

# Prescription Medication Formulary

## AdvanceHealth, BlueSignature Prosano, Cultivate, EverydayHealth, and PPO PremierHealth Plans

Effective 1/1/24

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	<b>Preventive Medications</b> including Women’s Prevention (primarily generics)
1a	<b>Lower Cost Share</b> (select medications)
1b	<b>Low Cost Share</b>
2	<b>Moderate Cost Share</b>
3	<b>Highest Cost Share</b>
SP	<b>Specialty Drugs</b> (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	<b>Medical Benefit</b> (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 MyBlue<sup>SM</sup> 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
BCBSAZ	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 BCBSAZ Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists.

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



CURRENT AS OF 4/18/2024

Drug Name	Brand	Generic	Additional Information
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>			
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>			
<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)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>			
<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)
<b>QELBREE</b>	T3		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (1 EA per 1 day)
<b>*Amphetamine Mixtures***</b>			
<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)
<b>*Amphetamines***</b>			
<b>ADZENYS XR-ODT</b>	T3		PA
<i>amphetamine sulfate</i>		T1b	QL (4 EA per 1 day); AG (Min 6 Years)
<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)
<b>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</b>	T3		PA; QL (8 ML per 1 day); AG (Min 6 Years)
<b>DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE</b>	T3		PA
<b>EVEKEO</b>	T1b		PA; AG (Min 6 Years)
<b>EVEKEO ODT</b>	T3		PA

Last revision date: 04/18/2024 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<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)
<b>VYVANSE ORAL CAPSULE (Lisdexamfetamine Dimesylate) 10 MG</b>	T3	T3	QL (1 EA per 1 day); AG (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>	T3		QL (1 EA per 1 Day); AG (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE (Lisdexamfetamine Dimesylate)</b>	T3	T3	QL (1 EA per 1 day); AG (Min 6 Years)
<b>ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG</b>	T1b	T1b	QL (6 EA per 1 day)
<b>*Anorexiant Non-Amphetamine***</b>			
<i>phendimetrazine tartrate</i>		T3	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		T3	
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***</b>			
<b>SUNOSI</b>	T3		PA
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>			
<b>WAKIX</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Stimulant Combinations***</b>			
<b>AZSTARYS</b>	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
<b>*Stimulants - Misc.***</b>			
<b>ADHANSIA XR</b>	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
<b>APTENSIO XR (Methylphenidate HCl ER (XR))</b>	T3	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)
<b>DAYTRANA</b>	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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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</i>		T3	PA; QL (1 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, 36 mg</i>		T2	QL (1 EA per 1 day); AG (Min 6 Years)
<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)
<b>*Allergenic Extracts/Biologicals Misc*</b>			
<b>*Allergenic Extracts***</b>			
<b>GRASTEK</b>	T3		PA
<b>PALFORZIA (12 MG DAILY DOSE)</b>	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (120 MG DAILY DOSE)</b>	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (160 MG DAILY DOSE)</b>	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (20 MG DAILY DOSE)</b>	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (200 MG DAILY DOSE)</b>	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (240 MG DAILY DOSE)</b>	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
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
<b>*Mixed Allergenic Extracts***</b>			
ODACTRA	T3		PA
ORALAIR	T3		PA
<b>*Amebicides*</b>			
<b>*Amebicides***</b>			
SOLOSEC	T3		QL (1 EA per 6 Monthss)
<b>*Aminoglycosides*</b>			
<b>*Aminoglycosides***</b>			
ARIKAYCE	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
BETHKIS	SP		PA; SP; AI (30 day supply max)
KITABIS PAK	SP		PA; SP; AI (30 day supply max)
<i>neomycin sulfate oral</i>		T3	
TOBI	SP		PA; SP; AI (30 day supply max)
TOBI PODHALER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tobramycin inhalation</i>		SP	SP; AI (30 day supply max)
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>			
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 (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)



Drug Name	Brand	Generic	Additional Information
<b>XELJANZ ORAL SOLUTION</b>	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)
<b>XELJANZ ORAL TABLET</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XELJANZ XR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
<b>ABRILADA</b>	SP		PA; SP
<b>ABRILADA (1 PEN)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ABRILADA (2 PEN)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ABRILADA (2 SYRINGE)</b>	SP		PA; SP
<i>adalimumab-aacf (2 pen)</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 (2 pen)</i>		SP	PA; SP
<i>adalimumab-adbm (2 syringe)</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(cdluclhs strt)</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(psluv starter)</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CYLTEZO (2 PEN) (Adalimumab-adbm)</b>	SP	SP	PA; SP; AI (30 day supply max)
<b>CYLTEZO (2 SYRINGE) (Adalimumab-adbm)</b>	SP	SP	PA; SP; AI (30 day supply max)
<b>CYLTEZO-CD/UC/HS STARTER (Adalimumab-adbm)</b>	SP	SP	PA; SP; AI (30 day supply max)
<b>CYLTEZO-PSORIASIS/UV STARTER (Adalimumab-adbm)</b>	SP	SP	PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic	Additional Information
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)
HULIO	SP		PA; SP; AI (30 day supply max)
HULIO (2 PEN)	SP		PA; SP; AI (30 day supply max)
HULIO (2 SYRINGE) ( <i>Adalimumab-fkjp</i> )	SP	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 )
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 )

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Drug Name	Brand	Generic	Additional Information
<b>HUMIRA-PED&lt;40KG CROHNS STARTER</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HUMIRA-PED&gt;=40KG CROHNS START</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HUMIRA-PED&gt;=40KG UC STARTER</b>	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded )
<b>HUMIRA-PS/UV/ADOL HS STARTER</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HUMIRA-PSORIASIS/UEVIT STARTER</b>	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HYRIMOZ</b>	SP		PA; SP; AI (30 day supply max)
<b>HYRIMOZ-CROHNS/UC STARTER</b>	SP		PA; SP; AI (30 day supply max)
<b>HYRIMOZ-PED&lt;40KG CROHN STARTER</b>	SP		PA; SP; AI (30 day supply max)
<b>HYRIMOZ-PED&gt;=40KG CROHN START</b>	SP		PA; SP; AI (30 day supply max)
<b>HYRIMOZ-PLAQUE PSORIASIS START</b>	SP		PA; SP; AI (30 day supply max)
<b>IDACIO (2 PEN) (Adalimumab-aacf)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IDACIO (2 SYRINGE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IDACIO-CROHNS/UC STARTER (Adalimumab-aacf)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IDACIO-PSORIASIS STARTER (Adalimumab-aacf)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMLANDI (1 PEN)</b>	SP		PA; SP
<b>SIMLANDI (2 PEN)</b>	SP		PA; SP
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	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
YUFLYMA (1 PEN)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA (2 PEN)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	SP		PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA-CD/UC/HS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUSIMRY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
<i>celecoxib oral</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>*Gold Compounds***</b>			
RIDAURA	T3		
<b>*Interleukin-1 Receptor Antagonist (Il-1Ra)***</b>			
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)
<b>*Interleukin-1Beta Blockers***</b>			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Interleukin-6 Receptor Inhibitors***</b>			
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)

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Drug Name	Brand	Generic	Additional Information
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T1b	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>			
<b>COXANTO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<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	
<b>INDOCIN ORAL</b>	T3		PA
<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)
<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 capsule</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>oxaprozin oral tablet</i>		T1b	
<i>piroxicam oral</i>		T1b	
<b>RELAFEN ORAL TABLET (Nabumetone) 500 MG</b>	T1b	T1b	

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Drug Name	Brand	Generic	Additional Information
<i>sulindac oral</i>		T1b	
<i>tolmetin sodium oral tablet 600 mg</i>		T3	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>OTEZLA ORAL TABLET</b>	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)
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	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); AG (Min 18 Years)
<b>*Pyrimidine Synthesis Inhibitors***</b>			
<i>leflunomide oral</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Selective Costimulation Modulators***</b>			
<b>ORENCIA CLICKJECT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
<b>ENBREL MINI</b>	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)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	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)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	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)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	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)
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesics-Sedatives***</b>			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<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	
<b>*Salicylates***</b>			
<i>adult aspirin regimen</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin adult low dose</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	QL (1 EA 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 low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 EA 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 EA 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 regimen</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>ASPIR-LOW (Aspirin)</b>	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<b>BAYER ADVANCED ASPIRIN REG ST (Aspirin)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN EC LOW DOSE (Aspirin 81)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET (Aspirin)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin EC)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER LOW DOSE (Aspirin)</b>	\$0	\$0	QL (1 EA 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 EA 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)

Drug Name	Brand	Generic	Additional Information
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>		\$0	QL (1 EA 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	
<b>ECOTRIN (Aspirin EC)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>ECOTRIN ARTHRTIS PAIN (Aspirin EC)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>ECOTRIN LOW STRENGTH (Aspirin)</b>	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<b>ECPIRIN (Aspirin EC)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	QL (1 EA 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 EA per 1 Day); AG (Min 45 Years)
<i>ft aspirin</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin low dose</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 EA 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 EA per 1 Day); AG (Min 45 Years)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 EA per 1 Day); AG (Min 45 Years)
<i>h-e-b aspirin</i>		\$0	QL (1 EA 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 EA 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 EA per 1 Day); AG (Min 45 Years)
<i>kp aspirin</i>		\$0	QL (1 EA 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 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet chewable</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 EA per 1 Day); AG (Min 45 Years)
<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 EA 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 EA 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)

Drug Name	Brand	Generic	Additional Information
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 EA 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 EA 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</i>		\$0	QL (1 EA 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 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin low dose oral tablet delayed release</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm childrens aspirin</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>)</b>	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<b>ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (<i>Aspirin 81</i>)</b>	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<b>*Analgesics - Opioid*</b>			
<b>*Codeine Combinations***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>ASCOMP-CODEINE</b> ( <i>Butalbital-ASA-Caff-Codeine</i> )	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)
<b>*Dihydrocodeine Combinations***</b>			
<b>TREZIX ORAL CAPSULE</b> ( <i>APAP-Caff-Dihydrocodeine</i> ) <b>320.5-30-16 MG</b>	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)
<b>*Hydrocodone Combinations***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<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)
<b>*Opioid Agonists***</b>			
<b>ACTIQ</b> ( <i>fentaNYL Citrate</i> )	T3	T3	PA; AI (30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
<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)

Drug Name	Brand	Generic	Additional Information
<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, 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>fentanyl citrate buccal tablet</i>		T3	PA; QL (9 EA per 1 day); AG (Min 18 Years)
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		PA; QL (90 EA per 1 Copay); AG (Min 18 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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>HYSINGLA ER (HYDROcodone Bitartrate ER)</b>	T2	T2	PA; QL (1 EA per 1 day)
<b>LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT</b>	T3		PA; AI (30 day supply max); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T3	PA; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 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
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>		T1b	QL (2.4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		T1b	QL (2.4 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate (concentrate) oral solution 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)
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE</b> <i>(Morphine Sulfate ER)</i>	T3	T1b	PA
<b>NUCYNTA ER</b>	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)
<b>NUCYNTA ORAL TABLET 100 MG, 75 MG</b>	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)
<b>NUCYNTA ORAL TABLET 50 MG</b>	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 15 mg, 20 mg, 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 (1 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b> ( <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)
<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)

Drug Name	Brand	Generic	Additional Information
<b>ROXICODONE ORAL TABLET (oxyCODONE HCl) 5 MG</b>	T3	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)
<b>SUBSYS</b>	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)
<b>XTAMPZA ER</b>	T3		PA; QL (2 EA per 1 day)
<b>*Opioid Combinations***</b>			
<i>benzhydrocodone-acetaminophen</i>		T3	QL (3 EA per 1 day)
<b>ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG</b>	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)
<b>ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG</b>	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)
<b>ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-325 MG</b>	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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>PERCOCET ORAL TABLET 10-325 MG</b>	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.)
<b>*Opioid Partial Agonists***</b>			
<b>BELBUCA</b>	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 (3 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>butorphanol tartrate nasal</i>		T3	AI (2x 2.5ml bottles per month); QL (5 ML per 30 days)
<b>BUTRANS (Buprenorphine)</b>	T3	T1b	PA; QL (0.143 EA per 1 day); AG (Min 18 Years)
<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)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG</b>	T2		QL (3 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</b>	T2		QL (1 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T2		QL (2 EA per 1 day)
<b>*Tramadol Combinations***</b>			
<i>tramadol-acetaminophen</i>		T1b	QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>*Androgens-Anabolic*</b>			
<b>*Androgens***</b>			
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	T3		PA
<i>danazol oral</i>		T3	QL (4 EA per 1 day)
<b>JATENZO</b>	T3		PA
<b>KYZATREX</b>	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)
<b>TESTIM</b>	T3		PA
<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)
<b>TLANDO</b>	T3		PA
<b>XYOSTED</b>	T3		PA
<b>*Anorectal And Related Products*</b>			
<b>*Intrarectal Steroids***</b>			
<i>hydrocortisone rectal enema</i>		T1b	
<b>*Nitrate Vasodilating Agents***</b>			
<b>RECTIV (Nitroglycerin)</b>	T3	T3	
<b>*Antacids*</b>			
<b>*Antacids - Calcium Salts***</b>			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T3	PA
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
<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>praziquantel oral</i>		T3	
<b>STROMEKTOL (Ivermectin)</b>	T3	T1b	PA
<b>*Antianginal Agents*</b>			
<b>*Antianginals-Other***</b>			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		T2	QL (2 EA per 1 Day); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		T2	QL (2 EA per 1 day); AG (Min 16 Years)
<b>*Nitrates***</b>			
<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	
<b>NITRO-BID</b>	T2		
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	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	
<b>NITROMIST</b>	T3		QL (0.6 GM per 1 day)
<b>*Antianxiety Agents*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
<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	
<b>*Benzodiazepines***</b>			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>		T3	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)

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Drug Name	Brand	Generic	Additional Information
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 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 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)
<b>LORAZEPAM INTENSOL</b>	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)
<b>*Antiarrhythmics*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
<i>disopyramide phosphate oral</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG</b>	T3		
<i>quinidine gluconate er</i>		T2	
<i>quinidine sulfate oral</i>		T3	
<b>*Antiarrhythmics Type I-B***</b>			
<i>mexiletine hcl oral</i>		T3	
<b>*Antiarrhythmics Type I-C***</b>			
<i>flecainide acetate</i>		T1b	
<i>propafenone hcl</i>		T1b	
<i>propafenone hcl er</i>		T3	
<b>*Antiarrhythmics Type Iii***</b>			
<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)
<b>MULTAQ</b>	T2		AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 16 Years)
<b>PACERONE ORAL TABLET (<i>Amiodarone HCl</i>) 100 MG, 200 MG, 400 MG</b>	T1b	T1b	
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
<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)
<b>ZYFLO</b>	T3		ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); QL (4 EA per 1 day); AG (Min 12 Years)
<b>*Adrenergic Combinations***</b>			
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>Fluticasone-Salmeterol</i>) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	T2	T2	QL (2 EA per 1 day)
<b>ADVAIR HFA</b>	T2		QL (12 GM per 30 Days); AG (Min 3 Years)
<b>AIRDUO DIGIHALER</b>	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 (0.035 EA per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
<b>AIRDUO RESPICLICK 113/14</b>	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); QL (0.035 EA per 1 day); AG (Min 12 Years)
<b>AIRDUO RESPICLICK 232/14</b>	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); QL (0.035 EA per 1 day); AG (Min 12 Years)
<b>AIRDUO RESPICLICK 55/14</b>	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); QL (0.035 EA per 1 day); AG (Min 12 Years)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	T2		
<b>BEVESPI AEROSPHERE</b>	T3		ST (Step Therapy required: both of the following in the last 12 months - Anoro Ellipta AND Stiolto Respimat); QL (0.36 GM per 1 day); AG (Min 15 Years)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone Furoate-Vilanterol) 100-25 MCG/ACT, 200-25 MCG/ACT</b>	T2	T2	
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH</b>	T2		AG (Min 5 Years)
<b>BREYNA (Budesonide-Formoterol Fumarate)</b>	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)
<b>BREZTRI AEROSPHERE</b>	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Bevespi, Duaklir Pressair, or Lonhala Magnair); QL (0.383 GM per 1 day); AG (Min 18 Years)
<b>COMBIVENT RESPIMAT</b>	T3		AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
<b>DUAKLIR PRESSAIR</b>	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)



Drug Name	Brand	Generic	Additional Information
<b>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT</b>	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)
<b>DULERA INHALATION AEROSOL 200-5 MCG/ACT</b>	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)
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	T2		QL (0.14 GM per 1 day); AG (Min 18 Years)
<b>SYMBICORT</b>	T2		AI (Max #3 Inhalers (30.6gm) Mail Order)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	T2		
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone-Salmeterol) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	T2	T2	QL (2 EA per 1 day)
<b>*Anti-Ige Monoclonal Antibodies***</b>			
<b>XOLAIR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Anti-Inflammatory Agents***</b>			
<i>cromolyn sodium inhalation</i>		T1b	
<b>*Beta Adrenergics***</b>			
<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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>	T3		
<b>PROAIR HFA (Albuterol Sulfate HFA)</b>	T3	T1b	
<b>PROAIR RESPICLICK</b>	T3		
<b>PROVENTIL HFA (Albuterol Sulfate HFA)</b>	T3	T1b	
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	T2		QL (1 EA per 30 days)
<b>STRIVERDI RESPIMAT</b>	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	
<b>VENTOLIN HFA (Albuterol Sulfate HFA)</b>	T3	T1b	
<b>XOPENEX HFA (Levalbuterol Tartrate)</b>	T3	T3	ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 GM per 1 day)
<b>*Bronchodilators - Anticholinergics***</b>			
<b>ATROVENT HFA</b>	T2		AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>	T2		
<i>ipratropium bromide inhalation</i>		T1b	
<b>LONHALA MAGNAIR REFILL KIT</b>	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)
<b>LONHALA MAGNAIR STARTER KIT</b>	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)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT</b>	T3		
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	T3		QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	T3		QL (1 inhaler per 30 days)
<b>YUPELRI</b>	T3		PA

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Drug Name	Brand	Generic	Additional Information
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>FASENRA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>FASENRA PEN</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NUCALA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Leukotriene Receptor Antagonists***</b>			
<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)
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<i>roflumilast</i>		T3	QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Steroid Inhalants***</b>			
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT</b>	T2		AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
<b>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	T2		AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
<b>ARMONAIR DIGIHALER</b>	T3		ST (Step Therapy required: 1 fill in the last 3 months - Flovent); QL (0.0358 EA per 1 day); AG (Min 12 Years)
<b>ARNUITY ELLIPTA</b>	T2		
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	T2		
<b>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	T2		
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT</b>	T2		
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	T2		

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Drug Name	Brand	Generic	Additional Information
<b>ASMANEX HFA</b>	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)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone Propionate Diskus) 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT</b>	T2	T2	QL (2 EA per 1 day)
<b>FLOVENT HFA (Fluticasone Propionate HFA)</b>	T2	T2	
<b>PULMICORT FLEXHALER</b>	T2		
<b>QVAR REDHALER</b>	T2		
<b>*Thymic Stromal Lymphopoietin (Tslp) Antagonists***</b>			
<b>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Xanthines***</b>			
<i>aminophylline anhydrous</i>		T3	PA
<b>ELIXOPHYLLIN (Theophylline)</b>	T1b	T1b	
<b>THEO-24</b>	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	
<b>*Anticoagulants*</b>			
<b>*Coumarin Anticoagulants***</b>			
<b>JANTOVEN (Warfarin Sodium)</b>	T1b	T1a	
<b>*Direct Factor Xa Inhibitors***</b>			
<b>ELIQUIS</b>	T2		QL (2 EA per 1 day)
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	T2		QL (74 EA per 28 days)
<b>SAVAYSA</b>	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
<b>XARELTO ORAL SUSPENSION RECONSTITUTED</b>	T2		QL (10 ML per 1 day)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	T2		QL (1 EA per 1 day)
<b>XARELTO ORAL TABLET 2.5 MG</b>	T2		QL (2 EA per 1 day)
<b>XARELTO STARTER PACK</b>	T2		QL (51 EA per 28 days)
<b>*Low Molecular Weight Heparins***</b>			
<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)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML</b>	T3		
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T3		

