BlueCross BlueShield Arizona

Weight Loss and/or Gain Medications

Custom Premium Drug List – Closed Formulary

Most plans do not cover medications to achieve weight loss or gain. If your plan provides coverage for weight loss/gain medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlue℠ to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

Weight Loss Rider Drug List

Drug	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants	
Adhd Agent - Selective Alpha Adrenergic Agonists**	
clonidine hcl er tablet extended release 12 hour 0.1 mg oral	QL (2 tabs/day)
Amphetamines**	
amphetamine er tablet extended release dispersible 12.5 mg oral	PA
amphetamine er tablet extended release dispersible 15.7 mg oral	PA
amphetamine er tablet extended release dispersible 18.8 mg oral	PA
amphetamine er tablet extended release dispersible 3.1 mg oral	PA
amphetamine er tablet extended release dispersible 6.3 mg oral	PA
amphetamine er tablet extended release dispersible 9.4 mg oral	PA
dextroamphetamine sulfate tablet 15 mg oral	
dextroamphetamine sulfate tablet 20 mg oral	
dextroamphetamine sulfate tablet 30 mg oral	
Anorexiant Combinations**	
phentermine-topiramate er capsule extended release 24 hour 11.25-69 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine-topiramate er capsule extended release 24 hour 15-92 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine-topiramate er capsule extended release 24 hour 3.75-23 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine-topiramate er capsule extended release 24 hour 7.5-46 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anorexiants Non-Amphetamine**	
benzphetamine hcl tablet 50 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Notes
diethylpropion hcl tablet 25 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
LOMAIRA TABLET 8 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phendimetrazine tartrate tablet 35 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl capsule 15 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl capsule 30 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl capsule 37.5 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl tablet 37.5 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl tablet 8 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anti-Obesity - Gip & Glp-1 Receptor Agonists**	
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 10 MG/0.6ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 12.5 MG/0.6ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 15 MG/0.6ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 2.5 MG/0.6ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 5 MG/0.6ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 7.5 MG/0.6ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 10 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 12.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 15 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)

Drug	Notes
ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 7.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 doses per month); DS (30 day supply max)
Anti-Obesity - Glp-1 Receptor Agonists**	
FOUNDAYO TABLET 0.8 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 14.5 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 17.2 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 2.5 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 5.5 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 9 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
liraglutide -weight management solution pen-injector 18 mg/3ml subcutaneous	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); DS (30 day supply max)
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); DS (30 day supply max)
WEGOVY HD SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML SUBCUTANEOUS	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	PA; QL (4 pens per month); DS (30 day supply max)

Drug	Notes
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY TABLET 1.5 MG ORAL	PA; DS (30 day supply max)
WEGOVY TABLET 25 MG ORAL	PA; DS (30 day supply max)
WEGOVY TABLET 4 MG ORAL	PA; DS (30 day supply max)
WEGOVY TABLET 9 MG ORAL	PA; DS (30 day supply max)
Lipase Inhibitors**	
orlistat capsule 120 mg oral	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
XENICAL CAPSULE 120 MG ORAL	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
Stimulant Combinations**	
AZSTARYS CAPSULE 26.1-5.2 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
AZSTARYS CAPSULE 39.2-7.8 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
AZSTARYS CAPSULE 52.3-10.4 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
Stimulants - Misc.**	
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
armodafinil tablet 150 mg oral	QL (1 tab/day); AL (Min 18 Years)
armodafinil tablet 200 mg oral	QL (1 tab/day); AL (Min 18 Years)
armodafinil tablet 250 mg oral	QL (1 tab/day); AL (Min 18 Years)
armodafinil tablet 50 mg oral	QL (2 tabs/ day); AL (Min 18 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral	QL (1 cap/day); AL (Min 6 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral	QL (2 caps/ day); AL (Min 6 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral	QL (1 cap/day); AL (Min 6 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral	QL (1 cap/day); AL (Min 6 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral	QL (1 cap/day); AL (Min 6 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral	QL (1 cap/day); AL (Min 6 Years)
dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral	QL (1 cap/day); AL (Min 6 Years)

