2 doses (1ml) per year); AG (Min 10 Years)
BIOTHRAX	\$0		
CAPVAXIVE	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 18 Years)
HIBERIX INJECTION	\$0		
MENVEO	\$0		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0		
PENBRAYA	\$0		AG (Min 10 Years and Max 25 Years)
PNEUMOVAX 23	\$0		AI (2 doses (1ml) per year)
PREVNAR 13	\$0		QL (0.5 ML per 1 Lifetime)
PREVNAR 20	\$0		QL (0.5 ML per 1 Lifetime)
TRUMENBA	\$0		AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		
VAXCHORA	\$0		
VAXNEUVANCE	\$0		QL (0.5 ML per 1 Lifetime)
VIVOTIF	\$0		QL (4 EA per 1 Monrh)
*Viral Vaccine Combinations***			
PRIORIX	\$0		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (3ml) per year); AG (Min 18 Years)
*Viral Vaccines***			
ABRYSVO	\$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)
ACAM2000	\$0		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
AREXVY	\$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)

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Drug Name	Brand	Generic	Additional Information
COMIRNATY	\$0		AG (Min 12 Years)
DENGVAXIA	\$0		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
FLUAD QUADRIVALENT	\$0		QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 ML per 274 days); AG (Min 6 Months)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) per 274 days); QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUBLOK QUADRIVALENT	\$0		QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Months)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Months)
FLUCELVAX QUADRIVALENT	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 ML per 274 days); AG (Min 6 Months)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUMIST	\$0		AI (2 doses per 274 days); QL (0.4 ML per 274 days); AG (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT	\$0		QL (2 ml per 274 days); AG (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0		QL (0.7 ML per 274 days); AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
GARDASIL 9	\$0		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		AI (4 doses (4ml) per lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); AG (Min 18 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		

Drug Name	Brand	Generic	Additional Information
IPOL INJECTION INJECTABLE	\$0		
IXCHIQ	\$0		
IXIARO	\$0		
<i>janssen covid-19 vaccine</i>		\$0	
JYNNEOS	\$0		AI (2x 0.5 ML doses per year); QL (1 ML per 354 days); AG (Min 18 Years)
<i>moderna covid-19 bival 6m-5y</i>		\$0	
<i>moderna covid-19 bival booster</i>		\$0	
<i>moderna covid-19 bivalent</i>		\$0	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>		\$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	\$0		QL (2 doses per 1 year); AG (Min 6 Months and Max 11 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AG (Min 6 Months and Max 11 Years)
<i>moderna covid-19 vacc 6m-5y</i>		\$0	
MRESVIA	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 60 Years)
<i>novavax covid-19 vaccine</i>		\$0	QL (2 doses per 1 year); AG (Min 12 Years)
<i>pfizer covid-19 bival 6mo-4yr</i>		\$0	
<i>pfizer covid-19 vac bival 5-11</i>		\$0	
<i>pfizer covid-19 vac bivalent</i>		\$0	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>		\$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	\$0		QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>		\$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>		\$0	QL (3 Doses per 1 Year); AG (Min 6 Months and Max 4 Years)
<i>pfizer-biontech covid-19 vacc</i>		\$0	
PREHEVBRIO	\$0		
RABAVERT	\$0		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0		
ROTATEQ ORAL SOLUTION	\$0		
<i>sanofi covid-19 vac (booster)</i>		\$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0		AI (2 doses per lifetime); AG (Min 50 Years)

Drug Name	Brand	Generic	Additional Information
SPIKEVAX	\$0		AG (Min 12 Years)
SPIKEVAX COVID-19 VACCINE (<i>Moderna COVID-19 Vaccine</i>)	\$0	\$0	
<i>stamaril</i>		\$0	
TICOVAC	\$0		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime)
VARIVAX	\$0		AI (2 doses per year); QL (2 EA per 1 Year)
YF-VAX SUBCUTANEOUS INJECTABLE	\$0		
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	T3		F
<i>terconazole vaginal cream</i>		T2	F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	\$0		AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE	\$0		AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	\$0		AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE	\$0		F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		
*Vaginal Anti-Infectives***			
<i>clindamycin phosphate vaginal</i>		T1b	AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 days)
<i>metronidazole vaginal</i>		T2	F; QL (70 GM per 30 days)
*Vaginal Estrogens***			
<i>estradiol vaginal cream</i>		T1b	F
FEMRING VAGINAL RING 0.05 MG/24HR	T3		AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.1 MG/24HR	T3		AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 days)
PREMARIN VAGINAL	T2		F
YUVAFEM (<i>Estradiol</i>)	T3	T3	F
*Vaginal Progestins***			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F