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Drug Name	Brand	Generic	Additional Information
<b>*Synthetic Heparinoid-Like Agents***</b>			
<i>fondaparinux sodium</i>		T1b	
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>		T2	QL (2 EA per 1 day)
<b>PRADAXA ORAL CAPSULE (Dabigatran Etexilate Mesylate) 110 MG</b>	T2	T2	QL (2 capsules per 1 day)
<b>*Anticonvulsants*</b>			
<b>*Ampa Glutamate Receptor Antagonists***</b>			
<b>FYCOMPA ORAL SUSPENSION</b>	T2		
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>FYCOMPA ORAL TABLET 2 MG</b>	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>*Anticonvulsants - Benzodiazepines***</b>			
<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)
<b>DIASTAT ACUDIAL (diazepam)</b>	T3	T3	AI (Max #9 per fill Retail or Mail Order); QL (10 EA per 30 days)
<b>DIASTAT PEDIATRIC</b>	T3		QL (10 EA per 30 days)
<i>diazepam rectal gel 2.5 mg</i>		T3	AI (Max #9 per fill Retail or Mail Order); QL (10 EA per 30 days)
<b>NAYZILAM</b>	T3		PA
<b>SYMPAZAN</b>	T2		PA; QL (2 EA per 1 Day)
<b>VALTOCO 10 MG DOSE</b>	T3		PA
<b>VALTOCO 15 MG DOSE</b>	T3		PA
<b>VALTOCO 20 MG DOSE</b>	T3		PA
<b>VALTOCO 5 MG DOSE</b>	T3		PA
<b>*Anticonvulsants - Misc.***</b>			
<b>APTOM ORAL TABLET 200 MG, 400 MG</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>APTOM ORAL TABLET 600 MG, 800 MG</b>	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)
<b>BANZEL</b> ( <i>Rufinamide</i> )	T3	T3	PA
<b>BRIVIACT ORAL SOLUTION</b>	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)
<b>BRIVIACT ORAL TABLET</b>	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 oral</i>		T1b	
<b>CARBATROL</b> ( <i>carBAMazepine ER</i> )	T3	T1b	
<b>DIACOMIT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG</b>	T3		ST (Step Therapy required: 3 months in the last 12 months - levetiracetam 24hr tab (generic for Keppra XR)); QL (3 EA per 1 day); AG (Min 12 Years)
<b>ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG</b>	T3		ST (Step Therapy required: 3 months in the last 12 months - levetiracetam 24hr tab (generic for Keppra XR)); QL (2 EA per 1 day); AG (Min 12 Years)
<b>EPIDIOLEX</b>	T3		PA
<b>EPITOL</b> ( <i>carBAMazepine</i> )	T1b	T1b	
<b>EPRONTIA</b>	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)
<b>FINTEPLA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<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	

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Drug Name	Brand	Generic	Additional Information
<i>lacosamide oral tablet</i>		T2	
<b>LAMICTAL ODT ORAL KIT 21 X 25 MG &amp; 7 X 50 MG, 42 X 50 MG &amp; 14X100 MG</b>	T3		AG (Max 6 Years)
<i>lamotrigine er</i>		T1b	
<i>lamotrigine oral kit 25 &amp; 50 &amp; 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</i>		T1b	
<i>oxcarbazepine</i>		T1b	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		T1b	QL (4 EA per 1 day)
<i>pregabalin oral capsule 200 mg</i>		T1b	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>		T1b	QL (2 EA per 1 Day)
<i>pregabalin oral solution</i>		T1b	
<i>primidone oral tablet 250 mg, 50 mg</i>		T1b	
<b>QUDEXY XR (Topiramate ER)</b>	T3	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)
<b>ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG</b>	T1b	T1b	
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (carBAMazepine ER) 100 MG</b>	T2	T1b	
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (carBAMazepine ER) 200 MG, 400 MG</b>	T3	T1b	
<i>topiramate oral capsule sprinkle</i>		T1b	QL (2 EA per 1 day)
<i>topiramate oral tablet</i>		T1b	
<b>TROKENDI XR (Topiramate ER)</b>	T3	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>zonisamide oral capsule 100 mg</i>		T1b	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		T1b	
<b>ZTALMY</b>	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
<b>*Carbamates***</b>			
<i>felbamate</i>		T1b	
<b>XCOPRI</b>	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 EA per 1 day); AG (Min 18 Years)
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	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 EA per 1 day); AG (Min 18 Years)
<b>XCOPRI (350 MG DAILY DOSE)</b>	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 EA per 1 day); AG (Min 18 Years)
<b>*Gaba Modulators***</b>			
<b>SABRIL</b> ( <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)
<i>tiagabine hcl</i>		T3	
<b>VIGADRONE</b> ( <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)
<b>VIGPODER</b>	SP		PA; SP
<b>*Hydantoins***</b>			
<b>DILANTIN ORAL CAPSULE</b> ( <i>Phenytoin Sodium Extended</i> )	T3	T1b	
<b>PHENYTEK</b> ( <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	
<b>*Succinimides***</b>			
<i>ethosuximide oral</i>		T2	
<i>methsuximide</i>		T3	
<b>*Valproic Acid***</b>			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1b	
<i>divalproex sodium oral tablet delayed release 125 mg</i>		T1a	

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Drug Name	Brand	Generic	Additional Information
<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</i>		T1b	
<b>*Antidepressants*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>			
<i>mirtazapine oral tablet 15 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		T1b	AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 45 mg</i>		T1b	AI (Max #180 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</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)
<b>*Antidepressants - Misc.***</b>			
<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)
<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	
<b>*Gaba Receptor Modulator - Neuroactive Steroid***</b>			
<b>ZURZUVAE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
<b>EMSAM</b>	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)
<b>MARPLAN</b>	T3		
<i>phenelzine sulfate oral</i>		T1b	
<i>tranylcypromine sulfate</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)***</b>			
<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)
<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	
<b>*Serotonin Modulators***</b>			
<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)
<b>TRINTELLIX ORAL TABLET 10 MG</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>TRINTELLIX ORAL TABLET 20 MG, 5 MG</b>	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)
<b>VIIBRYD STARTER PACK</b>	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)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>			
<i>desvenlafaxine er</i>		T3	QL (1 EA per 1 day)
<i>desvenlafaxine succinate er</i>		T1b	QL (1 EA per 1 day)
<b>DRIZALMA SPRINKLE</b>	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)
<b>FETZIMA</b>	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)
<b>FETZIMA TITRATION</b>	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	
<b>*Tricyclic Agents***</b>			
<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	

Drug Name	Brand	Generic	Additional Information
<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	
<b>*Antidiabetics*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
<i>acarbose oral</i>		T1b	
<b>*Antidiabetic - Amylin Analogs***</b>			
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
<b>*Biguanides***</b>			
<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	
<b>*Diabetic Other - Combinations***</b>			
<b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>	T1b		
<b>*Diabetic Other***</b>			
<b>BAQSIMI ONE PACK</b>	T2		QL (2 EA per 30 days)
<b>BAQSIMI TWO PACK</b>	T2		QL (1 EA per 30 days)
<i>diazoxide oral</i>		T3	
<b>GLUCAGEN HYPOKIT</b>	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)
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
<b>JANUVIA</b>	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>NESINA (Alogliptin Benzoate)</b>	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 Jentaduetto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ONGLYZA</b>	T3		QL (1 tablet per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<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		
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>			
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)
<b>KAZANO</b> ( <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)
<b>KOMBIGLYZE XR</b> ( <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)
<b>*Dopamine Receptor Agonists - Ergot Derivatives***</b>			
CYCLOSET	T3		
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>			
<b>OSENI ORAL TABLET</b> ( <i>Alogliptin-Pioglitazone</i> ) <b>12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG</b>	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)
<b>*Human Insulin***</b>			
<b>ADMELOG INJECTION</b> ( <i>Insulin Lispro</i> )	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>ADMELOG SOLOSTAR</b> ( <i>Insulin Lispro (1 Unit Dial)</i> )	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &amp; 60X8 &amp; 60X12 UNIT, 8 UNIT, 90 X 4 UNIT &amp; 90X8 UNIT, 90 X 8 UNIT &amp; 90X12 UNIT</b>	T3		PA; QL (6 EA per 1 day); AG (Min 18 Years)
<b>APIDRA</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>BASAGLAR KWIKPEN (<i>Insulin Glargine Solostar</i>)</b>	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
<b>BASAGLAR TEMPO PEN</b>	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
<b>FIASP FLEXTOUCH</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>FIASP INJECTION</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>FIASP PENFILL</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>FIASP PUMPCART</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>HUMALOG INJECTION</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG JUNIOR KWIKPEN</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG MIX 50/50</b>	T1b		QL (2 ML per 1 day)
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG MIX 75/25</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T2		QL (2 ML per 1 day)
<b>HUMALOG TEMPO PEN</b>	T2		QL (2 ML per 1 day)
<b>HUMULIN 70/30</b>	T1a		QL (2 ML per 1 day)
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T2		QL (2 ML per 1 day)
<b>HUMULIN N</b>	T1a		QL (2 ML per 1 day)
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T2		QL (2 ML per 1 day)
<b>HUMULIN R</b>	T1a		QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>HUMULIN R U-500 (CONCENTRATED)</b>	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)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100); QL (2 ML per 1 day)
<i>insulin asp prot &amp; asp flexpen</i>		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
<i>insulin aspart prot &amp; aspart</i>		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); 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 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<i>insulin lispro prot &amp; lispro</i>		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>LANTUS</b>	T2		QL (2 ML per 1 day)
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		QL (2 ML per 1 day)
<b>LEVEMIR</b>	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
<b>LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
<b>LYUMJEV</b>	T1b		QL (0.5 ML per 1 day)
<b>LYUMJEV KWIKPEN</b>	T2		QL (0.5 ML per 1 day)
<b>LYUMJEV TEMPO PEN</b>	T2		QL (0.5 ML per 1 day)
<b>NOVOLIN 70/30</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
<b>NOVOLIN 70/30 FLEXPEN</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
<b>NOVOLIN 70/30 FLEXPEN RELION</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
<b>NOVOLIN 70/30 RELION</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
<b>NOVOLIN N</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>NOVOLIN N FLEXPEN</b>	T2		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
<b>NOVOLIN N FLEXPEN RELION</b>	T2		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
<b>NOVOLIN N RELION</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
<b>NOVOLIN R</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
<b>NOVOLIN R FLEXPEN</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
<b>NOVOLIN R FLEXPEN RELION</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
<b>NOVOLIN R RELION</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b> ( <i>Insulin Aspart FlexPen</i> )	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>NOVOLOG INJECTION</b> ( <i>Insulin Aspart</i> )	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>NOVOLOG MIX 70/30</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b> ( <i>Insulin Aspart PenFill</i> )	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>NOVOLOG RELION INJECTION</b> ( <i>Insulin Aspart</i> )	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
<b>SEMGLEE (YFGN)</b> ( <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)
<b>SEMGLEE SUBCUTANEOUS SOLUTION</b> ( <i>Insulin Glargine</i> )	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
<b>TOUJEO MAX SOLOSTAR</b>	T2		QL (2 ML per 1 day)
<b>TOUJEO SOLOSTAR</b>	T2		QL (2 ML per 1 day)
<b>TRESIBA</b> ( <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)



Drug Name	Brand	Generic	Additional Information
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)
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>			
MOUNJARO	T3		PA
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
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	T2		PA; QL (3 pens per 1 Month); AG (Min 10 Years)
<b>*Insulin-Incretin Mimetic Combinations***</b>			
SOLIQUA	T2		QL (0.5 ML per 1 day); AG (Min 18 Years)
<b>*Meglitinide Analogues***</b>			
<i>nateglinide</i>		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>repaglinide</i>		T1b	
<b>*Progesterone Receptor Antagonists***</b>			
KORLYM ( <i>miFEPRIStone</i> )	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>			
TRIJARDY XR	T2		QL (1 EA per 1 day)
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
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)

Drug Name	Brand	Generic	Additional Information
<b>STEGLUJAN</b>	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)
<b>*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***</b>			
<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 EA per 1 day); AG (Min 18 Years)
<b>FARXIGA</b>	T2		QL (1 EA per 1 day); AG (Min 18 Years)
<b>INVOKANA</b>	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)
<b>JARDIANCE</b>	T2		QL (1 EA per 1 day)
<b>STEGLATRO</b>	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)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<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 EA per 1 day); AG (Min 18 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 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>INVOKAMET</b>	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)
<b>INVOKAMET XR</b>	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)
<b>SEGLUROMET</b>	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)
<b>SYNJARDY</b>	T2		
<b>SYNJARDY XR</b>	T2		
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG</b>	T2		QL (1 EA per 1 day); AG (Min 18 Years)
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG</b>	T2		QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Sulfonylurea-Biguanide Combinations***</b>			
<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)
<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)
<b>*Sulfonylureas***</b>			
<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	

Drug Name	Brand	Generic	Additional Information
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
<i>pioglitazone hcl-metformin hcl</i>		T1b	AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
<b>*Thiazolidinediones***</b>			
<i>pioglitazone hcl</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Antidiarrheal/Probiotic Agents*</b>			
<b>*Antidiarrheal - Chloride Channel Antagonists***</b>			
<b>MYTESI</b>	T3		
<b>*Antiperistaltic Agents***</b>			
<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	
<i>loperamide hcl oral capsule</i>		T1b	
<b>MOTOFEN</b>	T3		
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes - Chelating Agents***</b>			
<b>CHEMET</b>	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)
<b>EXJADE (Deferasirox)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>FERRIPROX (Deferiprone)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>FERRIPROX TWICE-A-DAY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>JADENU (Deferasirox)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>JADENU SPRINKLE (Deferasirox)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antidotes And Specific Antagonists***</b>			
<b>RADIOGARDASE</b>	T3		QL (18 EA per 1 day); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Opioid Antagonists***</b>			
<b>KLOXXADO</b>	T2		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	
<b>OPVEE</b>	T2		QL (2 EA per 30 days)
<b>VIVITROL</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZIMHI</b>	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)
<b>*Antiemetics*</b>			
<b>*5-Ht3 Receptor Antagonists***</b>			
<b>ANZEMET ORAL TABLET 50 MG</b>	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</i>		T1b	QL (4 EA per 1 day)
<i>ondansetron hcl injection solution 40 mg/20ml</i>		T1b	
<i>ondansetron hcl oral solution</i>		T1b	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1b	QL (4 EA per 1 day)
<b>SANCUSO</b>	T3		QL (0.67 EA per 1 day)
<b>*Antiemetic Combinations***</b>			
<b>AKYNZEO ORAL</b>	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)
<b>BONJESTA</b>	T3		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>DICLEGIS (Doxylamine-Pyridoxine)</b>	T3	T3	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>*Antiemetics - Anticholinergic***</b>			
<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	
<b>*Antiemetics - Miscellaneous***</b>			
<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)
<b>SYNDROS</b>	T3		PA
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
<i>aprepitant oral capsule</i>		T3	
<b>EMEND ORAL SUSPENSION RECONSTITUTED</b>	T3		
<b>VARUBI (180 MG DOSE)</b>	T3		AI (30 day supply max); QL (4 EA per 28 days)
<b>*Antifungals*</b>			
<b>*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***</b>			
<b>BREXAFEMME</b>	T3		AI (4 tablets per day, 1 fill per month.); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole); QL (4 EA per 1 day)
<b>*Antifungals***</b>			
<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)
<b>*Imidazoles***</b>			
<i>ketoconazole oral</i>		T1b	
<i>miconazole</i>		T3	
<b>*Tetrazoles***</b>			
<b>VIVJOA</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (0.215 EA per 1 day)
<b>*Triazoles***</b>			
<b>CRESEMBA ORAL</b>	SP		PA
<i>fluconazole oral</i>		T1b	
<i>itraconazole oral</i>		T3	
<b>NOXAFIL ORAL PACKET</b>	T3		PA
<b>NOXAFIL ORAL TABLET DELAYED RELEASE (Posaconazole)</b>	T3	T3	PA
<i>voriconazole oral</i>		T1b	
<b>*Antihistamines*</b>			
<b>*Antihistamines - Alkylamines***</b>			
<b>RYCLORA ORAL SOLUTION</b>	T3		AI (118MG per 30 days)
<b>*Antihistamines - Ethanolamines***</b>			
<i>carbinoxamine maleate oral solution</i>		T3	

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Drug Name	Brand	Generic	Additional Information
<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	
<i>diphenhydramine hcl oral elixir</i>		T3	PA
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	T3		ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); QL (120 ML per 30 days); AG (Min 2 Years)
<b>*Antihistamines - Non-Sedating***</b>			
<i>cetirizine hcl oral solution 1 mg/ml</i>		T1b	PA
<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	
<b>QUZYTIR</b>	MB		
<b>*Antihistamines - Phenothiazines***</b>			
<i>promethazine hcl injection</i>		T3	
<i>promethazine hcl oral</i>		T1b	
<b>PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>	T1b	T1b	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T2		
<b>*Antihistamines - Piperidines***</b>			
<i>cyproheptadine hcl oral</i>		T1b	
<b>*Antihyperlipidemics*</b>			
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</b>			
<b>NEXLIZET</b>	T2		ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>			
<b>NEXLETOL</b>	T2		ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Antihyperlipidemics - Misc.***</b>			
<i>icosapent ethyl</i>		T3	
<b>LOVAZA</b>	T3		PA; QL (4 EA per 1 day); AG (Min 18 Years)
<i>omega-3-acid ethyl esters</i>		T1b	QL (4 EA per 1 day); AG (Min 18 Years)
<b>VASCEPA</b>	T3		PA
<b>*Bile Acid Sequestrants***</b>			
<i>cholestyramine oral</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<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	
<b>PREVALITE (Cholestyramine Light)</b>	T1b	T1b	
<b>*Fibric Acid Derivatives***</b>			
<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>fenofibric acid oral tablet 105 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>gemfibrozil oral</i>		T1a	
<b>*Hmg Coa Reductase Inhibitors***</b>			
<i>atorvastatin calcium oral tablet 10 mg, 40 mg</i>		T1a	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>atorvastatin calcium oral tablet 20 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)
<b>LIVALO</b>	T3		PA; ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 EA per 1 day); AG (Min 8 Years)
<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)
<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)



Drug Name	Brand	Generic	Additional Information
<i>pravastatin sodium oral tablet 40 mg</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rosuvastatin calcium</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)
<b>ZYPITAMAG ORAL TABLET 2 MG, 4 MG</b>	T3		ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 EA per 1 day); AG (Min 8 Years)
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
<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)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
<i>ezetimibe</i>		T1b	QL (1 EA per 1 day)
<b>*Microsomal Triglyceride Transfer Protein Inhibitors***</b>			
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nicotinic Acid Derivatives***</b>			
<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)
<b>*Pcsk9 Inhibitors***</b>			
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
REPATHA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 13 Years)
<b>*Antihypertensives*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
<i>amlodipine besy-benazepril hcl</i>		T1a	
<i>trandolapril-verapamil hcl er</i>		T3	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
<i>benazepril-hydrochlorothiazide</i>		T1b	
<i>enalapril-hydrochlorothiazide</i>		T1b	
<i>fosinopril sodium-hctz</i>		T3	
<i>lisinopril-hydrochlorothiazide</i>		T1a	
<i>quinapril-hydrochlorothiazide</i>		T1b	
<b>*Ace Inhibitors***</b>			
<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	
<b>*Agents For Pheochromocytoma***</b>			
<b>DEMSER</b> ( <i>metyroSINE</i> )	SP	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
<b>DIBENZYLINE</b> ( <i>Phenoxybenzamine HCl</i> )	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb***</b>			
<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	
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
<i>candesartan cilexetil-hctz</i>		T3	
<b>EDARBYCLOR</b>	T3		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1b	AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA 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)
<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)
<b>*Angiotensin II Receptor Antagonists***</b>			
<i>candesartan cilexetil</i>		T3	
<b>EDARBI</b>	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)
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>			
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	

Drug Name	Brand	Generic	Additional Information
<b>*Antiadrenergics - Centrally Acting***</b>			
<b>CATAPRES-TTS-1</b> ( <i>cloNIDine</i> )	T3	T3	
<b>CATAPRES-TTS-2</b> ( <i>cloNIDine</i> )	T3	T3	
<b>CATAPRES-TTS-3</b> ( <i>cloNIDine</i> )	T3	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	
<b>*Antiadrenergics - Peripherally Acting***</b>			
<i>doxazosin mesylate oral</i>		T1b	
<i>prazosin hcl oral</i>		T1b	
<i>terazosin hcl oral</i>		T1b	
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
<i>atenolol-chlorthalidone</i>		T1b	
<i>bisoprolol-hydrochlorothiazide</i>		T1b	
<i>metoprolol-hydrochlorothiazide</i>		T1b	
<b>*Direct Renin Inhibitors &amp; Thiazide/Thiazide-Like Comb***</b>			
<b>TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG</b>	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Direct Renin Inhibitors***</b>			
<i>aliskiren fumarate</i>		T2	QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>			
<i>eplerenone oral tablet 25 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>eplerenone oral tablet 50 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Vasodilators***</b>			
<i>hydralazine hcl oral</i>		T1b	
<i>minoxidil oral</i>		T1b	
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
<b>AEMCOLO</b>	T3		AI (Limited to two fills per year); QL (12 EA per 3 days)
<b>FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML</b>	T2		AI (1 fill per 30 days); QL (150 ML per 10 days)
<b>METRONIDAZOLE BENZO+SYRSPEND</b>	T2		
<i>metronidazole oral tablet</i>		T1b	
<i>pentamidine isethionate inhalation</i>		SP	SP
<i>tinidazole oral</i>		T1b	
<b>XIFAXAN</b>	T3		PA

