



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona’s Drug List for Aon Active Health Exchange

Effective 1/1/17

Your prescription medications fall into one of three categories or “tiers.” Each tier has different copay or out of pocket expense. Medications are categorized by tier —not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs. Specialty drugs are limited to a 30 day supply at the In-Network Specialty Pharmacies. If you purchase a brand name medication when a generic equivalent is available, you will pay the assigned tier copay plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed.

Three Tier Drug Benefit	Description
Tier 1	Low Cost Share
Tier 2	Moderate Cost Share
Tier 3	Highest Cost Share

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

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

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

Blue Cross Blue Shield of Arizona

Aon Active Health Exchange

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List of Abbreviations**1:** Low Cost Share**2:** Moderate Cost Share**3:** Highest Cost Share**\$0:** \$0 cost share Prevention Drug**AG:** Age Restrictions**F:** Female Only**M:** Male Only**MO:** Mail Only**Note 1:** User Note 1**Note 2:** User Note 2**PA:** PA Applies**QL:** Quantity Limit**R&M:** Retail & Mail**RO:** Retail Only**SP:** Specialty Pharmacy Only

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

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Aon Active Health Exchange

CURRENT AS OF 1/1/2017

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>		1	R
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (CloNIDine HCl ER) 0.1 MG	3	3	R
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
STRATTERA ORAL CAPSULE (Atomoxetine HCl) 10 MG	3	3	R&M; QL (10 EA per 1 day)
STRATTERA ORAL CAPSULE (Atomoxetine HCl) 100 MG, 80 MG	3	3	R&M; QL (1 EA per 1 day)
STRATTERA ORAL CAPSULE (Atomoxetine HCl) 18 MG	3	3	R&M; QL (5 EA per 1 day)
STRATTERA ORAL CAPSULE (Atomoxetine HCl) 25 MG	3	3	R&M; QL (4 EA per 1 day)
STRATTERA ORAL CAPSULE (Atomoxetine HCl) 40 MG, 60 MG	3	3	R&M; QL (2 EA per 1 day)
*Amphetamine Mixtures***			
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	2		R&M; QL (1 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>		1	R
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3		R

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Drug Name	Brand	Generic	Additional Information
*Amphetamines***			
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3		PA; R
DESOXYN ORAL TABLET 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>		1	R
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>		1	R
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
EVEKEO ORAL TABLET 10 MG, 5 MG	3		PA; R
<i>methamphetamine hcl oral tablet 5 mg</i>		1	R
VYVANSE ORAL CAPSULE 10 MG	2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 20 MG, 40 MG, 60 MG	2		R&M; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 30 MG, 50 MG, 70 MG	2		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2		R
ZENZEDI ORAL TABLET 20 MG	3		R
*Analeptics***			
<i>caffeine anhydrous powder</i>		3	R
*Anorexiant Combinations***			
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3		R
*Anorexiants Non-Amphetamine***			
ADIPEX-P ORAL CAPSULE 37.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ADIPEX-P ORAL TABLET 37.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>benzphetamine hcl oral tablet 50 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
DIDREX ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>		1	R
LOMAIRA ORAL TABLET 8 MG	3		R
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>		1	R
<i>phendimetrazine tartrate oral tablet 35 mg</i>		1	R
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>		1	R
<i>phentermine hcl oral tablet 37.5 mg</i>		1	R
REGIMEX ORAL TABLET 25 MG	3		R
*Lipase Inhibitors***			
XENICAL ORAL CAPSULE 120 MG	3		R&M; AG (Min 12 Years)
*Serotonin 2C Receptor Agonists***			
BELVIQ ORAL TABLET 10 MG	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	3		R
*Stimulants - Misc.***			
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3		PA; R
CONCERTA ORAL TABLET EXTENDED RELEASE (Methylphenidate HCl ER) 18 MG, 27 MG, 54 MG	3	3	R&M; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE (Methylphenidate HCl ER) 36 MG	3	3	R&M; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	3		R
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	3		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		3	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>		1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		1	R&M; QL (3 EA per 1 day)
FOCALIN ORAL TABLET 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR <i>(Dexmethylphenidate HCl ER) 10 MG</i>	3	3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 6 Years)
METADATE ER ORAL TABLET EXTENDED RELEASE <i>(Methylphenidate HCl ER) 20 MG</i>	3	1	R
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		1	R
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		3	R
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		3	R
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		1	R
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>		1	R
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		3	R
<i>modafinil oral tablet 100 mg, 200 mg</i>		1	R&M; AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG	3		PA; R
NUVIGIL ORAL TABLET (<i>Armodafinil</i>) 200 MG	3	3	PA; R
PROVIGIL ORAL TABLET 100 MG, 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 16 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3		R&M; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
Alternative Medicines			
*Alternative Medicine - Al's***			
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	3		R
*Amino Acids***			
*Amino Acids***			
ENDARI ORAL PACKET 5 GM	3		R
Aminoglycosides			
*Aminoglycosides***			
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>gentamicin sulfate injection solution 40 mg/ml</i>		1	R
KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>Tobramycin</i>) 300 MG/5ML	3	3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>neomycin sulfate oral tablet 500 mg</i>		1	R
<i>paromomycin sulfate oral capsule 250 mg</i>		1	R
TOBI INHALATION NEBULIZATION SOLUTION (<i>Tobramycin</i>) 300 MG/5ML	3	3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TOBI PODHALER INHALATION CAPSULE 28 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
XELJANZ ORAL TABLET 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antirheumatic Antimetabolites***			
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3		PA; R
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3		R
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2		PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2		PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>		1	R
*Gold Compounds***			
RIDAURA ORAL CAPSULE 3 MG	3		R

Drug Name	Brand	Generic	Additional Information
*Interleukin-1 Blockers***			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Interleukin-1 Receptor Antagonist (IL-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3		PA; SP
*Interleukin-1Beta Blockers***			
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	3		PA; SP
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>		1	R
DUEXIS ORAL TABLET 800-26.6 MG	3		PA; R&M; QL (3 EA per 1 day); AG (Min 16 Years)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	3		PA; R
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG	3		R
ANAPROX DS ORAL TABLET 550 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
DAYPRO ORAL TABLET 600 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		1	R
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		1	R
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		1	R
<i>etodolac oral capsule 200 mg, 300 mg</i>		1	R
<i>etodolac oral tablet 500 mg</i>		1	R
FELDENE ORAL CAPSULE 10 MG, 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FENORTHO ORAL CAPSULE 400 MG	3		R
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		1	R
<i>hm ibuprofen ib oral tablet 200 mg</i>		3	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		1	R
INDOCIN ORAL SUSPENSION 25 MG/5ML	3		R
INDOCIN RECTAL SUPPOSITORY 50 MG	3		R
<i>indomethacin er oral capsule extended release 75 mg</i>		1	R
<i>indomethacin oral capsule 25 mg, 50 mg</i>		1	R
INFANTS ADVIL ORAL SUSPENSION 50 MG/1.25ML	3		R
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		1	R
<i>ketoprofen powder</i>		3	R
<i>ketorolac tromethamine oral tablet 10 mg</i>		1	R
LODINE ORAL TABLET (Etodolac) 400 MG	3	1	R
<i>mefenamic acid oral capsule 250 mg</i>		1	R
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		1	R&M; QL (1 EA per 1 day)
MOBIC ORAL TABLET 15 MG, 7.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>Naproxen Sodium ER</i>) 375 MG, 500 MG	3	3	R&M; QL (30 EA per 1 Copay); AG (Min 18 Years)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3		R&M; QL (30 EA per 1 Copay); AG (Min 18 Years)
NAPROSYN ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>		1	R
<i>naproxen oral suspension 125 mg/5ml</i>		3	R
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>		1	R
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		1	R
<i>oxaprozin oral tablet 600 mg</i>		1	R
<i>piroxicam oral capsule 10 mg, 20 mg</i>		1	R
PONSTEL ORAL CAPSULE 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PROFENO ORAL TABLET (<i>Fenoprofen Calcium</i>) 600 MG	1	1	R
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	3		R&M; QL (5 EA per 1 Copay); AG (Min 18 Years)
<i>sulindac oral tablet 150 mg, 200 mg</i>		1	R
TIVORBEX ORAL CAPSULE 20 MG, 40 MG	3		R
<i>tolmetin sodium oral capsule 400 mg</i>		1	R
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3		PA; R
ZIPSOR ORAL CAPSULE 25 MG	3		R
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	3		R
*Pyrimidine Synthesis Inhibitors***			
ARAVA ORAL TABLET 10 MG, 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>		1	R&M; QL (1 EA per 1 day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	3		PA; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Analgesics - Nonnarcotic			
*Analgesic Combinations***			
<i>duraxin oral capsule 300-200-20 mg</i>		3	R
*Analgesics-Sedatives***			
ALLZITAL ORAL TABLET 25-325 MG	3		PA; R
BUPAP ORAL TABLET (Butalbital-Acetaminophen) 50-300 MG	3	3	PA; R
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		1	R
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>		1	R
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>		3	R
ESGIC ORAL CAPSULE 50-325-40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ESGIC ORAL TABLET 50-325-40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FIORICET ORAL CAPSULE 50-300-40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30 EA per 1 Copay); AG (Min 12 Years)
<i>marten-tab oral tablet 50-325 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
PHRENILIN FORTE ORAL CAPSULE (<i>Butalbital-APAP-Caffeine</i>) 50-300-40 MG	1	1	R&M; QL (30 EA per 1 Copay); AG (Min 12 Years)
TENCON ORAL TABLET (<i>Butalbital-Acetaminophen</i>) 50-325 MG	3	1	R
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML	3		RO
*Salicylate Combinations***			
BUFFERIN LOW DOSE ORAL TABLET 81 MG	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 45 Years)
*Salicylates***			
<i>adult aspirin ec low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspir-81 oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin adult low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin childrens oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
ASPIR-LOW ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 81 MG	1	1	R&M; \$0; AG (Min 45 Years)
<i>aspirtab oral tablet delayed release 324 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (<i>Aspirin</i>) 325 MG	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (<i>Aspirin</i>) 325 MG	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)

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Drug Name	Brand	Generic	Additional Information
BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG	1	1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET CHEWABLE (<i>Aspirin</i>) 81 MG	1	1	R&M; \$0
<i>childrens aspirin low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ec-81 aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 81 MG	1	1	R&M; \$0; AG (Min 45 Years)
ECOTRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG	3	1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
ECPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG	1	1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>eq aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>eq childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>gnp aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>hm aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>kls aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>kp aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 81 MG	1	1	R&M; \$0; AG (Min 45 Years)
<i>mm aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
NORWICH ASPIRIN ORAL TABLET (<i>Aspirin</i>) 325 MG	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>qc aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ra aspirin adult low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin childrens oral tablet chewable 81 mg</i>		1	R&M; \$0

Drug Name	Brand	Generic	Additional Information
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ra childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>salsalate oral tablet 500 mg, 750 mg</i>		1	R
<i>sb aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sm childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>tgt aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>tgt aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>tgt aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>tgt childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		1	R
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>		1	R
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		1	R
ASCOMP-CODEINE ORAL CAPSULE <i>(Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</i>	1	1	R
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>		1	R
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Dihydrocodeine Combinations***			
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>		3	PA; R
TREZIX ORAL CAPSULE <i>(APAP-Caff-Dihydrocodeine) 320.5-30-16 MG</i>	3	3	R
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		1	R
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>		1	R
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>		3	R
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		1	R
IBUDONE ORAL TABLET 10-200 MG, 5-200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LORTAB ORAL ELIXIR 10-300 MG/15ML	3		R&M; QL (4 ML per 1 day)
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VICODIN ORAL TABLET <i>(Hydrocodone-Acetaminophen) 5-300 MG</i>	1	1	R
XODOL ORAL TABLET 5-300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
XYLON ORAL TABLET 10-200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
*Opioid Agonists***			
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG	3		PA; RO; AG (Min 18 Years)
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 800 MCG	3		RO; AG (Min 18 Years)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30 EA per 1 Copay)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	3		PA; R
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		1	R
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (TraMADol HCl ER) 100 MG, 200 MG, 300 MG	3	3	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DEMEROL ORAL TABLET (Meperidine HCl) 100 MG	3	1	R
DILAUDID ORAL TABLET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	3		R
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		3	PA; RO; QL (30 EA per 1 Copay)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>fentanyl transdermal patch 72 hour 37.5 mcg/1hr, 62.5 mcg/1hr, 87.5 mcg/1hr</i>		3	R
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; RO
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>		3	PA; R
<i>hydromorphone hcl oral liquid 1 mg/ml</i>		1	R
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>		1	R
<i>hydromorphone hcl rectal suppository 3 mg</i>		3	R
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2		R&M; QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3		PA; R&M; Note 1 (10 bottles per copay retail or mail. Max 30.); QL (10 EA per 1 Copay)
LAZANDA NASAL SOLUTION 300 MCG/ACT	3		PA; RO
<i>levorphanol tartrate oral tablet 2 mg</i>		3	PA; R
<i>meperidine hcl oral tablet 50 mg</i>		1	R
METHADONE HCL INTENSOL ORAL CONCENTRATE (Methadone HCl) 10 MG/ML	1	1	R
<i>methadone hcl oral solution 5 mg/5ml</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		1	R
METHADOSE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML, 5 MG/0.5ML	3	1	R
METHADOSE ORAL TABLET SOLUBLE (Methadone HCl) 40 MG	1	1	R
METHADOSE SUGAR-FREE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML	3	1	R
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG	3		PA; R
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		3	R
<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>		3	R
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>		1	R
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		1	R
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		3	R
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3		R
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3		R
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG	3		PA; R
<i>opana er oral tablet er 12 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		3	PA; R
OPANA ORAL TABLET 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxycodone hcl oral capsule 5 mg</i>		1	R
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxycodone hcl oral tablet 10 mg, 20 mg, 30 mg</i>		1	R
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 60 MG, 80 MG	3		R
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OxyCODONE HCl ER) 40 MG	3	3	R
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		3	R
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
ROXICODONE ORAL TABLET <i>(OxyCODONE HCl) 15 MG, 5 MG</i>	1	1	R
ROXICODONE ORAL TABLET 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; RO
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>		3	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		1	R&M; QL (8 EA per 1 Days)
ULTRAM ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	3		PA; R&M; QL (7 EA per 1 day); AG (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	3		PA; R&M; QL (10 EA per 1 day); AG (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	3		PA; R&M; QL (8 EA per 1 day); AG (Min 18 Years)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	3		R&M; QL (2 EA per 1 day)
*Opioid Combinations***			
ENDOCET ORAL TABLET (<i>Oxycodone-Acetaminophen</i>) 10-325 MG, 5-325 MG, 7.5-325 MG	1	1	R
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		1	R
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		1	R
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>		1	R
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
*Opioid Partial Agonists***			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3		PA; R
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	3		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		1	R
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		1	R
BUTRANS TRANSDERMAL PATCH WEEKLY (Buprenorphine) 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	3	1	R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3		R
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2		R
*Tramadol Combinations***			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	R&M; QL (8 EA per 1 Days)
ULTRACET ORAL TABLET 37.5-325 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
Androgens-Anabolic			
*Anabolic Steroids***			
OXANDRIN ORAL TABLET 10 MG, 2.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>		1	R
*Androgens***			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3		PA; R&M; M
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3		PA; R&M; M; QL (300 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3		PA; R&M; M
ANDROGEL TRANSDERMAL GEL (Testosterone) 25 MG/2.5GM (1%), 50 MG/5GM (1%)	3	3	PA; R&M; M
ANDROID ORAL CAPSULE 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	3		PA; R&M; M
<i>danazol oral capsule 200 mg</i>		1	R
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (Testosterone Cypionate) 100 MG/ML, 200 MG/ML	3	1	R&M; M
FORTESTA TRANSDERMAL GEL (Testosterone) 10 MG/ACT (2%)	3	3	PA; R&M; M; QL (60 GM per 30 days); AG (Min 18 Years)
<i>methitest oral tablet 10 mg</i>		3	R
<i>methyltestosterone oral capsule 10 mg</i>		1	R
NATESTO NASAL GEL 5.5 MG/ACT	3		PA; R
STRIANT BUCCAL 30 MG	3		PA; R&M; M; QL (2 EA per 1 day); AG (Min 18 Years)
TESTIM TRANSDERMAL GEL (Testosterone) 50 MG/5GM (1%)	3	3	PA; R&M; M
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		1	R&M; M
<i>testosterone transdermal solution 30 mg/lact</i>		3	PA; R&M; M; QL (1 EA per 30 days)
TESTRED ORAL CAPSULE 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VOGELXO PUMP TRANSDERMAL GEL (Testosterone) 12.5 MG/ACT (1%)	3	3	PA; R&M; M
VOGELXO TRANSDERMAL GEL (Testosterone) 50 MG/5GM (1%)	3	3	PA; R&M; M
Anorectal Agents			
*Intrarectal Steroids***			
CORTIFOAM RECTAL FOAM 10 %	3		R
<i>hydrocortisone rectal enema 100 mg/60ml</i>		1	R
*Nitrate Vasodilating Agents***			
RECTIV RECTAL OINTMENT 0.4 %	3		R