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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>		T2	AI (Non Mylan pens are non formulary. Limit of 1 refill of 2 pens in one month); QL (2 EA per 2 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
<i>droxidopa oral capsule 100 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
<i>droxidopa oral capsule 200 mg, 300 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day); AG (Min 18 Years)
*Vasopressors***			
<i>epinephrine pf injection solution</i>		T2	
<i>midodrine hcl</i>		T3	
Vitamins			
*Paba***			
POTABA ORAL CAPSULE		T3	
*Vitamin D***			
BABY DDROPS ORAL LIQUID (Baby Super Daily D3) 10 MCG /0.028ML	\$0	\$0	AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG/0.03ML	\$0		AG (Min 65 Years)
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>		\$0	AG (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	\$0		AG (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	\$0		AG (Min 65 Years)
<i>cvs d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>d 1000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d 10000</i>		\$0	AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	AG (Min 65 Years)
<i>d 5000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d-1000</i>		\$0	AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	AG (Min 65 Years)
<i>d2000 ultra strength</i>		\$0	AG (Min 65 Years)
<i>d3 2000</i>		\$0	AG (Min 65 Years)
<i>d3 5000</i>		\$0	AG (Min 65 Years)
<i>d3 adult</i>		\$0	AG (Min 65 Years)
<i>d3 baby drops</i>		\$0	AG (Min 65 Years)
<i>d3 extra strength</i>		\$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>d3 high potency oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 kids</i>		\$0	AG (Min 65 Years)
<i>d3 max st</i>		\$0	AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral tablet</i>		\$0	
<i>d3 oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>d3 super strength</i>		\$0	AG (Min 65 Years)
<i>d3-1000</i>		\$0	AG (Min 65 Years)
D3-50 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>d-400</i>		\$0	AG (Min 65 Years)
<i>d-5000</i>		\$0	AG (Min 65 Years)
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	\$0		AG (Min 65 Years)
DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)	\$0	\$0	AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	\$0		AG (Min 65 Years)
<i>delta d3</i>		\$0	AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 (D-3-5)	\$0	\$0	AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX (Vitamin D3 Ultra Potency)	\$0	\$0	AG (Min 65 Years)
D-VI-SOL ORAL LIQUID (Vitamin D3) 10 MCG/ML	\$0	\$0	AG (Min 65 Years)
<i>eq d3 drops infants/childrens</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 gummies</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>ergocalciferol oral capsule</i>		T3	
<i>finest nutrition vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3</i>		\$0	AG (Min 65 Years)
<i>gnp d 1000</i>		\$0	AG (Min 65 Years)
<i>gnp d 2000</i>		\$0	AG (Min 65 Years)
<i>gnp d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d maximum strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d super strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>		\$0	AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES (D 1000)	\$0	\$0	AG (Min 65 Years)
<i>kls d3</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>kp vitamin d3</i>		\$0	AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	\$0		AG (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	\$0		AG (Min 65 Years)
<i>natural vitamin d-3</i>		\$0	
OPTIMAL D3 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
OPURITY VITAMIN D (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>ra vitamin d-3</i>		\$0	AG (Min 65 Years)
REPLESTA	\$0		AG (Min 65 Years)
REPLESTA NX	\$0		AG (Min 65 Years)
<i>sm vitamin d</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>sv vitamin d3</i>		\$0	AG (Min 65 Years)
THERA-D 2000 (Vitamin D)	\$0	\$0	AG (Min 65 Years)
THERA-D 4000	\$0		AG (Min 65 Years)
THERA-D RAPID REPLETION (Vitamin D)	\$0	\$0	AG (Min 65 Years)
<i>true vitamin d3</i>		\$0	AG (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAJoy DAILY D GUMMIES (D 1000)	\$0	\$0	AG (Min 65 Years)
VITAMELTS VITAMIN D	\$0		AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>		T3	
<i>vitamin d high potency</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral liquid 10 mcg/ml</i>		\$0	AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>vitamin d3 adult gummies</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 fast dissolve</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies adult</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	\$0		AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>vitamin d3 maximum strength</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral tablet</i>		\$0	
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 sublingual</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 ultra strength</i>		\$0	AG (Min 65 Years)
WEEKLY-D (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
YUMVS VITAMIN D3 (D 1000)	\$0	\$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT)	\$0	\$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D3) 62.5 MCG (2500 UT)	\$0	\$0	AG (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT)	\$0	\$0	AG (Min 65 Years)
*Vitamin K***			
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ASSURE HAEMOLANCE PLUS		AVONEX PREFILLED	196	<i>belladonna</i>	94
MICRO	145	AYUNA	95	BELSOMRA	142
ASSURE HAEMOLANCE PLUS		AYVAKIT	72	<i>benazepril hcl</i>	61
NORMAL	145	<i>azathioprine</i>	187	<i>benazepril-hydrochlorothiazide</i>	60