Drug	Notes
dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral	QL (3 caps/day); AL (Min 6 Years)
methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral	QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral	PA; QL (1 cap/day); AL (Min 6 Years)
Allergenic Extracts/Biologicals Misc	
Allergenic Extracts**	
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL	PA
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	PA
Mixed Allergenic Extracts**	
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	PA
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	PA
Amebicides	
Amebicides**	
SOLOSEC PACKET 2 GM ORAL	QL (1 fill/ 180days)
Analgesics - Anti-Inflammatory	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**	
flurbiprofen tablet 100 mg oral	
ketoprofen capsule 25 mg oral	
KIPROFEN CAPSULE 25 MG ORAL	
LODINE TABLET 400 MG ORAL	QL (3 tabs/day)
TOLECTIN DS CAPSULE 400 MG ORAL	PA
tolmetin sodium capsule 400 mg oral	PA
Analgesics - Opioid	
Opioid Agonists**	
fentanyl citrate lozenge on a handle 1200 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max)
fentanyl citrate lozenge on a handle 1200 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
fentanyl citrate lozenge on a handle 1600 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
fentanyl citrate lozenge on a handle 1600 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max)
fentanyl citrate lozenge on a handle 200 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
fentanyl citrate lozenge on a handle 200 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max)
fentanyl citrate lozenge on a handle 400 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max)

Drug	Notes
fentanyl citrate lozenge on a handle 400 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
fentanyl citrate lozenge on a handle 600 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max)
fentanyl citrate lozenge on a handle 600 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
fentanyl citrate lozenge on a handle 800 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max)
fentanyl citrate lozenge on a handle 800 mcg buccal	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
morphine sulfate er capsule extended release 24 hour 10 mg oral	QL (1 cap/day)
morphine sulfate er capsule extended release 24 hour 100 mg oral	QL (1 cap/day)
morphine sulfate er capsule extended release 24 hour 20 mg oral	QL (1 cap/day)
morphine sulfate er capsule extended release 24 hour 30 mg oral	QL (1 cap/day)
morphine sulfate er capsule extended release 24 hour 50 mg oral	QL (1 cap/day)
morphine sulfate er capsule extended release 24 hour 60 mg oral	QL (1 cap/day)
morphine sulfate er capsule extended release 24 hour 80 mg oral	QL (1 cap/day)
tapentadol hcl tablet 100 mg oral	PA
tapentadol hcl tablet 50 mg oral	PA
tapentadol hcl tablet 75 mg oral	PA
Androgens-Anabolic	
Androgens**	
AZMIRO SOLUTION PREFILLED SYRINGE 200 MG/ML INTRAMUSCULAR	PA
testosterone gel 10 mg/act (2%) transdermal	PA
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	PA; QL (Maximum Daily Dose of 5 grams)
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	PA; QL (Maximum Daily Dose of 5 grams)
XYOSTED SOLUTION AUTO-INJECTOR 100 MG/0.5ML SUBCUTANEOUS	PA; M
XYOSTED SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	PA; M
XYOSTED SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	PA; M
Anthelmintics	
Anthelmintics**	
albendazole tablet 200 mg oral	PA
STROMECTOL TABLET 3 MG ORAL	PA
Antiasthmatic And Bronchodilator Agents	
Bronchodilators - Anticholinergics**	
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	QL (1 cap/day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**	
DALIRESP TABLET 250 MCG ORAL	QL (1 tab/day); AL (Min 18 Years)
DALIRESP TABLET 500 MCG ORAL	QL (1 tab/day); AL (Min 18 Years)
roflumilast tablet 250 mcg oral	QL (1 tab/day); AL (Min 18 Years)
roflumilast tablet 500 mcg oral	QL (1 tab/day); AL (Min 18 Years)

Drug	Notes
Xanthines**	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	
Anticoagulants	
Direct Factor Xa Inhibitors**	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	QL (10 ml/day)
XARELTO TABLET 2.5 MG ORAL	QL (2 tabs/ day)
Anticonvulsants	
Ampa Glutamate Receptor Antagonists**	
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	PA
FYCOMPA TABLET 10 MG ORAL	PA; QL (1 tab/day)
FYCOMPA TABLET 12 MG ORAL	PA; QL (1 tab/day)
FYCOMPA TABLET 2 MG ORAL	PA; QL (2 tabs/day)
FYCOMPA TABLET 4 MG ORAL	PA; QL (1 tab/day)
FYCOMPA TABLET 6 MG ORAL	PA; QL (1 tab/day)
FYCOMPA TABLET 8 MG ORAL	PA; QL (1 tab/day)
Anticonvulsants - Benzodiazepines**	
clobazam suspension 2.5 mg/ml oral	QL (8 ml/ day)
clobazam tablet 10 mg oral	QL (2 tabs/day)
clobazam tablet 20 mg oral	QL (2 tabs/day)
LIBERVANT FILM 10 MG BUCCAL	PA
LIBERVANT FILM 12.5 MG BUCCAL	PA
LIBERVANT FILM 15 MG BUCCAL	PA
LIBERVANT FILM 5 MG BUCCAL	PA
LIBERVANT FILM 7.5 MG BUCCAL	PA
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	PA
SYMPAZAN FILM 10 MG ORAL	PA; QL (2 films/ day)
SYMPAZAN FILM 20 MG ORAL	PA; QL (2 films/ day)
SYMPAZAN FILM 5 MG ORAL	PA; QL (2 films/ day)
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	PA
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML NASAL	PA
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 2 X 10 MG/0.1ML NASAL	PA
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	PA
Anticonvulsants - Misc.**	
APTIOM TABLET 200 MG ORAL	PA; QL (1 tab/day)
APTIOM TABLET 400 MG ORAL	PA; QL (1 tab/day)
APTIOM TABLET 600 MG ORAL	PA; QL (2 tabs/ day)
APTIOM TABLET 800 MG ORAL	PA; QL (2 tabs/ day)