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Drug Name	Brand	Generic	Additional Information
*Rectal Anesthetic/Steroids***			
ANALPRAM HC RECTAL CREAM 2.5-1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ANALPRAM HC SINGLES RECTAL CREAM 2.5-1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ANALPRAM-HC RECTAL CREAM 1-1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %</i>		1	R
<i>lidocaine-hydrocortisone ace rectal cream 3-0.5 %</i>		1	R
<i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>		3	R
<i>pramcort rectal cream 1-1 %</i>		1	R
PROCORT RECTAL CREAM 1.85-1.15 %	3		R
PROCTOFOAM HC RECTAL FOAM 1-1 %	3		R
*Rectal Steroids***			
ANUSOL-HC RECTAL CREAM 2.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
HEMMOREX-HC RECTAL SUPPOSITORY (<i>Anucort-HC</i>) 25 MG	1	1	R
HEMMOREX-HC RECTAL SUPPOSITORY (<i>Hydrocortisone Acetate</i>) 30 MG	1	1	R
<i>hydrocortisone acetate rectal suppository 25 mg</i>		1	R
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PROCTOSOL HC RECTAL CREAM 2.5 %	1		R
PROCTOZONE-HC RECTAL CREAM 2.5 %	1		R
Anthelmintics			
*Anthelmintics***			
ALBENZA ORAL TABLET 200 MG	3		R
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		3	R
BILTRICIDE ORAL TABLET 600 MG	3		R
<i>ivermectin oral tablet 3 mg</i>		1	R
STROMEKTOL ORAL TABLET 3 MG	3		PA; R

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Drug Name	Brand	Generic	Additional Information
Antianginal Agents			
*Antianginals-Other***			
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	2		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	3		R
GONITRO SUBLINGUAL PACKET 400 MCG	3		R
ISORDIL TITRADOSE ORAL TABLET 40 MG	3		R
ISORDIL TITRADOSE ORAL TABLET (Isosorbide Dinitrate) 5 MG	3	1	R
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		3	R
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		1	R
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		1	R
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		1	R
NITRO-BID TRANSDERMAL OINTMENT 2 %	3		R
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.8 MG/HR	3		R&M; QL (1 EA per 1 day)
<i>nitroglycerin er oral capsule extended release 6.5 mg, 9 mg</i>		1	R
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>		1	R&M; QL (1 EA per 1 day)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>		1	R
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
NITROMIST TRANSLINGUAL AEROSOL SOLUTION (Nitroglycerin) 400 MCG/SPRAY	2	2	R&M; QL (1 EA per 1 Copay)
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (Nitroglycerin) 0.3 MG, 0.4 MG, 0.6 MG	3	1	R

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Drug Name	Brand	Generic	Additional Information
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (Nitroglycerin ER) 2.5 MG	1	1	R
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
<i>hydroxyzine pamoate oral capsule 100 mg</i>		3	R
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		1	R
<i>meprobamate oral tablet 200 mg</i>		1	R
VISTARIL ORAL CAPSULE 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>		1	R
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	3		R
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		1	R&M; QL (5 EA per 1 day); AG (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>		1	R
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		1	R
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		1	R
<i>diazepam oral solution 1 mg/ml</i>		3	R
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>		1	R
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORazepam) 2 MG/ML	1	1	R
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		1	R
TRANXENE-T ORAL TABLET 7.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	3		R
NORPACE ORAL CAPSULE (<i>Disopyramide Phosphate</i>) 100 MG, 150 MG	3	1	R
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		1	R
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral capsule 150 mg, 250 mg</i>		1	R
*Antiarrhythmics Type I-C***			
<i>flecainide acetate oral tablet 150 mg, 50 mg</i>		1	R
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>		1	R
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		1	R
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Antiarrhythmics Type Iii***			
<i>amiodarone hcl oral tablet 400 mg</i>		1	R
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
MULTAQ ORAL TABLET 400 MG	2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
PACERONE ORAL TABLET (<i>Amiodarone HCl</i>) 100 MG, 200 MG	1	1	R
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>Zileuton ER</i>) 600 MG	3	3	R&M; QL (4 EA per 1 day); AG (Min 12 Years)
ZYFLO ORAL TABLET 600 MG	3		R
*Adrenergic Combinations***			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2		R&M; QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2		R&M; QL (1 EA per 30 days); AG (Min 3 Years)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>Fluticasone-Salmeterol</i>) 113-14 MCG/ACT	3	1	R
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>Fluticasone-Salmeterol</i>) 232-14 MCG/ACT	3	1	R
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>Fluticasone-Salmeterol</i>) 55-14 MCG/ACT	3	1	R
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	2		R
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3		R&M; QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	2		R
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3		PA; R&M; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		1	R
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2		R
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3		R
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG	3		R
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		3	R
*Beta Adrenergics***			
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>		3	R&M; QL (6 EA per 1 day)
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>		3	R&M; QL (4 EA per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>		1	R
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>		1	R&M; QL (12.5 ML per 1 day); AG (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>		1	R&M; QL (375 ML per 30 days); AG (Max 13 Years)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		1	R
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		1	R
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	3		R
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	3		R&M; AG (Max 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		1	R
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	3		R&M; QL (1 EA per 30 days); AG (Min 18 Years)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3		R

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Drug Name	Brand	Generic	Additional Information
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3		R
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3		R
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	2		R&M; QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3		PA; R
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		1	R
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2		R
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	3		R&M; QL (1 EA per 1 Copay)
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	2		R&M; QL (2 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	2		R
<i>ipratropium bromide inhalation solution 0.02 %</i>		1	R
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG	3		R
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3		R&M; QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3		R&M; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3		R
*Leukotriene Receptor Antagonists***			
ACCOLATE ORAL TABLET 10 MG, 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>montelukast sodium oral packet 4 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		1	R&M; QL (2 EA per 1 day)
SINGULAIR ORAL PACKET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>		1	R&M; QL (2 EA per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET 500 MCG	3		R
*Steroid Inhalants***			
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT	3		R
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	2		R&M; QL (2 EA per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	2		R&M; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2		R
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2		R
ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2		R
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	2		R

Drug Name	Brand	Generic	Additional Information
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2		R
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	2		R
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	2		R
<i>budesonide inhalation suspension 0.25 mg/2ml</i>		1	R&M; QL (240 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>		1	R&M; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>		1	R&M; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2		R
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2		R
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2		R&M; QL (2 EA per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (240 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML	2		R&M; Note 1 (Tier 2 copay + cost differential applies); QL (60 ML per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	2		R&M; QL (1.2 GM per 1 day)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	2		R&M; QL (0.6 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	2		R

Drug Name	Brand	Generic	Additional Information
*Xanthines***			
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	2		R
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>		1	R
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		1	R
<i>theophylline oral solution 80 mg/15ml</i>		1	R
Anticoagulants			
*Coumarin Anticoagulants***			
COUMADIN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	1	R
COUMADIN ORAL TABLET 3 MG	2		R
JANTOVEN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	1	R
*Direct Factor Xa Inhibitors***			
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	3		R&M; QL (1 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2		R
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2		R
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2		R
*Heparins And Heparinoid-Like Agents***			
<i>heparin lock flush intravenous solution 1 unit/ml</i>		3	R
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		1	R
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		1	R
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>		1	R
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	3		R
LOVENOX INJECTION SOLUTION 300 MG/3ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Synthetic Heparinoid-Like Agents***			
ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>		1	R
*Thrombin Inhibitors - Hirudin Type***			
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	3		RO
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3		R
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	2		R&M; QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	2		R&M; QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		1	R
DIASTAT ACUDIAL RECTAL GEL (DiazePAM) 10 MG	3	3	R
<i>diazepam rectal gel 2.5 mg, 20 mg</i>		3	R

Drug Name	Brand	Generic	Additional Information
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ONFI ORAL SUSPENSION 2.5 MG/ML	3		PA; R
ONFI ORAL TABLET 10 MG, 20 MG	3		PA; R&M; QL (2 EA per 1 day)
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
APTIOM ORAL TABLET 600 MG, 800 MG	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
BANZEL ORAL SUSPENSION 40 MG/ML	3		PA; R
BANZEL ORAL TABLET 200 MG, 400 MG	3		PA; R
BRIVIACT ORAL SOLUTION 10 MG/ML	3		R&M; QL (20 ML per 1 day); AG (Min 16 Years)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>		1	R
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>		1	R
<i>carbamazepine oral suspension 100 mg/5ml</i>		1	R
<i>carbamazepine oral tablet chewable 100 mg</i>		1	R
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
EPITOL ORAL TABLET (CarBAMazepine) 200 MG	1	1	R
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>		1	R
<i>gabapentin oral solution 250 mg/5ml</i>		1	R
<i>gabapentin oral tablet 600 mg, 800 mg</i>		1	R
KEPPRA ORAL SOLUTION 100 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day); AG (Min 16 Years)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3		R
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	3		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LAMICTAL STARTER ORAL KIT 25 (42)-100 (7) MG, 25 (84)-100(14) MG	3		R
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG	3		R
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>		1	R
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>		1	R
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>		1	R
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		1	R&M; QL (6 EA per 1 day); AG (Min 16 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>		1	R
<i>levetiracetam oral solution 100 mg/ml</i>		1	R
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg</i>		1	R
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2		R&M; QL (3 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL SOLUTION 20 MG/ML	2		R
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
NEURONTIN ORAL SOLUTION 250 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
NEURONTIN ORAL TABLET 600 MG, 800 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>		1	R
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>		1	R
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	3		R
<i>primidone oral tablet 250 mg, 50 mg</i>		1	R
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3		PA; R
ROWEEPRA ORAL TABLET (<i>LevETIRAcetam</i>) 750 MG	1	1	R
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	3		R
TEGRETOL ORAL SUSPENSION 100 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TEGRETOL ORAL TABLET (<i>CarBAMazepine</i>) 200 MG	2	1	R
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>CarBAMazepine ER</i>) 100 MG	2	1	R
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		2	R
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		1	R
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	3		PA; R

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Drug Name	Brand	Generic	Additional Information
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	2		R
VIMPAT ORAL SOLUTION 10 MG/ML	2		R
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2		R
ZONEGRAN ORAL CAPSULE 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		1	R
*Carbamates***			
<i>felbamate oral tablet 600 mg</i>		1	R
FELBATOL ORAL TABLET 600 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Gaba Modulators***			
GABITRIL ORAL TABLET 12 MG, 16 MG	2		R
GABITRIL ORAL TABLET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SABRIL ORAL PACKET (<i>Vigabatrin</i>) 500 MG	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SABRIL ORAL TABLET 500 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>		1	R
*Hydantoins***			
DILANTIN INFATABS ORAL TABLET CHEWABLE (<i>Phenytoin</i>) 50 MG	2	1	R
DILANTIN ORAL CAPSULE (<i>Phenytoin Sodium Extended</i>) 100 MG	2	1	R
DILANTIN ORAL CAPSULE 30 MG	2		R
DILANTIN ORAL SUSPENSION 125 MG/5ML	2		R
PHENYTEK ORAL CAPSULE (<i>Phenytoin Sodium Extended</i>) 200 MG, 300 MG	2	1	R&M; QL (2 EA per 1 day)
*Succinimides***			
<i>ethosuximide oral capsule 250 mg</i>		1	R
<i>ethosuximide oral solution 250 mg/5ml</i>		1	R

Drug Name	Brand	Generic	Additional Information
ZARONTIN ORAL CAPSULE 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Valproic Acid***			
DEPAKENE ORAL SOLUTION (<i>Valproic Acid</i>) 250 MG/5ML	3	1	R
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>		1	R
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>		1	R
<i>valproate sodium oral solution 250 mg/5ml</i>		1	R
<i>valproic acid oral capsule 250 mg</i>		1	R
*Antidementia Agent Combinations***			
*Antidementia Agent Combinations***			
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 - 10 MG	3		R
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	3		R
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>mirtazapine oral tablet 45 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>		1	R
<i>mirtazapine oral tablet dispersible 15 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		1	R&M; QL (2 EA per 1 day)
REMERON ORAL TABLET 15 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
REMERON ORAL TABLET 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
REMERON ORAL TABLET 45 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
*Antidepressants - Misc.***			
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	3		R
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>		1	R
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		1	R
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3		R
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
*Modified Cyclics***			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg</i>		3	R

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Drug Name	Brand	Generic	Additional Information
<i>nefazodone hcl oral tablet 250 mg, 50 mg</i>		1	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		1	R
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
MARPLAN ORAL TABLET 10 MG	3		R
NARDIL ORAL TABLET 15 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PARNATE ORAL TABLET 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>phenelzine sulfate oral tablet 15 mg</i>		1	R
<i>tranylcypromine sulfate oral tablet 10 mg</i>		1	R
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		1	R
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>		1	R
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		1	R
<i>escitalopram oxalate oral tablet 10 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>		1	R
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		3	PA; R&M; QL (5 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		1	R
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		1	R
<i>fluoxetine hcl oral tablet 60 mg</i>		3	PA; R

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Drug Name	Brand	Generic	Additional Information
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
LEXAPRO ORAL TABLET 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
LEXAPRO ORAL TABLET 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		1	R&M; QL (2 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5ML	3		R
PAXIL ORAL TABLET 10 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
PAXIL ORAL TABLET 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PAXIL ORAL TABLET 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3		R
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sertraline hcl oral concentrate 20 mg/ml</i>		1	R
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		3	R
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3		PA; R
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3		PA; R
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR (Desvenlafaxine ER) 100 MG, 50 MG	3	3	R&M; QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (Desvenlafaxine Succinate ER) 100 MG, 25 MG, 50 MG	3	2	R&M; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>		1	R
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>		1	R
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>		3	R
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		1	R
*Tricyclic Agents***			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>amoxapine oral tablet 25 mg</i>		3	R
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>		1	R
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<i>doxepin hcl oral concentrate 10 mg/ml</i>		1	R
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
<i>imipramine pamoate oral capsule 100 mg, 125 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 150 mg</i>		1	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>		1	R
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>protriptyline hcl oral tablet 10 mg</i>		1	R
TOFRANIL ORAL TABLET 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	2		R
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
*Biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2.5 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (5 EA per 1 day)
GLUCOPHAGE ORAL TABLET (MetFORMIN HCl) 1000 MG, 500 MG	3	1	R
GLUCOPHAGE ORAL TABLET 850 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (MetFORMIN HCl ER) 500 MG	3	1	R&M; QL (5 EA per 1 day)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (MetFORMIN HCl ER) 750 MG	3	1	R&M; QL (3 EA per 1 day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (MetFORMIN HCl ER (MOD)) 1000 MG	3	3	PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (MetFORMIN HCl ER (MOD)) 500 MG	3	3	PA; R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		1	PA; R&M; QL (2.5 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		1	PA; R&M; QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>		1	R
RIOMET ORAL SOLUTION 500 MG/5ML	3		R
*Diabetic Other***			
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	2		R
GLUCAGON EMERGENCY INJECTION KIT 1 MG	2		R
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3		R
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
NESINA ORAL TABLET (Alogliptin Benzoate) 12.5 MG	3	3	PA; R
NESINA ORAL TABLET (Alogliptin Benzoate) 25 MG, 6.25 MG	3	3	R