Drug Name	Brand	Generic	Additional Information
<b>*Anti-Infective Misc. - Combinations***</b>			
<i>sulfamethoxazole-trimethoprim oral tablet</i>		T1a	
<b>SULFATRIM PEDIATRIC</b> ( <i>Sulfamethoxazole-Trimethoprim</i> )	T1b	T1b	
<b>*Antiprotozoal Agents***</b>			
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	T3		AI (30 days must pass before able to refill); QL (60 ML per 3 days)
<b>ALINIA ORAL TABLET</b> ( <i>Nitazoxanide</i> )	T3	T3	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
<i>atovaquone oral</i>		T2	
<b>*Carbapenems***</b>			
<i>ertapenem sodium</i>		MB	
<b>*Glycopeptides***</b>			
<b>FIRVANQ</b> ( <i>Vancomycin HCl</i> )	T3	T3	QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1b	
<b>*Leprostics***</b>			
<i>dapsone oral</i>		T2	
<b>*Lincosamides***</b>			
<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	
<b>*Monobactams***</b>			
<b>CAYSTON</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Oxazolidinones***</b>			
<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)
<b>SIVEXTRO ORAL</b>	T3		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED</b>	T3		PA; AI (Max 28 day supply); QL (60 ML per 1 day)
<b>ZYVOX ORAL TABLET</b>	T3		PA; AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
<b>*Urinary Anti-Infectives***</b>			
<i>methenamine hippurate</i>		T1b	
<b>MONUROL</b> ( <i>Fosfomycin Tromethamine</i> )	T3	T3	
<i>nitrofurantoin macrocrystal oral</i>		T1b	
<i>nitrofurantoin monohyd macro</i>		T1b	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>		T3	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>		T2	
<b>COARTEM</b>	T3		
<b>*Antimalarials***</b>			
<i>chloroquine phosphate oral</i>		T3	AI (30 day supply max); QL (2 EA per 1 day)
<b>DARAPRIM (Pyrimethamine)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<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>quinine sulfate oral</i>		T1b	
<b>*Antimyasthenic/Cholinergic Agents*</b>			
<b>*Antimyasthenic/Cholinergic Agents***</b>			
<b>FIRDAPSE</b>	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	
<b>*Antimycobacterial Agents*</b>			
<b>*Antimycobacterial Agents***</b>			
<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)
<b>PASER</b>	T3		PA
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PRIFTIN</b>	T2		
<i>pyrazinamide oral</i>		T3	
<i>rifabutin</i>		T1b	
<i>rifampin oral</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRECTOR	T3		
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Alkylating Agents***</b>			
MYLERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Androgen Biosynthesis Inhibitors***</b>			
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.)
<b>*Antiadrenals***</b>			
LYSODREN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiandrogens***</b>			
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
XTANDI	T1b		PA; SP
<b>*Antiestrogens***</b>			
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)

Drug Name	Brand	Generic	Additional Information
<b>SOLTAMOX</b>	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)
<b>*Antimetabolites***</b>			
<b>JYLAMVO</b>	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)
<b>ONUREG</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PURIXAN</b>	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TABLOID</b>	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREXALL</b>	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XATMEP</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XELODA</b> ( <i>Capecitabine</i> )	T1b	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
<b>*Antineoplastic - Akt Inhibitors***</b>			
TRUQAP	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Alk Inhibitors***</b>			
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)
<b>*Antineoplastic - Anti-Her2 Agents***</b>			
TUKYSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
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)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>			
BOSULIF	T1b		PA; SP
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)

Drug Name	Brand	Generic	Additional Information
<b>SCEMBLIX</b>	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG</b>	T1b		PA; SP
<b>SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG</b>	T1b		PA; SP; QL (2 EA per 1 Day)
<b>TASIGNA</b>	T1b		PA; SP
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>			
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TAFINLAR</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZELBORAF</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Btk Inhibitors***</b>			
<b>BRUKINSA</b>	T1b		PA; SP
<b>CALQUENCE</b>	T1b		PA
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	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)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IMBRUVICA ORAL SUSPENSION</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IMBRUVICA ORAL TABLET</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>JAYPIRCA</b>	T1b		PA; SP
<b>*Antineoplastic - Egfr Inhibitors***</b>			
<b>EXKIVITY</b>	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

Drug Name	Brand	Generic	Additional Information
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
TAGRISSE	T1b		PA; SP
TARCEVA ( <i>Erlotinib HCl</i> )	T1b	T1b	PA; SP
VIZIMPRO	T1b		PA; SP
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>			
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)
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)
<b>*Antineoplastic - Gamma Secretase Inhibitors***</b>			
OGSIVEO	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
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>			
DAURISMO	T1b		PA; SP
ERIVEDGE	T1b		PA; SP
ODOMZO	T1b		PA; SP; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>			
WELIREG	T1b		PA
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
ZOLINZA	T1b		PA; SP; QL (4 EA per 1 day); AG (Min 16 Years)
<b>*Antineoplastic - Hormonal And Related Agent Combinations***</b>			
AKEEGA	T1b		PA
<b>*Antineoplastic - Immunomodulators***</b>			
POMALYST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Kras Inhibitors***</b>			
KRAZATI	T1b		PA
LUMAKRAS	T1b		PA; SP
<b>*Antineoplastic - Mek Inhibitors***</b>			
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)
<b>*Antineoplastic - Met Inhibitors***</b>			
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)
<b>*Antineoplastic - Methyltransferase Inhibitors***</b>			
TAZVERIK	T1b		PA

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
<b>AFINITOR</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AFINITOR DISPERZ</b>	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
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
<b>CABOMETYX</b>	T1b		PA; SP
<b>CAPRELSA</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	T1b		PA; SP
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	T1b		PA; SP
<b>COMETRIQ (60 MG DAILY DOSE)</b>	T1b		PA; SP
<b>FOTIVDA</b>	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)
<b>NERLYNX</b>	T1b		PA; SP
<b>NEXAVAR</b>	T1b		PA; SP; QL (4 EA per 1 Day); AG (Min 16 Years)
<b>QINLOCK</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RYDAPT</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sorafenib tosylate</i>		T1b	PA; SP; QL (4 EA per 1 day); AG (Min 16 Years)
<b>STIVARGA</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SUTENT (SUNItinib Malate)</b>	T1b	T1b	PA; SP; QL (1 EA per 1 day)
<b>TURALIO</b>	T1b		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
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 (PAZOPanib HCl)	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)
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>			
AYVAKIT	T1b		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
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)
<b>*Antineoplastic - Ret Inhibitors***</b>			
GAVRETO	T1b		PA; SP
RETEVMO	T1b		PA; SP
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>			
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
<b>*Antineoplastic - Xpo1 Inhibitors***</b>			
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)

Drug Name	Brand	Generic	Additional Information
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T1b		PA; AI (30 day supply max)
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	T1b		PA; AI (30 day supply max)
<b>*Antineoplastic Combinations***</b>			
<b>DARZALEX FASPRO</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INQOVI</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LONSURF</b>	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)
<b>*Antineoplastics Misc.***</b>			
<b>ACTIMMUNE</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>BESREMI</b>	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HYDREA (Hydroxyurea)</b>	T1b	T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INTRON A INJECTION SOLUTION RECONSTITUTED</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MATULANE</b>	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SYNRIBO</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Aromatase Inhibitors***</b>			
<i>anastrozole oral</i>		\$0	AI (30 day supply max); QL (1 EA per 1 Day)
<b>ARIMIDEX</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>AROMASIN</b>	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)
<b>FEMARA</b>	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)
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
<b>IBRANCE</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KISQALI (200 MG DOSE)</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KISQALI (400 MG DOSE)</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KISQALI (600 MG DOSE)</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VERZENIO</b>	T1b		PA; SP
<b>*Estrogen Receptor Antagonist***</b>			
<b>FASLODEX INTRAMUSCULAR SOLUTION REFILLED SYRINGE</b> ( <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)
<b>*Estrogens-Antineoplastic***</b>			
<b>EMCYT</b>	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Folic Acid Antagonists Rescue Agents***</b>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		T1b	
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>			
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</b>	T1b		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
ORGOVYX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Imidazotetrazines***</b>			
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)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
REZLIDHIA	T1b		PA
TIBSOVO	T1b		PA
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
IDHIFA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
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)
<b>*Lhrh Analogs***</b>			
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)

Drug Name	Brand	Generic	Additional Information
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>	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)
<b>ELIGARD SUBCUTANEOUS KIT 7.5 MG</b>	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)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG</b>	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)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG</b>	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)
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG</b>	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)
<b>LUPRON DEPOT (4-MONTH)</b>	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)
<b>LUPRON DEPOT (6-MONTH)</b>	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)
<b>TRELSTAR MIXJECT</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZOLADEX</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Mitotic Inhibitors***</b>			
<i>etoposide oral</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nitrogen Mustards And Related Analogues***</b>			
<b>ALKERAN ORAL</b>	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)
<b>LEUKERAN</b>	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
<i>melphalan</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nitrosoureas***</b>			
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ornithine Decarboxylase (Odc) Inhibitors***</b>			
<b>IWILFIN</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>COPIKTRA</b>	T1b		PA; SP
<b>PIQRAY (200 MG DAILY DOSE)</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PIQRAY (250 MG DAILY DOSE)</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PIQRAY (300 MG DAILY DOSE)</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZYDELIG</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>			
<b>LYNPARZA ORAL TABLET</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RUBRACA</b>	T1b		PA; SP
<b>TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG</b>	T1b		PA
<b>TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG</b>	T1b		PA; SP
<b>ZEJULA</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Progestins-Antineoplastic***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>*Retinoids***</b>			
<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)
<b>*Selective Estrogen Receptor Degraders***</b>			
<b>ORSERDU</b>	T1b		PA; SP
<b>*Selective Retinoid X Receptor Agonists***</b>			
<b>TARGRETIN ORAL</b> ( <i>Bexarotene</i> )	T1b	T1b	PA; SP
<b>*Topoisomerase I Inhibitors***</b>			
<b>HYCANTIN ORAL</b>	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Urinary Tract Protective Agents***</b>			
<b>MESNEX ORAL</b>	SP		SP
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>			
<b>FRUZAQLA</b>	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INLYTA</b>	T1b		PA; SP
<b>LENVIMA (10 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (12 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (14 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (18 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (20 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (24 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (4 MG DAILY DOSE)</b>	T1b		PA; SP
<b>LENVIMA (8 MG DAILY DOSE)</b>	T1b		PA; SP
<b>*Antiparkinson And Related Therapy Agents*</b>			
<b>*Adenosine Receptor Antagonist***</b>			
<b>NOURIANZ</b>	T3		PA; QL (1 EA per 1 day)
<b>*Antiparkinson Anticholinergics***</b>			
<i>benztropine mesylate oral</i>		T1b	
<i>trihexyphenidyl hcl oral tablet</i>		T1b	
<b>*Antiparkinson Dopaminergics***</b>			
<i>amantadine hcl oral capsule</i>		T1b	
<i>amantadine hcl oral solution</i>		T1b	
<i>bromocriptine mesylate oral</i>		T1b	

Drug Name	Brand	Generic	Additional Information
GOCOVRI	T3		PA
INBRIJA	T3		PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T3		PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T3		PA
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
<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	
XADAGO	T3		PA
<b>*Central/Peripheral Comt Inhibitors***</b>			
TASMAR ORAL TABLET ( <i>Tolcapone</i> ) 100 MG	T3	T1b	PA
<b>*Decarboxylase Inhibitors***</b>			
<i>carbidopa oral</i>		T1b	
<b>*Levodopa Combinations***</b>			
<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)
RYTARY	T3		PA
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
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	
<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)

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Drug Name	Brand	Generic	Additional Information
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T3	QL (3 EA per 1 Day); AG (Min 16 Years)
<b>*Peripheral Comt Inhibitors***</b>			
<i>entacapone</i>		T1b	
<b>ONGENTYS</b>	T3		PA
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*Antimanic Agents***</b>			
<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	
<b>*Antipsychotics - Misc.***</b>			
<b>CAPLYTA</b>	T3		PA
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>	T3		
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG</b>	T3		QL (8 EA per 1 Day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG</b>	T3		QL (5 EA per 1 Day)
<b>GEODON INTRAMUSCULAR (<i>Ziprasidone Mesylate</i>)</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<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)
<b>NUPLAZID ORAL CAPSULE</b>	T3		PA
<b>NUPLAZID ORAL TABLET 10 MG</b>	T3		PA
<b>VRAYLAR ORAL CAPSULE</b>	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)
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	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)
<b>*Benzisoxazoles***</b>			
<b>FANAPT</b>	T3		AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>FANAPT TITRATION PACK</b>	T3		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)

Drug Name	Brand	Generic	Additional Information
<b>INVEGA HAFYERA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML</b>	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)
<b>PERSERIS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b> ( <i>risperiDONE Microspheres ER</i> )	SP	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 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	
<b>RYKINDO</b>	SP		PA; SP
<b>UZEDY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Butyrophenones***</b>			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1b	
<i>haloperidol oral</i>		T1b	
<b>*Dibenzodiazepines***</b>			
<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)
<b>*Dibenzo-Oxepino Pyrroles***</b>			
<i>asenapine maleate</i>		T3	QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>SECUADO</b>	T3		QL (1 EA per 1 day)
<b>*Dibenzothiazepines***</b>			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>		T3	QL (1 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>		T3	QL (2 EA per 1 day); 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)
<b>*Dibenzoxazepines***</b>			
<i>loxapine succinate oral</i>		T1b	
<b>*Phenothiazines***</b>			
<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	
<b>*Quinolinone Derivatives***</b>			
<b>ABILIFY ASIMTUFII</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	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
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	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)
<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)
<b>ARISTADA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ARISTADA INITIO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REXULTI ORAL TABLET 0.25 MG</b>	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
<b>REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Thienbenzodiazepines***</b>			
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1b	AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet 15 mg, 20 mg</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine oral tablet 7.5 mg</i>		T1b	AI (Max #90 Mail Order); QL (3 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)
<b>ZYPREXA INTRAMUSCULAR (OLANZapine)</b>	SP	SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG</b>	SP		PA; SP
<b>*Thioxanthenes***</b>			
<i>thiothixene oral</i>		T3	
<b>*Antivirals*</b>			
<b>*Antiretroviral Combinations***</b>			
<i>abacavir sulfate-lamivudine</i>		T1b	
<b>ATRIPLA</b>	T2		QL (1 EA per 1 Day); AG (Min 18 Years)
<b>BIKTARVY</b>	T3		QL (1 EA per 1 day)
<b>CIMDUO</b>	T2		QL (1 EA per 1 day)
<b>COMPLERA</b>	T2		

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Drug Name	Brand	Generic	Additional Information
<b>DELSTRIGO</b>	T3		QL (1 EA per 1 day); AG (Min 12 Years)
<b>DESCOVY</b>	T3		ST (Step Therapy required: 3 months in the last 6 months - emtricitabine-tenofovir disoproxil fumarate (generic for Truvada)); QL (1 EA per 1 day)
<b>DOVATO</b>	T3		
<i>efavirenz-emtricitab-tenofo df</i>		T2	QL (1 EA per 1 day); AG (Min 18 Years)
<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)
<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)
<b>EVOTAZ</b>	T3		
<b>GENVOYA</b>	T2		
<b>JULUCA</b>	T3		PA
<i>lamivudine-zidovudine</i>		T1b	
<i>lopinavir-ritonavir</i>		T2	
<b>ODEFSEY</b>	T2		
<b>PREZCOBIX</b>	T3		
<b>STRIBILD</b>	T2		
<b>SYMTUZA</b>	T3		
<b>TRIUMEQ</b>	T3		QL (1 EA per 1 day); AG (Min 16 Years)
<b>TRIUMEQ PD</b>	T3		QL (6 EA per 1 day); AG (Max 10 Years)
<b>*Antiretrovirals - Capsid Inhibitors***</b>			
<b>SUNLENCA ORAL</b>	SP		PA; SP; AI (Limited to 1 fill per month); QL (5 EA per 30 days)
<b>SUNLENCA SUBCUTANEOUS</b>	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)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>			
<i>maraviroc</i>		T2	QL (2 EA per 1 day)
<b>SELZENTRY ORAL SOLUTION</b>	T2		
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	T2		QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Antiretrovirals - Fusion Inhibitors***</b>			
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>			
<b>RUKOBIA</b>	T3		PA
<b>*Antiretrovirals - Integrase Inhibitors***</b>			
<b>ISENTRESS</b>	T2		
<b>ISENTRESS HD</b>	T2		
<b>TIVICAY</b>	T2		
<b>TIVICAY PD</b>	T2		
<b>*Antiretrovirals - Protease Inhibitors***</b>			
<b>APTIVUS ORAL CAPSULE</b>	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	
<b>LEXIVA ORAL SUSPENSION</b>	T2		
<b>NORVIR ORAL PACKET</b>	T2		
<b>NORVIR ORAL SOLUTION</b>	T2		
<b>PREZISTA ORAL SUSPENSION</b>	T2		
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	T2		
<b>REYATAZ ORAL PACKET</b>	T2		
<i>ritonavir</i>		T2	
<b>VIRACEPT ORAL TABLET</b>	T2		
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>			
<b>EDURANT</b>	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	
<b>INTELENCE ORAL TABLET 25 MG</b>	T3		
<i>nevirapine er</i>		T1b	
<i>nevirapine oral suspension</i>		T2	
<i>nevirapine oral tablet</i>		T1b	
<b>PIFELTRO</b>	T3		QL (1 EA per 1 day); AG (Min 12 Years)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>			
<i>abacavir sulfate oral solution</i>		T2	
<i>abacavir sulfate oral tablet</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>			
EMTRIVA ORAL CAPSULE ( <i>Emtricitabine</i> )	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	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>			
<i>stavudine oral capsule</i>		T1b	
<i>zidovudine oral capsule</i>		T1b	
<i>zidovudine oral syrup</i>		T1b	
<i>zidovudine oral tablet</i>		T2	
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>			
<i>tenofovir disoproxil fumarate</i>		T2	
VIREAD ORAL POWDER	T2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2		QL (1 EA per 1 day)
<b>*Antiretrovirals Adjuvants***</b>			
TYBOST	T3		
<b>*Antiviral Combinations***</b>			
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)
<b>*Cmv Agents***</b>			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PREVYMIS 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)
<b>*Hepatitis B Agents***</b>			
<i>adefovir dipivoxil</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
<b>BARACLUDE ORAL SOLUTION</b>	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)
<b>EPIVIR HBV ORAL SOLUTION</b>	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)
<b>VEMLIDY</b>	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)
<b>*Hepatitis C Agent - Combinations***</b>			
<b>EPCLUSA ORAL PACKET</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>EPCLUSA ORAL TABLET 200-50 MG</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	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)
<b>HARVONI ORAL PACKET</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HARVONI ORAL TABLET 45-200 MG</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HARVONI ORAL TABLET (<i>Ledipasvir-Sofosbuvir</i>) 90-400 MG</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>MAVYRET</b>	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)
<b>VIEKIRA PAK</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VOSEVI</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZEPATIER</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hepatitis C Agents***</b>			
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	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)
<b>SOVALDI</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Herpes Agents - Purine Analogues***</b>			
<i>acyclovir oral</i>		T1b	
<b>SITAVIG</b>	T3		PA; QL (15 EA per 90 days); AG (Min 16 Years)
<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)
<b>*Herpes Agents - Thymidine Analogues***</b>			
<i>famciclovir oral</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<b>*Influenza Agents***</b>			
<i>rimantadine hcl</i>		T3	
<b>*Misc. Antivirals***</b>			
<b>LAGEVRIO</b>	T2		PA; AI (Max 80 capsules per 1 year); QL (8 EA per 1 day)
<b>*Neuraminidase Inhibitors***</b>			
<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)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>	T3		QL (0.67 EA per 1 day)
<b>*Beta Blockers*</b>			
<b>*Alpha-Beta Blockers***</b>			
<i>carvedilol</i>		T1b	
<i>labetalol hcl oral</i>		T1b	
<b>*Beta Blockers Cardio-Selective***</b>			
<i>acebutolol hcl oral</i>		T1b	
<i>atenolol oral tablet 100 mg</i>		T1b	
<i>atenolol oral tablet 25 mg, 50 mg</i>		T1a	
<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	
<b>KAPSPARGO SPRINKLE</b>	T3		ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); QL (1 EA per 1 day); AG (Min 6 Years)
<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	
<b>*Beta Blockers Non-Selective***</b>			
<b>HEMANGEOL</b>	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	
<b>SORINE (Sotalol HCl)</b>	T1b	T1b	
<i>sotalol hcl (af)</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>timolol maleate oral</i>		T2	
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
<b>AFEDITAB CR</b> ( <i>NIFEdipine ER</i> )	T1b	T1b	
<i>amlodipine besylate oral</i>		T1a	
<b>CARTIA XT</b> ( <i>dilTIAZem HCl ER Coated Beads</i> )	T1b	T1b	
<b>CONJUPRI</b>	T3		ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate); QL (1 EA per 1 day)
<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)
<b>TAZTIA XT</b> ( <i>Diltiazem HCl ER Beads</i> )	T1b	T1b	
<b>TIADYLT ER</b> ( <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, 240 mg, 300 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	
<b>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b> ( <i>Verapamil HCl ER</i> ) <b>200 MG</b>	T1b	T1b	
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
<b>DIGITEK</b> ( <i>Digoxin</i> )	T1b	T1b	
<b>DIGOX</b> ( <i>Digoxin</i> )	T1b	T1b	
<i>digoxin oral solution</i>		T1b	
<i>digoxin oral tablet 62.5 mcg</i>		T3	