BENLYSTA	185	<i>bupropion hcl er (xl)</i>	46	CARETOUCH TWIST LANCETS	
<i>benzimidazole</i>	34	<i>buspirone hcl</i>	35	30G	146
<i>benzonatate</i>	100	<i>butalbital-acetaminophen</i>	21	CARETOUCH TWIST LANCETS	
<i>benztropine mesylate</i>	80	<i>butalbital-apap-caff-cod</i>	25	33G	146
<i>bepotastine besilate</i>	190	<i>butalbital-apap-caffeine</i>	21	CARETOUCH TWIST MC	
BERINERT	137	<i>butalbital-asa-caffeine</i>	21	LANCETS 30G	146
BESIVANCE	190	<i>butorphanol tartrate</i>	33	<i>carisoprodol</i>	188
BESREMI	73	BYDUREON BCISE	53	<i>carisoprodol-aspirin-codeine</i>	188
<i>betaine</i>	128	BYETTA 10 MCG PEN	53	<i>carteolol hcl</i>	190
<i>betamethasone dipropionate</i>	106	BYETTA 5 MCG PEN	53	CARTIA XT	90
<i>betamethasone dipropionate aug.</i>	106	<i>cabergoline</i>	126	<i>carvedilol</i>	89
<i>betamethasone valerate</i>	106	CABOMETYX	71	CASODEX	65
BETASERON	196	<i>calcipotriene</i>	105	CAYA	144
<i>betaxolol hcl</i>	90	<i>calcipotriene-betameth diprop</i>	110	CAYSTON	63
<i>bethanechol chloride</i>	204	<i>calcitonin (salmon)</i>	126	CAZANT	99
BETOPTIC-S	190	CALCITRENE	105	<i>cefaclor</i>	94
BEVESPI AEROSPHERE	37	<i>calcitriol</i>	105, 128	<i>cefaclor er</i>	94
<i>bexarotene</i>	110	<i>calcium acetate (phos binder)</i>	134	<i>cefadroxil</i>	94
BEXSERO	205	<i>calcium carbonate antacid</i>	34	<i>cefdinir</i>	94
BIJUVA	131	CALQUENCE	68	<i>cefixime</i>	94
BIKTARVY	84	CAMCEVI	76	<i>cefpodoxime proxetil</i>	94
<i>bimatoprost</i>	192	CAMILA	98	<i>cefprozil</i>	94
BIMZELX	104	CAMRESE	98	<i>cefuroxime axetil</i>	94
BIO-D-MULSION	209	CAMRESE LO	98	<i>celecoxib</i>	18
BIO-D-MULSION FORTE	209	CAMZYOS	91	<i>cephalexin</i>	94
BIOTEL CARE TEST STRIPS	112	<i>candesartan cilexetil</i>	62	CERDELGA	138
BIOTHRAX	205	<i>candesartan cilexetil-hctz</i>	61	<i>cevimeline hcl</i>	187
<i>bisoprolol fumarate</i>	90	CAPRELSA	71	CHARLOTTE 24 FE	95
<i>bisoprolol-hydrochlorothiazide</i>	62	<i>captopril</i>	61	CHATEAL	95
BLEPHAMIDE S.O.P.	191	CAPVAXIVE	205	CHATEAL EQ	95
BLISOVI 24 FE	95	CARBAGLU	128	CHEMET	56
BLISOVI FE 1.5/30	95	<i>carbamazepine</i>	43	CHEMSTRIP K	112
BLISOVI FE 1/20	95	<i>carbamazepine er</i>	43	CHENODAL	133
<i>blood glucose test strips 333</i>	112	<i>carbidopa</i>	80	<i>childrens aspirin</i>	22
BLULINK GLUCOSE TEST	112	<i>carbidopa-levodopa</i>	80	<i>chlordiazepoxide hcl</i>	36
BONJESTA	57	<i>carbidopa-levodopa er</i>	80	<i>chlordiazepoxide-amitriptyline</i>	195
BOOSTRIX	203	<i>carbidopa-levodopa-entacapone</i>	80	<i>chlordiazepoxide-clidinium</i>	203
<i>bosentan</i>	93	<i>carbinoxamine maleate</i>	58	<i>chloroquine phosphate</i>	64
BOSULIF	67	CARDURA XL	135	<i>chlorpromazine hcl</i>	83
<i>bpo</i>	102	CAREFINE PEN NEEDLES	164	<i>chlorthalidone</i>	125
BRAFTOVI	68	CAREONE BLOOD GLUCOSE		<i>chlorzoxazone</i>	188
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BREYNA	37	<i>careone insulin syringe</i>	164	<i>cholestyramine</i>	59
BREZTRI AEROSPHERE	38	CAREONE LANCET SUPER THIN		CHOSEN LANCETS 30G	146
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<i>brimonidine tartrate-timolol</i>	189	<i>careone unifine pentips plus</i>	164	CIBINQO	106
<i>brinzolamide</i>	191	CARESENS LANCETS	146	<i>ciclopirox</i>	103
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<i>bromfenac sodium (once-daily)</i>	191	CARESENS N GLUCOSE TEST ..	112	<i>cilostazol</i>	137