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Drug Name	Brand	Generic	Additional Information
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
TRADJENTA ORAL TABLET 5 MG	3		R
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	2		R
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3		R
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO ORAL TABLET (<i>Alogliptin-Metformin HCl</i>) 12.5-1000 MG, 12.5-500 MG	3	3	R
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	2		R
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET ORAL TABLET 0.8 MG	3		R
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***			
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg</i>		3	R
OSENI ORAL TABLET (<i>Alogliptin-Pioglitazone</i>) 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	3	R
*Human Insulin***			
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	3		PA; R&M; AG (Min 18 Years)
APIDRA INJECTION SOLUTION 100 UNIT/ML	1		R
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2		R

Drug Name	Brand	Generic	Additional Information
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3		R&M; QL (2 EA per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3		R
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3		R
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2		R
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	2		R
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	2		R
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2		R
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	1		R
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		R
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1		R
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	2		R
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1		R
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	2		R
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1		R
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	1		R
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	2		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	2		R&M; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2		R
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		R
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2		R
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		R
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1		R
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1		R
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1		R
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1		R
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1		R
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2		R
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	2		R
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2		R
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2		R
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		R
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2		R
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3		R&M; AG (Min 1 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3		R&M; QL (6 ML per 1 Lifetime); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3		R&M; QL (0.22 ML per 1 day); AG (Min 18 Years)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2		R
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	2		R&M; QL (4 EA per 30 days); AG (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	2		R&M; QL (4 EA per 30 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2		R&M; QL (0.08 ML per 1 day); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2		R&M; QL (0.04 ML per 1 day); AG (Min 18 Years)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	3		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2		R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	2		R&M; Note 1 (Max 3 pens 90 day supply); QL (0.3 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		1	R&M; QL (3 EA per 1 day)
PRANDIN ORAL TABLET 1 MG, 2 MG	3		R&M; Note 1 (Tier 2 copay + cost differential applies)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
STARLIX ORAL TABLET 120 MG, 60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
*Meglitinide-Biguanide Combinations***			
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>		2	R
*Progesterone Receptor Antagonists***			
KORLYM ORAL TABLET 300 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	2		R&M; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	2		R
JARDIANCE ORAL TABLET 10 MG, 25 MG	3		R
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		1	R
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		1	R&M; QL (4 EA per 1 day)
*Sulfonylureas***			
AMARYL ORAL TABLET 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
AMARYL ORAL TABLET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>glimepiride oral tablet 4 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>glipizide oral tablet 10 mg, 5 mg</i>		1	R
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		1	R
GLUCOTROL ORAL TABLET 10 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		1	R
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		1	R
<i>tolazamide oral tablet 500 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Sulfonylurea-Thiazolidinedione Combinations***			
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 16 Years)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
*Thiazolidinedione-Biguanide Combinations***			
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 16 Years)
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG	2		R
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
*Thiazolidinediones***			
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
AVANDIA ORAL TABLET 2 MG, 4 MG	2		R
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>		1	R&M; QL (1 EA per 1 day)
Antidiarrheals			
*Antidiarrheal - Chloride Channel Antagonists***			
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3		R
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		3	R
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		1	R
LOMOTIL ORAL TABLET 2.5-0.025 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MOTOFEN ORAL TABLET 1-0.025 MG	3		R
<i>opium oral tincture 10 mg/ml (1%)</i>		1	R
<i>paregoric oral tincture 2 mg/5ml</i>		3	R

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Drug Name	Brand	Generic	Additional Information
Antidotes And Specific Antagonists			
*Antidotes And Specific Antagonists***			
CETYLEV ORAL TABLET EFFERVESCENT 2.5 GM, 500 MG	3		R
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
RADIOGARDASE ORAL CAPSULE 0.5 GM	3		PA; R
VISTOGARD ORAL PACKET 10 GM	3		RO; QL (4 EA per 1 day)
Antidotes			
*Antidotes - Chelating Agents***			
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
EXJADE ORAL TABLET SOLUBLE 500 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
FERRIPROX ORAL SOLUTION 100 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FERRIPROX ORAL TABLET 500 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	3		R
*Antidotes***			
CETYLEV ORAL TABLET EFFERVESCENT 2.5 GM, 500 MG	3		R
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
DEFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RADIOGARDASE ORAL CAPSULE 0.5 GM	3		PA; R
VISTOGARD ORAL PACKET 10 GM	3		RO; QL (4 EA per 1 day)
*Opioid Antagonists***			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		1	R
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		1	R
<i>naltrexone hcl oral tablet 50 mg</i>		1	R
NARCAN NASAL LIQUID 4 MG/0.1ML	3		R&M; QL (2 EA per 1 Copay)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 100 MG	3		R
<i>ondansetron hcl oral solution 4 mg/5ml</i>		1	R
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		1	R
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		1	R
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	3		RO; QL (4 EA per 1 Copay)
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOFRAN ORAL SOLUTION 4 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOFRAN ORAL TABLET 4 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZUPLENZ ORAL FILM 4 MG, 8 MG	3		R&M; QL (10 EA per 1 Copay)
*Antiemetic Combinations***			
AKYNZEO ORAL CAPSULE 300-0.5 MG	3		PA; R
*Antiemetics - Anticholinergic***			
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	3		R&M; QL (0.34 EA per 1 day)
<i>trimethobenzamide hcl oral capsule 300 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Antiemetics - Miscellaneous***			
CESAMET ORAL CAPSULE 1 MG	3		R&M; QL (30 EA per 1 Copay); AG (Min 18 Years)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>		1	R
SYNDROS ORAL SOLUTION 5 MG/ML	3		PA; R
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule 80 & 125 mg</i>		3	R
EMEND ORAL CAPSULE (Aprepitant) 125 MG, 40 MG, 80 MG	3	3	R
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	3		R
VARUBI ORAL TABLET 90 MG	3		RO; QL (2 EA per 1 Copay)
Antifungals			
*Antifungals***			
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		1	R
<i>griseofulvin microsize oral tablet 500 mg</i>		1	R
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		1	R
GRIS-PEG ORAL TABLET 125 MG, 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LAMISIL ORAL TABLET 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>nystatin oral tablet 500000 unit</i>		1	R
<i>terbinafine hcl oral tablet 250 mg</i>		1	R&M; QL (1 EA per 1 day)
*Imidazoles***			
<i>ketoconazole oral tablet 200 mg</i>		1	R
*Triazoles***			
CRESEMBA ORAL CAPSULE 186 MG	3		PA; R
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>		1	R
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>		1	R
<i>itraconazole oral capsule 100 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
NOXAFIL ORAL SUSPENSION 40 MG/ML	3		R
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	3		R
ONMEL ORAL TABLET 200 MG	3		R
SPORANOX ORAL CAPSULE 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SPORANOX ORAL SOLUTION 10 MG/ML	3		R
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VFEND ORAL SUSPENSION RECONSTITUTED (<i>Voriconazole</i>) 40 MG/ML	3	1	R
VFEND ORAL TABLET (<i>Voriconazole</i>) 200 MG, 50 MG	3	1	R
*Antihemophilic Products - Monoclonal Antibodies***			
*Antihemophilic Products - Monoclonal Antibodies***			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Antihistamines			
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		1	R
<i>carbinoxamine maleate oral tablet 4 mg</i>		1	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		3	R
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		1	R
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3		PA; R&M; QL (20 1 per 1 day); AG (Min 2 Years)
RYVENT ORAL TABLET 6 MG	3		PA; R
*Antihistamines - Non-Sedating***			
CLARINEX ORAL SYRUP 0.5 MG/ML	3		R&M; QL (300 ML per 30 days)
CLARINEX ORAL TABLET 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>		3	R&M; QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
*Antihistamines - Phenothiazines***			
PHENADOZ RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG	1	1	R
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		1	R
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		1	R
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	R
PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG	1	1	R
PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG	3	1	R
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		1	R
<i>cyproheptadine hcl oral tablet 4 mg</i>		1	R
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LOVAZA ORAL CAPSULE 1 GM	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 18 Years)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>		1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
VASCEPA ORAL CAPSULE 0.5 GM	3		R
VASCEPA ORAL CAPSULE 1 GM	3		PA; R
*Bile Acid Sequestrants***			
<i>cholestyramine oral packet 4 gm</i>		1	R
<i>cholestyramine oral powder 4 gm/dose</i>		1	R
COLESTID ORAL GRANULES 5 GM	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
COLESTID ORAL PACKET 5 GM	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
COLESTID ORAL TABLET (Colestipol HCl) 1 GM	3	1	R
<i>colestipol hcl oral granules 5 gm</i>		1	R

Drug Name	Brand	Generic	Additional Information
PREVALITE ORAL PACKET <i>(Cholestyramine Light)</i> 4 GM	1	1	R
PREVALITE ORAL POWDER <i>(Cholestyramine Light)</i> 4 GM/DOSE	1	1	R
QUESTRAN ORAL POWDER 4 GM/DOSE	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
WELCHOL ORAL PACKET 3.75 GM	2		R&M; QL (1 EA per 1 day)
WELCHOL ORAL TABLET 625 MG	2		R&M; QL (7 EA per 1 day)
*Fibric Acid Derivatives***			
ANTARA ORAL CAPSULE 30 MG, 90 MG	3		R
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		1	R
<i>fenofibrate oral tablet 120 mg, 40 mg</i>		1	R
<i>fenofibrate oral tablet 145 mg, 54 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FIBRICOR ORAL TABLET (<i>Fenofibric Acid</i>) 105 MG	3	3	R&M; QL (1 EA per 1 day)
FIBRICOR ORAL TABLET (<i>Fenofibric Acid</i>) 35 MG	3	3	R&M; QL (2 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>		1	R
LIPOFEN ORAL CAPSULE (<i>Fenofibrate</i>) 150 MG, 50 MG	3	3	R
LOFIBRA ORAL TABLET 54 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
LOPID ORAL TABLET 600 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TRICOR ORAL TABLET 145 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TRICOR ORAL TABLET 48 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TRIGLIDE ORAL TABLET (<i>Fenofibrate</i>) 160 MG	3	1	R&M; QL (1 EA per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Hmg Coa Reductase Inhibitors***			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	3		R
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		1	R&M; QL (1.5 EA per 1 day)
CRESTOR ORAL TABLET (<i>Rosuvastatin Calcium</i>) 10 MG, 20 MG, 40 MG, 5 MG	3	1	R&M; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		1	R&M; QL (1 EA per 1 day)
LESCOL ORAL CAPSULE 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	3		R&M; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3		R
<i>lovastatin oral tablet 10 mg, 20 mg</i>		1	R
<i>lovastatin oral tablet 40 mg</i>		1	R&M; QL (2 EA per 1 day)
MEVACOR ORAL TABLET 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PRAVACHOL ORAL TABLET 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg</i>		1	R
<i>pravastatin sodium oral tablet 20 mg, 80 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>simvastatin oral tablet 80 mg</i>		1	R&M; Note 1 (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ZOCOR ORAL TABLET 80 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
VYTORIN ORAL TABLET (<i>Ezetimibe-Simvastatin</i>) 10-10 MG, 10-20 MG, 10-40 MG	3	1	R&M; QL (1 EA per 1 day)
VYTORIN ORAL TABLET (<i>Ezetimibe-Simvastatin</i>) 10-80 MG	3	1	PA; R&M; Note 1 (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
*Intestinal Cholesterol Absorption Inhibitors***			
ZETIA ORAL TABLET 10 MG	3		R&M; QL (1 EA per 1 day)
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		2	R&M; QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		2	R&M; QL (3 EA per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>		1	R
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		1	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>		1	R
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>		3	R
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>		1	R
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		1	R
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>		1	R
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		1	R
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Ace Inhibitors***			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		1	R
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>		1	R
EPANED ORAL SOLUTION 1 MG/ML	3		R
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		1	R
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>		1	R
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		1	R
<i>perindopril erbumine oral tablet 4 mg, 8 mg</i>		1	R
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
QBRELIS ORAL SOLUTION 1 MG/ML	3		R
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		1	R
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Agents For Pheochromocytoma***			
DIBENZYLINE ORAL CAPSULE <i>(Phenoxybenzamine HCl) 10 MG</i>	3	1	R
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>		1	R&M; QL (1 EA per 1 day)
AZOR ORAL TABLET <i>(Amlodipine-Olmesartan)</i> 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	3	R&M; QL (1 EA per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***			
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>		1	R&M; QL (1 EA per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3		R
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>		1	R
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MICARDIS HCT ORAL TABLET 80-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		3	R&M; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		3	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>		1	R
<i>telmisartan-hctz oral tablet 80-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		1	R&M; QL (1 EA per 1 day)
*Angiotensin II Receptor Antagonists***			
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
AVAPRO ORAL TABLET 150 MG, 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
AVAPRO ORAL TABLET 300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
BENICAR ORAL TABLET 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
BENICAR ORAL TABLET 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
BENICAR ORAL TABLET 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		1	R&M; QL (1 EA per 1 day)
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
DIOVAN ORAL TABLET 320 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>eprosartan mesylate oral tablet 600 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>irbesartan oral tablet 300 mg</i>		1	R&M; QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>olmesartan medoxomil oral tablet 20 mg</i>		3	R&M; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		3	R&M; QL (3 EA per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>		1	R
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>		1	R&M; QL (1 EA per 1 day)
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>		1	R&M; QL (1 EA per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TRIBENZOR ORAL TABLET (Olmесartan-Amlodipine-HCTZ) 20-5-12.5 MG	3	3	R
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3		R
*Antiadrenergics - Centrally Acting***			
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	R
<i>clonidine hcl powder</i>		3	R
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>		1	R
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		1	R
<i>methyldopa oral tablet 250 mg, 500 mg</i>		1	R
*Antiadrenergics - Peripherally Acting***			
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		1	R
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
*Antihypertensives - Misc.***			
VECAMYL ORAL TABLET 2.5 MG	3		R
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>		1	R
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		1	R
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR (Metoprolol-HCTZ ER) 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	3	3	R&M; QL (1 EA per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		1	R
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>		1	R
<i>propranolol-hctz oral tablet 80-25 mg</i>		3	R
TENORETIC 100 ORAL TABLET 100-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TENORETIC 50 ORAL TABLET 50-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***			
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2		R&M; QL (1 EA per 1 day)
*Direct Renin Inhibitors***			
TEKTURN ORAL TABLET 150 MG, 300 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>eplerenone oral tablet 50 mg</i>		1	R&M; QL (2 EA per 1 day)
INSPIRA ORAL TABLET 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
INSPIRA ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
*Vasodilators***			
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		1	R
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FLAGYL ORAL CAPSULE 375 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FLAGYL ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
IMPAVIDO ORAL CAPSULE 50 MG	3		R
<i>metronidazole oral capsule 375 mg</i>		1	R
<i>metronidazole oral tablet 250 mg, 500 mg</i>		1	R
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TINDAMAX ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>tinidazole oral tablet 250 mg, 500 mg</i>		1	R
<i>trimethoprim oral tablet 100 mg</i>		1	R
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>		1	R
XIFAXAN ORAL TABLET 200 MG, 550 MG	3		PA; R
*Anti-Infective Misc. - Combinations***			
BACTRIM DS ORAL TABLET 800-160 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BACTRIM ORAL TABLET (Sulfamethoxazole-Trimethoprim) 400-80 MG	3	1	R
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		1	R
*Antiprotozoal Agents***			
ALINIA ORAL TABLET 500 MG	3		R
<i>atovaquone oral suspension 750 mg/5ml</i>		2	R
MEPRON ORAL SUSPENSION 750 MG/5ML	2		R&M; Note 1 (Tier 2 copay + cost differential applies)