Drug Name	Brand	Generic	Additional Information
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*Cardiac Myosin Inhibitors***</b>			
<b>CAMZYOS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cardiovascular SglT2 Inhibitors**</b>			
<b>INPEFA ORAL TABLET 200 MG</b>	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)
<b>INPEFA ORAL TABLET 400 MG</b>	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)
<b>*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***</b>			
<b>ENTRESTO</b>	T3		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol); QL (2 EA per 1 day)
<b>*Prostaglandin Vasodilators***</b>			
<b>ORENITRAM</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENITRAM MONTH 1</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENITRAM MONTH 2</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENITRAM MONTH 3</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TYVASO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TYVASO DPI INSTITUTIONAL KIT</b>	SP		PA; SP
<b>TYVASO DPI MAINTENANCE KIT</b>	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
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	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER	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)
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
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)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
LETAIRIS ( <i>Ambrisentan</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)
OPSUMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRACLEER ORAL TABLET ( <i>Bosentan</i> )	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)
TRACLEER ORAL TABLET SOLUBLE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
ADCIRCA ( <i>Tadalafil (PAH)</i> )	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)

Drug Name	Brand	Generic	Additional Information
<b>ALYQ</b> ( <i>Tadalafil (PAH)</i> )	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)
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REVATIO ORAL TABLET</b>	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>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)
<b>TADLIQ</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>UPTRAVI ORAL</b>	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)
<b>UPTRAVI TITRATION</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>			
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	T3		ST (Step Therapy required: BOTH of the following for 3 months in the last 18 months - tadalafil AND a benign prostatic hyperplasia (BPH) medication to include alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, or dutasteride-tamsulosin (generic for Jalyn)); QL (1 EA per 1 day); AG (Min 18 Years)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		T1b	QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Sinus Node Inhibitors**</b>			
<b>CORLANOR</b>	T3		PA
<b>*Transthyretin Stabilizers***</b>			
<b>VYNDAMAX</b>	SP		PA; SP
<b>VYNDAQEL</b>	SP		PA; SP
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
<b>VERQUVO</b>	T3		PA; QL (1 EA per 1 day)
<b>*Cephalosporins*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
<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	
<b>*Cephalosporins - 2Nd Generation***</b>			
<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	
<b>*Cephalosporins - 3Rd Generation***</b>			
<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	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	T3		
<b>SUPRAX ORAL TABLET CHEWABLE</b>	T3		

Drug Name	Brand	Generic	Additional Information
<b>*Chemicals*</b>			
<b>*Bulk Chemicals - Be's***</b>			
<i>belladonna</i>		T3	
<b>*Bulk Chemicals - En***</b>			
<i>enalapril maleate</i>		T3	
<b>*Bulk Chemicals - Va's***</b>			
<i>vancomycin hcl</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
<b>AZURETTE</b>	\$0		F; QL (28 EA per 30 Days)
<b>KARIVA</b> ( <i>Viorele</i> )	\$0	\$0	F; QL (28 EA per 30 Days)
<b>LO LOESTRIN FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>PIMTREA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (28 EA per 30 days)
<b>SIMLIYA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (28 EA per 30 days)
<b>VOLNEA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (28 EA per 30 days)
<b>*Combination Contraceptives - Oral***</b>			
<b>AFIRMELLE</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>ALTAVERA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>APRI</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AUBRA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AUBRA EQ</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AUROVELA 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AUROVELA 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AUROVELA 24 FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>AUROVELA FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AUROVELA FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AVIANE</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>AYUNA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>BALZIVA</b> ( <i>Briellyn</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>BLISOVI 24 FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>BLISOVI FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>BLISOVI FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>CHARLOTTE 24 FE</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	T3	T3	F; QL (1.34 EA per 1 day)
<b>CHATEAL</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>CHATEAL EQ</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>CRYSSELLE-28</b>	\$0		F; QL (1.34 EA per 1 day)
<b>CYRED</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>CYRED EQ</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>DASETTA 1/35</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>DELYLA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>drospiren-eth estrad-levomefol</i>		T3	F; QL (1.34 EA per 1 day)
<b>ELINEST</b>	\$0		F; QL (1.34 EA per 1 day)
<b>EMOQUETTE</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>ENSKYCE ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>ESTARYLLA</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>FALMINA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>FEMYNOR</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>FINZALA</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	T3	T3	F; QL (1.34 EA per 1 day)
<b>HAILEY 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>HAILEY 24 FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>HAILEY FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>HAILEY FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>ISIBLOOM</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>JASMIEL</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T1b	T1b	F; QL (1.34 EA per 1 day)
<b>JULEBER</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>JUNEL 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>JUNEL 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>JUNEL FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>JUNEL FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>JUNEL FE 24</b>	\$0		F; QL (1.34 EA per 1 day)
<b>KAITLIB FE</b> ( <i>Norethin-Eth Estradiol-Fe</i> )	T3	T3	F; QL (1.34 EA per 1 day)
<b>KALLIGA</b>	\$0		F; QL (1.34 EA per 1 Day)
<b>KELNOR 1/35</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>KELNOR 1/50</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>KURVELO</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LARIN 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LARIN 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LARIN 24 FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>LARIN FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LARIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LARISSIA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LAYOLIS FE</b> ( <i>Norethin-Eth Estradiol-Fe</i> )	T3	T3	F; QL (1.34 EA per 1 day)
<b>LESSINA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LEVORA 0.15/30 (28)</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LOESTRIN 1.5/30 (21)</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LOESTRIN 1/20 (21)</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LOESTRIN FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LOESTRIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>LORYNA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T1b	T1b	F; QL (1.34 EA per 1 day)
<b>LOW-OGESTREL</b>	\$0		F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>LO-ZUMANDIMINE</b>	T1b		F; QL (1.34 EA per 1 Day)
<b>LUTERA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<i>marlissa</i>		\$0	F; QL (1.34 EA per 1 day)
<b>MICROGESTIN 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>MICROGESTIN 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>MICROGESTIN 24 FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>MICROGESTIN FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>MICROGESTIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>MILI</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>MONO-LINYAH</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>NECON 0.5/35 (28)</b>	\$0		F; QL (1.34 EA per 1 day)
<b>NECON 1/35 (28)</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>NIKKI</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T1b	T1b	F; QL (1.34 EA per 1 day)
<b>NORTREL 0.5/35 (28)</b>	\$0		F; QL (1.34 EA per 1 day)
<b>NORTREL 1/35 (21)</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>NORTREL 1/35 (28)</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>NYLIA 1/35</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>NYMYO</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>OCELLA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>ORSYTHIA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>PHILITH</b> ( <i>Brielllyn</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>PIRMELLA 1/35</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>PORTIA-28</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>RECLIPSEN</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>SAFYRAL</b> ( <i>Drospiren-Eth Estrad-Levomefol</i> )	T3	T3	F; QL (1.34 EA per 1 day)
<b>SOLIA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>SPRINTEC 28</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>SRONYX</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>SYEDA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TARINA 24 FE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>TARINA FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TARINA FE 1/20 EQ</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TURQOZ</b>	\$0		F; QL (1.34 EA per 1 day)
<b>TYBLUME ORAL TABLET CHEWABLE</b>	\$0		F; QL (1.34 EA per 1 day)
<b>TYDEMY</b> ( <i>Drospiren-Eth Estrad-Levomefol</i> )	T3	T3	F; QL (1.34 EA per 1 day)
<b>VESTURA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T1b	T1b	F; QL (1.34 EA per 1 day)
<b>VIENVA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>VYFEMLA</b> ( <i>Brielllyn</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>VYLIBRA</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>WERA</b>	\$0		F; QL (1.34 EA per 1 day)



Drug Name	Brand	Generic	Additional Information
WYMZYA FE ( <i>Norethin-Eth Estradiol-Fe</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
ZOVIA 1/35 (28) ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
ZUMANDIMINE	\$0		F; QL (1.34 EA per 1 Day)
<b>*Combination Contraceptives - Transdermal***</b>			
XULANE ( <i>Norelgestromin-Eth Estradiol</i> )	\$0	\$0	F; QL (3 EA per 30 days)
ZAFEMY ( <i>Norelgestromin-Eth Estradiol</i> )	\$0	\$0	F; QL (3 EA per 30 days)
<b>*Combination Contraceptives - Vaginal***</b>			
ELURYNG ( <i>Etonogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1 EA per 30 days)
ENILLORING ( <i>Etonogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1 EA per 30 days)
HALOETTE ( <i>Etonogestrel-Ethinyl Estradiol</i> )	\$0	\$0	F; QL (1 EA per 30 days)
NUVARING ( <i>Etonogestrel-Ethinyl Estradiol</i> )	T3	\$0	F; QL (1 EA per 30 days)
<b>*Continuous Contraceptives - Oral***</b>			
AMETHYST ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
DOLISHALE ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>*Emergency Contraceptives***</b>			
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)
<b>*Extended-Cycle Contraceptives - Oral***</b>			
AMETHIA	\$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	\$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	\$0		F; QL (91 EA per 90 days)
FAYOSIM ( <i>Levonorgest-Eth Est &amp; Eth Est</i> )	T1b	T1b	F; QL (91 EA per 91 days)
ICLEVIA	\$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	\$0		F; QL (91 EA per 90 days)
QUARTETTE ( <i>Levonorgest-Eth Est &amp; Eth Est</i> )	T3	T1b	F; QL (91 EA per 91 days)

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Drug Name	Brand	Generic	Additional Information
RIVELSA (Levonorgest-Eth Est & Eth Est)	T1b	T1b	F; QL (91 EA per 91 days)
SETLAKIN	\$0		F; QL (91 EA per 90 days)
SIMPESSE (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 days)
<b>*Four Phase Contraceptives - Oral***</b>			
NATAZIA	T3		F; QL (28 EA per 30 Days)
<b>*Progestin Contraceptives - Injectable***</b>			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3		F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (medroxyPROGESTERone Acetate)	T3	\$0	F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		F; QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension		\$0	F; QL (1 ML per 90 Days)
<b>*Progestin Contraceptives - Oral***</b>			
CAMILA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
DEBLITANE (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
ERRIN (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
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)
<b>*Triphasic Contraceptives - Oral***</b>			
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)
norethindron-ethinyl estrad-fe		\$0	F; QL (28 EA per 30 days)
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	\$0		F; QL (28 EA per 30 Days)
TRI FEMYNOR (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>TRI-ESTARYLLA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-LEGEST FE</b>	\$0		F; QL (28 EA per 30 Days)
<b>TRI-LINYAH</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-LO-ESTARYLLA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-LO-MARZIA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-LO-MILI</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-LO-SPRINTEC</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-MILI</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRINESSA (28)</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-NYMYO</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-SPRINTEC</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRIVORA (28)</b> ( <i>Levonorg-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-VYLIBRA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>TRI-VYLIBRA LO</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	F; QL (1.34 EA per 1 day)
<b>VELIVET</b>	\$0		F; QL (1.34 EA per 1 day)

**\*Corticosteroids\***

**\*Glucocorticosteroids\*\*\***

<b>AGAMREE</b>	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	
<b>DEXAMETHASONE INTENSOL</b>	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	
<b>EMFLAZA</b> ( <i>Deflazacort</i> )	T3	T3	PA; AG (Min 5 Years)
<i>hydrocortisone oral</i>		T1b	
<b>MEDROL ORAL TABLET 2 MG</b>	T3		
<i>methylprednisolone oral tablet</i>		T1b	
<b>ORTIKOS</b>	T3		ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); QL (1 EA per 1 day); AG (Min 8 Years)
<i>prednisolone oral solution</i>		T3	
<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	
<b>PREDNISONE INTENSOL</b>	T2		

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Drug Name	Brand	Generic	Additional Information
<i>prednisone oral</i>		T1b	
<b>SOLU-CORTEF</b>	T3		
<b>TARPEYO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Mineralocorticoids***</b>			
<i>fludrocortisone acetate oral</i>		T1b	
<b>*Cough/Cold/Allergy*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1b	
<b>*Antitussive - Opioid***</b>			
<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)
<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)
<b>*Antitussive-Expectorant***</b>			
<i>g tussin ac</i>		T2	QL (240 ML per 10 days)
<i>guaiaatussin 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)
<b>*Decongestant &amp; Antihistamine***</b>			
<b>CLARINEX-D 12 HOUR</b>	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)
<b>*Expectorants***</b>			
<i>guaifenesin oral tablet 200 mg</i>		T1b	
<b>*Misc. Respiratory Inhalants***</b>			
<i>sodium chloride inhalation nebulization solution 0.9 %, 7 %</i>		T1b	
<b>*Mucolytics***</b>			
<i>acetylcysteine inhalation solution 10 %</i>		T1b	
<i>acetylcysteine inhalation solution 20 %</i>		T2	

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Drug Name	Brand	Generic	Additional Information
<b>*Non-Narc Antitussive-Antihistamine***</b>			
<i>promethazine-dm oral syrup</i>		T1b	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>			
<b>BROMFED DM ORAL SYRUP</b> ( <i>Pseudoeph-Bromphen-DM</i> ) 2-30-10 MG/5ML	T1b	T1b	
<b>*Opioid Antitussive-Antihistamine***</b>			
<i>hydrocod polst-cpm polst er oral suspension extended release</i>		T2	AI (Limited to 1 fill per month); QL (120 ML per 7 days)
<i>promethazine-codeine oral syrup</i>		T1b	AI (one fill per month); QL (150 ML per 10 days)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>			
<b>M-END PE</b>	T1b		
<i>promethazine vclcodeine</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)
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
<b>AMZEEQ</b>	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); QL (1 GM per 1 day); AG (Min 9 Years)
<b>CLINDACIN</b> ( <i>Clindamycin Phosphate</i> )	T1b	T1b	QL (50 GM per 30 days)
<b>CLINDACIN ETZ EXTERNAL SWAB</b> ( <i>Clindamycin Phosphate</i> )	T1b	T1b	
<b>CLINDACIN-P</b> ( <i>Clindamycin Phosphate</i> )	T1b	T1b	
<i>clindamycin phosphate external gel</i>		T1b	
<i>clindamycin phosphate external lotion</i>		T1b	
<i>clindamycin phosphate external solution</i>		T1b	
<i>dapsone external gel 5 %</i>		T3	PA
<i>ery</i>		T3	
<i>erythromycin external gel</i>		T3	
<i>erythromycin external solution</i>		T1b	
<i>sulfacetamide sodium (acne)</i>		T1b	
<b>*Acne Combinations***</b>			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		T3	
<b>*Acne Products***</b>			
<b>ACCUTANE</b> ( <i>ISOTretinoin</i> )	T3	T3	

Drug Name	Brand	Generic	Additional Information
<b>AKLIEF</b>	T3		AI (Limited to 30 day supply); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); QL (1.5 GM per 1 day); AG (Min 9 Years)
<b>ALTRENO</b>	T3		QL (1.5 GM per 1 day)
<b>AMNESTEEM</b> (ISOtretinoin)	T3	T3	
<i>bpo external gel 4 %</i>		T3	
<b>CLARAVIS</b> (ISOtretinoin)	T3	T3	
<b>MYORISAN</b> (ISOtretinoin)	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	
<b>WINLEVI</b>	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)
<b>ZENATANE</b> (ISOtretinoin)	T3	T3	
<b>*Agents For External Genital And Perianal Warts***</b>			
<b>VEREGEN</b>	T3		QL (1 GM per 1 day)
<b>*Alopecia Agents - Janus Kinus (Jak) Inhibitors***</b>			
<b>LITFULO</b>	SP		PA; SP; AI (30 day supply max)
<b>*Antibiotics - Topical***</b>			
<b>ALTABAX</b>	T3		QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T2	
<i>mupirocin external</i>		T1b	
<b>XEPI</b>	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)
<b>*Antifungals - Topical Combinations***</b>			
<i>clotrimazole-betamethasone</i>		T1b	
<i>nystatin-triamcinolone external cream</i>		T1b	
<i>nystatin-triamcinolone external ointment</i>		T3	
<b>*Antifungals - Topical***</b>			
<i>ciclopirox external gel</i>		T2	
<i>ciclopirox external shampoo</i>		T1b	
<i>ciclopirox external solution</i>		T2	
<i>ciclopirox olamine external</i>		T1b	
<b>KLAYESTA</b> (Nystatin)	T1b	T1b	

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Drug Name	Brand	Generic	Additional Information
<b>MENTAX</b>	T3		
<i>naftifine hcl external cream 1 %</i>		T1b	
<i>naftifine hcl external cream 2 %</i>		T3	
<b>NYAMYC (Nystatin)</b>	T1b	T1b	
<i>nystatin external</i>		T1b	
<b>NYSTOP (Nystatin)</b>	T1b	T1b	
<b>*Antineoplastic Alkylating Agents - Topical***</b>			
<b>VALCHLOR</b>	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)
<b>*Antineoplastic Antimetabolites - Topical***</b>			
<b>CARAC (Fluorouracil)</b>	T1b	T1b	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)
<b>EFUDEX EXTERNAL CREAM</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<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</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TOLAK</b>	T2		AI (40MG per month); QL (40 MG per 30 days)
<b>*Antineoplastic Or Premalignant Lesions - Topical Misc.***</b>			
<b>PICATO</b>	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>			
<i>diclofenac sodium external gel 3 %</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3.34 GM per 1 day)
<b>*Antineoplastic Retinoids - Topical***</b>			
<b>PANRETIN</b>	T1b		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
<b>*Antipruritics - Topical***</b>			
<b>PRUDOXIN</b> ( <i>Doxepin HCl</i> )	T3	T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)
<b>ZONALON</b> ( <i>Doxepin HCl</i> )	T3	T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)
<b>*Antipsoriatics - Systemic***</b>			
<i>acitretin</i>		T3	
<b>BIMZELX</b>	SP		PA; AI (30 day supply max)
<b>COSENTYX (300 MG DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX SENSOREADY (300 MG)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX SUBCUTANEOUS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX UNOREADY</b>	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)
<b>SILIQ</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYRIZI (150 MG DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYRIZI PEN</b>	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
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SOTYKTU</b>	SP		PA; SP; AI (30 day supply max)
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TALTZ</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antipsoriatics***</b>			
<i>calcipotriene external cream</i>		T1b	AI (120GM per month); QL (4 GM per 1 day)
<i>calcipotriene external solution</i>		T1b	AI (120ML per month)
<b>CALCITRENE (Calcipotriene)</b>	T1b	T1b	
<i>tazarotene external cream</i>		T1b	QL (30 GM per 30 days)
<i>tazarotene external gel 0.05 %</i>		T3	
<i>tazarotene external gel 0.1 %</i>		T3	AI (30 day supply max); QL (1 GM per 1 day)
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	T3		
<b>VECTICAL (Calcitriol)</b>	T3	T3	AI (Max #300 Mail Order); QL (100 GM per 30 Days)
<b>VTAMA</b>	T3		PA
<b>ZORYVE EXTERNAL CREAM</b>	T3		PA
<b>*Antiseborrheic Products***</b>			
<i>selenium sulfide external lotion</i>		T2	
<b>ZORYVE EXTERNAL FOAM</b>	T3		PA
<b>*Antiviral Topical Combinations***</b>			
<b>XERESE</b>	T3		
<b>*Antivirals - Topical***</b>			
<i>acyclovir external</i>		T3	
<i>penciclovir</i>		T3	

Drug Name	Brand	Generic	Additional Information
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>			
<b>CIBINQO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OPZELURA</b>	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)
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
<b>ADBRY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>DUPIXENT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Burn Products***</b>			
<b>SSD</b> ( <i>Silver sulfADIAZINE</i> )	T1b	T1b	
<b>SULFAMYLON EXTERNAL CREAM</b>	T3		
<b>THERMAZENE</b> ( <i>Silver sulfADIAZINE</i> )	T1b	T1b	
<b>*Corticosteroids - Topical***</b>			
<i>ala-cort external cream 2.5 %</i>		T1b	
<i>alclometasone dipropionate</i>		T1b	
<i>amcinonide</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	
<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	