Drug	Notes
BRIVIACT SOLUTION 10 MG/ML ORAL	PA; QL (20 ml/day); AL (Min 4 Years)
BRIVIACT TABLET 10 MG ORAL	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 100 MG ORAL	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 25 MG ORAL	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 50 MG ORAL	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 75 MG ORAL	PA; QL (2 tabs/ day); AL (Min 4 Years)
EPRONTIA SOLUTION 25 MG/ML ORAL	PA; QL (16 per day)
eslicarbazepine acetate tablet 200 mg oral	QL (1 tab/day)
eslicarbazepine acetate tablet 400 mg oral	QL (1 tab/day)
eslicarbazepine acetate tablet 600 mg oral	QL (2 tabs/ day)
eslicarbazepine acetate tablet 800 mg oral	QL (2 tabs/ day)
oxcarbazepine er tablet extended release 24 hour 150 mg oral	
oxcarbazepine er tablet extended release 24 hour 300 mg oral	
oxcarbazepine er tablet extended release 24 hour 600 mg oral	
topiramate capsule sprinkle 50 mg oral	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	PA; QL (1 cap/day); AL (Min 6 Years)
Hydantoins**	
DILANTIN CAPSULE 30 MG ORAL	
Antidepressants	
Antidepressant - Miscellaneous Combinations**	
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL	PA; AL (Min 18 Years)
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG ORAL	PA; AL (Min 18 Years)
Monoamine Oxidase Inhibitors (Maois)**	
MARPLAN TABLET 10 MG ORAL	
Selective Serotonin Reuptake Inhibitors (Ssris)**	
escitalopram oxalate capsule 15 mg oral	
Serotonin Modulators**	
VIIBRYD TABLET 10 MG ORAL	QL (1 tab/day); AL (Min 18 Years)
VIIBRYD TABLET 20 MG ORAL	QL (1 tab/day); AL (Min 18 Years)
VIIBRYD TABLET 40 MG ORAL	QL (1 tab/day); AL (Min 18 Years)
vilazodone hcl tablet 10 mg oral	QL (1 tab/day); AL (Min 18 Years)
vilazodone hcl tablet 20 mg oral	QL (1 tab/day); AL (Min 18 Years)
vilazodone hcl tablet 40 mg oral	QL (1 tab/day); AL (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**	
duloxetine hcl capsule delayed release particles 120 mg oral	
duloxetine hcl capsule delayed release particles 80 mg oral	
duloxetine hcl capsule delayed release particles 90 mg oral	

Drug	Notes
Antidiabetics	
Human Insulin**	
AWIQLI FLEXTOUCH SOLUTION PEN-INJECTOR 700 UNIT/ML SUBCUTANEOUS	PA; QL (0.22 per day); AL (Min 18 Years)
insulin glargine max solostar solution pen-injector 300 unit/ml subcutaneous	PA; QL (2 per day)
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	PA; QL (0.5 per day)
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	PA; QL (0.5 per day)
LYUMJEV SOLUTION 100 UNIT/ML INJECTION	PA
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	PA; QL (2 per day)
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	PA; QL (2 per day)
Insulin-Incretin Mimetic Combinations**	
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	PA; QL (6 pens (18ml)/30 days); AL (Min 18 Years)
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	PA; QL (5 pens (15 mL)/30 days); AL (Min 18 Years)
Thiazolidinedione-Biguanide Combinations**	
ACTOPLUS MET TABLET 15-850 MG ORAL	QL (3 tabs/ day); AL (Min 16 Years)
Antidiarrheal/Probiotic Agents	
Antidiarrheal - Chloride Channel Antagonists**	
MYTESI TABLET DELAYED RELEASE 125 MG ORAL	
Antidotes And Specific Antagonists	
Antidotes And Specific Antagonists**	
RADIOGARDASE CAPSULE 0.5 GM ORAL	QL (18 caps/day); AL (Min 2 Years)
Opioid Antagonists**	
ZURNAI SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML INJECTION	QL (1 vial per 30 days); DS (30 day supply max); AL (Min 12 Years)
Antiemetics	
Antiemetics - Miscellaneous**	
dronabinol capsule 10 mg oral	QL (3 caps/day)
dronabinol capsule 2.5 mg oral	QL (3 caps/day)
dronabinol capsule 5 mg oral	QL (3 caps/day)
dronabinol solution 5 mg/ml oral	PA
SYNDROS SOLUTION 5 MG/ML ORAL	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**	
VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL	QL (4 tabs/ 28 days); DS (30 day supply max)
Antifungals	
Triazoles**	
NOXAFIL PACKET 300 MG ORAL	
NOXAFIL SUSPENSION 40 MG/ML ORAL	PA