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Drug Name	Brand	Generic	Additional Information
*Leprostatics***			
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	R
*Lincosamides***			
CLEOCIN ORAL CAPSULE 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>		1	R
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>		1	R
*Oxazolidinones***			
<i>linezolid oral tablet 600 mg</i>		3	PA; R&M; QL (2 EA per 1 day)
SIVEXTRO ORAL TABLET 200 MG	3		PA; RO
ZYVOX ORAL SUSPENSION RECONSTITUTED (Linezolid) 100 MG/5ML	3	2	PA; R
ZYVOX ORAL TABLET 600 MG	3		PA; R
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>		1	R
COARTEM ORAL TABLET 20-120 MG	3		R
MALARONE ORAL TABLET 250-100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 62.5-25 MG	3	1	R
*Antimalarials***			
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		1	R
DARAPRIM ORAL TABLET 25 MG	3		PA; R
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		1	R
<i>mefloquine hcl oral tablet 250 mg</i>		1	R
PLAQUENIL ORAL TABLET 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>primaquine phosphate oral tablet 26.3 mg</i>		3	R
<i>quinine sulfate oral capsule 324 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
Antimyasthenic Agents			
*Antimyasthenic Agents***			
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
*Antimyasthenic/Cholinergic Agents***			
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
Antimyasthenic/Cholinergic Agents			
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
Antimycobacterial Agents			
*Antimycobacterial Agents***			
<i>cycloserine oral capsule 250 mg</i>		3	R
<i>ethambutol hcl oral tablet 400 mg</i>		1	R
<i>isoniazid oral tablet 100 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>		1	R&M; QL (1 EA per 1 day)
MYAMBUTOL ORAL TABLET 400 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MYCOBUTIN ORAL CAPSULE (<i>Rifabutin</i>) 150 MG	3	1	R
PRIFTIN ORAL TABLET 150 MG	3		R
<i>rifampin oral capsule 300 mg</i>		1	R
SIRTURO ORAL TABLET 100 MG	2		R
*Antineoplastic - Bcl-2 Inhibitors***			
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HEXALEN ORAL CAPSULE 50 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MYLERAN ORAL TABLET 2 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Androgen Biosynthesis Inhibitors***			
ZYTIGA ORAL TABLET 250 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZYTIGA ORAL TABLET 500 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiandrogens***			
<i>bicalutamide oral tablet 50 mg</i>		1	R
CASODEX ORAL TABLET 50 MG	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>flutamide oral capsule 125 mg</i>		1	R
NILANDRON ORAL TABLET (Nilutamide) 150 MG	1	1	R&M; M
XTANDI ORAL CAPSULE 40 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiestrogens***			
FARESTON ORAL TABLET 60 MG	1		R&M; QL (1 EA per 1 day)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1		R
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		1	R&M; \$0

Drug Name	Brand	Generic	Additional Information
*Antimetabolites***			
<i>mercaptopurine oral tablet 50 mg</i>		1	R
<i>methotrexate oral tablet 2.5 mg</i>		1	R
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 100 mg/4ml, 250 mg/10ml, 50 mg/2ml</i>		1	R
<i>methotrexate sodium injection solution reconstituted 1 gm</i>		1	R
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1		R&M; QL (100 ML per 1 Copay)
TABLOID ORAL TABLET 40 MG	1		R
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1		R
XATMEP ORAL SOLUTION 2.5 MG/ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XELODA ORAL TABLET (<i>Capecitabine</i>) 150 MG, 500 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Braf Kinase Inhibitors***			
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZELBORAF ORAL TABLET 240 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE ORAL CAPSULE 150 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ODOMZO ORAL CAPSULE 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
*Antineoplastic - Histone Deacetylase Inhibitors***			
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
ZOLINZA ORAL CAPSULE 100 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Monoclonal Antibodies***			
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Multikinase Inhibitors***			
NEXAVAR ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
RYDAPT ORAL CAPSULE 25 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
STIVARGA ORAL TABLET 40 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
*Antineoplastic - Proteasome Inhibitors***			
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Tyrosine Kinase Inhibitors***			
ALECENSA ORAL CAPSULE 150 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG ORAL TABLET 30 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BOSULIF ORAL TABLET 100 MG, 500 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CALQUENCE ORAL CAPSULE 100 MG	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CAPRELSA ORAL TABLET 100 MG, 300 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GLEEVEC ORAL TABLET 100 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day)
GLEEVEC ORAL TABLET 400 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 15 MG, 45 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IMBRUVICA ORAL CAPSULE 140 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
INLYTA ORAL TABLET 1 MG, 5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IRESSA ORAL TABLET 250 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NERLYNX ORAL TABLET 40 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TYKERB ORAL TABLET 250 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VOTRIENT ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 16 Years)
ZYKADIA ORAL CAPSULE 150 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day); AG (Min 16 Years)
*Antineoplastic Antibiotics***			
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic Combinations***			
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HYDREA ORAL CAPSULE 500 MG	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>hydroxyurea oral capsule 500 mg</i>		1	R
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MATULANE ORAL CAPSULE 50 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Aromatase Inhibitors***			
ARIMIDEX ORAL TABLET (<i>Anastrozole</i>) 1 MG	1	1	R&M; F; QL (1 EA per 1 day)
AROMASIN ORAL TABLET 25 MG	1		R&M; Note 1 (Tier 2 copay + cost differential applies); F; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>		1	R&M; F; QL (1 EA per 1 day)
FEMARA ORAL TABLET 2.5 MG	1		R&M; Note 1 (Tier 2 copay + cost differential applies); F; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>		1	R&M; F; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral tablet 15 mg</i>		3	R
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Imidazotetrazines***			
TEMODAR ORAL CAPSULE (<i>Temozolomide</i>) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	1	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Janus Associated Kinase (Jak) Inhibitors***			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 45 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
ELIGARD SUBCUTANEOUS KIT 30 MG, 7.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		1	PA; R

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Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VANTAS SUBCUTANEOUS KIT 50 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Mitotic Inhibitors***			
<i>etoposide oral capsule 50 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nitrogen Mustards***			
ALKERAN ORAL TABLET (<i>Melphalan</i>) 2 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		1	R
LEUKERAN ORAL TABLET 2 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		1	R
*Retinoids***			
<i>tretinoin oral capsule 10 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene oral capsule 75 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TARGRETIN ORAL CAPSULE 75 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Urinary Tract Protective Agents***			
MESNEX ORAL TABLET 400 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Anti-Obesity - Glp-1 Receptor Agonists***			
*Anti-Obesity - Glp-1 Receptor Agonists***			
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3		R
*Anti-Obesity Agent Combinations**			
*Anti-Obesity Agent Combinations**			
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	3		R
Antiparkinson Agents			
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>		1	R
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule 100 mg</i>		1	R
<i>amantadine hcl oral syrup 50 mg/5ml</i>		1	R
<i>amantadine hcl oral tablet 100 mg</i>		1	R
<i>bromocriptine mesylate oral capsule 5 mg</i>		1	R
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		1	R
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	3		R
*Antiparkinson Monoamine Oxidase Inhibitors***			
AZILECT ORAL TABLET (<i>Rasagiline Mesylate</i>) 0.5 MG, 1 MG	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>selegiline hcl oral capsule 5 mg</i>		1	R
<i>selegiline hcl oral tablet 5 mg</i>		1	R
XADAGO ORAL TABLET 100 MG, 50 MG	3		PA; R
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	3		PA; R&M; QL (2 EA per 1 day)
*Central/Peripheral Comt Inhibitors***			
TASMAR ORAL TABLET (<i>Tolcapone</i>) 100 MG	3	1	PA; R
*Decarboxylase Inhibitors***			
<i>carbidopa oral tablet 25 mg</i>		1	R
LODOSYN ORAL TABLET 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Levodopa Combinations***			
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>		1	R
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		1	R
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3		PA; R
SINEMET CR ORAL TABLET EXTENDED RELEASE (<i>Carbidopa-Levodopa ER</i>) 25-100 MG, 50-200 MG	3	1	R
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
STALEVO 100 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 25-100-200 MG	3	3	R&M; QL (8 EA per 1 day)
STALEVO 125 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 31.25-125-200 MG	3	3	R
STALEVO 150 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 37.5-150-200 MG	3	3	R&M; QL (8 EA per 1 day)
STALEVO 50 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 12.5-50-200 MG	3	3	R&M; QL (8 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>		2	R&M; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		1	R
REQUIP ORAL TABLET 1 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Days)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		1	R&M; QL (8 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		1	R&M; QL (4 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		1	R&M; QL (3 EA per 1 Days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		1	R
*Peripheral Comt Inhibitors***			
COMTAN ORAL TABLET 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>entacapone oral tablet 200 mg</i>		1	R
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>		1	R
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		1	R
<i>lithium carbonate oral tablet 300 mg</i>		1	R
*Antipsychotics - Misc.***			
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3		R&M; QL (3 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3		R&M; QL (8 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3		R&M; QL (5 EA per 1 day)
GEODON ORAL CAPSULE 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (10 EA per 1 day)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
NUPLAZID ORAL TABLET 17 MG	3		R
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	3		R&M; QL (1 EA per 7 days); AG (Min 12 Years)
<i>ziprasidone hcl oral capsule 20 mg</i>		1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)
*Benzisoxazoles***			
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3		R
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (Paliperidone ER) 1.5 MG, 6 MG	3	3	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (Paliperidone ER) 3 MG, 9 MG	3	3	R&M; QL (1 EA per 1 day); AG (Min 12 Years)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG, 2 MG, 4 MG	3		R
<i>risperidone oral solution 1 mg/ml</i>		1	R
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		1	R
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>		3	R
*Butyrophenones***			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		1	R
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
FAZACLO ORAL TABLET DISPERSIBLE (CloZAPine) 100 MG, 150 MG, 200 MG, 25 MG	3	3	R
FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG	3		R
*Dibenzo-Oxepino Pyrroles***			
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	3		R
*Dibenzothiazepines***			
SEROQUEL ORAL TABLET (QUetiapine Fumarate) 100 MG, 200 MG, 25 MG, 300 MG	3	1	R
SEROQUEL ORAL TABLET (QUetiapine Fumarate) 400 MG	3	1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
SEROQUEL ORAL TABLET (<i>QUEtiapine Fumarate</i>) 50 MG	3	1	R&M; QL (3 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>QUEtiapine Fumarate ER</i>) 150 MG, 200 MG, 50 MG	3	1	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>QUEtiapine Fumarate ER</i>) 300 MG	3	1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>QUEtiapine Fumarate ER</i>) 400 MG	3	3	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		1	R
*Phenothiazines***			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
COMPRO RECTAL SUPPOSITORY (<i>Prochlorperazine</i>) 25 MG	1	1	R
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		1	R
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		1	R
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
<i>trifluoperazine hcl oral tablet 2 mg, 5 mg</i>		1	R
*Quinolinone Derivatives***			
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ABILIFY ORAL TABLET 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>		1	R&M; QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg</i>		1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		3	R
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
*Thioxanthenes***			
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
*Antiretrovirals Adjuvants***			
*Antiretrovirals Adjuvants***			
TYBOST ORAL TABLET 150 MG	3		R&M; QL (1 EA per 1 day)
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
FORMADON EXTERNAL SOLUTION (Formaldehyde) 10 %	1	1	R
<i>formaldehyde external solution 37 %</i>		3	R
<i>phenol liquid 89 %</i>		3	R
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		1	R
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>		1	R&M; QL (2 EA per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
COMBIVIR ORAL TABLET 150-300 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
COMPLERA ORAL TABLET 200-25-300 MG	2		R

Drug Name	Brand	Generic	Additional Information
DESCOVY ORAL TABLET 200-25 MG	3		R&M; QL (1 EA per 1 day)
EPZICOM ORAL TABLET 600-300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
EVOTAZ ORAL TABLET 300-150 MG	3		R
GENVOYA ORAL TABLET 150-150-200-10 MG	2		R
JULUCA ORAL TABLET 50-25 MG	3		R
KALETRA ORAL SOLUTION (<i>Lopinavir-Ritonavir</i>) 400-100 MG/5ML	2	1	R
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2		R
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		1	R
ODEFSEY ORAL TABLET 200-25-25 MG	2		R
PREZCOBIX ORAL TABLET 800-150 MG	3		R
STRIBILD ORAL TABLET 150-150-200-300 MG	2		R
TRIUMEQ ORAL TABLET 600-50-300 MG	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
TRIZIVIR ORAL TABLET 300-150-300 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies); QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2		R&M; QL (1 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION 20 MG/ML	2		R
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2		R
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS HD ORAL TABLET 600 MG	2		R
ISENTRESS ORAL PACKET 100 MG	2		R
ISENTRESS ORAL TABLET 400 MG	2		R
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	2		R

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Drug Name	Brand	Generic	Additional Information
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2		R
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE 250 MG	3		R
APTIVUS ORAL SOLUTION 100 MG/ML	3		R
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2		R
INVIRASE ORAL CAPSULE 200 MG	2		R
INVIRASE ORAL TABLET 500 MG	2		R
LEXIVA ORAL SUSPENSION 50 MG/ML	2		R
LEXIVA ORAL TABLET (<i>Fosamprenavir Calcium</i>) 700 MG	2	2	R
NORVIR ORAL CAPSULE 100 MG	2		R
NORVIR ORAL SOLUTION 80 MG/ML	2		R
NORVIR ORAL TABLET 100 MG	2		R
PREZISTA ORAL SUSPENSION 100 MG/ML	2		R
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2		R
REYATAZ ORAL CAPSULE 150 MG, 200 MG	2		R&M; QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	2		R&M; QL (1 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	2		R
VIRACEPT ORAL TABLET 250 MG, 625 MG	2		R
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	2		R&M; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	2		R
<i>nevirapine oral tablet 200 mg</i>		1	R
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3		R
SUSTIVA ORAL CAPSULE 200 MG	2		R&M; QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE 50 MG	2		R&M; QL (2 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG	2		R&M; QL (1 EA per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	2		R

