

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

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

Weight Loss Rider Drug List

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

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

Drug	Notes
*Anti-Obesity - Glp-1 Receptor Agonists***	
<i>liraglutide -weight management solution pen-injector 18 mg/3ml subcutaneous</i>	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); DS (30 day supply maximum)
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 maximum)
*Lipase Inhibitors***	
<i>orlistat capsule 120 mg oral</i>	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)
<i>armodafinil tablet 150 mg oral</i>	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil tablet 200 mg oral</i>	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil tablet 250 mg oral</i>	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil tablet 50 mg oral</i>	QL (2 tabs/ day); AL (Min 18 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	QL (2 caps/ day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	QL (3 caps/day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral</i>	PA; QL (1 cap/day); AL (Min 6 Years)

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Drug	Notes
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral</i>	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral</i>	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral</i>	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral</i>	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral</i>	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral</i>	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)***	
<i>flurbiprofen tablet 100 mg oral</i>	
<i>ketoprofen capsule 25 mg oral</i>	
KIPROFEN CAPSULE 25 MG ORAL	
LODINE TABLET 400 MG ORAL	QL (3 tabs/day)
<i>tolmetin sodium capsule 400 mg oral</i>	QL (5 per day)
Analgesics - Opioid	
*Opioid Agonists***	
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum)
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum)
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum)
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum)
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum)

Drug	Notes
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum)
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	PA; QL (3 lozenges/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	QL (1 cap/day)
Androgens-Anabolic	
*Androgens***	
AZMIRO SOLUTION PREFILLED SYRINGE 200 MG/ML INTRAMUSCULAR	PA
<i>testosterone gel 10 mg/lact (2%) transdermal</i>	PA; QL (2 per day)
<i>testosterone gel 10 mg/lact (2%) transdermal</i>	PA; QL (Maximum Daily Dose of 2 grams)
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	PA; QL (Maximum Daily Dose of 5 grams)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	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***	
<i>albendazole tablet 200 mg oral</i>	PA
STROMEKTOL TABLET 3 MG ORAL	PA
Antiasthmatic And Bronchodilator Agents	
*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)
<i>roflumilast tablet 250 mcg oral</i>	QL (1 tab/day); AL (Min 18 Years)
<i>roflumilast tablet 500 mcg oral</i>	QL (1 tab/day); AL (Min 18 Years)
*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)

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Drug	Notes
XARELTO TABLET 2.5 MG ORAL	QL (2 tabs/ day)
Anticonvulsants	
*Ampa Glutamate Receptor Antagonists***	
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***	
<i>clobazam suspension 2.5 mg/ml oral</i>	QL (8 ml/ day)
<i>clobazam tablet 10 mg oral</i>	QL (2 tabs/day)
<i>clobazam tablet 20 mg oral</i>	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)
EPRONTIA SOLUTION 25 MG/ML ORAL	PA; QL (16 per day)
<i>eslicarbazepine acetate tablet 200 mg oral</i>	QL (1 tab/day)
<i>eslicarbazepine acetate tablet 400 mg oral</i>	QL (1 tab/day)
<i>eslicarbazepine acetate tablet 600 mg oral</i>	QL (2 tabs/ day)
<i>eslicarbazepine acetate tablet 800 mg oral</i>	QL (2 tabs/ day)
GABARONE TABLET 400 MG ORAL	PA
<i>oxcarbazepine er tablet extended release 24 hour 150 mg oral</i>	
<i>oxcarbazepine er tablet extended release 24 hour 300 mg oral</i>	
<i>oxcarbazepine er tablet extended release 24 hour 600 mg oral</i>	

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Drug	Notes
<i>topiramate capsule sprinkle 50 mg oral</i>	
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	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***	
<i>escitalopram oxalate capsule 15 mg oral</i>	
*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)
<i>vilazodone hcl tablet 10 mg oral</i>	QL (1 tab/day); AL (Min 18 Years)
<i>vilazodone hcl tablet 20 mg oral</i>	QL (1 tab/day); AL (Min 18 Years)
<i>vilazodone hcl tablet 40 mg oral</i>	QL (1 tab/day); AL (Min 18 Years)
Antidiabetics	
*Insulin-Incretin Mimetic Combinations***	
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	PA; QL (5 pens (15 mL)/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 maximum); AL (Min 12 Years)
Antiemetics	
*Antiemetics - Miscellaneous***	
<i>dronabinol capsule 10 mg oral</i>	QL (3 caps/day)
<i>dronabinol capsule 2.5 mg oral</i>	QL (3 caps/day)
<i>dronabinol capsule 5 mg oral</i>	QL (3 caps/day)
SYNDROS SOLUTION 5 MG/ML ORAL	PA