Drug	Notes
posaconazole suspension 40 mg/ml oral	PA
posaconazole tablet delayed release 100 mg oral	PA
SPORANOX CAPSULE 100 MG ORAL	
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL	
VFEND TABLET 50 MG ORAL	
Antihyperlipidemics	
Antihyperlipidemics - Misc.**	
VASCEPA CAPSULE 0.5 GM ORAL	PA
VASCEPA CAPSULE 1 GM ORAL	PA
Fibric Acid Derivatives**	
fenofibrate micronized capsule 43 mg oral	
fenofibrate tablet 54 mg oral	
TRICOR TABLET 145 MG ORAL	
TRICOR TABLET 48 MG ORAL	
Antihypertensives	
Ace Inhibitors & Thiazide/Thiazide-Like**	
ACCURETIC TABLET 10-12.5 MG ORAL	PA
ACCURETIC TABLET 20-12.5 MG ORAL	PA
quinapril-hydrochlorothiazide tablet 20-25 mg oral	PA
Anti-Infective Agents - Misc.	
Oxazolidinones**	
ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	PA; QL (60 ml/day); DS (28 day supply max)
Antimalarials	
Antimalarials**	
ARAKODA TABLET 100 MG ORAL	QL (16 tabs/ 90 days); DS (90 day supply max)
hydroxychloroquine sulfate tablet 100 mg oral	
hydroxychloroquine sulfate tablet 300 mg oral	
hydroxychloroquine sulfate tablet 400 mg oral	
KRINTAFEL TABLET 150 MG ORAL	QL (2 tabs/ 90 days); DS (90 day supply max)
Antimycobacterial Agents	
Antimycobacterial Agents**	
pyrazinamide tablet 500 mg oral	
Antipsychotics/Antimanic Agents	
Antipsychotics - Misc.**	
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	QL (3 caps/day)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	QL (8 caps/ day)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	QL (5 caps/ day)
LATUDA TABLET 120 MG ORAL	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 20 MG ORAL	QL (1 tab/day); AL (Min 10 Years)

Drug	Notes
LATUDA TABLET 40 MG ORAL	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 60 MG ORAL	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 80 MG ORAL	QL (1 tab/day); AL (Min 10 Years)
NUPLAZID CAPSULE 34 MG ORAL	PA
NUPLAZID TABLET 10 MG ORAL	PA
Benzisoxazoles**	
FANAPT TABLET 1 MG ORAL	
FANAPT TABLET 10 MG ORAL	
FANAPT TABLET 12 MG ORAL	
FANAPT TABLET 2 MG ORAL	
FANAPT TABLET 4 MG ORAL	
FANAPT TABLET 6 MG ORAL	
FANAPT TABLET 8 MG ORAL	
FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL	
FANAPT TITRATION PACK B TABLET 1 & 2 & 6 & 8 MG ORAL	QL (12 per 180 days)
FANAPT TITRATION PACK C TABLET 1 & 2 & 6 MG ORAL	QL (8 per 180 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	QL (1 tab/day); AL (Min 12 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	QL (2 tabs/ day); AL (Min 12 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	QL (1 tab/day); AL (Min 12 Years)
paliperidone er tablet extended release 24 hour 1.5 mg oral	QL (2 tabs/ day); AL (Min 12 Years)
paliperidone er tablet extended release 24 hour 3 mg oral	QL (1 tab/day); AL (Min 12 Years)
paliperidone er tablet extended release 24 hour 6 mg oral	QL (2 tabs/ day); AL (Min 12 Years)
paliperidone er tablet extended release 24 hour 9 mg oral	QL (1 tab/day); AL (Min 12 Years)
risperidone tablet dispersible 0.25 mg oral	
risperidone tablet dispersible 0.5 mg oral	
risperidone tablet dispersible 1 mg oral	
risperidone tablet dispersible 2 mg oral	
risperidone tablet dispersible 3 mg oral	
risperidone tablet dispersible 4 mg oral	
Dibenzodiazepines**	
clozapine tablet dispersible 100 mg oral	
clozapine tablet dispersible 12.5 mg oral	
clozapine tablet dispersible 150 mg oral	
clozapine tablet dispersible 200 mg oral	
clozapine tablet dispersible 25 mg oral	
Dibenzo-Oxepino Pyrroles**	
asenapine maleate tablet sublingual 10 mg sublingual	QL (2 tabs/ day)
asenapine maleate tablet sublingual 2.5 mg sublingual	QL (2 tabs/ day)
asenapine maleate tablet sublingual 5 mg sublingual	QL (2 tabs/ day)
Dibenzothiazepines**	
quetiapine fumarate tablet 150 mg oral	QL (2 tabs/ day); AL (Min 10 Years)