Drug Name	Brand	Generic	Additional Information
<i>clocortolone pivalate</i>		T3	AI (30 day supply max); QL (1.5 GM per 1 day)
<b>CLODAN EXTERNAL SHAMPOO</b> ( <i>Clobetasol Propionate</i> )	T3	T3	
<b>CORDRAN EXTERNAL TAPE</b>	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 gel</i>		T3	QL (60 GM per 30 days)
<i>desonide external lotion</i>		T3	
<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	
<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	
<i>fluticasone propionate external ointment</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<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 lotion 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	
<b>*Enzymes - Topical***</b>			
<b>SANTYL</b>	T3		
<b>*Imidazole-Related Antifungals - Topical***</b>			
<i>clotrimazole external solution</i>		T1b	
<i>econazole nitrate external</i>		T1b	
<b>EXELDERM</b>	T3		
<b>JUBLIA</b>	T3		PA; QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketoconazole external cream</i>		T1b	
<i>ketoconazole external shampoo 2 %</i>		T1b	
<i>oxiconazole nitrate</i>		T1b	AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 Dayss)
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>			
<i>imiquimod external cream 5 %</i>		T1b	
<b>*Keratolytic/Antimitotic/Vesicant Agents***</b>			
<b>CONDYLOX EXTERNAL GEL</b>	T3		PA
<i>podofilox external gel</i>		T3	
<i>podofilox external solution</i>		T1b	
<b>*Macrolide Immunosuppressants - Topical***</b>			
<b>ELIDEL</b>	T3		PA; AI (Max 2 refills in 6 months); QL (30 GM per 1 month); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
<b>HYFTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pimecrolimus</i>		T3	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
<b>PROTOPIC EXTERNAL OINTMENT 0.03 %</b>	T3		PA; QL (60 GM per 30 days); AG (Min 2 Years)
<b>PROTOPIC EXTERNAL OINTMENT 0.1 %</b>	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)
<b>*Microtubule Inhibitors - Topical***</b>			
<b>KLISYRI</b>	T1b		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))
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<b>KERYDIN</b> ( <i>Tavaborole</i> )	T3	T3	PA
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>			
<b>EUCRISA</b>	T3		PA; QL (2 GM per 1 day); AG (Min 2 Years)
<b>*Rosacea Agents***</b>			
<i>azelaic acid external</i>		T2	QL (50 GM per 30 days)
<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)
<b>MIRVASO</b> ( <i>Brimonidine Tartrate</i> )	T3	T3	PA
<b>RHOFADE</b>	T3		PA; QL (30 GM per 30 days)
<b>ROSADAN EXTERNAL CREAM</b> ( <i>metronIDAZOLE</i> )	T1b	T1b	
<b>ROSADAN EXTERNAL GEL</b> ( <i>MetroNIDAZOLE</i> )	T1b	T1b	
<b>ZILXI</b>	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); QL (30 GM per 30 days); AG (Min 18 Years)
<b>*Scabicides &amp; Pediculicides***</b>			
<b>CROTAN</b>	T3		PA
<i>ivermectin external lotion</i>		T3	PA; QL (117 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>lindane external shampoo</i>		T3	
<i>malathion external</i>		T1b	AI (1x 59ml bottle per month)
<b>NATROBA</b> ( <i>Spinosad</i> )	T3	T3	PA
<b>OVIDE</b>	T3		PA; AI (1x 59ml bottle per month)
<i>permethrin external cream</i>		T1b	
<b>*Seborrheic Keratosis Products**</b>			
<b>ESKATA</b>	MB		
<b>*Steroid-Local Anesthetic Combinations***</b>			
<b>CORTANE-B EXTERNAL</b>	T3		
<b>EPIFOAM</b>	T2		
<b>PRAMOSONE EXTERNAL LOTION 1-2.5 %</b>	T3		
<b>*Tar Products***</b>			
<b>SCYTERA</b>	T3		
<b>*Topical Anesthetic Combinations***</b>			
<b>ITCH-X EXTERNAL SOLUTION</b>	T3		
<b>*Topical Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene external</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (120 GM per 30 days)
<b>TARGRETIN EXTERNAL</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (120 GM per 30 Days)
<b>*Topical Steroid Combinations***</b>			
<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)
<b>*Wound Care - Growth Factor Agents***</b>			
<b>REGRANEX</b>	T3		PA; AI (30 day supply max)
<b>*Diagnostic Products*</b>			
<b>*Diagnostic Drugs***</b>			
<b>METOPIRONE</b>	SP		PA
<b>*Diagnostic Tests***</b>			
<b>ACCU-CHEK AVIVA PLUS IN VITRO</b> ( <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)
<b>ACCU-CHEK GUIDE IN VITRO</b> ( <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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ACCU-CHEK SMARTVIEW</b> ( <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)
<b>ACCUTREND GLUCOSE</b> ( <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)
<b>ADVANCE INTUITION TEST</b> ( <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)
<b>ADVANCE MICRO-DRAW TEST</b> ( <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)
<b>ADVOCATE REDI-CODE IN VITRO</b> ( <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)
<b>ADVOCATE REDI-CODE+ TEST</b> ( <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)
<b>ADVOCATE TEST</b>	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)
<b>AGAMATRIX AMP TEST</b> ( <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)
<b>AGAMATRIX JAZZ TEST</b> ( <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)
<b>AGAMATRIX KEYNOTE TEST</b> ( <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)
<b>AGAMATRIX PRESTO TEST</b> ( <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)
<b>ASSURE 3 TEST</b> ( <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)
<b>ASSURE 4 TEST</b> ( <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
<b>ASSURE II</b> ( <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)
<b>ASSURE II CHECK</b> ( <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)
<b>ASSURE PLATINUM</b> ( <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)
<b>ASSURE PRISM MULTI TEST</b> ( <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)
<b>ASSURE PRO TEST</b> ( <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)
<b>BIOTEL CARE TEST STRIPS</b> ( <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)
<b>BLULINK GLUCOSE TEST</b> ( <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)
<b>CAREONE BLOOD GLUCOSE TEST</b> ( <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)
<b>CARESENS N GLUCOSE TEST</b> ( <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)
<b>CARETOUCH TEST</b> ( <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)
<b>CHEMSTRIP K</b>	T1b		AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
<b>CLEVER CHEK AUTO-CODE TEST</b> ( <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
<b>CLEVER CHEK AUTO-CODE VOICE IN VITRO</b> <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)
<b>CLEVER CHEK TEST</b> <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)
<b>CLEVER CHOICE AUTO-CODE TEST</b> <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)
<b>CLEVER CHOICE MICRO TEST</b> <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)
<b>CLEVER CHOICE NO CODING</b> <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)
<b>CLEVER CHOICE TALK SYSTEM IN VITRO</b> <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)
<b>CONTOUR NEXT TEST</b> <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)
<b>CONTOUR TEST</b> <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)
<b>COOL BLOOD GLUCOSE TEST STRIPS</b> <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)
<b>CVS ADVANCED GLUCOSE TEST</b> <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)
<b>D-CARE BLOOD GLUCOSE</b> <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)
<b>DIATHRIVE BLOOD GLUCOSE TEST</b> <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
<b>DIATHRIVE GLUCOSE TEST</b> ( <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)
<b>DIATHRIVE+ GLUCOSE TEST</b> ( <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>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)
<b>DUO-CARE TEST</b> ( <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)
<b>EASY STEP TEST</b> ( <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)
<b>EASY TOUCH HEALTHPRO GLUCOSE IN VITRO</b> ( <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)
<b>EASY TOUCH TEST</b> ( <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)
<b>EASYGLUCO IN VITRO</b> ( <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
<b>EASYMAX 15 TEST</b> ( <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)
<b>EASYMAX TEST</b> ( <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)
<b>EASYPRO BLOOD GLUCOSE TEST</b> ( <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)
<b>EASYPRO PLUS IN VITRO</b> ( <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)
<b>ELEMENT TEST</b> ( <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)
<b>EMBRACE BLOOD GLUCOSE TEST</b> ( <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)
<b>EMBRACE EVO BLOOD GLUCOSE TEST</b> ( <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)
<b>EMBRACE PRO GLUCOSE TEST</b> ( <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)
<b>EMBRACE TALK GLUCOSE TEST</b> ( <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)
<b>EMBRACE WAVE BLOOD GLUCOSE IN VITRO</b>	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)
<b>EVOLUTION AUTOCODE IN VITRO</b> ( <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
<b>FIFTY50 GLUCOSE TEST 2.0</b> ( <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)
<b>FORA 6 CONNECT IN VITRO</b> ( <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)
<b>FORA 6 CONNECT/GTEL TEST</b>	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)
<b>FORA BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA D15G BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA D20 BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA D40/G31 BLOOD GLUCOSE</b> ( <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)
<b>FORA G20 BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA G30/PREM V10 GLUCOSE TEST</b> ( <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)
<b>FORA GD20 TEST</b> ( <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)
<b>FORA GD50 BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA GTEL BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA TN'G ADVANCE PRO IN VITRO</b> ( <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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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FORA TN'G/TN'G VOICE</b> ( <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)
<b>FORA V10 BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA V12 BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA V20 BLOOD GLUCOSE TEST</b> ( <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)
<b>FORA V30A BLOOD GLUCOSE TEST</b> ( <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)
<b>FORACARE GD40 TEST</b> ( <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)
<b>FORACARE PREMIUM V10 TEST</b> ( <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)
<b>FORACARE TEST N GO TEST</b> ( <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)
<b>FORTISCARE G1 TEST STRIP</b> ( <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)
<b>FORTISCARE TEST</b> ( <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)
<b>FREESTYLE INSULINX TEST</b> ( <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)
<b>FREESTYLE LITE TEST</b> ( <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)
<b>FREESTYLE PRECISION NEO TEST</b> ( <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
<b>FREESTYLE TEST</b> ( <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>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)
<b>GENULTIMATE TEST</b> ( <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)
<b>GLUCO PERFECT 3 TEST</b> ( <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)
<b>GLUCOCARD 01 SENSOR PLUS</b> ( <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)
<b>GLUCOCARD EXPRESSION TEST</b> ( <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)
<b>GLUCOCARD SHINE TEST</b> ( <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)
<b>GLUCOCARD VITAL TEST</b> ( <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)
<b>GLUCOCARD X-SENSOR</b> ( <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)
<b>GLUCOCOM TEST</b> ( <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)
<b>GLUCONAVII BLOOD GLUCOSE TEST</b> ( <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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>GNP TRUE METRIX GLUCOSE STRIPS</b> ( <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)
<b>GNP TRUETRACK SMART SYSTEM IN VITRO</b> ( <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)
<b>GNP TRUETRACK TEST STRIPS</b> ( <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)
<b>GOJJI BLOOD GLUCOSE TEST</b> ( <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)
<b>GOJJI BLOOD TEST STRIP/LANCETS</b> ( <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)
<b>HW EMBRACE PRO GLUCOSE TEST</b> ( <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)
<b>HW EMBRACE TALK GLUCOSE TEST</b> ( <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)
<b>IGLUCOSE TEST STRIPS</b> ( <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)
<b>IN TOUCH BLOOD GLUCOSE TEST</b> ( <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)
<b>INFINITY BLOOD GLUCOSE TEST</b> ( <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)
<b>INFINITY VOICE IN VITRO STRIP</b> ( <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
<b>KETOSTIX</b>	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)
<b>KROGER HEALTHPRO GLUCOSE TEST</b> ( <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)
<b>LIBERTY NEXT GENERATION TEST</b> ( <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)
<b>MEIJER TRUETEST TEST</b> ( <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)
<b>MEIJER TRUETRACK TEST</b> ( <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)
<b>MICRODOT TEST</b> ( <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)
<b>MM BLULINK GLUCOSE TEST</b> ( <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)
<b>MM EASY TOUCH GLUCOSE</b> ( <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
<b>MYGLUCOHEALTH TEST</b> ( <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)
<b>NEUTEK 2TEK TEST</b> ( <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)
<b>NOVA MAX GLUCOSE TEST</b> ( <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)
<b>ONETOUCH ULTRA IN VITRO STRIP</b>	T1b		AI (30 day supply max); QL (200 EA per 30 days)
<b>ONETOUCH ULTRA TEST</b>	T1b		QL (200 EA per 30 days)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	T1b		AI (30 day supply max); QL (200 EA per 30 days)
<b>OPTIUMEZ TEST</b> ( <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)
<b>PHARMACIST CHOICE AUTOCODE</b> ( <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)
<b>PIP BLOOD GLUCOSE TEST STRIP</b> ( <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)
<b>POCKETCHEM EZ TEST</b> ( <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)
<b>POGO AUTOMATIC TEST CARTRIDGES</b>	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)
<b>PRECISION XTRA BLOOD GLUCOSE</b> ( <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)
<b>PRODIGY NO CODING BLOOD GLUC IN VITRO</b> <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)
<b>PTS PANELS EGLU TEST</b> <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)
<b>QUICKTEK TEST</b> <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)
<b>QUINTET AC BLOOD GLUCOSE TEST</b> <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)
<b>QUINTET BLOOD GLUCOSE TEST</b> <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)
<b>REFUAH PLUS BLOOD GLUCOSE TEST</b> <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)
<b>RELION BLOOD GLUCOSE TEST</b> <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)
<b>RELION CONFIRM/MICRO TEST</b> <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)
<b>RELION PREMIER TEST</b> <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)
<b>RELION PRIME TEST</b> <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)
<b>RELION TRUE METRIX TEST STRIPS</b> <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
<b>RELION ULTIMA TEST</b> ( <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)
<b>REXALL BLOOD GLUCOSE TEST</b> ( <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)
<b>RIGHTEST GS100 BLOOD GLUCOSE</b> ( <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)
<b>RIGHTEST GS300 BLOOD GLUCOSE</b> ( <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)
<b>RIGHTEST GS550 BLOOD GLUCOSE</b> ( <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)
<b>RIGHTEST GT333 BLOOD GLUCOSE IN VITRO</b> ( <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)
<b>RIGHTEST GT333 GLUCOSE TEST</b> ( <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)
<b>SMART SENSE PREMIUM TEST</b> ( <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)
<b>SMART SENSE VALUE TEST</b> ( <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)
<b>SMARTEST BLOOD GLUCOSE TEST</b> ( <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)
<b>SOLUS V2 TEST</b> ( <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)
<b>SUPREME TEST</b> ( <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)
<b>TRUE METRIX BLOOD GLUCOSE TEST</b> ( <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)
<b>TRUE METRIX PRO BLOOD GLUCOSE</b> ( <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)
<b>TRUETEST TEST</b> ( <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)
<b>TRUETRACK TEST</b> ( <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)
<b>UNISTRIP1 GENERIC</b> ( <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)
<b>VIVAGUARD INO TEST STRIPS</b> ( <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)
<b>*Digestive Aids*</b>			
<b>*Digestive Enzymes***</b>			
<b>CREON</b>	T2		PA; QL (12 capsules per 1 day)
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 2600-8800 UNIT, 4200-14200 UNIT</b>	T3		PA; QL (12 capsules per 1 day)
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT</b>	T3		PA; ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 capsules per 1 day)
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT</b>	T3		PA; ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 capsules per 1 day)
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT</b>	T3		PA; QL (12 capsules per 1 day)
<b>SUCRAID</b>	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
<b>VIOKACE</b>	T3		PA; QL (12 capsules per 1 day)
<b>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</b>	T2		PA; QL (12 capsules per 1 day)
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
<i>acetazolamide er</i>		T3	
<i>acetazolamide oral</i>		T1b	
<i>dichlorphenamide</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 4 days); AG (Min 18 Years)
<b>KEVEYIS</b>	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); AG (Min 18 Years)
<i>methazolamide oral</i>		T2	
<b>ORMALVI</b>	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); AG (Min 18 Years)
<b>*Diuretic Combinations***</b>			
<b>ALDACTAZIDE ORAL TABLET 50-50 MG</b>	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	
<b>*Loop Diuretics***</b>			
<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	
<b>*Potassium Sparing Diuretics***</b>			
<i>amiloride hcl oral</i>		T3	
<b>DYRENIUM (Triamterene)</b>	T3	T3	
<i>spironolactone oral tablet 100 mg</i>		T1b	
<i>spironolactone oral tablet 25 mg, 50 mg</i>		T1a	
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<b>DIURIL</b>	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	
<b>THALITONE</b>	T2		
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*Bisphosphonates***</b>			
<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)
<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)
<b>*Calcimimetic Agents***</b>			
<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)
<b>*Calcitonins***</b>			
<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)
<b>*Carnitine Replenisher - Agents***</b>			
<i>levocarnitine oral solution</i>		T3	
<i>levocarnitine oral tablet</i>		T3	
<b>*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>			
<b>XPHOZAH</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Corticotropin***</b>			
<b>ACTHAR</b>	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
CORTROPHIN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cortisol Synthesis Inhibitors***</b>			
ISTURISA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RECORLEV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Dopamine Receptor Agonists***</b>			
<i>cabergoline</i>		T3	
<b>*Fabry Disease - Agents***</b>			
GALAFOLD	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Gaa Deficiency Treatment - Agents***</b>			
OPFOLDA	T3		PA
<b>*Gnrh/Lhrh Antagonists***</b>			
ORLISSA	T3		PA
<b>*Growth Hormone Receptor Antagonists***</b>			
SOMAVERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Growth Hormone Releasing Hormones (Ghrh)***</b>			
EGRIFTA SV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Growth Hormones***</b>			
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)

Drug Name	Brand	Generic	Additional Information
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SAIZEN</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SAIZENPREP</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYTROFA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SOGROYA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZOMACTON</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZORBTIVE</b>	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
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>			
XURIDEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>			
NITYR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORFADIN ( <i>Nitisinone</i> )	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Homocystinuria Treatment - Agents***</b>			
<i>betaine</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hyperammonemia Treatment - Agents***</b>			
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)
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
<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)
RAYALDEE	T3		PA
<b>*Hypophosphatasia (Hpp) Agents***</b>			
STRENSIQ	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Leptin Analogues***</b>			
MYALEPT	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
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
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)
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)
<b>*Natriuretic Peptides***</b>			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Non-Steroidal Mineralocorticoid Receptor Antagonists***</b>			
KERENDIA	T3		PA; QL (1 EA per 1 day)
<b>*Ovulation Stimulants-Synthetic***</b>			
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)
<b>*Parathyroid Hormone And Derivatives***</b>			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>Teriparatide (Recombinant)</i> ) 600 MCG/2.4ML	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NATPARA	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>teriparatide</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TYMLOS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Phenylketonuria Treatment - Agents***</b>			
<b>JAVYGTOR</b> ( <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)
<b>KUVAN ORAL PACKET</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>KUVAN ORAL TABLET</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>PALYNZIQ</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Rank Ligand (Rankl) Inhibitors***</b>			
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	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)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>			
<b>EVISTA</b> ( <i>Raloxifene HCl</i> )	T1b	\$0	AI (30 day supply max); QL (1 EA per 1 day)
<b>OSPHENA</b>	T3		PA
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>			
<b>JYNARQUE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SAMSCA</b> ( <i>Tolvaptan</i> )	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Somatostatic Agents***</b>			
<b>MYCAPSSA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>SANDOSTATIN INJECTION SOLUTION (Octreotide Acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</b>	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SANDOSTATIN LAR DEPOT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Urea Cycle Disorder - Agents***</b>			
<b>OLPRUVA (2 GM DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (3 GM DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (4 GM DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (5 GM DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (6 GM DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (6.67 GM DOSE)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RAVICTI</b>	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 gmltsp</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)
<b>*Vasopressin***</b>			
<i>desmopressin ace spray refrig</i>		T3	AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)

Drug Name	Brand	Generic	Additional Information
<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	
<b>NOCDURNA</b>	T3		PA
<b>STIMATE</b>	T3		
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Progestin***</b>			
<b>AMABELZ</b>	T1b		F
<b>COMBIPATCH</b>	T3		F
<b>FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG</b>	T2	T2	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>MIMVEY (Estradiol-Norethindrone Acet)</b>	T3	T3	AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
<b>PREMPHASE</b>	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG</b>	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<b>PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG</b>	T2		AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
<b>*Estrogen-Progestin-Gnrh Antagonist****</b>			
<b>MYFEMBREE</b>	T3		PA; QL (1 EA per 1 day)
<b>*Estrogens***</b>			
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	T1b	QL (2 EA per 1 Week)
<b>DEPO-ESTRADIOL</b>	T3		
<b>DOTTI (Estradiol)</b>	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	
<b>LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR</b>	T1b	T1b	QL (2 EA per 1 Week)
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	T3		
<b>MENOSTAR</b>	T3		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
<b>PREMARIN ORAL</b>	T2		

Drug Name	Brand	Generic	Additional Information
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
DUAVEE	T3		PA; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Fluoroquinolones*</b>			
<b>*Fluoroquinolones***</b>			
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)
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*5-Ht4 Receptor Agonists***</b>			
MOTEGRITY	T3		PA
<b>*Bile Acid Synthesis Disorder Agents***</b>			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
TRULANCE	T3		ST (Step Therapy required: 1 fill in the last 6 months - Linzess); QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
OCALIVA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Gallstone Solubilizing Agents***</b>			
CHENODAL	T3		
<i>ursodiol oral capsule 300 mg</i>		T2	
<i>ursodiol oral tablet</i>		T3	
<b>*Gastrointestinal Antiallergy Agents***</b>			
<i>cromolyn sodium oral</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<b>*Gastrointestinal Chloride Channel Activators***</b>			
<i>lubiprostone</i>		T2	QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>			
<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	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>			
<b>GATTEX</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG</b>	T2		QL (1 EA per 1 day); AG (Min 18 Years)
<b>LINZESS ORAL CAPSULE 72 MCG</b>	T2		QL (1 EA per 1 day); AG (Min 6 Years)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>VIBERZI</b>	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Ileal Bile Acid Transporter (Ibat) Inhibitors***</b>			
<b>BYLVAY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>BYLVAY (PELLETS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LIVMARLI</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Inflammatory Bowel Agents***</b>			
<i>balsalazide disodium</i>		T1b	
<b>DIPENTUM</b>	T3		AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<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>		T3	QL (1 EA per 1 Day)
<i>mesalamine-cleanser</i>		T3	