Drug	Notes
*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 maximum)
Antifungals	
*Triazoles***	
NOXAFIL PACKET 300 MG ORAL	
NOXAFIL SUSPENSION 40 MG/ML ORAL	PA
<i>posaconazole suspension 40 mg/ml oral</i>	PA
<i>posaconazole tablet delayed release 100 mg oral</i>	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***	
<i>fenofibrate micronized capsule 43 mg oral</i>	
<i>fenofibrate tablet 54 mg oral</i>	
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
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	PA
Anti-Infective Agents - Misc.	
*Oxazolidinones***	
ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	PA; QL (60 ml/day); DS (28 day supply maximum)
Antimalarials	
*Antimalarials***	
ARAKODA TABLET 100 MG ORAL	QL (16 tabs/ 90 days); DS (90 day supply maximum)
<i>hydroxychloroquine sulfate tablet 100 mg oral</i>	
<i>hydroxychloroquine sulfate tablet 300 mg oral</i>	
<i>hydroxychloroquine sulfate tablet 400 mg oral</i>	
KRINTAFEL TABLET 150 MG ORAL	QL (2 tabs/ 90 days); DS (90 day supply maximum)
Antimycobacterial Agents	
*Antimycobacterial Agents***	
<i>pyrazinamide tablet 500 mg oral</i>	

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Drug	Notes
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)
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)
<i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i>	QL (2 tabs/ day); AL (Min 12 Years)
<i>paliperidone er tablet extended release 24 hour 3 mg oral</i>	QL (1 tab/day); AL (Min 12 Years)
<i>paliperidone er tablet extended release 24 hour 6 mg oral</i>	QL (2 tabs/ day); AL (Min 12 Years)
<i>paliperidone er tablet extended release 24 hour 9 mg oral</i>	QL (1 tab/day); AL (Min 12 Years)
<i>risperidone tablet dispersible 0.25 mg oral</i>	
<i>risperidone tablet dispersible 0.5 mg oral</i>	
<i>risperidone tablet dispersible 1 mg oral</i>	
<i>risperidone tablet dispersible 2 mg oral</i>	
<i>risperidone tablet dispersible 3 mg oral</i>	
<i>risperidone tablet dispersible 4 mg oral</i>	
*Dibenzodiazepines***	
<i>clozapine tablet dispersible 100 mg oral</i>	
<i>clozapine tablet dispersible 12.5 mg oral</i>	
<i>clozapine tablet dispersible 150 mg oral</i>	
<i>clozapine tablet dispersible 200 mg oral</i>	

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Drug	Notes
<i>clozapine tablet dispersible 25 mg oral</i>	
*Dibenzo-Oxepino Pyrroles***	
<i>asenapine maleate tablet sublingual 10 mg sublingual</i>	QL (2 tabs/ day)
<i>asenapine maleate tablet sublingual 2.5 mg sublingual</i>	QL (2 tabs/ day)
<i>asenapine maleate tablet sublingual 5 mg sublingual</i>	QL (2 tabs/ day)
*Dibenzothiazepines***	
<i>quetiapine fumarate tablet 150 mg oral</i>	QL (2 tabs/ day); AL (Min 10 Years)
*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***	
<i>aripiprazole tablet dispersible 10 mg oral</i>	
<i>aripiprazole tablet dispersible 15 mg oral</i>	
*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
EPZICOM TABLET 600-300 MG ORAL	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***	
SELZENTRY SOLUTION 20 MG/ML ORAL	
SELZENTRY TABLET 25 MG ORAL	QL (2 tabs/day)
SELZENTRY TABLET 75 MG ORAL	QL (2 tabs/day)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	PA
*Antiretrovirals - Rti-Non-Nucleoside Analogues***	
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 maximum)
TAMIFLU CAPSULE 45 MG ORAL	QL (2 caps/ day); DS (5 day supply maximum)