Drug	Notes
Muscarinic Agent - Combinations**	
COBENFY CAPSULE 100-20 MG ORAL	PA
COBENFY CAPSULE 125-30 MG ORAL	PA
COBENFY CAPSULE 50-20 MG ORAL	PA
COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL	PA
Quinolinone Derivatives**	
aripiprazole tablet dispersible 10 mg oral	
aripiprazole tablet dispersible 15 mg oral	
Thienbenzodiazepines**	
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL	QL (2 tabs/ day)
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL	QL (1 tab/day)
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL	QL (1 tab/day)
ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL	QL (2 tabs/day)
Antivirals	
Antiretroviral Combinations**	
COMPLERA TABLET 200-25-300 MG ORAL	PA
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**	
SELZENTRY SOLUTION 20 MG/ML ORAL	
Antiretrovirals - Gp120-Directed Attachment Inhibitor**	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	PA
Antiretrovirals - Rti-Non-Nucleoside Analogues**	
EDURANT TABLET 25 MG ORAL	PA; QL (1 tab/day)
INTELENCE TABLET 100 MG ORAL	
INTELENCE TABLET 200 MG ORAL	
INTELENCE TABLET 25 MG ORAL	
Neuraminidase Inhibitors**	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	QL (40 inh/365 days)
TAMIFLU CAPSULE 30 MG ORAL	QL (2 caps/ day); DS (5 day supply max)
TAMIFLU CAPSULE 45 MG ORAL	QL (2 caps/ day); DS (5 day supply max)
TAMIFLU CAPSULE 75 MG ORAL	QL (2 caps/ day); DS (5 day supply max)
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	QL (120 ml/ 5 days); DS (5 day supply max)
Pa Endonuclease Inhibitors**	
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL	QL (1 fill/ month; 2 tabs/fill)
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL	QL (1 fill/ month; 2 tabs/fill)
Beta Blockers	
Alpha-Beta Blockers**	
labetalol hcl tablet 400 mg oral	
Beta Blockers Non-Selective**	
BETAPACE AF TABLET 120 MG ORAL	

Drug	Notes
BETAPACE AF TABLET 120 MG ORAL	QL (2 tabs/ day)
Cardiovascular Agents - Misc.	
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**	
ENTRESTO TABLET 24-26 MG ORAL	PA; QL (2 tabs/day)
ENTRESTO TABLET 49-51 MG ORAL	PA; QL (2 tabs/day)
ENTRESTO TABLET 97-103 MG ORAL	PA; QL (2 tabs/day)
Contraceptives	
Combination Contraceptives - Oral**	
AVERI TABLET 0.15-0.03 MG ORAL	PA; QL (1 pack per 28 days)
drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral	QL (28/ 21 days); F
FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL	F
GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL	QL (28 caps/21 days); F
MERZEE CAPSULE 1-20 MG-MCG(24) ORAL	QL (28 caps/21 days); F
norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral	QL (28 caps/21 days); F
TAYSOFY CAPSULE 1-20 MG-MCG(24) ORAL	QL (28 caps/21 days); F
Combination Contraceptives - Vaginal**	
ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL	PA; QL (1 ring/ year. Minimum Day Supply is 358); DS (358 day supply max); F
Dermatologicals	
Acne Antibiotics**	
ERYGEL GEL 2 % EXTERNAL	
Acne Combinations**	
clindamycin phos-benzoyl perox gel 1.2-5 % external	
Acne Products**	
ACCUTANE CAPSULE 10 MG ORAL	
ACCUTANE CAPSULE 20 MG ORAL	
ACCUTANE CAPSULE 30 MG ORAL	
ACCUTANE CAPSULE 40 MG ORAL	
AMNESTEEM CAPSULE 10 MG ORAL	
AMNESTEEM CAPSULE 20 MG ORAL	
AMNESTEEM CAPSULE 30 MG ORAL	
AMNESTEEM CAPSULE 40 MG ORAL	
CLARAVIS CAPSULE 10 MG ORAL	
CLARAVIS CAPSULE 20 MG ORAL	
CLARAVIS CAPSULE 30 MG ORAL	
CLARAVIS CAPSULE 40 MG ORAL	
isotretinoin capsule 10 mg oral	
isotretinoin capsule 20 mg oral	
isotretinoin capsule 30 mg oral	
isotretinoin capsule 40 mg oral	
ZENATANE CAPSULE 10 MG ORAL	