Drug Name	Brand	Generic	Additional Information
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG</b>	T3		
<b>SFROWASA</b>	T3		
<i>sulfasalazine oral</i>		T1b	
<b>*Integrin Receptor Antagonists***</b>			
<b>ENTYVIO SUBCUTANEOUS</b>	SP		PA; SP; AI (30 day supply max)
<b>*Interleukin Antagonists***</b>			
<b>OMVOH SUBCUTANEOUS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Intestinal Acidifiers***</b>			
<i>enulose</i>		T1b	
<i>generlac</i>		T1b	
<i>lactulose encephalopathy</i>		T1b	
<b>*Live Fecal Microbiota (Human)**</b>			
<b>VOWST</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Peripheral Opioid Receptor Antagonists***</b>			
<b>MOVANTIK</b>	T3		QL (1 EA per 1 day); AG (Min 18 Years)
<b>RELISTOR ORAL</b>	T3		PA; QL (3 EA per 1 day); AG (Min 18 Years)
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SYMPROIC</b>	T3		PA
<b>*Phosphate Binder Agents***</b>			
<i>calcium acetate (phos binder) oral capsule</i>		T1b	
<b>FOSRENOL ORAL TABLET CHEWABLE (Lanthanum Carbonate) 1000 MG, 500 MG, 750 MG</b>	SP	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)

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Drug Name	Brand	Generic	Additional Information
<i>sevelamer hcl oral tablet 800 mg</i>		T1b	QL (17.5 EA per 1 day)
<b>VELPHORO</b>	T3		PA
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***</b>			
<b>VELSIPITY</b>	SP		PA; AI (30 day supply max)
<b>*Tryptophan Hydroxylase Inhibitors***</b>			
<b>XERMELO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
<b>CIMZIA (2 SYRINGE)</b>	SP		PA; SP
<b>CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	SP		PA; SP
<b>*Genitourinary Agents - Miscellaneous*</b>			
<b>*5-Alpha Reductase Inhibitors***</b>			
<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)
<b>*Alpha 1-Adrenoceptor Antagonists***</b>			
<i>alfuzosin hcl er</i>		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>CARDURA XL</b>	T3		
<i>silodosin</i>		T3	
<i>tamsulosin hcl</i>		T1b	
<b>*Citrates***</b>			
<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	
<b>*Cystinosis Agents***</b>			
<b>CYSTAGON</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PROCYSBI</b>	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
<b>*Genitourinary Irrigants***</b>			
ARGYLE STERILE SALINE ( <i>Sodium Chloride</i> )	T1b	T1b	
CURITY STERILE SALINE ( <i>Sodium Chloride</i> )	T1b	T1b	
RENACIDIN	T1b		
<b>*Igan Agents - Endothelin &amp; Angiotensin II Receptor Antag***</b>			
FILSPARI	SP		PA; SP; AI (30 day supply max)
<b>*Interstitial Cystitis Agents***</b>			
ELMIRON	T3		QL (3 EA per 1 day)
<b>*Prostatic Hypertrophy Agent Combinations***</b>			
<i>dutasteride-tamsulosin hcl</i>		T1b	M
<b>*Small Interfering Ribonucleic Acid Agents (Sirna)***</b>			
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)
<b>*Urinary Stone Agents***</b>			
THIOLA ( <i>Tiopronin</i> )	T3	T3	PA
THIOLA EC	T3		PA
<b>*Gout Agents*</b>			
<b>*Gout Agent Combinations***</b>			
<i>colchicine-probenecid</i>		T1b	
<b>*Gout Agents***</b>			
<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)
GLOPERBA	T3		QL (150 ML per 1 month); AG (Min 18 Years)
ULORIC	T3		ST (Step Therapy required: both of the following for 3 months each in the last 12 months - allopurinol 100mg or 300mg tab AND febuxostat 40mg or 80mg tab); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Uricosurics***</b>			
<i>probenecid oral</i>		T1b	
<b>*Hematological Agents - Misc.*</b>			
<b>*Anti-Von Willebrand Factor Agents***</b>			
CABLIVI	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
<b>*Bradykinin B2 Receptor Antagonists***</b>			
<b>FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b> ( <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)
<b>SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b> ( <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)
<b>*C1 Esterase Inhibitors***</b>			
<b>BERINERT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CINRYZE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HAEGARDA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RUCONEST</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Complement C3 Inhibitors***</b>			
<b>EMPAVELI</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Complement C5a Receptor Inhibitors***</b>			
<b>TAVNEOS</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Complement Factor B Inhibitors***</b>			
<b>FABHALTA</b>	SP		PA
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>BRILINTA</b>	T2		
<b>*Hematorheologic Agents***</b>			
<i>pentoxifylline er</i>		T1b	
<b>*Phosphodiesterase Iii Inhibitors***</b>			
<i>cilostazol</i>		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>			
TAKHZYRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Plasma Kallikrein Inhibitors***</b>			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
<i>aspirin-dipyridamole er</i>		T2	
<b>*Platelet Aggregation Inhibitors***</b>			
<i>dipyridamole oral</i>		T1b	
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
ZONTIVITY	T2		QL (1 EA per 1 day); AG (Min 16 Years)
<b>*Pyruvate Kinase Activators***</b>			
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)
<b>*Quinazoline Agents***</b>			
<i>anagrelide hcl</i>		T1b	
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Thienopyridine Derivatives***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<b>*Hematopoietic Agents*</b>			
<b>*Agents For Gaucher Disease***</b>			
<b>CERDELGA</b>	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
<b>YARGESA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZAVESCA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cobalamins***</b>			
<i>cyanocobalamin nasal</i>		T3	
<b>DODEX (Cyanocobalamin)</b>	T1b	T1b	
<b>NASCOBAL</b>	T3		PA
<b>*Cytotoxic Agents***</b>			
<b>DROXIA</b>	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)
<b>SIKLOS ORAL TABLET 100 MG</b>	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)
<b>SIKLOS ORAL TABLET 1000 MG</b>	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)
<b>*Folic Acid/Folates***</b>			
<i>folic acid oral tablet 1 mg</i>		\$0	QL (2 EA per 1 Day)
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>			
<b>FULPHILA</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>NEULASTA ONPRO</b>	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)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	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)
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (10 ML per 10 days)
<b>NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (16 ML per 10 days)
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (5 ML per 10 days)
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (8 ML per 10 days)
<b>NIVESTYM INJECTION SOLUTION 300 MCG/ML</b>	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)
<b>NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML</b>	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)
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML</b>	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)
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML</b>	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)
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		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
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)
<b>*Hemoglobin S (Hbs) Polymerization Inhibitors***</b>			
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)
<b>*Iron W/ Folic Acid***</b>			
FOLIVANE-F	T2		
INTEGRA F	T2		
<b>*Iron***</b>			
<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)
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>			
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)
PROMACTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hemostatics*</b>			
<b>*Hemostatics - Systemic***</b>			
<i>aminocaproic acid oral solution</i>		T2	
<i>tranexamic acid oral</i>		T1b	F
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>			
<b>*Barbiturate Hypnotics***</b>			
<i>phenobarbital oral tablet</i>		T1b	
<b>*Benzodiazepine Hypnotics***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>*Hypnotics - Tricyclic Agents***</b>			
<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)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>			
<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)
<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)
<b>*Orexin Receptor Antagonists***</b>			
<b>BELSOMRA</b>	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)
<b>DAYVIGO</b>	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)
<b>QUVIVIQ</b>	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)
<b>*Selective Melatonin Receptor Agonists***</b>			
<b>HETLIOZ</b> ( <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)



Drug Name	Brand	Generic	Additional Information
HETLIOZ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ramelteon		T3	QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
GAVILYTE-G (PEG-3350/Electrolytes)	\$0	\$0	
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml		T3	
peg-3350/electrolytes/ascorbic		T3	
peg-kcl-nacl-nasulf-na asc-c		T3	
<b>*Laxatives - Miscellaneous***</b>			
constulose		T1b	
lactulose oral solution		T1b	
<b>*Saline Laxative Mixtures***</b>			
OSMOPREP	T3		QL (1.34 EA per 1 day)
<b>*Local Anesthetics-Parenteral*</b>			
<b>*Local Anesthetics - Amides***</b>			
XARACOLL	MB		
<b>*Macrolides*</b>			
<b>*Azithromycin***</b>			
azithromycin oral packet		T1b	
azithromycin oral suspension reconstituted		T1b	
azithromycin oral tablet 250 mg		T1a	
azithromycin oral tablet 500 mg		T1b	
azithromycin oral tablet 600 mg		T2	
<b>*Clarithromycin***</b>			
clarithromycin er		T2	
clarithromycin oral suspension reconstituted		T3	QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1b	
clarithromycin oral tablet 500 mg		T1b	QL (3 EA per 1 day)
<b>*Erythromycins***</b>			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate)	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
erythromycin base oral capsule delayed release particles		T3	
erythromycin base oral tablet		T3	

Drug Name	Brand	Generic	Additional Information
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>		T1b	
<b>*Fidaxomicin***</b>			
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	T3		PA
<b>DIFICID ORAL TABLET</b>	T3		PA; QL (4 EA per 1 day)
<b>*Medical Devices And Supplies*</b>			
<b>*Cervical Caps***</b>			
<b>FEMCAP</b>	\$0		AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
<b>*Condoms - Female***</b>			
<b>FC2 FEMALE CONDOM</b>	\$0		AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
<b>*Condoms - Male***</b>			
<i>aimsco lubricated</i>		\$0	F
<i>condoms</i>		\$0	F
<b>DUREX EXTRA SENSITIVE THIN (Maxx)</b>	\$0	\$0	F
<b>DUREX REALFEEL</b>	\$0		F
<b>FANTASY LUBRICATED (Maxx)</b>	\$0	\$0	F
<b>FANTASY LUBRICATED/SPERMICIDE (Maxx)</b>	\$0	\$0	F
<b>KAMELEON LUBRICATED (Maxx)</b>	\$0	\$0	F
<i>kimono</i>		\$0	F
<b>KIMONO COLORS (Maxx)</b>	\$0	\$0	F
<b>KIMONO MAXX-LARGE FLARE (Maxx)</b>	\$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
<b>KIMONO SPECIAL (Maxx)</b>	\$0	\$0	F
<b>K-Y ME &amp; YOU EXTRA LUBRICATED (Maxx)</b>	\$0	\$0	F
<b>K-Y ME &amp; YOU INTENSE (Maxx)</b>	\$0	\$0	F
<i>maxx plus</i>		\$0	F
<b>REALITY LATEX CONDOMS (Maxx)</b>	\$0	\$0	F
<b>REALITY LATEX/ULTRA TEXTURED (Maxx)</b>	\$0	\$0	F
<b>REALITY LATEX/ULTRA THIN (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX COLOR CONDOMS + LUBE (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX LUB/RIBBED/STUDDERED (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX LUB/SPERMICIDE EX ST (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX LUB/SPERMICIDE XL (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX LUBRICATED (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX LUBRICATED EX LARGE (Maxx)</b>	\$0	\$0	F
<b>TRUSTEX LUBRICATED EXTRA ST (Maxx)</b>	\$0	\$0	F

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Drug Name	Brand	Generic	Additional Information
TRUSTEX LUBRICATED/SPERMICIDE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX NATURAL CONDOMS + LUBE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX NON-LUBRICATED ( <i>Kimono Micro Thin</i> )	\$0	\$0	F
TRUSTEX RIA LUB/SPERMICIDE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX RIA LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX RIA NON-LUBRICATED ( <i>Kimono Micro Thin</i> )	\$0	\$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD ( <i>Maxx</i> )	\$0	\$0	F
<b>*Diaphragms***</b>			
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
WIDE-SEAL DIAPHRAGM 90	\$0		F
WIDE-SEAL DIAPHRAGM 95	\$0		F
<b>*Glucose Monitoring Test Supplies***</b>			
ACCU-CHEK FASTCLIX LANCETS ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance lite lancets 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance special lancets 17g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance universal 23g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>advanced mobile lancet</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE LANCETS ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE LANCETS 30G ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS 26G ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCETS ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i>aimsco twist lancets 32g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>AIMSCO TWIST LANCETS 33G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>AQUALANCE LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>assure comfort lancets 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE HAEMOLANCE PLUS HIGH</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE HAEMOLANCE PLUS LOW</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE HAEMOLANCE PLUS MICRO</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE HAEMOLANCE PLUS NORMAL</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE HAEMOLANCE PLUS PED</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE LANCE LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE LANCE LANCETS 21G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE LANCE PLUS SAFETY 25G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE LANCE PLUS SAFETY 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>ASSURE LANCE SAFETY LANCET 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>aurora lancet super thin 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>aurora lancet thin 23g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>AUTOLET PLATFORMS</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD MICROTAINER LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CAREONE LANCET SUPER THIN 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>careone lancet thin 23g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CARESENS LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CARESENS LANCETS 30G</b>	T1b		AI (30 day supply max); QL (200 lancets per 30 days)
<b>CARETOUCH SAFETY LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CARETOUCH SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>CARETOUCH TWIST LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CARETOUCH TWIST LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CARETOUCH TWIST LANCETS 33G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CARETOUCH TWIST MC LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CLEANLET LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CLEVER CHEK LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CLEVER CHOICE COMFORT EZ</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CLEVER CHOICE LANCETS 21G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CLEVER CHOICE LANCETS 23G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>CLEVER CHOICE LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>COAGUCHEK LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>comfort assured lancets 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>comfort assured lancets 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>COMFORT TOUCH LANCETS 31G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>COMFORT TOUCH PLUS LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>COMFORT TOUCH PLUS LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs lancets 21g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs lancets micro thin 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs lancets original</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs lancets thin 26g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs lancets ultra thin 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs lancets ultra-thin 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>cvs ultra thin lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>DEXCOM G6 RECEIVER</b>	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)
<b>DEXCOM G6 SENSOR</b>	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)
<b>DEXCOM G6 TRANSMITTER</b>	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)
<b>DEXCOM G7 RECEIVER</b>	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)
<b>DEXCOM G7 SENSOR</b>	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)
<b>DIATHRIVE LANCET ULTRA THIN 30</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DIATHRIVE LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DROPLET LANCETS ULTRA THIN 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DROPLET PERSONAL LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>drug mart lancets thin 26g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DRUG MART ON-THE-GO LANCET 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DRUG MART UNILET LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DRUG MART UNILET LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>DRUG MART UNILET LANCETS 33G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>easy comfort lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>easy comfort lancets twist top</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
<b>EASY TOUCH LANCETS 21G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 23G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 26G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 28G/TWIST</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 30G/TWIST</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 32G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 32G/TWIST</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH LANCETS 33G/TWIST</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH SAFETY LANCETS 21G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH SAFETY LANCETS 23G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EASY TOUCH SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EMBRACE LANCETS ULTRA THIN 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EMBRACE PRESSURE ACTIVATED 21G</b> ( <i>ZevRx Twist Top Lancets 30G</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>EMBRACE PRESSURE ACTIVATED 28G</b> ( <i>ZevRx Twist Top Lancets 30G</i> )	T1b	T1b	QL (200 EA per 30 days)
<i>eql color lancets 21g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>eql color lancets micro 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>eql super thin lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>eql thin lancets 26g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>E-Z JECT LANCET MICRO-THIN 33G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>E-Z JECT LANCET SUPER THIN 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>E-Z JECT LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>E-Z JECT LANCETS 21G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>E-Z JECT LANCETS THIN 26G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EZ-LETS LANCETS 21G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EZ-LETS LANCETS 26G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EZ-LETS LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>EZ-LETS LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FIFTY50 SAFETY SEAL LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FIFTY50 UNILET LANCETS 33G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FINE 30</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FINGERSTIX LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FORA LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FREESTYLE LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>FREESTYLE LIBRE 14 DAY READER</b>	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)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	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)
<b>FREESTYLE LIBRE 2 READER</b>	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)
<b>FREESTYLE LIBRE 2 SENSOR</b>	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)
<b>FREESTYLE LIBRE 3 READER</b>	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)



Drug Name	Brand	Generic	Additional Information
<b>FREESTYLE LIBRE 3 SENSOR</b>	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)
<b>FREESTYLE LIBRE READER</b>	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)
<b>FREESTYLE UNISTICK II LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GENTEEL BUTTERFLY TOUCH LANCET</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (BLUE)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (CLEAR)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (GREEN)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (ORANGE)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (RAINBOW)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (VIOLET)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL CONTACT TIPS (YELLOW)</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTEEL NOZZLES</b> ( <i>Lancet Transporter Case</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>GENTLE-LET GP LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GENTLE-LET LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GENTLE-LET PLATFORMS</b> ( <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 (200 EA per 30 days)
<i>global inject ease lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GLUCOCOM LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GLUCOCOM LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>GLUCOCOM LANCETS 33G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>gnp lancets 21g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>gnp lancets thin 26g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>gnp sterile lancets 28g</i>		T1b	QL (200 EA per 30 days)
<i>gnp sterile lancets 30g</i>		T1b	QL (200 EA per 30 days)
<i>gnp sterile lancets 33g</i>		T1b	QL (200 EA per 30 days)
<b>GOJJI STERILE LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense color lancets 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 26g univ</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 30g univ</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 33g univ</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE LOW FLOW LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE PLUS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE PLUS HIGH FLOW</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE PLUS LOW FLOW</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE PLUS MAX FLOW</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HAEMOLANCE PLUS PEDIATRIC FLOW</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>h-e-b incontrol lancets 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>h-e-b incontrol lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>h-e-b incontrol lancets 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>HY-VEE LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>hy-vee thin lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>IN TOUCH STERILE LANCETS 30G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kinney lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kinney thin lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>KROGER HEALTHPRO LANCET 26G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets 21g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets micro thin 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets super thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets thin 26g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets ultrathin 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets micro thin 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets super thin 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>LANCETS ULTRA THIN</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets ultra thin 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>LIBERTY MEDICAL LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>lite touch lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>LITETOUCH LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>live better lancet super thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>longs lancets standard</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>longs lancets thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>longs lancets ultra thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>medichoice safety lancet</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>medichoice safety lancet extra</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>medichoice safety lancet norm</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE EXTRA 21G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE LITE 25G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE PLUS EXTRA 21G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE PLUS LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE PLUS LITE 25G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE PLUS SPECIAL 0.8MM (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE PLUS SUPERLITE 30G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE PLUS UNIVERSAL 21G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEDLANCE UNIVERSAL 21G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEIJER LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEIJER LANCETS THIN (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEIJER LANCETS UNIVERSAL 21G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEIJER LANCETS UNIVERSAL 30G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEIJER LANCETS UNIVERSAL 33G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MEIJER SUPER THIN LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MICROLET LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MM TWIST LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MONOLET LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MONOLET OPD LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>MONOLETTOR SAFETY LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>mpd safety lancet 21g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>mpd safety lancet 23g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>mpd safety lancet 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)

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

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

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

Drug Name	Brand	Generic	Additional Information
<i>super thin lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>sure comfort lancets 18g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>sure comfort lancets 21g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>sure comfort lancets 23g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>sure comfort lancets 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>sure comfort lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>SURELITE LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TECHLITE AST LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TECHLITE LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TECHLITE LANCETS 26G</b>	T1b		AI (30 day supply max); QL (200 lancets per 30 days)
<b>TECHLITE LANCETS 30G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>tgt lancet micro thin 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>tgt lancet thin 26g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>tgt lancet ultra thin 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>THINLETS GP LANCETS (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>todays health thin lancets 28g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>todays health thin lancets 30g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>topcare lancets micro-thin 33g</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TRAVEL LANCETS ADVANCED 28G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>true comfort safety lancets</i>		T1b	QL (200 EA per 30 days)
<i>true comfort twist top lancets</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TRUEPLUS LANCETS 26G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TRUEPLUS LANCETS 28G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>TRUEPLUS LANCETS 30G (Lancets)</b>	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)