<i>bromocriptine mesylate</i>	80	CARETOUCH INSULIN SYRINGE	165	CILOXAN	190
BRUKINSA	68	CARETOUCH PEN NEEDLES	165	CIMDUO	84
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<i>bumetanide</i>	125	146	<i>cimetidine hcl</i>	203
<i>buprenorphine</i>	33	CARETOUCH SAFETY LANCETS		CIMZIA	135
<i>buprenorphine hcl</i>	33	26G	146	CIMZIA (2 SYRINGE)	135
<i>buprenorphine hcl-naloxone hcl</i>	33	CARETOUCH TEST	112	CIMZIA STARTER KIT	135
<i>bupropion hcl</i>	46	CARETOUCH TWIST LANCETS		<i>cinacalcet hcl</i>	126
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<i>clarithromycin</i>	143	COMETRIQ (60 MG DAILY DOSE)	71	CROTAN	109
<i>clarithromycin er</i>	143	COMFORT ASSIST INSULIN SYRINGE	165	CRYSSELLE-28	95
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CLEVER CHOICE AUTO-CODE TEST	112	COMFORT EZ SHORT PEN NEEDLES	166	<i>cvs aspirin adult low strength</i>	22
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CLEVER CHOICE LANCETS 21G	147	COMFORT TOUCH PLUS LANCETS 28G	147	<i>cvs aspirin low strength</i>	22
CLEVER CHOICE LANCETS 23G	147	COMFORT TOUCH PLUS LANCETS 30G	147	<i>cvs d3</i>	209
CLEVER CHOICE LANCETS 28G	147	COMFORT TOUCH TWIST LANCET 30G	147	<i>cvs genuine aspirin</i>	22
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<i>clickfine pen needles</i>	165	COMPACT SPACE CHAMBER/SM MASK	182	<i>cvs lancets thin 26g</i>	147
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CLINDACIN ETZ	102	<i>complete natal dha</i>	188	<i>cvs lancets ultra-thin 30g</i>	147
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<i>clindamycin hcl</i>	63	<i>condoms</i>	143	<i>cvs nicotine polacrilex</i>	198
<i>clindamycin palmitate hcl</i>	63	CONTOUR NEXT TEST	113	<i>cvs ultra thin lancets</i>	147
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<i>clomipramine hcl</i>	48	COSENTYX (300 MG DOSE)	104	CYLTEZO (2 SYRINGE)	17
<i>clonazepam</i>	42	COSENTYX SENSOREADY (300 MG)	104	CYLTEZO-CD/UC/HS STARTER	17
<i>clonidine</i>	62	COSENTYX SENSOREADY PEN	104	CYLTEZO-PSORIASIS/UV STARTER	17
<i>clonidine hcl</i>	62	COSENTYX UNOREADY	104	<i>cyproheptadine hcl</i>	59
<i>clonidine hcl er</i>	13			CYRED	95
<i>clopidogrel bisulfate</i>	138			CYRED EQ	95
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<i>colchicine-probenecid</i>	136			<i>d2000 ultra strength</i>	209
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<i>d3 high potency</i>	210	192	<i>dorzolamide hcl-timolol mal</i>	189
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<i>dabigatran etexilate mesylate</i>	42	<i>dextroamphetamine sulfate er</i>	13	<i>doxylamine-pyridoxine</i>	57
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EASY TOUCH LANCETS 26G	148	ELLA	98	<i>eq aspirin</i>	22
EASY TOUCH LANCETS 28G	148	ELMIRON	136	<i>eq aspirin adult low dose</i>	22
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JYLAMVO	66	KROGER HEALTHPRO LANCET		LENVIMA (14 MG DAILY DOSE)	80
JYNNEOS	207	26G	152	LENVIMA (18 MG DAILY DOSE)	80
KAITLIB FE	96	<i> kroger insulin syringe</i>	172	LENVIMA (20 MG DAILY DOSE)	80
KALBITOR	137	<i> kroger lancets</i>	152	LENVIMA (24 MG DAILY DOSE)	80
KALLIGA	96	<i> kroger lancets 21g</i>	152	LENVIMA (4 MG DAILY DOSE)	80
KALYDECO	200	<i> kroger lancets micro thin 33g</i>	153	LENVIMA (8 MG DAILY DOSE)	80
KAMELEON LUBRICATED	144	<i> kroger lancets super thin</i>	153	LESSINA	96