Drug	Notes
ZENATANE CAPSULE 20 MG ORAL	
ZENATANE CAPSULE 30 MG ORAL	
ZENATANE CAPSULE 40 MG ORAL	
Antibiotics - Topical**	
mupirocin calcium cream 2 % external	
Antineoplastic Antimetabolites - Topical**	
CARAC CREAM 0.5 % EXTERNAL	PA
EFUDEX CREAM 5 % EXTERNAL	PA; QL (40gm/month); AL (Min 18 Years)
fluorouracil cream 0.5 % external	PA
Antipsoriatics**	
calcipotriene solution 0.005 % external	QL (4 per day)
calcitriol ointment 3 mcg/gm external	QL (100 gm/ 30 days)
PELLIX SOLUTION 0.005 % EXTERNAL	QL (4 per day)
Corticosteroids - Topical**	
desoximetasone liquid 0.25 % external	
Oxaborole-Related Antifungals - Topical**	
tavaborole solution 5 % external	PA
Rosacea Agents**	
MIRVASO GEL 0.33 % EXTERNAL	PA
oxymetazoline hcl cream 1 % external	PA; QL (30 per 30 days)
RHOFADE CREAM 1 % EXTERNAL	PA; QL (30 per 30 days)
SOOLANTRA CREAM 1 % EXTERNAL	PA; QL (45 gm/ month); DS (10 day supply max)
Scabicides & Pediculicides**	
ELIMITE CREAM 5 % EXTERNAL	PA
EURAX CREAM 10 % EXTERNAL	PA
NATROBA SUSPENSION 0.9 % EXTERNAL	
OVIDE LOTION 0.5 % EXTERNAL	PA; QL (1 bottle (59ml)/ 21 days)
permethrin cream 5 % external	PA
spinosad suspension 0.9 % external	
Wound Care - Growth Factor Agents**	
REGRANEX GEL 0.01 % EXTERNAL	PA
Endocrine And Metabolic Agents - Misc.	
Bisphosphonates**	
ACTONEL TABLET 35 MG ORAL	QL (4 tabs/ 28 days)
Hyperparathyroid Treatment - Vitamin D Analogs**	
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	PA
ZEMPLAR CAPSULE 1 MCG ORAL	QL (1 cap/day); AL (Min 18 Years)
ZEMPLAR CAPSULE 2 MCG ORAL	QL (1 cap/day); AL (Min 18 Years)
Non-Steroidal Mineralocorticoid Receptor Antagonists**	
KERENDIA TABLET 10 MG ORAL	PA; QL (1 tab/day)

Drug	Notes
KERENDIA TABLET 20 MG ORAL	PA; QL (1 tab/day)
KERENDIA TABLET 40 MG ORAL	PA; QL (1 tab/day)
Selective Estrogen Receptor Modulators (Serms)**	
OSPHENA TABLET 60 MG ORAL	PA
Estrogens	
Estrogen-Progestin-Gnrh Antagonist**	
MYFEMBREE TABLET 40-1-0.5 MG ORAL	PA; QL (1 tab/day)
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	PA
Estrogens**	
PREMARIN TABLET 0.3 MG ORAL	
PREMARIN TABLET 0.45 MG ORAL	
PREMARIN TABLET 0.625 MG ORAL	
PREMARIN TABLET 0.9 MG ORAL	
PREMARIN TABLET 1.25 MG ORAL	
Fluoroquinolones	
Fluoroquinolones**	
BAXDELA TABLET 450 MG ORAL	PA
Gastrointestinal Agents - Misc.	
5-Ht4 Receptor Agonists**	
MOTEGRITY TABLET 1 MG ORAL	PA
MOTEGRITY TABLET 2 MG ORAL	PA
prucalopride succinate tablet 1 mg oral	PA
prucalopride succinate tablet 2 mg oral	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**	
alosetron hcl tablet 0.5 mg oral	QL (2 tabs/ day); F; AL (Min 18 Years)
alosetron hcl tablet 1 mg oral	QL (2 tabs/ day); F; AL (Min 18 Years)
Peripheral Opioid Receptor Antagonists**	
SYMPROIC TABLET 0.2 MG ORAL	PA
Phosphate Binder Agents**	
ferric citrate tablet 1 gm 210 mg(fe) oral	PA
VELPHORO TABLET CHEWABLE 500 MG ORAL	PA
Hematological Agents - Misc.	
Direct-Acting P2y12 Inhibitors**	
BRILINTA TABLET 60 MG ORAL	PA
BRILINTA TABLET 90 MG ORAL	PA
Hemostatics	
Hemostatics - Systemic**	
aminocaproic acid solution 0.25 gm/ml oral	
aminocaproic acid tablet 1000 mg oral	
aminocaproic acid tablet 500 mg oral	