Drug	Notes
TAMIFLU CAPSULE 75 MG ORAL	QL (2 caps/ day); DS (5 day supply maximum)
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	QL (120 ml/ 5 days); DS (5 day supply maximum)
*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***	
<i>labetalol hcl tablet 400 mg oral</i>	
*Beta Blockers Non-Selective***	
BETAPACE AF TABLET 120 MG ORAL	QL (2 tabs/ day)
Cardiovascular Agents - Misc.	
*Neprilysin Inhib (Arni)-Angiotensin li 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)
<i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i>	QL (28/ 21 days); F
FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL	QL (1.34 per day); 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
<i>norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral</i>	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; DS (358 day supply maximum); F
Dermatologicals	
*Acne Antibiotics***	
ERYGEL GEL 2 % EXTERNAL	
*Acne Combinations***	
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	
*Acne Products***	
ACUTANE CAPSULE 10 MG ORAL	
ACUTANE CAPSULE 20 MG ORAL	
ACUTANE CAPSULE 30 MG ORAL	
ACUTANE CAPSULE 40 MG ORAL	
ALTRENO LOTION 0.05 % EXTERNAL	QL (45 gm/ month)
AMNESTEEM CAPSULE 10 MG ORAL	
AMNESTEEM CAPSULE 20 MG ORAL	
AMNESTEEM CAPSULE 30 MG ORAL	

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Drug	Notes
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	
<i>isotretinoin capsule 10 mg oral</i>	
<i>isotretinoin capsule 20 mg oral</i>	
<i>isotretinoin capsule 30 mg oral</i>	
<i>isotretinoin capsule 40 mg oral</i>	
ZENATANE CAPSULE 10 MG ORAL	
ZENATANE CAPSULE 20 MG ORAL	
ZENATANE CAPSULE 30 MG ORAL	
ZENATANE CAPSULE 40 MG ORAL	
*Antibiotics - Topical***	
<i>mupirocin calcium cream 2 % external</i>	
*Antineoplastic Antimetabolites - Topical***	
CARAC CREAM 0.5 % EXTERNAL	PA
EFUDEX CREAM 5 % EXTERNAL	PA; QL (40gm/month); AL (Min 18 Years)
<i>fluorouracil cream 0.5 % external</i>	PA
*Antipsoriatics***	
<i>calcitriol ointment 3 mcg/gm external</i>	QL (100 gm/ 30 days)
*Corticosteroids - Topical***	
<i>desoximetasone liquid 0.25 % external</i>	
*Oxaborole-Related Antifungals - Topical***	
<i>tavaborole solution 5 % external</i>	PA
*Rosacea Agents***	
MIRVASO GEL 0.33 % EXTERNAL	PA
RHOFADE CREAM 1 % EXTERNAL	
SOOLANTRA CREAM 1 % EXTERNAL	PA; QL (45 gm/ month); DS (10 day supply maximum)
*Scabicides & Pediculicides***	
ELIMITE CREAM 5 % EXTERNAL	PA
OVIDE LOTION 0.5 % EXTERNAL	PA; QL (1 bottle (59ml)/ 21 days)
<i>spinosad suspension 0.9 % external</i>	
*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

Drug	Notes
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)
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
<i>prucalopride succinate tablet 1 mg oral</i>	PA
<i>prucalopride succinate tablet 2 mg oral</i>	PA
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***	
<i>alosetron hcl tablet 0.5 mg oral</i>	QL (2 tabs/ day); F; AL (Min 18 Years)
<i>alosetron hcl tablet 1 mg oral</i>	QL (2 tabs/ day); F; AL (Min 18 Years)
*Peripheral Opioid Receptor Antagonists***	
SYMPROIC TABLET 0.2 MG ORAL	PA
*Phosphate Binder Agents***	
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***	
<i>aminocaproic acid solution 0.25 gm/ml oral</i>	

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Drug	Notes
<i>aminocaproic acid tablet 1000 mg oral</i>	
<i>aminocaproic acid tablet 500 mg oral</i>	
Hypnotics/Sedatives/Sleep Disorder Agents	
*Benzodiazepine Hypnotics***	
DORAL TABLET 15 MG ORAL	PA; QL (2 per day)
<i>quazepam tablet 15 mg oral</i>	PA; QL (2 per day)
Laxatives	
*Bowel Evacuant Combinations***	
<i>peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral</i>	
<i>peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral</i>	
Macrolides	
*Azithromycin***	
<i>azithromycin packet 1 gm oral</i>	QL (0.1 per day)
ZITHROMAX PACKET 1 GM ORAL	QL (0.1 per day)
Medical Devices And Supplies	
*Insulin Administration Supplies***	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA; QL (1 kit/ lifetime); DS (30 day supply maximum)
OMNIPOD 5 DEXG7G6 PODS GEN 5	PA; QL (10 units/fill); DS (30 day supply maximum)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA
OMNIPOD 5 G7 PODS (GEN 5)	PA; QL (10 units/fill); DS (30 day supply maximum)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	PA; QL (10 units/fill); DS (30 day supply maximum)
OMNIPOD CLASSIC PODS (GEN 3)	PA; QL (10 units/fill); DS (30 day supply maximum)
OMNIPOD DASH PODS (GEN 4)	PA; QL (10 units/fill); DS (30 day supply maximum)
Migraine Products	
*Ergot Combinations***	
<i>ergotamine-caffeine tablet 1-100 mg oral</i>	
*Selective Serotonin Agonists 5-Ht(1)***	
<i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i>	QL (20 injections/ month)
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	QL (20 injections/ month)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>	QL (20 injections/ month)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>	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)