<i>letrozole</i>	74	LORBRENA	67	<i>medic insulin syringe</i>	173
<i>leucovorin calcium</i>	75	LORYNA	96	<i>medicochoice safety lancet</i>	153
LEUKERAN	78	<i>losartan potassium</i>	62	<i>medicochoice safety lancet extra</i>	153
<i>leuprolide acetate</i>	76	<i>losartan potassium-hctz</i>	61	<i>medicochoice safety lancet norm</i>	153
<i>leuprolide acetate (3 month)</i>	76	<i>lovastatin</i>	59	<i>medicine shoppe pen needles</i>	173
<i>levabuterol hcl</i>	39	LOW-OGESTREL	96	MEDLANCE EXTRA 21G	153
<i>levabuterol tartrate</i>	39	<i>loxapine succinate</i>	83	MEDLANCE LITE 25G	154
<i>levamlodipine maleate</i>	90	LO-ZUMANDIMINE	96	MEDLANCE PLUS EXTRA 21G ...	154
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<i>levetiracetam er</i>	43	LUMIGAN	192	0.8MM	154
<i>levobunolol hcl</i>	190	LUMRYZ	194	MEDLANCE PLUS SUPERLITE	
<i>levocarnitine</i>	126	LUPKYNIS	186	30G	154
<i>levocetirizine dihydrochloride</i>	58	LUPRON DEPOT (1-MONTH)	77	MEDLANCE PLUS UNIVERSAL	
<i>levofloxacin</i>	132, 190	LUPRON DEPOT (3-MONTH)	77	21G	154
LEVONEST	99	LUPRON DEPOT (4-MONTH)	77	MEDLANCE UNIVERSAL 21G	154
LEVORA 0.15/30 (28)	96	LUPRON DEPOT (6-MONTH)	77	MEDROL	100
<i>levorphanol tartrate</i>	28	LUPRON DEPOT-PED (1-		<i>medroxyprogesterone acetate</i>	98, 194
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<i>liberty test</i>	120	LUTERA	96	MEIJER LANCETS	154
<i>lidocaine viscous hcl</i>	187	LYLEQ	99	MEIJER LANCETS THIN	154
<i>lindane</i>	109	LYLLANA	132	MEIJER LANCETS UNIVERSAL	
<i>linezolid</i>	63	LYNPARZA	79	21G	154
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<i>lithium</i>	81	<i>malathion</i>	109	<i>melphalan</i>	78
<i>lithium carbonate</i>	81	<i>maprotiline hcl</i>	46	<i>memantine hcl</i>	197
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<i>lopinavir-ritonavir</i>	85	MAYZENT STARTER PACK	199	<i>methadone hcl</i>	28
<i>lorazepam</i>	36	<i>meclizine hcl</i>	57	<i>methamphetamine hcl</i>	13
LORAZEPAM INTENSOL	36	<i>meclofenamate sodium</i>	20	<i>methazolamide</i>	125