Drug Name	Brand	Generic	Additional Information
VIRAMUNE ORAL TABLET 200 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (Nevirapine ER) 100 MG, 400 MG	3	1	R
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution 20 mg/ml</i>		1	R
<i>abacavir sulfate oral tablet 300 mg</i>		1	R
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>		1	R
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	2		R
ZIAGEN ORAL SOLUTION 20 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZIAGEN ORAL TABLET 300 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE 200 MG	2		R&M; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	2		R&M; QL (720 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML	3		R&M; Note 2 (Limited to 30 days supply)
EPIVIR ORAL TABLET 150 MG, 300 MG	3		R&M; Note 2 (Limited to 30 days supply)
<i>lamivudine oral solution 10 mg/ml</i>		1	R
<i>lamivudine oral tablet 150 mg, 300 mg</i>		1	R
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR ORAL CAPSULE 100 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
RETROVIR ORAL SYRUP 50 MG/5ML	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<i>zidovudine oral capsule 100 mg</i>		1	R
<i>zidovudine oral syrup 50 mg/5ml</i>		1	R
<i>zidovudine oral tablet 300 mg</i>		1	R
*Antiretrovirals - Rti-Nucleotide Analogues***			
VIREAD ORAL POWDER 40 MG/GM	2		R
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	2		R&M; QL (1 EA per 1 day)
*Cmv Agents***			
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>		1	R
PREVYMIS ORAL TABLET 240 MG, 480 MG	3		R
VALCYTE ORAL SOLUTION RECONSTITUTED (ValGANciclovir HCl) 50 MG/ML	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VALCYTE ORAL TABLET 450 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); QL (4 EA per 1 day)
<i>valganciclovir hcl oral tablet 450 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
*Hepatitis B Agents***			
<i>adefovir dipivoxil oral tablet 10 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (20 ML per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); QL (1 EA per 1 day); AG (Min 16 Years)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2		R&M; Note 1 (Limited to 30 days supply)
EPIVIR HBV ORAL TABLET 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (Limited to 30 days supply)
HEPSERA ORAL TABLET 10 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>lamivudine oral tablet 100 mg</i>		1	R&M; Note 1 (Limited to 30 days supply)
VEMLIDY ORAL TABLET 25 MG	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
*Hepatitis C Agents***			
COPEGUS ORAL TABLET 200 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
MODERIBA ORAL TABLET (<i>Ribavirin</i>) 200 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OLYSIO ORAL CAPSULE 150 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBETOL ORAL CAPSULE 200 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
REBETOL ORAL SOLUTION 40 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (9 EA per 30 days)
RIBASPHERE ORAL CAPSULE (<i>Ribavirin</i>) 200 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RIBASPHERE ORAL TABLET (<i>Ribavirin</i>) 200 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
SOVALDI ORAL TABLET 400 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral capsule 200 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>acyclovir oral suspension 200 mg/5ml</i>		1	R
<i>acyclovir oral tablet 400 mg, 800 mg</i>		1	R
SITAVIG BUCCAL TABLET 50 MG	3		PA; R&M; Note 1 (Max #15 tablets retail or mail order); AG (Min 16 Years)
<i>valacyclovir hcl oral tablet 500 mg</i>		1	R
VALTREX ORAL TABLET 1 GM, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOVIRAX ORAL CAPSULE 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOVIRAX ORAL TABLET 400 MG, 800 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		1	R
*Influenza Agents***			
FLUMADINE ORAL TABLET 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>		3	R&M; QL (10 EA per 1 Copay)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3		R&M; QL (20 EA per 30 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (10 EA per 1 Copay)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3		R&M; Note 1 (3 bottles per copay); QL (180 ML per 1 Copay)
Assorted Classes			
*Antileprotics***			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Chelating Agents***			
CUPRIMINE ORAL CAPSULE 250 MG	2		R
DEPEN TITRATABS ORAL TABLET 250 MG	3		R
SYPRINE ORAL CAPSULE 250 MG	3		R
*Cyclosporine Analogs***			
<i>cyclosporine modified oral capsule 50 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GENGRAF ORAL CAPSULE (CycloSPORINE Modified) 100 MG, 25 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GENGRAF ORAL SOLUTION (CycloSPORINE Modified) 100 MG/ML	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEORAL ORAL CAPSULE 100 MG, 25 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>neoral oral solution 100 mg/ml</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
SANDIMMUNE INTRAVENOUS SOLUTION (CycloSPORINE) 50 MG/ML	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 2 copay + cost differential applies)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Enzymes***			
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
*Inosine Monophosphate Dehydrogenase Inhibitors***			
CELLCEPT ORAL CAPSULE 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CELLCEPT ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>mycophenolate mofetil oral capsule 250 mg</i>		1	R
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>		1	R
<i>mycophenolate mofetil oral tablet 500 mg</i>		1	R
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>		1	R&M; QL (4 EA per 1 day)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Macrolide Immunosuppressants***			
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	3		R
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	3		PA; R
PROGRAF ORAL CAPSULE (<i>Tacrolimus</i>) 0.5 MG, 1 MG, 5 MG	3	1	R
RAPAMUNE ORAL SOLUTION 1 MG/ML	3		R
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3		SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Potassium Removing Resins***			
KIONEX ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
KIONEX ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML	1	1	R
SPS ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML	1	1	R
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3		PA; R
*Purine Analogs***			
AZASAN ORAL TABLET 100 MG, 75 MG	3		R
<i>azathioprine oral tablet 50 mg</i>		1	R
IMURAN ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Selective T-Cell Costimulation Blockers***			
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3		SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Beta Blocker & Angiotensin Ii Receptor Antagonist Comb***			
*Beta Blocker & Angiotensin Ii Receptor Antagonist Comb***			
BYVALSON ORAL TABLET 5-80 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>		1	R
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Carvedilol Phosphate ER) 10 MG, 20 MG, 40 MG, 80 MG	3	3	R
COREG ORAL TABLET 6.25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		1	R
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		1	R
<i>betaxolol hcl oral tablet 10 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		1	R
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2		R
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		3	R
TENORMIN ORAL TABLET (Atenolol) 100 MG, 25 MG, 50 MG	3	1	R
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Beta Blockers Non-Selective***			
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
BETAPACE ORAL TABLET 160 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CORGARD ORAL TABLET 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	3		R
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	3		PA; R&M; QL (1 EA per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	3		PA; R&M; QL (1 EA per 1 day)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		1	R
<i>pindolol oral tablet 10 mg</i>		1	R
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 80 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg, 60 mg</i>		1	R
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		1	R
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	R
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>		1	R
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>		1	R
SOTYLIZE ORAL SOLUTION 5 MG/ML	3		R
<i>timolol maleate oral tablet 10 mg, 5 mg</i>		3	R
*Bile Acid Synthesis Disorder Agents***			
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Biologicals Misc			
*Allergenic Extracts***			
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	3		PA; R
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	3		PA; R

Drug Name	Brand	Generic	Additional Information
*Biologicals Misc***			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Bulk Chemicals - Ny***			
*Bulk Chemicals - Ny***			
<i>nystatin powder</i>		3	R
Calcium Channel Blockers			
*Calcium Channel Blockers***			
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
CALAN SR ORAL TABLET EXTENDED RELEASE 240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Diltiazem HCl ER Coated Beads</i>) 360 MG	3	1	R
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Diltiazem HCl ER Coated Beads</i>) 120 MG, 180 MG	1	1	R
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>DilTIAZem HCl ER Coated Beads</i>) 240 MG, 300 MG	1	1	R
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>		1	R
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>		1	R
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		1	R
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		1	R
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		1	R
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER) 30 MG	1	1	R
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	1		R
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		1	R
<i>nifedipine oral capsule 10 mg, 20 mg</i>		1	R
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		3	R&M; QL (2 EA per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PROCARDIA ORAL CAPSULE 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	1	R
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>		1	R
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		1	R
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK ORAL TABLET (<i>Digoxin</i>) 125 MCG	1	2	R
DIGITEK ORAL TABLET (<i>Digoxin</i>) 250 MCG	1	1	R
DIGOX ORAL TABLET (<i>Digoxin</i>) 125 MCG	1	2	R
DIGOX ORAL TABLET (<i>Digoxin</i>) 250 MCG	1	1	R
<i>digoxin oral solution 0.05 mg/ml</i>		3	R
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2		R
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	2		R
Cardiovascular Agents - Misc.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg</i>		3	R&M; QL (3 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
CADUET ORAL TABLET (<i>Amlodipine-Atorvastatin</i>) 10-80 MG	3	3	R&M; QL (1 EA per 1 day)
*Nitrate & Vasodilator Combinations***			
BIDIL ORAL TABLET 20-37.5 MG	3		R&M; AG (Max 16 Years)
*Prostaglandin - Impotence Agents***			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3		R&M; M
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	3		R&M; M; QL (6 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	3		R&M; M

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Drug Name	Brand	Generic	Additional Information
MUSE URETHRAL PELLETT 1000 MCG, 125 MCG, 250 MCG, 500 MCG	3		R&M; M; QL (6 EA per 30 days)
*Prostaglandin Vasodilators***			
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (Epoprostenol Sodium) 0.5 MG, 1.5 MG	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3		PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TYVASO INHALATION SOLUTION 0.6 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (Epoprostenol Sodium) 0.5 MG, 1.5 MG	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET 0.5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day)
ADEMPAS ORAL TABLET 1 MG, 1.5 MG, 2 MG, 2.5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
LETAIRIS ORAL TABLET 10 MG, 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
OPSUMIT ORAL TABLET 10 MG	3		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ADCIRCA ORAL TABLET 20 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO INTRAVENOUS SOLUTION (<i>Sildenafil Citrate</i>) 10 MG/12.5ML	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO ORAL TABLET 20 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
CIALIS ORAL TABLET 10 MG, 20 MG	3		PA; R&M; M; QL (24 EA per 84 days); AG (Min 18 Years)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3		PA; R&M; M; QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3		R&M; M; QL (8 EA per 30 days)
STAXYN ORAL TABLET DISPERSIBLE 10 MG	3		R&M; M; QL (8 EA per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3		R&M; M; QL (8 EA per 30 days)
VIAGRA ORAL TABLET (Sildenafil Citrate) 100 MG, 25 MG, 50 MG	3	1	R&M; M; QL (8 EA per 30 days)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil oral capsule 500 mg</i>		1	R
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		1	R
<i>cefadroxil oral tablet 1 gm</i>		1	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		1	R
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cephalexin oral tablet 250 mg, 500 mg</i>		3	R
DAXBIA ORAL CAPSULE 333 MG	3		PA; R
KEFLEX ORAL CAPSULE 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
KEFLEX ORAL CAPSULE (Cephalexin) 750 MG	3	1	R
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		3	R
<i>cefaclor oral capsule 250 mg, 500 mg</i>		1	R
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		3	R
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cefprozil oral tablet 250 mg, 500 mg</i>		1	R
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	3		R
CEFTIN ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Cephalosporins - 3Rd Generation***			
CEDAX ORAL CAPSULE (Ceftibuten) 400 MG	3	3	R
CEDAX ORAL SUSPENSION RECONSTITUTED (Ceftibuten) 180 MG/5ML	3	3	R
<i>cefдинир oral capsule 300 mg</i>		1	R
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cefditoren pivoxil oral tablet 200 mg</i>		3	R
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		1	R
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		1	R
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		1	R
SPECTRACEF ORAL TABLET (Cefditoren Pivoxil) 400 MG	3	3	R
SUPRAX ORAL CAPSULE 400 MG	3		R
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SUPRAX ORAL TABLET CHEWABLE 100 MG	3		R
Chemicals			
*Bulk Chemicals - Am's***			
<i>amoxicillin-pot clavulanate powder</i>		3	R
*Bulk Chemicals - Cy's***			
<i>cyclobenzaprine hcl powder</i>		3	R
*Bulk Chemicals - Di's***			
<i>diclofenac sodium powder</i>		3	R
*Bulk Chemicals - Es's***			
<i>estradiol micronized powder</i>		3	R
*Bulk Chemicals - Et's***			
<i>etoposide powder</i>		2	R
*Bulk Chemicals - Gr's***			
<i>gramicidin d powder</i>		3	R

Drug Name	Brand	Generic	Additional Information
*Bulk Chemicals - Io's***			
<i>iodine strong (lugol's) solution</i>		3	R
*Bulk Chemicals - Ke's***			
<i>ketamine hcl powder</i>		2	R
*Bulk Chemicals - Ox's***			
<i>oxybutynin chloride powder</i>		3	R
*Bulk Chemicals - Pr's***			
<i>progesterone micronized powder</i>		3	R
<i>progesterone milled powder</i>		3	R
<i>progesterone powder</i>		3	R
<i>progesterone wetable powder</i>		3	R
*Bulk Chemicals - Te's***			
<i>testosterone cypionate powder</i>		3	R
<i>testosterone micronized crystals</i>		3	R
<i>testosterone powder</i>		3	R
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE ORAL TABLET 3 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
BEKYREE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
KARIVA ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
KIMIDESS ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	3		R&M; F; \$0; QL (1.25 EA per 1 day)
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3		R&M; F; QL (1.25 EA per 1 day)
PIMTREA ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day)
*Combination Contraceptives - Oral***			
ALTAVERA ORAL TABLET <i>(Levonorgestrel-Ethinyl Estrad) 0.15-30 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
APRI ORAL TABLET <i>(Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
AUBRA ORAL TABLET <i>(Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
AVIANE ORAL TABLET <i>(Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
BALZIVA ORAL TABLET <i>(Briellyn) 0.4-35 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
BEYAZ ORAL TABLET <i>(Drospiren-Eth Estrad-Levomefol) 3-0.02-0.451 MG</i>	2	3	R&M; F; \$0; QL (28 EA per 30 days)
BLISOVI 24 FE ORAL TABLET <i>(Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
CHATEAL ORAL TABLET <i>(Levonorgestrel-Ethinyl Estrad) 0.15-30 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
CYCLAFEM 1/35 ORAL TABLET <i>(Alyacen 1/35) 1-35 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
CYRED ORAL TABLET <i>(Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DASETTA 1/35 ORAL TABLET <i>(Alyacen 1/35) 1-35 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DELYLA ORAL TABLET <i>(Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DESOGEN ORAL TABLET 0.15-30 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
ELINEST ORAL TABLET 0.3-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
EMOQUETTE ORAL TABLET <i>(Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ESTARYLLA ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>		1	R&M; F; \$0; QL (28 EA per 30 days)
FALMINA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
FEMYNOR ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
GIANVI ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG	1	1	R&M; \$0; QL (28 EA per 30 days)
GILDAGIA ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
GILDESS FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ISIBLOOM ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JULEBER ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
JUNEL 1/20 ORAL TABLET (<i>Norethindrone Acet-Ethinyl Est</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
JUNEL FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JUNEL FE 24 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
KAITLIB FE ORAL TABLET CHEWABLE (<i>Norethin-Eth Estradiol-Fe</i>) 0.8-25 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
KELNOR 1/35 ORAL TABLET (<i>Ethinodiol Diac-Eth Estradiol</i>) 1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
KURVELO ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; QL (1.25 EA per 1 day)
LARIN 1/20 ORAL TABLET (<i>Norethindrone Acet-Ethinyl Est</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LARIN 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
LARIN FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1		R&M; F; QL (1.25 EA per 1 day)
LAYOLIS FE ORAL TABLET CHEWABLE (<i>Norethin-Eth Estradiol-Fe</i>) 0.8-25 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LESSINA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LEVORA 0.15/30 (28) ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LILLOW ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3		R&M; F; \$0; QL (1.25 EA per 1 day)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (1.25 EA per 1 day)
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (1.25 EA per 1 day)
LOMEDIA 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LORYNA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG	1	1	R&M; \$0; QL (28 EA per 30 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
LUTERA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
MELODETTA 24 FE ORAL TABLET CHEWABLE (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	3	3	R&M; F; \$0; QL (1.25 EA per 1 day)
MIBELAS 24 FE ORAL TABLET CHEWABLE (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	3	3	R&M; F; \$0; QL (1.25 EA per 1 day)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
MICROGESTIN 1/20 ORAL TABLET (<i>Norethindrone Acet-Ethinyl Est</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
MICROGESTIN FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
MINASTRIN 24 FE ORAL TABLET CHEWABLE (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	3	3	R&M; F; \$0; QL (1.25 EA per 1 day)
MONO-LINYAH ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
MONONESSA ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
NECON 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	3		R&M; F; \$0; QL (1.25 EA per 1 day)
NIKKI ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG	1	1	R&M; \$0; QL (28 EA per 30 days)
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg (24)</i>		3	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>		1	R&M; F; QL (1.25 EA per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
NORTREL 1/35 (21) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORTREL 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
OCELLA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
OGESTREL ORAL TABLET 0.5-50 MG-MCG	3		R&M; F; \$0; QL (1.25 EA per 1 day)
ORSYTHIA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ORTHO-CYCLLEN (28) ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ORTHO-NOVUM 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
PHILITH ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
PIRMELLA 1/35 ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
PORTIA-28 ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
PREVIFEM ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
RAJANI ORAL TABLET (<i>Drospiren-Eth Estrad-Levomefol</i>) 3-0.02-0.451 MG	3	3	R&M; F; \$0; QL (28 EA per 30 days)
RECLIPSEN ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	3		R&M; F; QL (28 EA per 30 days)
SOLIA ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
SPRINTEC 28 ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
SRONYX ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
SYEDA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TARINA FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	3		R&M; F; QL (28 EA per 30 days)
VESTURA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG	1	1	R&M; \$0; QL (28 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
VIENVA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
VYFEMLA ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
WERA ORAL TABLET 0.5-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
YASMIN 28 ORAL TABLET 3-0.03 MG	3		R&M; F; QL (1.25 EA per 1 day)
YAZ ORAL TABLET 3-0.02 MG	3		R&M; QL (28 EA per 30 days)
ZARAH ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ZENCHENT ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ZOVIA 1/35E (28) ORAL TABLET (<i>Ethinodiol Diac-Eth Estradiol</i>) 1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	3		R&M; F; QL (28 EA per 30 days)
*Combination Contraceptives - Transdermal***			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1		R&M; F; \$0; QL (3 EA per 30 days)
*Combination Contraceptives - Vaginal***			
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	3		R&M; F; \$0; QL (1 EA per 30 days)
*Continuous Contraceptives - Oral***			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day); AG (Min 12 Years)
*Emergency Contraceptives***			
AFTERA ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
ECONTRA EZ ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
ELLA ORAL TABLET 30 MG	3		RO; F; \$0; QL (3 EA per 30 days)
MY WAY ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
NEXT CHOICE ONE DOSE ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
OPCICON ONE-STEP ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
OPTION 2 ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
PLAN B ONE-STEP ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	3	1	R&M; F; \$0; QL (3 EA per 30 days)
REACT ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
TAKE ACTION ORAL TABLET (<i>Levonorgestrel</i>) 1.5 MG	1	1	R&M; F; \$0; QL (3 EA per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA LO ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.1-0.02 & 0.01 MG	1	1	R&M; F; \$0; QL (91 EA per 91 days)
AMETHIA ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 & 0.01 MG	1	1	R&M; F; \$0; QL (91 EA per 90 days)
ASHLYNA ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 & 0.01 MG	1	1	R&M; F; \$0; QL (91 EA per 90 days)
CAMRESE LO ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.1-0.02 & 0.01 MG	1	1	R&M; F; \$0; QL (91 EA per 91 days)
CAMRESE ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 & 0.01 MG	1	1	R&M; F; \$0; QL (91 EA per 90 days)
DAYSEE ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 & 0.01 MG	1	1	R&M; F; \$0; QL (91 EA per 90 days)
FAYOSIM ORAL TABLET (<i>Levonorgest-Eth Est & Eth Est</i>) 42-21-21-7 DAYS	1	1	R&M; F; \$0; QL (91 EA per 91 days)
INTROVALE ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 MG	1	1	R&M; F; \$0; QL (91 EA per 91 days)
JOLESSA ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 MG	1	1	R&M; F; \$0; QL (91 EA per 91 days)
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3		R&M; F; QL (91 EA per 91 days)
QUARTETTE ORAL TABLET (<i>Levonorgest-Eth Est & Eth Est</i>) 42-21-21-7 DAYS	3	1	R&M; F; \$0; QL (91 EA per 91 days)
QUASENSE ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 MG	1	1	R&M; F; \$0; QL (91 EA per 91 days)