Drug	Notes
Hypnotics/Sedatives/Sleep Disorder Agents	
Benzodiazepine Hypnotics**	
DORAL TABLET 15 MG ORAL	PA
quazepam tablet 15 mg oral	PA
Laxatives	
Bowel Evacuant Combinations**	
peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral	
peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral	
SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL	
Macrolides	
Azithromycin**	
azithromycin packet 1 gm oral	
ZITHROMAX PACKET 1 GM ORAL	
Medical Devices And Supplies	
Insulin Administration Supplies**	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA; QL (1 kit/ lifetime); DS (30 day supply max)
OMNIPOD 5 DEXG7G6 PODS GEN 5	PA; QL (10 units/fill); DS (30 day supply max)
OMNIPOD 5 LIBRE INTRO KIT	PA
OMNIPOD 5 LIBRE PODS	PA; QL (10 units/fill); DS (30 day supply max)
OMNIPOD CLASSIC PODS (GEN 3)	PA; QL (10 units/fill); DS (30 day supply max)
OMNIPOD DASH PODS (GEN 4)	PA; QL (10 units/fill); DS (30 day supply max)
Migraine Products	
Ergot Combinations**	
CAFERGOT TABLET 1-100 MG ORAL	QL (1.34 per day); DS (30 day supply max)
ergotamine-caffeine tablet 1-100 mg oral	QL (1.34 per day); DS (30 day supply max)
Selective Serotonin Agonists 5-Ht(1)**	
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	QL (20 injections/ month)
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	QL (20 injections/ month)
sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous	QL (20 injections/ month)
sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous	QL (20 injections/ month)
Miscellaneous Therapeutic Classes	
Inosine Monophosphate Dehydrogenase Inhibitors**	
MYFORTIC TABLET DELAYED RELEASE 180 MG ORAL	QL (6 tabs/day)
MYFORTIC TABLET DELAYED RELEASE 360 MG ORAL	QL (4 tabs/day)
Macrolide Immunosuppressants**	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	

Drug	Notes
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	PA
tacrolimus er capsule extended release 24 hour 0.5 mg oral	
tacrolimus er capsule extended release 24 hour 1 mg oral	
tacrolimus er capsule extended release 24 hour 5 mg oral	
Potassium Removing Agents**	
VELTASSA PACKET 1 GM ORAL	PA
VELTASSA PACKET 16.8 GM ORAL	PA
VELTASSA PACKET 25.2 GM ORAL	PA
VELTASSA PACKET 8.4 GM ORAL	PA
Musculoskeletal Therapy Agents	
Central Muscle Relaxants**	
baclofen tablet 15 mg oral	
Nasal Agents - Systemic And Topical	
Antihistamine-Steroid**	
azelastine-fluticasone suspension 137-50 mcg/act nasal	QL (1 inhaler/ month); AL (Min 6 Years)
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL	QL (1 inhaler/ month); AL (Min 6 Years)
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL	
Nasal Steroids**	
OMNARIS SUSPENSION 50 MCG/ACT NASAL	QL (1 inhaler/ month); AL (Min 6 Years)
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL	QL (1 inhaler/ month); AL (Min 12 Years)
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL	
Ophthalmic Agents	
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**	
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC	
Beta-Blockers - Ophthalmic**	
ISTALOL SOLUTION 0.5 % OPHTHALMIC	
timolol maleate (once-daily) solution 0.5 % ophthalmic	
TIMOLOL MALEATE OCUDOSE SOLUTION 0.5 % OPHTHALMIC	
timolol maleate pf solution 0.25 % ophthalmic	
timolol maleate pf solution 0.5 % ophthalmic	
Cholinergic Agonists**	
TYRVAYA SOLUTION 0.03 MG/ACT NASAL	PA; QL (2 botles/ 30 days)
Cycloplegic Mydriatics**	
CYCLOGYL SOLUTION 0.5 % OPHTHALMIC	
CYCLOGYL SOLUTION 2 % OPHTHALMIC	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**	
XIIDRA SOLUTION 5 % OPHTHALMIC	PA