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

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

Drug Name	Brand	Generic	Additional Information
<b>VERIFINE UNIVERSAL LANCETS 28G</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>VERIFINE UNIVERSAL LANCETS 30G</b> ( <i>ZevRx Twist Top Lancets 30G</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE UNIVERSAL LANCETS 33G</b> ( <i>ZevRx Twist Top Lancets 30G</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>VIVAGUARD LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>VIVAGUARD LANCETS 30G</b>	T1b		QL (200 lancets per 30 days)
<b>WALGREENS LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>walgreens lancets micro thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<i>walgreens lancets super thin</i>		T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>WALGREENS THIN LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>WALGREENS ULTRA THIN LANCETS</b> ( <i>Lancets</i> )	T1b	T1b	AI (30 day supply max); QL (200 EA per 30 days)
<b>*Insulin Administration Supplies***</b>			
<b>OMNIPOD 5 G6 INTRO (GEN 5)</b>	T3		PA
<b>OMNIPOD 5 G6 PODS (GEN 5)</b>	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)
<b>OMNIPOD 5 G7 INTRO (GEN 5)</b>	T3		PA
<b>OMNIPOD 5 G7 PODS (GEN 5)</b>	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)
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	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)
<b>OMNIPOD DASH PODS (GEN 4)</b>	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
<b>*Needles &amp; Syringes***</b>			
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		T1b	QL (200 EA per 30 days)
1st tier unifine pentips 32g x 4 mm		T1b	QL (200 pen needles per 30 days)
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm		T1b	QL (200 EA per 30 days)
1st tier unifine pentips plus 32g x 4 mm		T1b	QL (200 pen needles per 30 days)
<b>ABOUTTIME PEN NEEDLE (Sure Comfort Pen Needles) 30G X 8 MM , 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ABOUTTIME PEN NEEDLE (Pen Needles 5/16") 31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ABOUTTIME PEN NEEDLE (Insupen Pen Needles) 32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLE (Insupen Pen Needles)</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLES (Pen Needles 5/16")</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ADVOCATE INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ADVOCATE INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ADVOCATE INSULIN SYRINGE (AQ Insulin Syringe) 30G X 5/16" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ADVOCATE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 1 ML</b>	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)
<b>ASSURE ID DUO PRO PEN NEEDLES</b>	T1b		QL (200 needles per 30 days)
<b>ASSURE ID INSULIN SAFETY SYR (TechLITE Insulin Syringe) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ASSURE ID PRO PEN NEEDLES</b>	T1b		QL (200 pen needles per 30 days)
<b>ASSURE ID SAFETY PEN NEEDLES (Sure Comfort Pen Needles) 30G X 8 MM</b>	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)
<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)
<b>AUM READYGARD DUO PEN NEEDLE (Insupen Pen Needles)</b>	T1b	T1b	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>AUM SAFETY PEN NEEDLE</b> ( <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)
<b>BD AUTOSHIELD DUO</b> ( <i>Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYR ULTRAFINE II</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML</b>	T1b		QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>27G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE HALF-UNIT</b> ( <i>Insulin Syringe-Needle U-100</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML</b>	T1b		QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE MICROFINE</b> ( <i>Insulin Syringe</i> ) <b>28G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE MICROFINE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>28G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE U/F 1/2UNIT</b> ( <i>Insulin Syringe-Needle U-100</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE U/F</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE U/F</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE U/F</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE U/F</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Kmart Valu Insulin Syringe 29G</i> ) <b>U-100 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE U-500</b>	T1b		QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>BD PEN NEEDLE MICRO U/F</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>BD PEN NEEDLE MINI U/F</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD PEN NEEDLE NANO 2ND GEN</b> ( <i>Insupen Pen Needles</i> )	T1b	T1b	QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE NANO U/F</b> ( <i>Insupen Pen Needles</i> )	T1b	T1b	QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE ORIGINAL U/F</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD PEN NEEDLE SHORT U/F</b> ( <i>Pen Needles 5/16"</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD SAFETYGLIDE INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD VEO INSULIN SYR U/F 1/2UNIT</b> ( <i>TechLITE Insulin Syringe</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>BD VEO INSULIN SYRINGE U/F</b> ( <i>TechLITE Insulin Syringe</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>30G X 8 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Pro Comfort Pen Needles</i> ) <b>32G X 5 MM</b>	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)
<b>CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML</b>	T1b		QL (200 EA per 30 days)
<b>CARETOUCH INSULIN SYRINGE</b> ( <i>AQ Insulin Syringe</i> ) <b>30G X 5/16" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CARETOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>CARETOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CARETOUCH PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CARETOUCH PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>CARETOUCH PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)

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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Pro Comfort Pen Needles</i> ) <b>32G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Pure Comfort Pen Needle</i> ) <b>32G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Easy Comfort Pen Needles</i> ) <b>33G X 5 MM , 33G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> <b>33G X 8 MM</b>	T1b		QL (200 EA per 30 days)
<b>COMFORT EZ PRO PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT EZ SHORT PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Raya Sure Pen Needle</i> ) <b>31G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Pro Comfort Pen Needles</i> ) <b>32G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Pure Comfort Pen Needle</i> ) <b>32G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Easy Comfort Pen Needles</i> ) <b>33G X 5 MM , 33G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DIATHRIVE PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DIATHRIVE PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DIATHRIVE PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DIATHRIVE PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>DROPLET INSULIN SYRINGE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DROPLET INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DROPLET INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>DROPLET INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)



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

Drug Name	Brand	Generic	Additional Information
<b>EASY TOUCH FLIPLOCK INSULIN SY</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH INSULIN SAFETY SYR</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH INSULIN SAFETY SYR</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>EASY TOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML</b>	T1b		QL (200 EA per 30 days)
<b>EASY TOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>EASY TOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Pen Needles</i> ) <b>30G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH PEN NEEDLES 30G X 6 MM</b>	T1b		QL (200 EA per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>30G X 8 MM , 31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>EASY TOUCH PEN NEEDLES</b> ( <i>Pro Comfort Pen Needles</i> ) <b>32G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH SAFETY PEN NEEDLES</b>	T1b		QL (200 EA per 30 days)
<b>EASY TOUCH SHEATHLOCK SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EASY TOUCH SHEATHLOCK SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>EASY TOUCH SHEATHLOCK SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EMBRACE PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EMBRACE PEN NEEDLES</b> ( <i>Pen Needles</i> ) <b>30G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
<b>EMBRACE PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>30G X 8 MM , 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EMBRACE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EMBRACE PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>EMBRACE PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	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)
<b>FIFTY50 PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>FIFTY50 PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>FIFTY50 PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>FIFTY50 SUPERIOR COMFORT SYR</b> ( <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</i>		T1b	QL (200 EA per 30 days)
<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)
<b>GLUCOPRO INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>GLUCOPRO INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>GLUCOPRO INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>GLUCOPRO INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>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</b>	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)

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Drug Name	Brand	Generic	Additional Information
<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)
<b>GNP ULTIGUARD SAFEPACK NEEDLE (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>GNP ULTIGUARD SAFEPACK NEEDLE (Pen Needles 5/16") 31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>GNP ULTIGUARD SAFEPACK NEEDLE (Insupen Pen Needles) 32G X 4 MM</b>	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)
<b>GOODSENSE PEN NEEDLE PENFINE (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>GOODSENSE PEN NEEDLE PENFINE (Pen Needles 5/16") 31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>GOODSENSE PEN NEEDLE PENFINE (Insupen Pen Needles) 32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<i>healthwise insulin syr/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>healthwise insulin syr/needle 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)
<b>H-E-B INCONTROL UNIFINE PENTIP (Sure Comfort Pen Needles) 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>H-E-B INCONTROL UNIFINE PENTIP (Meijer Pen Needles) 31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>H-E-B INCONTROL UNIFINE PENTIP (Pen Needles 5/16") 31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>H-E-B INCONTROL UNIFINE PENTIP (Insupen Pen Needles) 32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>H-E-B INCONTROL UNIFINE PENTIP (Insupen Pen Needles) 33G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>HM ULTICARE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 1/2" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>HM ULTICARE INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>HM ULTICARE MINI PEN NEEDLES (Sure Comfort Pen Needles)</b>	T1b	T1b	QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
<b>HM ULTICARE SHORT PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>INCONTROL ULTICARE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>INCONTROL ULTICARE PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>INCONTROL ULTICARE PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	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)
<b>INSUPEN SENSITIVE</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>INSUPEN ULTRAFIN</b> ( <i>Sure Comfort Pen Needles</i> ) <b>30G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>INSUPEN ULTRAFIN</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>INSUPEN ULTRAFIN</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<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>croger 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>croger insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1b	QL (200 syringes per 30 days)
<i>croger 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>croger 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)
<b>LEADER UNIFINE PENTIPS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LEADER UNIFINE PENTIPS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>LEADER UNIFINE PENTIPS PLUS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LEADER UNIFINE PENTIPS PLUS</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>LEADER UNIFINE PENTIPS PLUS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>LITETOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LITETOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LITETOUCH INSULIN SYRINGE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LITETOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>29G X 12.7MM , 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	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)
<b>MAGELLAN INSULIN SAFETY SYR</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MAGELLAN INSULIN SAFETY SYR</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MAGELLAN INSULIN SAFETY SYR</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MAGELLAN INSULIN SAFETY SYR</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>MARATHON MEDICAL PENTIPS</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MARATHON MEDICAL PENTIPS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MARATHON MEDICAL PENTIPS</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MARATHON MEDICAL PENTIPS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>MAXICOMFORT II PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>MAXI-COMFORT INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>MAXI-COMFORT SAFETY PEN NEEDLE</b>	T1b		QL (200 EA per 30 days)
<b>MAXICOMFORT SYR 27G X 1/2"</b> ( <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)

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Drug Name	Brand	Generic	Additional Information
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>		T1b	QL (200 EA per 30 days)
<b>MICRODOT PEN NEEDLE (Meijer Pen Needles) 31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MICRODOT PEN NEEDLE (Insupen Pen Needles) 32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>MICRODOT PEN NEEDLE (Insupen Pen Needles) 33G X 4 MM</b>	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)
<b>MM PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MM PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MM PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MM PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML</b>	T1b		QL (200 EA per 30 days)
<b>MONOJECT INSULIN SYRINGE (Insulin Syringe-Needle U-100) 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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT INSULIN SYRINGE (Insulin Syringe) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT INSULIN SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT INSULIN SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>MONOJECT INSULIN SYRINGE (Kmart Valu Insulin Syringe 29G) U-100 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE (Insulin Syringe) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT ULTRA COMFORT 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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE (Kroger Insulin Syringe) 29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE (Insulin Syringe-Needle U-100) 30G X 5/16" 0.5 ML</b>	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)
<b>NOVOFINE AUTOCOVER PEN NEEDLE (Sure Comfort Pen Needles)</b>	T1b	T1b	QL (200 EA per 30 days)
<b>NOVOFINE PEN NEEDLE (Sure Comfort Pen Needles)</b>	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>NOVOFINE PLUS PEN NEEDLE</b> ( <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)
<b>PENTIPS</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>PENTIPS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>PENTIPS</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>PENTIPS</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>PENTIPS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	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)
<b>PRECISION SURE-DOSE SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<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)
<b>PREVENT DROPSAFE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>PREVENT SAFETY PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>PRO COMFORT INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>PRO COMFORT INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>PRO COMFORT INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	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)
<b>PRODIGY INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	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)



Drug Name	Brand	Generic	Additional Information
<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)
<b>RELION INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>RELION MINI PEN NEEDLES (Meijer Pen Needles)</b>	T1b	T1b	QL (200 EA per 30 days)
<b>RELION PEN NEEDLES (Kroger Pen Needles) 29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>RELION PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>RELION PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>RELION PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>RELION SHORT PEN NEEDLES (Pen Needles 5/16")</b>	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)
<b>SECURESAFE INSULIN SYRINGE (Insulin Syringe)</b>	T1b	T1b	QL (200 EA per 30 days)
<b>SECURESAFE SAFETY PEN NEEDLES (Sure Comfort Pen Needles)</b>	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)
<b>TECHLITE PEN NEEDLES 29G X 10MM</b>	T1b		QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>TECHLITE PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TECHLITE PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TECHLITE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TECHLITE PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TECHLITE PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>TECHLITE PEN NEEDLES</b> ( <i>Pure Comfort Pen Needle</i> ) <b>32G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TECHLITE PLUS PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	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)
<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)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>29G X 12.7MM , 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>TRUEPLUS INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)

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

Drug Name	Brand	Generic	Additional Information
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>29G X 12.7MM , 31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	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)
<b>ULTRA FLO INSULIN PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>ULTRA FLO INSULIN PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN SYR 1/2 UNIT</b> ( <i>Sure Comfort Insulin Syringe</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA THIN PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	T1b	T1b	QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic	Additional Information
<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)
<b>ULTRA-THIN II INS SYR SHORT</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>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</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA-THIN II INS SYR SHORT</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML</b>	T1b		QL (200 EA per 30 days)
<b>ULTRA-THIN II INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA-THIN II MINI PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA-THIN II PEN NEEDLE SHORT</b> ( <i>Pen Needles 5/16"</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>ULTRA-THIN II PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Pen Needles</i> ) <b>30G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Pen Needles</i> ) <b>30G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>UNIFINE PENTIPS PLUS</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE PROTECT PEN NEEDLE</b>	T1b		QL (200 pen needles per 30 days)
<b>UNIFINE SAFECONTROL PEN NEEDLE</b> ( <i>Pen Needles</i> ) <b>30G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>UNIFINE SAFECONTROL PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>30G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE SAFECONTROL PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>UNIFINE ULTRA PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE ULTRA PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE ULTRA PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>UNIFINE ULTRA PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<i>value health insulin syringe</i>		T1b	QL (200 EA per 30 days)
<b>VANISHPOINT INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 1 ML</b>	T1b	T1b	QL (200 EA per 30 days)
<b>VANISHPOINT INSULIN SYRINGE</b> <b>29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML</b>	T1b		QL (200 EA per 30 days)
<b>VANISHPOINT INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>VANISHPOINT INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	T1b	T1b	QL (200 syringes per 30 days)
<b>VERIFINE INSULIN PEN NEEDLE</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE INSULIN PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE INSULIN PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE INSULIN PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T1b	T1b	QL (200 pen needles per 30 days)
<b>VERIFINE INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE PLUS PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE PLUS PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T1b	T1b	QL (200 EA per 30 days)
<b>VERIFINE PLUS PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	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)

Drug Name	Brand	Generic	Additional Information
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
<b>AEROCHAMBER HOLDING CHAMBER</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER MINI CHAMBER</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER MV</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLS FLOVU MTHPIECE</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU INTERM</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLOW VU</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER W/FLOWSIGNAL</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>AEROVENT PLUS</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>CLEVER CHOICE HOLDING CHAMBER</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>COMPACT SPACE CHAMBER</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>COMPACT SPACE CHAMBER/LG MASK</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>COMPACT SPACE CHAMBER/MED MASK</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>COMPACT SPACE CHAMBER/SM MASK</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>EASIVENT</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>EASIVENT MASK LARGE</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>EASIVENT MASK MEDIUM</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<b>EASIVENT MASK SMALL</b> <i>(ProChamber VHC)</i>	T1b	T1b	QL (2 EA per 1 year)
<i>eq space chamber anti-static</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<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	
<b>FLEXICHAMBER (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	T1b		QL (2 EA per 1 Year)
<b>FLEXICHAMBER CHILD MASK/LARGE</b>	T1b		QL (2 EA per 1 Year)
<b>FLEXICHAMBER CHILD MASK/SMALL</b>	T1b		QL (2 EA per 1 Year)
<b>INSPIREASE</b>	T1b		QL (1 EA per 2 Years)
<b>INSPIREASE RESERVOIR BAGS</b>	T1b		QL (2 EA per 1 Year)
<b>MICROSPACER (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>OPTICHAMBER DIAMOND (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>OPTICHAMBER DIAMOND-LG MASK (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>OPTICHAMBER DIAMOND-MD MASK (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>OPTICHAMBER DIAMOND-SM MASK (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>POCKET CHAMBER (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>POCKET SPACER (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>RITEFLO (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>VORTEX VALVED HOLDING CHAMBER (ProChamber VHC)</b>	T1b	T1b	QL (2 EA per 1 year)
<b>*Migraine Products*</b>			
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**</b>			
<b>NURTEC</b>	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>QULIPTA</b>	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>UBRELVY</b>	SP		PA; AI (30 day supply max); QL (16 EA per 30 days)
<b>ZAVZPRET</b>	SP		PA; AI (30 day supply max)
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies**</b>			
<b>AIMOVIG</b>	SP		PA; AI (30 day supply max)
<b>AJOVY</b>	SP		PA; AI (30 day supply max); QL (0.05 ML per 1 day)
<b>EMGALITY</b>	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
<b>EMGALITY (300 MG DOSE)</b>	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ergot Combinations***</b>			
<i>ergotamine-caffeine</i>		T3	
<b>MIGERGOT</b>	T3		
<b>*Migraine Products***</b>			
<i>dihydroergotamine mesylate injection</i>		T3	PA
<b>ERGOMAR</b>	T3		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
<b>MIGRANAL (Dihydroergotamine Mesylate)</b>	T3	T3	PA; QL (0.54 ML per 1 day)
<b>TRUDHESA</b>	T3		PA
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>			
<i>almotriptan malate</i>		T3	QL (25 EA per 30 days)
<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)
<b>TOSYMRA</b>	T3		QL (30 EA 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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>*Selective Serotonin Agonists 5-Ht(1F)***</b>			
<b>REYVOW</b>	SP		PA; AI (30 day supply max); QL (4 EA per 1 Month)
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Fluoride***</b>			
<b>NAFRINSE</b> ( <i>Sodium Fluoride</i> )	\$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)
<b>*Potassium Combinations***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ</b>	T2		
<b>*Potassium***</b>			
<b>KLOR-CON 10</b> ( <i>Potassium Chloride ER</i> )	T1b	T1b	
<b>KLOR-CON M10</b> ( <i>Potassium Chloride Crys ER</i> )	T1b	T1b	
<b>KLOR-CON M15</b> ( <i>Potassium Chloride ER</i> )	T1b	T1b	
<b>KLOR-CON M20</b> ( <i>Potassium Chloride Crys ER</i> )	T1b	T1b	
<b>KLOR-CON ORAL PACKET</b> ( <i>Potassium Chloride</i> ) <b>20 MEQ</b>	T1b	T1b	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b> ( <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	
<b>*Miscellaneous Therapeutic Classes*</b>			
<b>*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***</b>			
<b>JOENJA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antileptics***</b>			
<b>THALOMID</b>	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>			
<b>BENLYSTA SUBCUTANEOUS</b>	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
<b>*Chelating Agents***</b>			
<b>CUVRIOR</b>	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	
<b>SYPRINE</b> ( <i>Trientine HCl</i> )	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>trientine hcl oral capsule 500 mg</i>		SP	PA; SP; AI (30 day supply max)
<b>*Cyclosporine Analogs***</b>			
<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)
<b>GENGRAF ORAL CAPSULE</b> ( <i>cycloSPORINE Modified</i> ) <b>100 MG, 25 MG</b>	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>GENGRAF ORAL SOLUTION</b> ( <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)
<b>LUPKYNIS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NEORAL</b> ( <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)
<b>SANDIMMUNE ORAL SOLUTION</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Farnesyltransferase Inhibitors***</b>			
<b>ZOKINVY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
<i>lenalidomide</i>		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)

Drug Name	Brand	Generic	Additional Information
REVLIMID	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)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
<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)
<b>*Macrolide Immunosuppressants***</b>			
ASTAGRAF XL	T3		
ENVARUS 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	
<b>*Monoclonal Antibodies***</b>			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***</b>			
VIJOICE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Potassium Removing Agents***</b>			
LOKELMA	T3		PA
<i>sodium polystyrene sulfonate oral powder</i>		T1b	
SPS	T1b		
VELTASSA	T3		PA
<b>*Purine Analogs***</b>			
<i>azathioprine oral tablet 50 mg</i>		T1b	
<b>*Rock Inhibitors***</b>			
REZUROCK	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
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*Anesthetics Topical Oral***</b>			
<i>lidocaine viscous hcl</i>		T1b	AI (Limited to 1 fill per month); QL (100 ML per 10 days)
<b>*Anti-Infectives - Throat***</b>			
<i>clotrimazole mouth/throat troche</i>		T1b	
<i>nystatin mouth/throat</i>		T1b	
<b>*Antiseptic Combinations - Mouth/Throat***</b>			
<b>DEBACTEROL</b>	T3		
<b>*Antiseptics - Mouth/Throat***</b>			
<b>PERIOGARD (Chlorhexidine Gluconate)</b>	T1b	T1b	
<b>*Fluoride Dental Products***</b>			
<b>NAFRINSE DAILY/NEUTRAL</b>	\$0		AG (Max 6 Years)
<b>NAFRINSE WEEKLY</b>	\$0		AG (Max 6 Years)
<b>*Periodontal Anti-Infectives***</b>			
<b>ARESTIN</b>	T3		PA
<b>*Saliva Stimulants***</b>			
<i>cevimeline hcl</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>pilocarpine hcl oral</i>		T1b	
<b>*Steroids - Mouth/Throat/Dental***</b>			
<b>KOURZEQ (Triamcinolone Acetonide)</b>	T1b	T1b	
<b>ORALONE (Triamcinolone Acetonide)</b>	T1b	T1b	
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
<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)
<b>*Direct Muscle Relaxants***</b>			
<i>dantrolene sodium oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Muscle Relaxant Combinations***</b>			
<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)
<b>*Retinoic Acid Receptor Gamma Selective Agonists***</b>			
SOHONOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*Nasal Anticholinergics***</b>			
<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)
<b>*Nasal Antihistamines***</b>			
<i>olopatadine hcl nasal</i>		T1b	QL (1.02 GM per 1 day); AG (Min 6 Years)
<b>*Nasal Steroids***</b>			
BECONASE AQ	T3		AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T1b	AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T3		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
<b>*Neuromuscular Agents*</b>			
<b>*Als Agent Combinations***</b>			
RELYVRIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Als Agents - Miscellaneous***</b>			
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)
<b>*Benzothiazoles***</b>			
EXSERVAN	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>riluzole</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***</b>			
SKYCLARYS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nondepolarizing Muscle Relaxants***</b>			
<i>atracurium besylate intravenous solution 50 mg/5ml</i>		MB	
<b>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***</b>			
DAYBUE	SP		PA; SP; AI (30 day supply max)
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***</b>			
EVRYSDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ophthalmic Agents*</b>			
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>			
SIMBRINZA	T3		
<b>*Artificial Tear Inserts***</b>			
LACRISERT	T3		
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
<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
<b>*Beta-Blockers - Ophthalmic***</b>			
BETOPTIC-S	T3		
<i>carteolol hcl</i>		T1b	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1b	
<i>timolol maleate ophthalmic solution</i>		T1b	
TIMOPTIC-XE ( <i>Timolol Maleate</i> )	T3	T3	
<b>*Cholinergic Agonists***</b>			
TYRVAYA	T3		PA; QL (0.28 ML per 1 day)
<b>*Cycloplegic Mydriatics***</b>			
ALTAFRIN OPHTHALMIC SOLUTION ( <i>Phenylephrine HCl</i> ) 10 %, 2.5 %	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	