Drug Name	Brand	Generic	Additional Information
RIVELSA ORAL TABLET (<i>Levonorgest-Eth Est & Eth Est</i>) 42-21-21-7 DAYS	1	1	R&M; F; \$0; QL (91 EA per 91 days)
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	3		R&M; F; QL (91 EA per 90 days)
SETLAKIN ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 MG	1	1	R&M; F; \$0; QL (91 EA per 91 days)
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	3		R&M; F; \$0; QL (1.25 EA per 1 day)
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>MedroxyPROGESTERone Acetate</i>) 150 MG/ML	3	1	R&M; F; \$0; QL (1 EA per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>MedroxyPROGESTERone Acetate</i>) 150 MG/ML	3	1	R&M; F; \$0; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3		R&M; Note 1 (10 bottles per copay retail or mail. Max 30.); F; \$0; QL (1 ML per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DEBLITANE ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ERRIN ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
HEATHER ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JENCYCLA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JOLIVETTE ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LYZA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORA-BE ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORLYDA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
NORLYROC ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ORTHO MICRONOR ORAL TABLET 0.35 MG	3		R&M; F; QL (1.25 EA per 1 day)
SHAROBEL ORAL TABLET (<i>Norethindrone</i>) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
*Triphasic Contraceptives - Oral***			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
CYCLAFEM 7/7/7 ORAL TABLET (<i>Alyacen 7/7/7</i>) 0.5/0.75/1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
CYCLESSA ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	3		R&M; F; QL (1.25 EA per 1 day)
DASETTA 7/7/7 ORAL TABLET (<i>Alyacen 7/7/7</i>) 0.5/0.75/1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ENPRESSE-28 ORAL TABLET (<i>Levonorg-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
LEVONEST ORAL TABLET (<i>Levonorg-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
MYZILRA ORAL TABLET (<i>Levonorg-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NECON 7/7/7 ORAL TABLET (<i>Alyacen 7/7/7</i>) 0.5/0.75/1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORTREL 7/7/7 ORAL TABLET (<i>Alyacen 7/7/7</i>) 0.5/0.75/1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3		R&M; F; QL (1.25 EA per 1 day)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	3		R&M; F; QL (1.25 EA per 1 day)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
PIRMELLA 7/7/7 ORAL TABLET (<i>Alyacen 7/7/7</i>) 0.5/0.75/1-35 MG-MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
TRI FEMYNOR ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-35 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-ESTARYLLA ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-35 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1		R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LINYAH ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-35 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LO-ESTARYLLA ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-25 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LO-MARZIA ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-25 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LO-SPRINTEC ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-25 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRINESSA (28) ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-35 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRINESSA LO ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-25 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	3		R&M; F; QL (1.25 EA per 1 day)
TRI-PREVIFEM ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-35 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-SPRINTEC ORAL TABLET <i>(Norgestim-Eth Estrad Triphasic)</i> 0.18/0.215/0.25 MG-35 MCG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRIVORA (28) ORAL TABLET <i>(Levonorg-Eth Estrad Triphasic)</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	1		R&M; F; \$0; QL (1.25 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Corticosteroids			
*Glucocorticosteroids***			
<i>budesonide oral capsule delayed release particles 3 mg</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DELTASONE ORAL TABLET (PredniSONE) 20 MG	1	1	R
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	3		R
<i>dexamethasone oral solution 0.5 mg/5ml</i>		3	R
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>		1	R
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	3		PA; R&M; AG (Min 5 Years)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	3		PA; R&M; AG (Min 5 Years)
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG	1		R&M; QL (3 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>		1	R
MEDROL ORAL TABLET 2 MG	3		R
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		1	R
MILLIPRED ORAL SOLUTION (PredniLONE Sodium Phosphate) 10 MG/5ML	3	3	R
MILLIPRED ORAL TABLET 5 MG	3		R
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<i>prednisolone oral solution 15 mg/5ml</i>		1	R
<i>prednisolone oral syrup 15 mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>		3	R
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>		1	R
<i>prednisone oral solution 5 mg/5ml</i>		3	R
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>prednisone oral tablet 50 mg</i>		3	R
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG	3		PA; R
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	3		R
VERIPRED 20 ORAL SOLUTION <i>(PrednisoLONE Sodium Phosphate) 20 MG/5ML</i>	3	3	R
*Mineralocorticoids***			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		1	R
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate capsule 150 mg oral 150 mg</i>		1	R
<i>benzonatate oral capsule 100 mg, 200 mg</i>		1	R
TESSALON PERLES ORAL CAPSULE 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Antitussive - Opioid***			
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>		1	R
<i>hydromet oral syrup 5-1.5 mg/5ml</i>		1	R
TUSSIGON ORAL TABLET <i>(Hydrocodone-Homatropine)</i> 5-1.5 MG	1	1	R
*Antitussive-Expectorant***			
FLOWTUSS ORAL SOLUTION 2.5-200 MG/5ML	3		PA; R
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		1	R
OBREDON ORAL SOLUTION 2.5-200 MG/5ML	3		PA; R
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	3		R&M; QL (2 EA per 1 day)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>		1	R
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		1	R
SEMPREX-D ORAL CAPSULE 8-60 MG	2		R&M; QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Misc. Respiratory Inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>		1	R
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		1	R
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		1	R
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	1		R
*Opioid Antitussive-Antihistamine***			
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		1	R
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG	3		PA; R
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	3		R&M; QL (20 ML per 1 day); AG (Min 18 Years)
*Opioid Antitussive-Decongestant-Antihistamine***			
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>		1	R
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>		1	R
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KISQALI 200 DOSE ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
KISQALI 400 DOSE ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KISQALI 600 DOSE ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cystic Fibrosis Agent - Combinations***			
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL TABLET 100-125 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Dermatologicals			
*Acne Antibiotics***			
ACZONE EXTERNAL GEL (<i>Dapsone</i>) 5 %	3	3	R
ACZONE EXTERNAL GEL 7.5 %	3		R
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>) 1 %	1	1	R
CLINDACIN-P EXTERNAL SWAB (<i>Clindamycin Phosphate</i>) 1 %	1	1	R
<i>clindamycin phosphate external foam 1 %</i>		1	R
<i>clindamycin phosphate external gel 1 %</i>		1	R
<i>clindamycin phosphate external lotion 1 %</i>		1	R
<i>clindamycin phosphate external solution 1 %</i>		1	R
<i>ery external pad 2 %</i>		1	R
ERYGEL EXTERNAL GEL (<i>Erythromycin</i>) 2 %	3	1	R
<i>erythromycin external pad 2 %</i>		1	R
<i>erythromycin external solution 2 %</i>		1	R
<i>sulfacetamide sodium (acne) external lotion 10 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>sulfacetamide sodium external suspension 10 %</i>		1	R
*Acne Combinations***			
ACANYA EXTERNAL GEL 1.2-2.5 %	3		PA; R
AVAR CLEANSER EXTERNAL EMULSION (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %	1	1	R
AVAR EXTERNAL PAD 9.5-5 %	3		R
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
AVAR LS EXTERNAL PAD 10-2 %	3		R
AVAR-E EMOLLIENT EXTERNAL CREAM (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %	1	1	R
AVAR-E GREEN EXTERNAL CREAM (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %	1	1	R
AVAR-E LS EXTERNAL CREAM 10-2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BENZAACLIN EXTERNAL GEL 1-5 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>		1	R
DUAC EXTERNAL GEL 1.2-5 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
EPIDUO EXTERNAL GEL (<i>Adapalene-Benzoyl Peroxide</i>) 0.1-2.5 %	3	3	PA; R
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	3		PA; R
NEUAC EXTERNAL GEL 1.2-5 %	3		PA; R
ONEXTON EXTERNAL GEL 1.2-3.75 %	3		PA; R
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (285 GM per 1 Copay)
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	3		R&M; QL (60 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
PLEXION EXTERNAL CREAM 9.8-4.8 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (57 GM per 1 Copay)
PLEXION EXTERNAL LOTION 9.8-4.8 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (57 GM per 1 Copay)
ROSANIL CLEANSER EXTERNAL EMULSION (Sulfacetamide Sodium-Sulfur) 10-5 %	3	1	R
<i>sss 10-5 external cream 10-5 %</i>		1	R
<i>sss 10-5 external foam 10-5 %</i>		1	R&M; Note 1 (1-60gm can per copay: Max 2); QL (60 GM per 1 Copay)
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>		1	R
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>		1	R&M; QL (57 GM per 1 copay)
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external liquid 9.8-4.8 %</i>		1	R&M; QL (280 GM per 1 copay)
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external lotion 9.8-4.8 %</i>		1	R&M; QL (57 GM per 1 copay)
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>		3	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		3	R
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>		3	R
SULFACLEANSE 8/4 EXTERNAL SUSPENSION (Sulfacetamide Sodium-Sulfur) 8-4 %	1	1	R
SUMAXIN EXTERNAL PAD 10-4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 12 Years)
SUMAXIN TS EXTERNAL SUSPENSION 8-4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VELTIN EXTERNAL GEL (Clindamycin-Tretinoin) 1.2-0.025 %	3	3	PA; R

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Drug Name	Brand	Generic	Additional Information
ZENCIA EXTERNAL LIQUID (<i>Sulfacetamide Sodium-Sulfur</i>) 9-4 %	1	1	R
ZIANA EXTERNAL GEL (<i>Clindamycin-Tretinoin</i>) 1.2-0.025 %	3	3	PA; R
*Acne Products***			
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3		PA; R
<i>adapalene external cream 0.1 %</i>		1	R
<i>adapalene external gel 0.1 %, 0.3 %</i>		1	R
<i>adapalene external lotion 0.1 %</i>		2	R
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3		PA; R
AZELEX EXTERNAL CREAM 20 %	3		R
BENZEFOAMULTRA EXTERNAL FOAM 9.8 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BENZEPRO SHORT CONTACT EXTERNAL FOAM (<i>Benzoyl Peroxide</i>) 9.8 %	1	1	R
BENZIQ EXTERNAL GEL 5.25 %	3		R&M; QL (50 GM per 30 days); AG (Min 12 Years)
BENZIQ LS EXTERNAL GEL 2.75 %	3		R&M; QL (50 GM per 30 days); AG (Min 12 Years)
<i>bp foam external foam 9.8 %</i>		1	R
<i>bpo foaming cloths external 6 %</i>		1	R
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3		PA; R
DIFFERIN EXTERNAL GEL 0.3 %	3		PA; R
DIFFERIN EXTERNAL LOTION 0.1 %	3		PA; R
FABIOR EXTERNAL FOAM 0.1 %	3		R
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3		PA; R
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID (<i>BP Wash</i>) 7 %	1	1	R
RETIN-A MICRO EXTERNAL GEL (<i>Tretinoin Microsphere</i>) 0.04 %	3	1	R
RETIN-A MICRO EXTERNAL GEL 0.1 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3		R
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>		1	R
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>		1	R
<i>tretinoin microsphere external gel 0.1 %</i>		1	R
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>		1	R
<i>tretinoin powder</i>		3	R
TRETIN-X EXTERNAL CREAM 0.075 %	3		PA; R
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3		PA; R
*Agents For External Genital And Perianal Warts***			
VEREGEN EXTERNAL OINTMENT 15 %	3		R&M; QL (30 GM per 1 Copay)
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3		R
CORTISPORIN EXTERNAL OINTMENT 1 %	3		R
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	3		PA; R
*Antibiotics - Topical***			
ALTABAX EXTERNAL OINTMENT 1 %	3		R&M; QL (1 GM per 1 day)
BACTROBAN EXTERNAL CREAM 2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CENTANY EXTERNAL OINTMENT (Mupirocin) 2 %	3	1	R
<i>gentamicin sulfate external cream 0.1 %</i>		3	R
<i>gentamicin sulfate external ointment 0.1 %</i>		3	R
<i>mupirocin calcium external cream 2 %</i>		1	R
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		1	R
DERMAZENE EXTERNAL CREAM <i>(Hydrocortisone-Iodoquinol) 1-1 %</i>	1	1	R
EXODERM EXTERNAL LOTION 25-1 %	3		R
LOTRISONE EXTERNAL CREAM 1-0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		1	R
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		1	R
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	3		R&M; Note 1 (1 tube per copay up to 3); QL (1 EA per 1 Copay)
*Antifungals - Topical***			
<i>ciclopirox external gel 0.77 %</i>		1	R
<i>ciclopirox external solution 8 %</i>		1	R
<i>ciclopirox olamine external cream 0.77 %</i>		1	R
LOPROX EXTERNAL SHAMPOO <i>(Ciclopirox) 1 %</i>	3	1	R
LOPROX EXTERNAL SUSPENSION <i>(Ciclopirox Olamine) 0.77 %</i>	3	1	R
MENTAX EXTERNAL CREAM 1 %	3		R
<i>naftifine hcl external cream 1 %</i>		1	R
NAFTIN EXTERNAL CREAM <i>(Naftifine HCl) 2 %</i>	3	1	R
NAFTIN EXTERNAL GEL 1 %, 2 %	3		R
NYAMYC EXTERNAL POWDER <i>(Nystatin) 100000 UNIT/GM</i>	1	1	R
<i>nystatin external cream 100000 unit/gm</i>		1	R
<i>nystatin external ointment 100000 unit/gm</i>		1	R
NYSTOP EXTERNAL POWDER <i>(Nystatin) 100000 UNIT/GM</i>	1	1	R
PENLAC EXTERNAL SOLUTION 8 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac sodium transdermal solution 1.5 %</i>		2	R&M; QL (150 ML per 1 Copay)

Drug Name	Brand	Generic	Additional Information
FLECTOR TRANSDERMAL PATCH 1.3 %	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
PENNSAID TRANSDERMAL SOLUTION 2 %	3		R&M; QL (112 GM per 1 Copay)
VOLTAREN TRANSDERMAL GEL (Diclofenac Sodium) 1 %	3	1	R&M; Note 1 (1-100gm tube per copay); QL (100 GM per 1 Copay)
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR EXTERNAL GEL 0.016 %	1		PA; R&M; Note 2 (1 60gm tube per Copay); QL (60 GM per 1 Copay)
*Antineoplastic Antimetabolites - Topical***			
CARAC EXTERNAL CREAM (Fluorouracil) 0.5 %	1	1	R
EFUDEX EXTERNAL CREAM (Fluorouracil) 5 %	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FLUOROPLEX EXTERNAL CREAM 1 %	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
fluorouracil external solution 2 %, 5 %		1	R
TOLAK EXTERNAL CREAM 4 %	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1		R
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
SOLARAZE TRANSDERMAL GEL (Diclofenac Sodium) 3 %	1	1	R&M; QL (100 GM per 30 days)
*Antineoplastic Retinoids - Topical***			
PANRETIN EXTERNAL GEL 0.1 %	1		R
*Antipruritics - Topical***			
PRUDOXIN EXTERNAL CREAM (Doxepin HCl) 5 %	3	3	PA; R
ZONALON EXTERNAL CREAM (Doxepin HCl) 5 %	3	3	PA; R