<i>methenamine hippurate</i>	64	<i>modafinil</i>	15	<i>naftifine hcl</i>	103
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<i>methimazole</i>	202	<i>moderna covid-19 bival booster</i>	207	<i>naltrexone hcl</i>	57
<i>methitest</i>	34	<i>moderna covid-19 bivalent</i>	207	<i>naproxen</i>	20
<i>methocarbamol</i>	188	<i>moderna covid-19 vac (booster)</i>	207	<i>naproxen sodium</i>	20
<i>methotrexate</i>	66	MODERNA COVID-19 VAC 6M-		<i>naratriptan hcl</i>	184
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<i>methotrexate sodium (pf)</i>	66	<i>moderna covid-19 vacc 6m-5y</i>	207	NATAZIA	98
<i>methoxsalen rapid</i>	104	<i>moexipril hcl</i>	61	<i>nateglinide</i>	53
<i>methscopolamine bromide</i>	204	<i>mometasone furoate</i>	108	NATPARA	129
<i>methsuximide</i>	45	MOMMY'S BLISS VIT D		<i>natural vitamin d-3</i>	211
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<i>methylphenidate hcl er (osm)</i>	14	SYRINGE	174	<i>neomycin sulfate</i>	16
<i>methylphenidate hcl er (xr)</i>	14	MONOLET LANCETS	154	<i>neomycin-polymyxin-dexameth</i>	
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MICROGESTIN 1/20	96	<i>mpd safety lancet 30g</i>	154	<i>niacin er (antihyperlipidemic)</i>	60
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<i>midazolam hcl</i>	141	<i>mupirocin</i>	103	<i>nicotine mini</i>	198
<i>midodrine hcl</i>	209	MY CHOICE	98	<i>nicotine polacrilex mini</i>	198
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<i>minoxidil</i>	63	30G	154	NIKKI	97
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<i>mirtazapine</i>	45	MYLERAN	65	<i>nimodipine</i>	90
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<i>mm insulin syringe/needle</i>	173	NAFRINSE	184	NITRO-BID	35
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NORLYDA	99	OCELLA	97	OPTICHAMBER DIAMOND-MD	
NORLYROC	99	<i>octreotide acetate</i>	130	MASK	183
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NOVA SAFETY LANCETS 23G	155	<i>olanzapine</i>	84	OPVEE	57
NOVA SAFETY LANCETS 28G	155	<i>olanzapine-fluoxetine hcl</i>	200	ORALAIR	15
NOVA SUREFLEX LANCETS	155	<i>olmesartan medoxomil</i>	62	ORALONE	187
<i>novavax covid-19 vaccine</i>	207	<i>olmesartan medoxomil-hctz</i>	61	ORENCIA	20
NOVOFINE AUTOCOVER PEN		<i>olmesartan-amlodipine-hctz</i>	62	ORENCIA CLICKJECT	20
NEEDLE	174	<i>olopatadine hcl</i>	188	ORENITRAM	91
NOVOFINE PEN NEEDLE	174	OLPRUVA (2 GM DOSE)	130	ORENITRAM MONTH 1	92
NOVOFINE PLUS PEN NEEDLE	174	OLPRUVA (3 GM DOSE)	130	ORENITRAM MONTH 2	92
NOVOLIN 70/30	52	OLPRUVA (4 GM DOSE)	131	ORENITRAM MONTH 3	92
NOVOLIN 70/30 FLEXPEN	52	OLPRUVA (5 GM DOSE)	131	ORGOVYX	75
NOVOLIN 70/30 FLEXPEN		OLPRUVA (6 GM DOSE)	131	ORILISSA	126
RELION	52	OLPRUVA (6.67 GM DOSE)	131	ORKAMBI	200
NOVOLIN 70/30 RELION	52	OLUMIANT	16	ORLADEYO	138
NOVOLIN N	52	<i>omega-3-acid ethyl esters</i>	59	<i>orphenadrine citrate er</i>	188
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NOVOLIN N FLEXPEN RELION	52	ALKA	204	ORSYTHIA	97
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NOVOLOG FLEXPEN	52	OMNIPOD 5 LIBRE2 PLUS G6		<i>oxaprozin</i>	20
NOVOLOG MIX 70/30	52	PODS	161	<i>oxazepam</i>	36
NOVOLOG MIX 70/30 FLEXPEN	52	OMNIPOD CLASSIC PODS (GEN		OXBRYTA	140
NOVOLOG PENFILL	53	3)	161	<i>oxcarbazepine</i>	43
NOVOLOG RELION	53	OMNIPOD DASH PODS (GEN 4)	162	<i>oxiconazole nitrate</i>	108
NP THYROID	202	OMNITROPE	127	<i>oxybutynin chloride</i>	204
NPLATE	140	OMVOH	134	<i>oxybutynin chloride er</i>	204
NUBEQA	65	<i>ondansetron</i>	57	<i>oxycodone hcl</i>	30, 31
NUCALA	40	<i>ondansetron hcl</i>	57	<i>oxycodone-acetaminophen</i>	33
NUCYNTA	30	<i>one drop test</i>	121	OXYCONTIN	31
NUCYNTA ER	30	ONETOUCH DELICA PLUS		<i>oxymorphone hcl</i>	32
NUDEXTA	197	LANCET30G	155	<i>oxymorphone hcl er</i>	31
NURTEC	183	ONETOUCH DELICA PLUS		OZEMPIC (0.25 OR 0.5	
NUTROPIN AQ NUSPIN 10	127	LANCET33G	155	MG/DOSE)	53
NUTROPIN AQ NUSPIN 20	127	ONETOUCH ULTRA	121	OZEMPIC (1 MG/DOSE)	53
NUTROPIN AQ NUSPIN 5	127	ONETOUCH ULTRA TEST	121	OZEMPIC (2 MG/DOSE)	53
NUVARING	97	ONETOUCH ULTRASOFT 2		PACERONE	37
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NYAMYC	103	ONETOUCH VERIO	121	DOSE)	15