Drug Name	Brand	Generic	Additional Information
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
XIIDRA	T3		PA
<b>*Miotics - Cholinesterase Inhibitors***</b>			
PHOSPHOLINE IODIDE	T1b		
<b>*Miotics - Direct Acting***</b>			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1b	
VUITY	T3		ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); QL (0.09 ML per 1 day); AG (Min 18 Years)
<b>*Ophthalmic Antiallergic***</b>			
ALOCRIL	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	
LASTACFT	T3		PA; AI (Max #9ml Mail Order); QL (3 ML per 30 days); AG (Min 2 Years)
ZERVIAE	T3		QL (1 EA per 1 day)
<b>*Ophthalmic Antibiotics***</b>			
<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	
<b>*Ophthalmic Antifungal***</b>			
NATACYN	T3		
<b>*Ophthalmic Anti-Infective Combinations***</b>			
<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 (Neomycin-Bacitracin Zn-Polymyx)	T1b	T1b	
POLYCIN (AK-Poly-Bac)	T1b	T1b	

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Drug Name	Brand	Generic	Additional Information
<i>polymyxin b-trimethoprim</i>		T1b	
<b>*Ophthalmic Antivirals***</b>			
<i>trifluridine ophthalmic</i>		T3	
<b>ZIRGAN</b>	T2		
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
<i>brinzolamide</i>		T3	
<i>dorzolamide hcl ophthalmic</i>		T1b	
<b>*Ophthalmic Ectoparasiticide**</b>			
<b>XDEMVI</b>	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)
<b>*Ophthalmic Immunomodulators***</b>			
<b>CEQUA</b>	T3		PA; QL (2 EA per 1 day)
<i>cyclosporine ophthalmic</i>		T3	QL (2 EA per 1 day)
<b>VERKAZIA</b>	T3		PA
<b>*Ophthalmic Local Anesthetics***</b>			
<i>proparacaine hcl ophthalmic</i>		T1b	
<i>tetracaine hcl ophthalmic</i>		T1b	
<b>*Ophthalmic Nerve Growth Factors***</b>			
<b>OXERVATE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
<i>bromfenac sodium (once-daily)</i>		T2	
<i>diclofenac sodium ophthalmic</i>		T1b	
<i>flurbiprofen sodium</i>		T1b	
<i>ketorolac tromethamine ophthalmic</i>		T1b	
<b>NEVANAC</b>	T3		AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
<b>RHOPRESSA</b>	T3		PA
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
<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	
<b>*Ophthalmic Steroid Combinations***</b>			
<i>bacitra-neomycin-polymyxin-hc</i>		T1b	
<b>BLEPHAMIDE S.O.P.</b>	T3		

Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1b	
<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	
<b>PRED-G</b>	T3		
<b>PRED-G S.O.P.</b>	T3		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T3	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T2		
<b>TOBRADEX ST</b>	T2		
<i>tobramycin-dexamethasone</i>		T1b	
<b>*Ophthalmic Steroids***</b>			
<b>ALREX</b>	T3		
<i>dexamethasone sodium phosphate ophthalmic difluprednate</i>		T3	
<b>FLAREX</b>	T3		
<i>fluorometholone ophthalmic</i>		T1b	
<b>FML</b>	T3		
<b>FML FORTE</b>	T3		
<b>INVELTYS</b>	T3		
<b>LOTEMAX OPHTHALMIC GEL</b> ( <i>Loteprednol Etabonate</i> )	T3	T3	
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	T3		
<b>LOTEMAX SM</b>	T3		
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>		T3	
<b>MAXIDEX</b>	T3		
<b>PRED FORTE</b> ( <i>prednisolONE Acetate</i> )	T1b	T1b	
<b>PRED MILD</b>	T3		
<i>prednisolone acetate p-f</i>		T1b	
<i>prednisolone sodium phosphate ophthalmic</i>		T3	
<b>*Ophthalmic Sulfonamides***</b>			
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	
<i>sulfacetamide sodium ophthalmic solution</i>		T1b	
<b>*Ophthalmics - Cystinosis Agents**</b>			
<b>CYSTADROPS</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CYSTARAN</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ophthalmics Misc. - Other***</b>			
<b>MIEBO</b>	SP		PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Prostaglandins - Ophthalmic***</b>			
<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)
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	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	
<b>VYZULTA</b>	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)
<b>XELPROS</b>	T3		
<b>*Otic Agents*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
<i>acetic acid otic</i>		T1b	
<b>*Otic Anti-Infectives***</b>			
<i>ciprofloxacin hcl otic</i>		T3	
<i>ofloxacin otic</i>		T1b	
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
<b>CIPRO HC</b>	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	
<b>OTOVEL (Ciprofloxacin-Fluocinolone PF)</b>	T3	T3	
<b>*Otic Steroids***</b>			
<b>ACETASOL HC (Hydrocortisone-Acetic Acid)</b>	T3	T2	QL (10 ML per 1 month)
<b>FLAC (Fluocinolone Acetonide)</b>	T1b	T1b	QL (1.333 ML per 1 day)
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
<b>METHERGINE ORAL (Methylergonovine Maleate)</b>	T1b	T1b	
<b>*Passive Immunizing And Treatment Agents*</b>			
<b>*Immune Serums***</b>			
<b>HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	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
<b>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE</b>	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Penicillins*</b>			
<b>*Aminopenicillins***</b>			
<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	
<b>*Natural Penicillins***</b>			
<i>penicillin v potassium oral solution reconstituted</i>		T1b	
<i>penicillin v potassium oral tablet</i>		T1a	
<b>*Penicillin Combinations***</b>			
<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	
<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	
<b>*Penicillinase-Resistant Penicillins***</b>			
<i>dicloxacillin sodium</i>		T1b	
<b>*Progestins*</b>			
<b>*Progestins***</b>			
<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>		T1b	AI (Max #450ml Mail Order); QL (150 ML per 30 days)
<i>norethindrone acetate oral</i>		T1b	F
<i>progesterone intramuscular</i>		T3	F
<b>PROMETRIUM</b>	T1b		F

Drug Name	Brand	Generic	Additional Information
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*Agents For Opioid Withdrawal***</b>			
LUCEMYRA	T3		PA; QL (224 EA per 14 days)
<b>*Alcohol Deterrents***</b>			
<i>acamprosate calcium</i>		T1b	QL (6 EA per 1 day)
<i>disulfiram oral</i>		T1b	
<b>*Anti-Cataleptic Agents***</b>			
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 ( <i>Sodium Oxybate</i> )	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)
<b>*Anti-Cataleptic Combinations***</b>			
XYWAV	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</b>			
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)
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		T2	
<b>*Cholinomimetics - Ache Inhibitors***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>*Fibromyalgia Agent - Snris***</b>			
<b>SAVELLA</b>	T3		
<b>SAVELLA TITRATION PACK</b>	T3		
<b>*Movement Disorder Drug Therapy***</b>			
<b>AUSTEDO</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AUSTEDO XR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AUSTEDO XR PATIENT TITRATION</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INGREZZA ORAL CAPSULE</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max); QL (1 EA per 1 day)
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max); QL (56 EA per 1 Year)
<b>XENAZINE</b> ( <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)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>			
<b>AUBAGIO</b> ( <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)
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>			
<b>MAVENCLAD (10 TABS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAVENCLAD (4 TABS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAVENCLAD (5 TABS)</b>	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
<b>MAVENCLAD (6 TABS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAVENCLAD (7 TABS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAVENCLAD (8 TABS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAVENCLAD (9 TABS)</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Interferons***</b>			
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>BETASERON SUBCUTANEOUS KIT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>EXTAVIA SUBCUTANEOUS KIT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PLEGRIDY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PLEGRIDY STARTER PACK</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	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
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>			
<b>KESIMPTA</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
<b>BAFIERTAM</b>	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)
<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)
<b>TECFIDERA ORAL</b>	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)
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE</b>	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)
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK</b>	SP		PA; QL (2 EA per 1 day); AG (Min 18 Years)
<b>VUMERITY</b>	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
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
<b>AMPYRA</b> ( <i>Dalfampridine ER</i> )	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)
<b>*Multiple Sclerosis Agents***</b>			
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b> ( <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)
<b>GLATOPA</b> ( <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)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
<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 &amp; 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)
<b>*Phenothiazines &amp; Tricyclic Agents***</b>			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T2	
<b>*Pseudobulbar Affect Agent Combinations***</b>			
<b>NUDEXTA</b>	T3		PA
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
<i>ergoloid mesylates oral</i>		T1b	PA
<i>pimozide</i>		T2	
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>ADDYI</b>	T3		F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Smoking Deterrents***</b>			
<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)

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Drug Name	Brand	Generic	Additional Information
<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)
<b>HABITROL (Nicotine)</b>	\$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)
<b>KLS QUIT2 (Nicotine Polacrilex)</b>	\$0	\$0	AG (Min 18 Years)
<b>KLS QUIT4 (Nicotine Polacrilex)</b>	\$0	\$0	AG (Min 18 Years)
<b>NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	\$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)
<b>NICOTROL</b>	\$0		AG (Min 18 Years)
<b>NICOTROL NS</b>	\$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)
<b>THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	\$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</i>		\$0	QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>varenicline tartrate(continue)</i>		\$0	QL (2 tablets per 1 day); AG (Min 18 Years)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>			
<b>GILENYA ORAL CAPSULE 0.25 MG</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>GILENYA ORAL CAPSULE (<i>Fingolimod HCl</i>) 0.5 MG</b>	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 10 Years)
<b>MAYZENT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAYZENT STARTER PACK</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PONVORY</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PONVORY STARTER PACK</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TASCENSO ODT</b>	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZEPOSIA 7-DAY STARTER PACK</b>	SP		PA; SP; AI (30 day supply max)
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG &amp; 0.92MG</b>	SP		PA; AI (30 day supply max)
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG 0.92MG(21)</b>	SP		PA; SP; AI (30 day supply max)
<b>*Thienbenzodiazepines &amp; Opioid Antagonists***</b>			
<b>LYBALVI</b>	T3		PA
<b>*Thienbenzodiazepines &amp; SsrIs***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
<b>*Respiratory Agents - Misc.*</b>			
<b>*Cftr Potentiators***</b>			
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)
<b>*Cystic Fibrosis Agent - Combinations***</b>			
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)
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)
<b>*Cystic Fibrosis Agents - Miscellaneous***</b>			
BRONCHITOL	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
<b>*Hydrolytic Enzymes***</b>			
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	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)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>OFEV</b>	SP		PA; SP; QL (2 EA per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>			
<b>ESBRIET ORAL CAPSULE (<i>Pirfenidone</i>)</b>	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)
<b>ESBRIET ORAL TABLET (<i>Pirfenidone</i>) 267 MG</b>	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)
<b>ESBRIET ORAL TABLET (<i>Pirfenidone</i>) 801 MG</b>	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)
<b>*Sulfonamides*</b>			
<b>*Sulfonamides***</b>			
<i>sulfadiazine oral</i>		T3	
<b>*Tetracyclines*</b>			
<b>*Aminomethylcyclines***</b>			
<b>NUZYRA ORAL TABLET 150 MG</b>	T3		PA
<b>*Tetracyclines***</b>			
<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	
<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	

Drug Name	Brand	Generic	Additional Information
<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	
<b>MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG</b>	T1b	T1b	
<b>SEYSARA</b>	T3		PA
<i>tetracycline hcl oral capsule</i>		T1b	
<b>VIBRAMYCIN ORAL SYRUP</b>	T3		
<b>*Thyroid Agents*</b>			
<b>*Antithyroid Agents***</b>			
<i>methimazole oral</i>		T1b	
<i>propylthiouracil oral</i>		T1b	
<b>*Thyroid Hormones***</b>			
<b>ADTHYZA ORAL TABLET (Thyroid) 120 MG</b>	T1b	T1b	
<b>ADTHYZA ORAL TABLET (Niva Thyroid) 30 MG, 90 MG</b>	T1b	T1b	
<b>ARMOUR THYROID ORAL TABLET (Thyroid) 120 MG, 15 MG, 60 MG</b>	T1b	T1b	
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>	T3		
<b>ARMOUR THYROID ORAL TABLET (Niva Thyroid) 30 MG, 90 MG</b>	T1b	T1b	
<b>ERMEZA</b>	T3		
<b>EUTHYROX (Levothyroxine Sodium)</b>	T1b	T1b	
<b>LEVO-T (Levothyroxine Sodium)</b>	T1b	T1b	
<b>LEVOXYL (Levothyroxine Sodium)</b>	T1b	T1b	
<i>liothyronine sodium oral</i>		T1b	
<i>niva thyroid</i>		T1b	
<b>NP THYROID (Niva Thyroid)</b>	T1b	T1b	
<b>SYNTHROID (Levothyroxine Sodium)</b>	T2	T1b	
<b>TIROSINT (Levothyroxine Sodium)</b>	T3	T3	
<b>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</b>	T1b	T1b	
<b>UNITHROID ORAL TABLET (Levothyroxine Sodium) 150 MCG</b>	T2	T1b	
<b>*Toxoids*</b>			
<b>*Toxoid Combinations***</b>			
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	\$0		AI (3 doses (1.5ml) per year)
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	\$0		AI (3 doses (1.5ml) per year)
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	\$0		AI (3 doses (1.5ml) per year)

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Drug Name	Brand	Generic	Additional Information
<i>diphtheria-tetanus toxoids dt</i>		\$0	AI (3 doses (1.5ml) per year)
<b>INFANRIX</b>	\$0		AI (3 doses (1.5ml) per year)
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0		AI (3 doses (1.5ml) per year); AG (Max 6 Years)
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	\$0		
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	\$0		AI (1 dose (.5ml) per lifetime); AG (Min 4 Years and Max 6 Years)
<b>TDVAX</b>	\$0		QL (3 doses per 1 year)
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	\$0		AI (3 doses (1.5ml) per year)
<b>VAXELIS</b>	\$0		AG (Max 5 Years)
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>			
<b>*Anticholinergic Combinations***</b>			
<i>chlordiazepoxide-clidinium</i>		T1b	
<b>*Antispasmodics***</b>			
<i>dicyclomine hcl intramuscular</i>		T3	
<i>dicyclomine hcl oral</i>		T1b	
<b>*H-2 Antagonists***</b>			
<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)
<b>*Misc. Anti-Ulcer***</b>			
<i>sucralfate oral suspension</i>		T2	
<i>sucralfate oral tablet</i>		T1b	
<b>*Proton Pump Inhibitors***</b>			
<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)
<b>FIRST-LANSOPRAZOLE</b>	T2		
<b>FIRST-OMEPRAZOLE</b>	T2		
<i>lansoprazole oral capsule delayed release</i>		T1b	
<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	
<i>omeprazole oral capsule delayed release</i>		T1b	
<b>OMEPRAZOLE+SYRSPEND SF ALKA</b>	T2		
<i>pantoprazole sodium oral tablet delayed release</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>rabeprazole sodium oral tablet delayed release</i>		T1b	
<b>*Quaternary Anticholinergics***</b>			
<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)
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>			
<b>TALICIA</b>	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)
<b>*Ulcer Drugs - Prostaglandins***</b>			
<i>misoprostol oral</i>		T1b	QL (4 EA per 1 day)
<b>*Urinary Antispasmodics*</b>			
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
<i>darifenacin hydrobromide er</i>		T2	QL (1 EA per 1 day); AG (Min 18 Years)
<i>fesoterodine fumarate er</i>		T3	PA; 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)
<b>TOVIAZ</b>	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)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>			
<b>GEMTESA</b>	T3		PA
<b>MYRBETRIQ</b>	T2		
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1b	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>			
<i>flavoxate hcl</i>		T1b	



Drug Name	Brand	Generic	Additional Information
<b>*Vaccines*</b>			
<b>*Bacterial Vaccines***</b>			
ACTHIB	\$0		
BEXSERO	\$0		AI (2 doses (1ml) per year); AG (Min 10 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)
<b>*Viral Vaccine Combinations***</b>			
PRIORIX	\$0		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (3ml) per year); AG (Min 18 Years)
<b>*Viral Vaccines***</b>			
ABRYSSVO	\$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)
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)
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 QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK QUADRIVALENT	\$0		QL (0.5 ML per 274 days); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<b>FLUCELVAX QUADRIVALENT</b>	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
<b>FLUMIST QUADRIVALENT</b>	\$0		QL (2 ml per 274 days); AG (Min 6 Years)
<b>FLUZONE HIGH-DOSE QUADRIVALENT</b>	\$0		QL (0.7 ML per 274 days); AG (Min 65 Years)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML</b>	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
<b>GARDASIL 9</b>	\$0		AI (3 doses (1.5ml) per lifetime); QL (0.5 ML per 1 dose); AG (Min 9 Years and Max 45 Years)
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML</b>	\$0		AI (4 doses (4ml) per lifetime)
<b>HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML</b>	\$0		AI (4 doses (2ml) per lifetime)
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	\$0		AI (3 doses (1.5ml) per year); AG (Min 18 Years)
<b>IXCHIQ</b>	\$0		
<b>IXIARO</b>	\$0		
<i>janssen covid-19 vaccine</i>		\$0	
<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	
<b>MODERNA COVID-19 VAC 6M-11Y</b>	\$0		QL (2 doses per 1 year); AG (Min 6 Months and Max 11 Years)
<i>moderna covid-19 vacc 6m-5y</i>		\$0	
<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	
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML</b>	\$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	
<b>PREHEVBRIO</b>	\$0		

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Drug Name	Brand	Generic	Additional Information
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	\$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)
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		
<b>*Vaginal And Related Products*</b>			
<b>*Imidazole-Related Antifungals***</b>			
GYNAZOLE-1	T3		F
<i>terconazole vaginal cream</i>		T2	F
<b>*Spermicides***</b>			
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		
<b>*Vaginal Anti-Infectives***</b>			
CLEOCIN VAGINAL SUPPOSITORY	T3		AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<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)
<b>*Vaginal Estrogens***</b>			
<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)

Drug Name	Brand	Generic	Additional Information
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
<b>*Vaginal Progestins***</b>			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F
ENDOMETRIN	T3		PA; F
<b>*Vasopressors*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
<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)
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>			
NORTHERA ORAL CAPSULE ( <i>Droxidopa</i> ) 100 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE ( <i>Droxidopa</i> ) 200 MG, 300 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day); AG (Min 18 Years)
<b>*Vasopressors***</b>			
<i>epinephrine pf injection solution</i>		T2	
<i>midodrine hcl</i>		T3	
<b>*Vitamins*</b>			
<b>*Paba***</b>			
POTABA ORAL CAPSULE	T3		
<b>*Vitamin D***</b>			
BABY DDROPS ORAL LIQUID ( <i>Baby Super Daily D3</i> ) 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)

Drug Name	Brand	Generic	Additional Information
<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)
<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)
<b>D3-50 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<i>d-400</i>		\$0	AG (Min 65 Years)
<i>d-5000</i>		\$0	AG (Min 65 Years)
<b>DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML</b>	\$0		AG (Min 65 Years)
<b>DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>DECARA ORAL CAPSULE 625 MCG (25000 UT)</b>	\$0		AG (Min 65 Years)
<i>delta d3</i>		\$0	AG (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000 (D-3-5)</b>	\$0	\$0	AG (Min 65 Years)
<b>DIALYVITE VITAMIN D3 MAX (Vitamin D3 Ultra Potency)</b>	\$0	\$0	AG (Min 65 Years)
<b>DRISDOL ORAL CAPSULE (Ergocalciferol)</b>	T3	T3	
<b>D-VI-SOL ORAL LIQUID (Vitamin D3) 10 MCG/ML</b>	\$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>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 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)

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Drug Name	Brand	Generic	Additional Information
<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)
<b>HEALTHY KIDS VITAMIN D3 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>KIDS FIRST VITAMIN D3 GUMMIES (D 1000)</b>	\$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)
<i>kp vitamin d3</i>		\$0	AG (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)</b>	\$0		AG (Min 65 Years)
<b>MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML</b>	\$0		AG (Min 65 Years)
<i>natural vitamin d-3</i>		\$0	
<b>OPTIMAL D3 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>OPURITY VITAMIN D (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>PRONUTRIENTS VITAMIN D3 (Vitamin D3)</b>	\$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)
<b>REPLESTA</b>	\$0		AG (Min 65 Years)
<b>REPLESTA NX</b>	\$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)
<b>THERA-D 2000 (Vitamin D)</b>	\$0	\$0	AG (Min 65 Years)
<b>THERA-D 4000</b>	\$0		AG (Min 65 Years)
<b>THERA-D RAPID REPLETION (Vitamin D)</b>	\$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)
<b>VITAJEY DAILY D GUMMIES (D 1000)</b>	\$0	\$0	AG (Min 65 Years)
<b>VITAMELTS VITAMIN D</b>	\$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)
<b>VITAMIN D-1000 MAX ST (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<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)
<b>VITAMIN D3 IMMUNE HEALTH</b>	\$0		AG (Min 65 Years)
<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)
<b>WEEKLY-D (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVS VITAMIN D3 (D 1000)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D3) 62.5 MCG (2500 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>*Vitamin K***</b>			
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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](mailto: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>.