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Drug Name	Brand	Generic	Additional Information
*Antipsoriatics - Systemic***			
<i>acitretin oral capsule 10 mg, 25 mg</i>		1	R
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>methoxsalen rapid oral capsule 10 mg</i>		1	R
OXSORALEN ULTRA ORAL CAPSULE 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SORIATANE ORAL CAPSULE 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3		PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antipsoriatics***			
<i>calcipotriene external cream 0.005 %</i>		1	R
<i>calcipotriene external solution 0.005 %</i>		1	R
CALCITRENE EXTERNAL OINTMENT (Calcipotriene) 0.005 %	1	1	R
DOVONEX EXTERNAL CREAM 0.005 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DRITHO-CREME HP EXTERNAL CREAM 1 %	3		R
SORILUX EXTERNAL FOAM 0.005 %	3		R&M; Note 1 (120gm can is not covered at retail.); QL (1 EA per 1 Copay); AG (Min 18 Years)
TAZORAC EXTERNAL CREAM 0.05 %	3		R
TAZORAC EXTERNAL CREAM (Tazarotene) 0.1 %	3	3	R

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Drug Name	Brand	Generic	Additional Information
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	3		R
VECTICAL EXTERNAL OINTMENT (Calcitriol) 3 MCG/GM	3	3	R&M; QL (1 EA per 30 days)
ZITHRANOL EXTERNAL SHAMPOO 1 %	3		R&M; Note 1 (1-85gm tube per copay); QL (85 GM per 1 Copay); AG (Min 12 Years)
*Antiseborrheic Combinations***			
<i>selenium sulfide external shampoo 2.25 %</i>		1	R
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>		1	R
*Antiseborrheic Products***			
OVACE PLUS EXTERNAL SHAMPOO 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
OVACE PLUS WASH EXTERNAL GEL 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
OVACE WASH EXTERNAL LIQUID 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>selenium sulfide external lotion 2.5 %</i>		1	R
<i>sulfacetamide sodium external gel 10 % (cleans)</i>		1	R
<i>sulfacetamide sodium external liquid 10 %</i>		1	R
*Antiviral Topical Combinations***			
XERESE EXTERNAL CREAM 5-1 %	3		R
*Antivirals - Topical***			
<i>acyclovir external ointment 5 %</i>		1	R
DENAVIR EXTERNAL CREAM 1 %	3		R
ZOVIRAX EXTERNAL CREAM 5 %	3		R
ZOVIRAX EXTERNAL OINTMENT 5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Burn Products***			
SILVADENE EXTERNAL CREAM 1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SSD EXTERNAL CREAM (Silver Sulfadiazine) 1 %	1	1	R
SULFAMYLON EXTERNAL CREAM 85 MG/GM	3		R
*Cauterizing Agents***			
<i>silver nitrate external solution 25 %</i>		3	R

Drug Name	Brand	Generic	Additional Information
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		1	R
<i>alclometasone dipropionate external cream 0.05 %</i>		1	R
<i>alclometasone dipropionate external ointment 0.05 %</i>		1	R
<i>amcinonide external cream 0.1 %</i>		1	R
<i>amcinonide external lotion 0.1 %</i>		3	R
APEXICON E EXTERNAL CREAM 0.05 %	3		R
<i>betamethasone dipropionate aug external cream 0.05 %</i>		1	R
<i>betamethasone dipropionate aug external gel 0.05 %</i>		3	R
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		1	R
<i>betamethasone dipropionate aug external ointment 0.05 %</i>		1	R
<i>betamethasone dipropionate external cream 0.05 %</i>		1	R
<i>betamethasone dipropionate external lotion 0.05 %</i>		1	R
<i>betamethasone dipropionate external ointment 0.05 %</i>		1	R
<i>betamethasone valerate external cream 0.1 %</i>		1	R
<i>betamethasone valerate external foam 0.12 %</i>		1	R
<i>betamethasone valerate external lotion 0.1 %</i>		1	R
<i>betamethasone valerate external ointment 0.1 %</i>		1	R
CAPEX EXTERNAL SHAMPOO 0.01 %	3		R
<i>clobetasol propionate e external cream 0.05 %</i>		1	R
<i>clobetasol propionate emulsion external foam 0.05 %</i>		1	R&M; Note 1 (1 - 100gm unit per copay); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>clobetasol propionate external cream 0.05 %</i>		1	R
<i>clobetasol propionate external gel 0.05 %</i>		1	R
<i>clobetasol propionate external liquid 0.05 %</i>		1	R&M; AG (Min 18 Years)
<i>clobetasol propionate external ointment 0.05 %</i>		1	R
<i>clobetasol propionate external shampoo 0.05 %</i>		1	R
CLOBEX EXTERNAL LOTION (Clobetasol Propionate) 0.05 %	3	3	R

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Drug Name	Brand	Generic	Additional Information
CLOBEX EXTERNAL SHAMPOO 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 18 Years)
<i>clocortolone pivalate pump external cream 0.1 %</i>		3	R
CLODERM EXTERNAL CREAM <i>(Clocortolone Pivalate) 0.1 %</i>	3	3	R
CLODERM PUMP EXTERNAL CREAM <i>(Clocortolone Pivalate) 0.1 %</i>	3	3	R
CORDRAN EXTERNAL CREAM <i>(Flurandrenolide) 0.05 %</i>	3	3	R
CORDRAN EXTERNAL LOTION 0.05 %	3		R
CORDRAN EXTERNAL OINTMENT 0.05 %	3		R&M; QL (60 GM per 1 Copay)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	3		R
CORMAX SCALP APPLICATION EXTERNAL SOLUTION 0.05 %	1		R
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DERMATOP EXTERNAL CREAM 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DESONATE EXTERNAL GEL 0.05 %	3		R
<i>desonide external cream 0.05 %</i>		1	R
<i>desonide external lotion 0.05 %</i>		1	R
<i>desonide external ointment 0.05 %</i>		1	R
<i>desoximetasone external cream 0.25 %</i>		1	R
<i>desoximetasone external gel 0.05 %</i>		1	R
<i>desoximetasone external ointment 0.25 %</i>		1	R
<i>diflorasone diacetate external cream 0.05 %</i>		3	R
<i>diflorasone diacetate external ointment 0.05 %</i>		3	R
ELOCON EXTERNAL CREAM 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ELOCON EXTERNAL OINTMENT 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fluocinolone acetonide body external oil 0.01 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>		1	R
<i>fluocinolone acetonide external ointment 0.025 %</i>		1	R
<i>fluocinolone acetonide external solution 0.01 %</i>		1	R
<i>fluocinolone acetonide scalp external oil 0.01 %</i>		1	R
<i>fluocinonide external cream 0.05 %</i>		1	R
<i>fluocinonide external cream 0.1 %</i>		3	PA; R
<i>fluocinonide external gel 0.05 %</i>		1	R
<i>fluocinonide external ointment 0.05 %</i>		1	R
<i>fluocinonide external solution 0.05 %</i>		1	R
<i>fluticasone propionate external cream 0.05 %</i>		1	R
<i>fluticasone propionate external lotion 0.05 %</i>		1	R
<i>fluticasone propionate external ointment 0.005 %</i>		1	R
<i>halobetasol propionate external cream 0.05 %</i>		1	R
<i>halobetasol propionate external ointment 0.05 %</i>		1	R
HALOG EXTERNAL CREAM 0.1 %	3		R
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>		3	R
<i>hydrocortisone butyrate external cream 0.1 %</i>		1	R
<i>hydrocortisone external cream 2.5 %</i>		1	R
<i>hydrocortisone external lotion 2.5 %</i>		1	R
<i>hydrocortisone external ointment 2.5 %</i>		1	R
<i>hydrocortisone valerate external cream 0.2 %</i>		1	R
<i>hydrocortisone valerate external ointment 0.2 %</i>		1	R
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>kp hydrocortisone max st external ointment 1 %</i>		1	R
LOCOID EXTERNAL CREAM 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LOCOID EXTERNAL LOTION 0.1 %	3		R&M; QL (59 ML per 1 Copay)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LUXIQ EXTERNAL FOAM 0.12 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MICORT-HC EXTERNAL CREAM 2.5 %	3		R
<i>mometasone furoate external cream 0.1 %</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>mometasone furoate external ointment 0.1 %</i>		1	R
<i>mometasone furoate external solution 0.1 %</i>		1	R
NOLIX EXTERNAL LOTION 0.05 %	3		R
NUCORT EXTERNAL LOTION 2 %	3		R&M; QL (60 ML per 30 days)
OLUX EXTERNAL FOAM 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
OLUX-E EXTERNAL FOAM 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (1 - 100gm unit per copay); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>prednicarbate external cream 0.1 %</i>		1	R
<i>prednicarbate external ointment 0.1 %</i>		1	R
<i>psorcon external cream 0.05 %</i>		3	R
<i>scalacort external lotion 2 %</i>		1	R
SERNIVO EXTERNAL EMULSION 0.05 %	3		RO; QL (4 ML per 1 day); AG (Min 18 Years)
<i>sm hydrocortisone external ointment 0.5 %</i>		1	R
SYNALAR EXTERNAL CREAM 0.025 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SYNALAR EXTERNAL OINTMENT 0.025 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SYNALAR EXTERNAL SOLUTION 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TEMOVATE EXTERNAL CREAM 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TEMOVATE EXTERNAL OINTMENT 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TOPICORT EXTERNAL CREAM (Desoximetasone) 0.05 %	3	3	R
TOPICORT EXTERNAL OINTMENT (Desoximetasone) 0.05 %	3	3	R
TOPICORT EXTERNAL OINTMENT 0.25 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	3		R
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>		1	R
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>		1	R
<i>triamcinolone acetonide external ointment 0.5 %</i>		3	R
TRIANEX EXTERNAL OINTMENT 0.05 %	3		R
TRIDERM EXTERNAL CREAM <i>(Triamcinolone Acetonide) 0.1 %</i>	1	1	R
ULTRAVATE EXTERNAL CREAM 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ULTRAVATE EXTERNAL LOTION 0.05 %	3		R
ULTRAVATE EXTERNAL OINTMENT 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VERDESO EXTERNAL FOAM 0.05 %	3		R
*Emollient/Keratolytic Agents***			
CEROVEL EXTERNAL LOTION <i>(Urea) 40 %</i>	1	1	R
HYDRO 40 EXTERNAL FOAM 40 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
KERALAC EXTERNAL CREAM <i>(Urea) 47 %</i>	3	1	R&M; QL (142 GM per 1 Copay)
LATRIX EXTERNAL SUSPENSION <i>(Salrix) 50 %</i>	1	1	R
REA LO 40 EXTERNAL CREAM <i>(Urea) 40 %</i>	1	1	R
URAMAXIN EXTERNAL GEL 45 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
URAMAXIN EXTERNAL LOTION <i>(Urea) 45 %</i>	3	1	R
<i>urea external cream 39 %, 45 %</i>		1	R
<i>urea external suspension 40 %</i>		1	R
<i>urea nail external gel 45 %</i>		1	R
<i>urevaz external cream 44 %</i>		3	R
*Emollient/Keratolytic Combinations***			
URAMAXIN EXTERNAL FOAM 20 %	3		R
<i>urea nail external stick 50 %</i>		3	R

Drug Name	Brand	Generic	Additional Information
*Emollients***			
HYLIRA EXTERNAL GEL 0.2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (340 GM per 1 Copay)
<i>lactic acid external lotion 10 %</i>		1	R
<i>sodium hyaluronate external gel 0.2 %</i>		1	R&M; QL (340 GM per 1 Copay)
*Enzymes - Topical***			
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3		R
*Imidazole-Related Antifungals - Topical***			
ERTACZO EXTERNAL CREAM 2 %	3		R
EXELDERM EXTERNAL CREAM 1 %	3		R
EXELDERM EXTERNAL SOLUTION 1 %	3		R
EXTINA EXTERNAL FOAM 2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
JUBLIA EXTERNAL SOLUTION 10 %	3		PA; R&M; Note 1 (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketoconazole external cream 2 %</i>		1	R
<i>ketoconazole external foam 2 %</i>		1	R
<i>ketoconazole external shampoo 2 %</i>		1	R
LUZU EXTERNAL CREAM 1 %	3		PA; RO; QL (2 GM per 1 day); AG (Max 18 Years)
<i>miconazole nitrate powder</i>		3	R
OXISTAT EXTERNAL CREAM (Oxiconazole Nitrate) 1 %	3	3	R
OXISTAT EXTERNAL LOTION 1 %	3		R
XOLEGEL EXTERNAL GEL 2 %	3		R
*Immunomodulators Imidazoquinolinamines - Topical***			
ALDARA EXTERNAL CREAM 5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>imiquimod external cream 5 %</i>		1	R
ZYCLARA EXTERNAL CREAM 3.75 %	3		R
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	3		R

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Drug Name	Brand	Generic	Additional Information
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL 0.5 %	2		R
<i>podocon external solution 25 %</i>		3	R
<i>podofilox external solution 0.5 %</i>		1	R
SALEX EXTERNAL SHAMPOO 6 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>salicylic acid external cream 6 %</i>		1	R
<i>salicylic acid external lotion 6 %</i>		1	R
<i>salicylic acid external shampoo 6 %</i>		1	R
<i>salicylic acid wart remover external liquid 27.5 %</i>		1	R
SALVAX EXTERNAL FOAM 6 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VIRASAL EXTERNAL LIQUID 27.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Liniments***			
ASPERCREME EXTERNAL LOTION 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ASPERCREME NIGHTTIME EXTERNAL LOTION 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TRU-MICIN EXTERNAL LOTION 10 %	1		R
ULTRACIN T EXTERNAL LOTION 10 %	1		R
*Local Anesthetics - Topical***			
<i>anastia external lotion 2.75 %</i>		3	R
GLYDO EXTERNAL GEL (Lidocaine HCl) 2 %	1	1	R
<i>lidocaine external ointment 5 %</i>		1	R
<i>lidocaine external patch 5 %</i>		1	R
<i>lidocaine hcl external cream 3 %</i>		1	R
<i>lidocaine hcl external lotion 3 %</i>		3	R
<i>lidocaine hcl external solution 4 %</i>		1	R
LIDODERM EXTERNAL PATCH 5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>lidopin external cream 3 %</i>		1	R
<i>lidorx external gel 3 %</i>		3	R
<i>numbonex external lotion 2.75 %</i>		3	R

Drug Name	Brand	Generic	Additional Information
*Macrolide Immunosuppressants - Topical***			
ELIDEL EXTERNAL CREAM 1 %	3		R&M; QL (2 GM per 1 day); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		1	R&M; QL (60 GM per 30 days); AG (Min 2 Years)
*Photodynamic Therapy Agents - Topical***			
AMELUZ EXTERNAL GEL 10 %	3		R
*Rosacea Agents***			
FINACEA EXTERNAL GEL 15 %	3		R
METROCREAM EXTERNAL CREAM 0.75 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>metronidazole external gel 1 %</i>		1	R&M; QL (60 GM per 30 days); AG (Min 16 Years)
<i>metronidazole external lotion 0.75 %</i>		1	R
MIRVASO EXTERNAL GEL 0.33 %	3		PA; R
NORITATE EXTERNAL CREAM 1 %	3		R
ORACEA ORAL CAPSULE DELAYED RELEASE (<i>Doxycycline</i>) 40 MG	3	3	PA; R&M; QL (1 EA per 1 day); AG (Min 9 Years)
ROSDAN EXTERNAL CREAM (<i>MetroNIDAZOLE</i>) 0.75 %	1	1	R
ROSDAN EXTERNAL GEL (<i>MetroNIDAZOLE</i>) 0.75 %	1	1	R
SOOLANTRA EXTERNAL CREAM 1 %	3		R
*Scabicide Combinations***			
LICEMD EXTERNAL GEL 0.33-4 %	3		R
*Scabicides & Pediculicides***			
ELIMITE EXTERNAL CREAM 5 %	3		PA; R
EURAX EXTERNAL CREAM 10 %	3		PA; R
EURAX EXTERNAL LOTION 10 %	3		PA; R
<i>lindane external shampoo 1 %</i>		3	R
<i>malathion external lotion 0.5 %</i>		1	R&M; QL (59 ML per 1 Copay)