PALFORZIA (120 MG DAILY DOSE)	15	PERSERIS	82	POGO AUTOMATIC TEST CARTRIDGES	121
PALFORZIA (160 MG DAILY DOSE)	15	PERTZYE	124	POLYICIN	191
PALFORZIA (20 MG DAILY DOSE)	15	<i>pfizer covid-19 bival 6mo-4yr</i>	207	<i>polymyxin b-trimethoprim</i>	191
PALFORZIA (200 MG DAILY DOSE)	15	<i>pfizer covid-19 vac bival 5-11</i>	207	POMALYST	70
PALFORZIA (240 MG DAILY DOSE)	15	<i>pfizer covid-19 vac bivalent</i>	207	PONVORY	199
PALFORZIA (3 MG DAILY DOSE)	15	<i>pfizer covid-19 vac-tris 5-11y</i>	207	PONVORY STARTER PACK	199
PALFORZIA (300 MG MAINTENANCE)	15	PFIZER COVID-19 VAC-TRIS 5-11Y	207	PORTIA-28	97
PALFORZIA (300 MG TITRATION)	15	<i>pfizer covid-19 vac-tris 6m-4y</i>	207	<i>posaconazole</i>	58
PALFORZIA (40 MG DAILY DOSE)	15	<i>pfizer-biontech covid-19 vacc</i>	207	POTABA	209
PALFORZIA (6 MG DAILY DOSE)	15	PHARMACIST CHOICE AUTOCODE	121	<i>potassium chloride</i>	185
PALFORZIA (80 MG DAILY DOSE)	15	PHARMACIST CHOICE LANCETS	155	<i>potassium chloride er</i>	185
PALFORZIA INITIAL ESCALATION	15	<i>pharmacist choice no coding</i>	121	<i>potassium citrate er</i>	135
<i>paliperidone er</i>	82	PHARMACY COUNTER LANCETS	155	PRALUENT	60
PALYNZIQ	130	<i>phendimetrazine tartrate</i>	14	<i>pramipexole dihydrochloride</i>	80
PANCREAZE	124	<i>phenelzine sulfate</i>	46	PRAMOSONE	110
<i>pantoprazole sodium</i>	204	<i>phenobarbital</i>	141	<i>prasugrel hcl</i>	138
<i>paricalcitol</i>	128	<i>phenoxybenzamine hcl</i>	61	<i>pravastatin sodium</i>	60
<i>paroxetine hcl</i>	46	<i>phentermine hcl</i>	14	<i>praziquantel</i>	34
<i>paroxetine hcl er</i>	46	PHENYTEK	45	<i>prazosin hcl</i>	62
PASER	64	<i>phenytoin</i>	45	PRECISION SURE-DOSE SYRINGE	174
PAXLOVID (150/100)	87	<i>phenytoin sodium extended</i>	45	PRECISION THINS GP LANCETS	155
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<i>pc unifine pentips</i>	174	PHOSPHOLINE IODIDE	190	PRED MILD	192
PEDIARIX	203	<i>phytonadione</i>	212	PRED-G	192
PEDVAX HIB	205	PICATO	104	PRED-G S.O.P.	192
<i>peg-3350/electrolytes/ascorbic acid</i>	142	PIFELTRO	86	<i>prednisolone</i>	100
PEGASYS	89	<i>pilocarpine hcl</i>	187, 190	<i>prednisolone acetate</i>	192
<i>peg-kcl-nacl-nasulf-na asc-c</i>	142	<i>pimecrolimus</i>	109	<i>prednisolone acetate p-f</i>	192
PEMAZYRE	69	<i>pimozide</i>	198	<i>prednisolone sodium phosphate</i>	100, 192
<i>pen needles</i>	174	PIMTREA	95	<i>prednisone</i>	100
PENBRAYA	205	<i>pinidolol</i>	90	PREDNISONE INTENSOL	100
<i>penciclovir</i>	106	<i>pioglitazone hcl</i>	56	<i>preferred plus insulin syringe</i>	175