Drug	Notes
*Macrolide Immunosuppressants***	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	PA
*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***	
<i>baclofen tablet 15 mg oral</i>	
Nasal Agents - Systemic And Topical	
*Antihistamine-Steroid***	
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	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	
<i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i>	
TIMOLOL MALEATE OCUDOSE SOLUTION 0.5 % OPHTHALMIC	
<i>timolol maleate pf solution 0.25 % ophthalmic</i>	
<i>timolol maleate pf solution 0.5 % ophthalmic</i>	
*Cholinergic Agonists***	
TYRVAYA SOLUTION 0.03 MG/ACT NASAL	PA; QL (2 bottles/ 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

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Drug	Notes
*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	
<i>epinastine hcl solution 0.05 % ophthalmic</i>	
LASTACFT SOLUTION 0.25 % OPHTHALMIC (OTC)	QL (1 bottle (3ml)/30 days); AL (Min 2 Years)
*Ophthalmic Antivirals***	
<i>trifluridine solution 1 % ophthalmic</i>	
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 maximum)
*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	
<i>bromfenac sodium solution 0.07 % ophthalmic</i>	
PROLENSA SOLUTION 0.07 % OPHTHALMIC	
*Ophthalmic Selective Alpha Adrenergic Agonists***	
<i>apraclonidine hcl solution 0.5 % ophthalmic</i>	
*Ophthalmic Steroids***	
<i>clobetasol propionate suspension 0.05 % ophthalmic</i>	QL (1 bottle per month)
<i>loteprednol etabonate gel 0.5 % ophthalmic</i>	
*Ophthalmics - Blepharoptosis Agents**	
UPNEEQ SOLUTION 0.1 % OPHTHALMIC	QL (30 units/ month)
*Prostaglandins - Ophthalmic***	
<i>tafluprost (pf) solution 0.0015 % ophthalmic</i>	
Otic Agents	
*Otic Anti-Infectives***	
CETRAXAL SOLUTION 0.2 % OTIC	QL (14 per 7 days)
*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***	
<i>disulfiram tablet 500 mg oral</i>	QL (1 per day)
*Antidementia Agent Combinations***	
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL	PA

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Drug	Notes
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***	
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 TABLET 10 MG ORAL	QL (2 tabs/ day); AL (Min 12 Years)
NAMENDA TABLET 5 MG ORAL	QL (3 tabs/ day); AL (Min 12 Years)
NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***	
<i>gabapentin (once-daily) tablet 450 mg oral</i>	PA
<i>gabapentin (once-daily) tablet 750 mg oral</i>	PA
<i>gabapentin (once-daily) tablet 900 mg oral</i>	PA
*Pseudobulbar Affect Agent Combinations***	
NUDEXTA CAPSULE 20-10 MG ORAL	
*Vasomotor Symptom Agents - Ssris***	
<i>paroxetine mesylate capsule 7.5 mg oral</i>	
Ulcer Drugs/Antispasmodics/Anticholinergics	
*H-2 Antagonists***	
<i>cimetidine hcl solution 300 mg/5ml oral</i>	
*Proton Pump Inhibitors***	
<i>lansoprazole tablet delayed release dispersible 15 mg oral (rx)</i>	
<i>lansoprazole tablet delayed release dispersible 30 mg oral</i>	
Urinary Antispasmodics	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	PA; QL (1 per day)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	PA; QL (1 per day)
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)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	QL (2 units/month)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	QL (2 units/month)
NEFFY SOLUTION 1 MG/0.1ML NASAL	PA

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Drug	Notes
NEFFY SOLUTION 2 MG/0.1ML NASAL	PA
Vitamins	
*Vitamin D***	
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	



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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

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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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 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
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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 yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjí' 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 Sprachassistentendienste 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: 한국어를 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 सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

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

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย 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。