Drug	Notes
Miotic Combinations**	
YUVEZZI SOLUTION 2.75-0.1 % OPHTHALMIC	QL (1 per day)
Miotics - Direct Acting**	
VUITY SOLUTION 1.25 % OPHTHALMIC	PA; QL (0.09 per day); AL (Min 18 Years)
Ophthalmic Antiallergic**	
ALOMIDE SOLUTION 0.1 % OPHTHALMIC	
epinastine hcl solution 0.05 % ophthalmic	
LASTACAFT SOLUTION 0.25 % OPHTHALMIC (OTC)	QL (1 bottle (3ml)/30 days); AL (Min 2 Years)
Ophthalmic Antivirals**	
trifluridine solution 1 % ophthalmic	
ZIRGAN GEL 0.15 % OPHTHALMIC	
Ophthalmic Immunomodulators**	
RESTASIS EMULSION 0.05 % OPHTHALMIC	QL (60 units/ month)
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	QL (1 bottle/30 days. Minimum Day Supply is 30); DS (30 day supply max)
VERKAZIA EMULSION 0.1 % OPHTHALMIC	PA
Ophthalmic Kinase Inhibitors - Combinations**	
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	QL (2.5 ml/ month)
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**	
ACULAR LS SOLUTION 0.4 % OPHTHALMIC	
bromfenac sodium solution 0.07 % ophthalmic	
PROLENSA SOLUTION 0.07 % OPHTHALMIC	
Ophthalmic Rho Kinase Inhibitors**	
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	QL (0.09 per day); AL (Min 18 Years)
Ophthalmic Selective Alpha Adrenergic Agonists**	
apraclonidine hcl solution 0.5 % ophthalmic	
Ophthalmic Steroids**	
BYQLOVI SUSPENSION 0.05 % OPHTHALMIC	QL (1 bottle per month)
clobetasol propionate suspension 0.05 % ophthalmic	QL (1 bottle per month)
loteprednol etabonate gel 0.5 % ophthalmic	
Ophthalmics - Blepharoptosis Agents*	
UPNEEQ SOLUTION 0.1 % OPHTHALMIC	QL (30 units/ month)
Ophthalmics - Ep2 Receptor Agonists**	
OMLONTI SOLUTION 0.002 % OPHTHALMIC	QL (0.09 per day); AL (Min 18 Years)
Prostaglandins - Ophthalmic**	
tafluprost (pf) solution 0.0015 % ophthalmic	
ZOLYMBUS GEL 0.01 % OPHTHALMIC	PA
Otic Agents	
Otic Anti-Infectives**	
CETRAXAL SOLUTION 0.2 % OTIC	QL (14 per 7 days)

Drug	Notes
Otic Steroid-Anti-Infective Combinations**	
CORTISPORIN-TC SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	
Psychotherapeutic And Neurological Agents - Misc.	
Agents For Opioid Withdrawal**	
LUCEMYRA TABLET 0.18 MG ORAL	PA; QL (224 tabs/14 days)
Alcohol Deterrents**	
disulfiram tablet 500 mg oral	
Antidementia Agent Combinations**	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	PA
Fibromyalgia Agent - Snris**	
milnacipran hcl tablet 100 mg oral	
milnacipran hcl tablet 12.5 mg oral	
milnacipran hcl tablet 25 mg oral	
milnacipran hcl tablet 50 mg oral	
SAVELLA TABLET 100 MG ORAL	
SAVELLA TABLET 12.5 MG ORAL	
SAVELLA TABLET 25 MG ORAL	
SAVELLA TABLET 50 MG ORAL	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**	
NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL	
Pseudobulbar Affect Agent Combinations**	
NUEDEXTA CAPSULE 20-10 MG ORAL	
Vasomotor Symptom Agents - Ssris**	
paroxetine mesylate capsule 7.5 mg oral	
Ulcer Drugs/Antispasmodics/Anticholinergics	
H-2 Antagonists**	
cimetidine hcl solution 300 mg/5ml oral	
ranitidine hcl tablet 150 mg oral (rx)	PA
ranitidine hcl tablet 300 mg oral	PA
Proton Pump Inhibitors**	
lansoprazole tablet delayed release dispersible 15 mg oral (rx)	
lansoprazole tablet delayed release dispersible 30 mg oral	
Urinary Antispasmodics	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**	
mirabegron er suspension reconstituted er 8 mg/ml oral	QL (10 per day); AL (Min 3 Years and Max 12 Years)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	PA

Drug	Notes
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	PA
Vaginal And Related Products	
Imidazole-Related Antifungals**	
GYNAZOLE-1 CREAM 2 % VAGINAL	
Vasopressors	
Anaphylaxis Therapy Agents**	
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	QL (2 units/ month); AL (Max 2 Years)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	QL (2 units/month)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	QL (2 units/month)
NEFFY SOLUTION 1 MG/0.1ML NASAL	PA
NEFFY SOLUTION 2 MG/0.1ML NASAL	PA
Vitamins	
Vitamin D**	
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	

BlueCross BlueShield Arizona

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- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

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Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 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, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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BlueCross BlueShield Arizona

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Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

BlueCross BlueShield Arizona

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