<i>penicillamine</i>	185	<i>pioglitazone hcl-metformin hcl</i>	56	<i>preferred plus lancets colored</i>	155
<i>penicillin v potassium</i>	193	PIP BLOOD GLUCOSE TEST STRIP	121	<i>preferred plus lancets thin</i>	155
PENTACEL	203	<i>pip lancets 28g</i>	155	<i>preferred plus unifine pentips</i>	175
<i>pentamidine isethionate</i>	63	<i>pip lancets 30g</i>	155	<i>pregabalin</i>	43
PENTASA	134	<i>pip pen needles 31g x 5mm</i>	174	PREHEVBRIO	207
<i>pentazocine-naloxone hcl</i>	33	<i>pip pen needles 32g x 4mm</i>	174	PREMARIN	132, 208
PENTIPS	174	PIQRAY (200 MG DAILY DOSE)	78	<i>premium blood glucose test</i>	122
<i>pentoxifylline er</i>	137	PIQRAY (250 MG DAILY DOSE)	78	PREMPHASE	131
PERCOCET	33	PIQRAY (300 MG DAILY DOSE)	78	PREMPRO	132
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		POCKET CHAMBER	183	PREZISTA	86
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<i>pro comfort pen needles</i>	175	PYRUKYND	138	<i>ramelteon</i>	142
<i>pro comfort safety lancets 30g</i>	155	PYRUKYND TAPER PACK	138	<i>ramipril</i>	61
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<i>probenecid</i>	136	<i>qc aspirin low dose</i>	24	<i>rasagiline mesylate</i>	80
<i>prochlorperazine</i>	83	<i>qc childrens aspirin</i>	24	RAVICTI	131
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GLUC	122	<i>qc unilet lancets 28g</i>	156	REALITY LATEX CONDOMS	144
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<i>sure comfort lancets 21g</i>	158	<i>telmisartan</i>	62	TOLECTIN 600	20
<i>sure comfort lancets 23g</i>	158	<i>telmisartan-amlodipine</i>	61	<i>tolterodine tartrate</i>	204
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If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-language Interpreter Services

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

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídítkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídítkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojł' bich'í' hodiilnih 877-475-4799.

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

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

Arabic:

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

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

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

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

Farsi:

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

Assyrian:

Blue Cross Blue Shield of Arizona ، 877-475-4799 .

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