Drug Name	Brand	Generic	Additional Information
NATROBA EXTERNAL SUSPENSION 0.9 %	3		PA; R
OVIDE EXTERNAL LOTION 0.5 %	3		PA; R&M; QL (59 ML per 1 Copay)
<i>permethrin external cream 5 %</i>		1	R
SKLICE EXTERNAL LOTION 0.5 %	3		PA; RO; QL (117 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>		3	PA; R&M; AG (Max 18 Years)
ULESFIA EXTERNAL LOTION 5 %	3		PA; R
*Steroid-Local Anesthetic Combinations***			
EPIFOAM EXTERNAL FOAM 1-1 %	3		R
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		1	R
PRAMOSONE E EXTERNAL CREAM 1-2.5 %	3		R
PRAMOSONE EXTERNAL CREAM 1-1 %	3		R
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	3		R
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 %	3		R
*Topical Anesthetic Combinations***			
CETACAINE EXTERNAL AEROSOL 2-2-14 %	3		R
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		1	R
<i>lidocaine-tetracaine external cream 7-7 %</i>		3	R
SYNERA EXTERNAL PATCH 70-70 MG	3		R&M; QL (1 EA per 30 days); AG (Min 3 Years)
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL GEL 1 %	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (120 GM per 30 days)
*Topical Steroid Combinations***			
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>		1	R&M; QL (360 GM per 30 days); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	3		R
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (360 GM per 30 days); AG (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	3		R&M; Note 1 (1 bottle per copay); QL (60 GM per 1 Copay); AG (Min 18 Years)
Diagnostic Products			
*Diagnostic Drugs***			
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	3		PA; R
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	3		PA; R
ACCU-CHEK GUIDE IN VITRO STRIP	3		R
ACCU-CHEK SMARTVIEW IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ALBUSTIX IN VITRO STRIP	3		R
ASSURE 3 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ASSURE II IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ASSURE PRISM MULTI TEST IN VITRO STRIP	3		R
ASSURE PRO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
AT LAST TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
BAYER CONTOUR NEXT TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
BAYER CONTOUR TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
CHEMSTRIP MICRAL IN VITRO STRIP	3		R
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	3		R
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	3		R
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
D-CARE BLOOD GLUCOSE IN VITRO STRIP	3		R
<i>diatrue plus test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
DUO-CARE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easy plus blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>easy plus ii glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
EASY STEP TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easy talk blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
EASY TOUCH HEALTHPRO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easy trak blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
EASYGLUCO IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EASYGLUCO PLUS IN VITRO STRIP	3		R
EASYMAX 15 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EASYMAX TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easyplus blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EASYPRO PLUS IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>element compact test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
ELEMENT TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>eq blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE G2 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE G3 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVOLUTION AUTOCODE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EXACTECH R-S-G TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EXACTECH TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FORA G30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA GD20 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORACARE GD40 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORACARE TEST N GO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FORTISCARE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FREESTYLE LITE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>ge100 blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
GENSTRIP 50 IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GENULTIMATE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>ght test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCOCOM TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>glucose meter test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>gnp easy touch glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
KETOCARE IN VITRO STRIP	1		R
KETOSTIX IN VITRO STRIP	1		R
<i>kroger blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>kroger premium glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>kroger test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>liberty test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>meijer blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>meijer essential glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>meijer premium glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
MEIJER TRUETEST TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
MICRODOT TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
NEXGEN TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ONETOUCH ULTRA BLUE IN VITRO STRIP	1		R&M; QL (10 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	1		R&M; QL (10 EA per 1 day)
OPTIUM TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>pharmacist choice no coding in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PRECISION PCX IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PRECISION QID TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PRECISION XTRA KETONE IN VITRO STRIP	1		R
<i>premium blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RA TRUETEST TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SMART SENSE VALUE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SOLUS V2 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SUPREME TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SURE EDGE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
<i>tgt blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
TRUETEST TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
TRUETRACK TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ULTIMA TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ULTRATRAK PRO TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
UNISTRIP1 GENERIC IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
WAVESENSE PRESTO IN VITRO STRIP (<i>Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
*Multiple Urine Tests***			
CHEMSTRIP 2 GP IN VITRO STRIP	3		R
KETO-DIASTIX IN VITRO STRIP	3		R
Digestive Aids			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	2		R
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	3		R
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT	3		R
SUCRAID ORAL SOLUTION 8500 UNIT/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VIOKACE ORAL TABLET 20880 UNIT	3		R
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 40000-126000 UNIT, 5000 UNIT	2		R
*Direct-Acting P2y12 Inhibitors***			
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	2		R
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide oral tablet 125 mg</i>		1	R
KEYEYIS ORAL TABLET 50 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 18 Years)
<i>methazolamide oral tablet 25 mg, 50 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
*Diuretic Combinations***			
DYAZIDE ORAL CAPSULE 37.5-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MAXZIDE ORAL TABLET 75-50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>spironolactone-hctz oral tablet 25-25 mg</i>		1	R
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		1	R
<i>triamterene-hctz oral capsule 50-25 mg</i>		3	R
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		1	R
*Loop Diuretics***			
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
EDECRIN ORAL TABLET 25 MG	3		R
<i>furosemide oral solution 10 mg/ml</i>		1	R
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>		1	R
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg</i>		1	R
*Potassium Sparing Diuretics***			
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>amiloride hcl oral tablet 5 mg</i>		1	R
CAROSPIR ORAL SUSPENSION 25 MG/5ML	3		R
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3		R
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorothiazide oral tablet 250 mg</i>		3	R
<i>chlorothiazide oral tablet 500 mg</i>		1	R
<i>chlorthalidone oral tablet 25 mg</i>		3	R
<i>chlorthalidone oral tablet 50 mg</i>		1	R
DIURIL ORAL SUSPENSION 250 MG/5ML	3		R
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		1	R
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	R
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
MICROZIDE ORAL CAPSULE 12.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
ACTONEL ORAL TABLET 150 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
ACTONEL ORAL TABLET 30 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ACTONEL ORAL TABLET (Risedronate Sodium) 35 MG	3	1	R&M; QL (4 EA per 30 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>		3	R&M; QL (10 ML per 1 day)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>		1	R
<i>alendronate sodium oral tablet 40 mg</i>		3	R
<i>alendronate sodium oral tablet 70 mg</i>		1	R&M; QL (4 EA per 30 days)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	3		R
BONIVA ORAL TABLET 150 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
<i>etidronate disodium oral tablet 400 mg</i>		3	R
FOSAMAX ORAL TABLET 70 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	3		R&M; QL (4 EA per 30 days)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT	3		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
<i>ibandronate sodium oral tablet 150 mg</i>		1	R&M; QL (1 EA per 30 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RECLAST INTRAVENOUS SOLUTION <i>(Zoledronic Acid) 5 MG/100ML</i>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>risedronate sodium oral tablet 150 mg</i>		1	R&M; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet delayed release 35 mg</i>		1	R&M; QL (4 EA per 30 days)
ZOMETA INTRAVENOUS CONCENTRATE <i>(Zoledronic Acid) 4 MG/5ML</i>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOMETA INTRAVENOUS SOLUTION <i>(Zoledronic Acid) 4 MG/100ML</i>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Calcimimetic Agents***			
SENSIPAR ORAL TABLET 30 MG, 60 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
*Calcitonins***			
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>		1	R&M; QL (3.7 ML per 30 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3		R
MIACALCIN NASAL SOLUTION 200 UNIT/ACT	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***			
CARNITOR ORAL SOLUTION 1 GM/10ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARNITOR ORAL TABLET 330 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARNITOR SF ORAL SOLUTION 1 GM/10ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>levocarnitine oral solution 1 gml/10ml</i>		1	R
<i>levocarnitine oral tablet 330 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
*Corticotropin***			
HP ACTHAR INJECTION GEL 80 UNIT/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Dopamine Receptor Agonists***			
<i>cabergoline oral tablet 0.5 mg</i>		1	R
*Fabry Disease - Agents***			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Gaa Deficiency Treatment - Agents***			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Gnrh/Lhrh Antagonists***			
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3		R&M; Note 1 (\$5000 lifetime benefit applies); F
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies); F
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Growth Hormones***			
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	3		PA; R
ORFADIN ORAL CAPSULE 10 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); \$0
ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
ORFADIN ORAL SUSPENSION 4 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Homocystinuria Treatment - Agents***			
CYSTADANE ORAL POWDER	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hyperammonemia Treatment - Agents***			
CARBAGLU ORAL TABLET 200 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>		1	R
<i>calcitriol oral solution 1 mcg/ml</i>		1	R
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		1	SP; QL (1 EA per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		1	SP; QL (0.4 EA per 1 day); AG (Min 18 Years)
ROCALTROL ORAL CAPSULE 0.25 MCG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3		SP; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYNAREL NASAL SOLUTION 2 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Mucopolysaccharidosis I (Mps I) - Agents***			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Ovulation Stimulants-Gonadotropins***			
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)

Drug Name	Brand	Generic	Additional Information
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 900 UNIT/1.5ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (Chorionic Gonadotropin) 10000 UNIT	3	3	R&M; Note 1 (\$5000 lifetime benefit applies)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (Chorionic Gonadotropin) 10000 UNIT	3	3	R&M; Note 1 (\$5000 lifetime benefit applies)
*Ovulation Stimulants-Synthetic***			
<i>clomiphene citrate oral tablet 50 mg</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies); F
<i>clomiphene citrate powder</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies)
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	2		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Phenylketonuria Treatment - Agents***			
KUVAN ORAL PACKET 100 MG, 500 MG	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
KUVAN ORAL TABLET SOLUBLE 100 MG	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Selective Estrogen Receptor Modulators (Serms)***			
EVISTA ORAL TABLET 60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (1 EA per 1 day)
OSPHENA ORAL TABLET 60 MG	3		PA; R
<i>raloxifene hcl oral tablet 60 mg</i>		1	R&M; F; \$0; QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
SAMSCA ORAL TABLET 15 MG, 30 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Somatostatic Agents***			
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Urea Cycle Disorder - Agents***			
BUPHENYL ORAL POWDER 3 GM/TSP	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 2 copay + cost differential applies)
BUPHENYL ORAL TABLET (Sodium Phenylbutyrate) 500 MG	2	2	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RAVICTI ORAL LIQUID 1.1 GM/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Vasopressin***			
DDAVP INJECTION SOLUTION 4 MCG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DDAVP ORAL TABLET 0.1 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
DDAVP ORAL TABLET 0.2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (15 ML per 30 days)
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>		1	R&M; QL (15 ML per 30 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		1	R&M; QL (15 ML per 30 days)
<i>desmopressin acetate injection solution 4 mcg/ml</i>		1	R
<i>desmopressin acetate oral tablet 0.1 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		1	R&M; QL (4 EA per 1 day)
STIMATE NASAL SOLUTION 1.5 MG/ML	3		R
Estrogens			
*Estrogen & Androgen***			
COVARYX HS ORAL TABLET (Est Estrogens-Methyltest HS) 0.625-1.25 MG	1	1	R
COVARYX ORAL TABLET (Est Estrogens-Methyltest) 1.25-2.5 MG	1	1	R

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Drug Name	Brand	Generic	Additional Information
EEMT HS ORAL TABLET (<i>Est Estrogens-Methyltest HS</i>) 0.625-1.25 MG	1	1	R
EEMT ORAL TABLET (<i>Est Estrogens-Methyltest</i>) 1.25-2.5 MG	1	1	R
*Estrogen & Progestin***			
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
AMABELZ ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 0.5-0.1 MG, 1-0.5 MG	1	1	R&M; F
ANGELIQ ORAL TABLET 0.25-0.5 MG	3		R
ANGELIQ ORAL TABLET 0.5-1 MG	3		R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	3		R&M; F; QL (4 EA per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	3		R&M; F
FEMHRT LOW DOSE ORAL TABLET (<i>Norethindrone-Eth Estradiol</i>) 0.5-2.5 MG-MCG	3	1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
FYAVOLV ORAL TABLET (<i>Norethindrone-Eth Estradiol</i>) 0.5-2.5 MG-MCG	1	1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
FYAVOLV ORAL TABLET 1-5 MG-MCG	1		R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
<i>jevantage lo oral tablet 0.5-2.5 mg-mcg</i>		1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
JINTELI ORAL TABLET 1-5 MG-MCG	3		R
MIMVEY LO ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 0.5-0.1 MG	1	1	R&M; F
MIMVEY ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 1-0.5 MG	1	1	R&M; F
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	3		R&M; F; QL (1 EA per 1 day)
PREMPHASE ORAL TABLET 0.625-5 MG	2		R&M; F; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	2		R&M; F; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	2		R&M; F; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Estrogens***			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	1	R&M; QL (2 EA per 1 Week)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3		R
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	3		R
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>		1	R&M; QL (4 EA per 30 days)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	3		R
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>		1	R
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	3		R&M; F
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3		R
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	3		R&M; F; QL (4 EA per 30 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR	3	1	R&M; QL (2 EA per 1 Week)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	1	R&M; QL (2 EA per 1 week)
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	2		R

Drug Name	Brand	Generic	Additional Information
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2		R
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 Week)
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE ORAL TABLET 0.45-20 MG	3		PA; R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
*Farnesoid X Receptor (Fxr) Agonists***			
*Farnesoid X Receptor (Fxr) Agonists***			
OCALIVA ORAL TABLET 10 MG, 5 MG	3		PA; SP
Fluoroquinolones			
*Fluoroquinolones***			
AVELOX ORAL TABLET 400 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BAXDELA ORAL TABLET 450 MG	3		R
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3		R
CIPRO ORAL SUSPENSION RECONSTITUTED (<i>Ciprofloxacin</i>) 500 MG/5ML (10%)	3	1	R
CIPRO ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 100 mg</i>		3	R
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		1	R
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>		3	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LEVAQUIN ORAL TABLET 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>		3	R
<i>levofloxacin oral tablet 250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>moxifloxacin hcl oral tablet 400 mg</i>		1	R
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		1	R
Gastrointestinal Agents - Misc.			
*Gallstone Solubilizing Agents***			
URSO 250 ORAL TABLET 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>ursodiol oral capsule 300 mg</i>		1	R
<i>ursodiol oral tablet 250 mg, 500 mg</i>		1	R
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>		1	R
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG	3		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
AMITIZA ORAL CAPSULE 8 MCG	3		R&M; F; QL (2 EA per 1 day); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		1	R
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>		1	R
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		3	R
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX SUBCUTANEOUS KIT 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2		R
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>		1	R
LOTRONEX ORAL TABLET 0.5 MG	3		R&M; F
LOTRONEX ORAL TABLET 1 MG	3		R&M; F; QL (2 EA per 1 day); AG (Min 12 Years)
*Inflammatory Bowel Agents***			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	3		R&M; QL (4 EA per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	2		R
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (<i>SulfaSALazine</i>) 500 MG	3	1	R
AZULFIDINE ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>balsalazide disodium oral capsule 750 mg</i>		1	R
CANASA RECTAL SUPPOSITORY 1000 MG	2		R&M; QL (1 EA per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	2		R
DIPENTUM ORAL CAPSULE 250 MG	2		R&M; QL (4 EA per 1 day)
GIAZO ORAL TABLET 1.1 GM	3		R
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3		R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>mesalamine rectal enema 4 gm</i>		1	R
<i>mesalamine-cleanser rectal kit 4 gm</i>		1	R
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	2		R
SULFAZINE ORAL TABLET (<i>SulfaSALazine</i>) 500 MG	1	1	R
*Intestinal Acidifiers***			
<i>enulose oral solution 10 gm/15ml</i>		1	R
<i>generlac oral solution 10 gm/15ml</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3		R
RELISTOR ORAL TABLET 150 MG	3		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3		PA; R
SYMPROIC ORAL TABLET 0.2 MG	3		R
*Phosphate Binder Agents***			
CALPHRON ORAL TABLET (<i>Calcium Acetate (Phos Binder)</i>) 667 MG	1	1	R
FOSRENOL ORAL PACKET 1000 MG, 750 MG	3		R
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 750 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 16 Years)
FOSRENOL ORAL TABLET CHEWABLE (<i>Lanthanum Carbonate</i>) 500 MG	3	2	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 16 Years)
RENAGEL ORAL TABLET 400 MG	3		R&M; QL (35 EA per 1 day)
RENAGEL ORAL TABLET 800 MG	3		R&M; QL (20 EA per 1 day)
RENVELA ORAL PACKET (<i>Sevelamer Carbonate</i>) 0.8 GM	3	3	R&M; QL (15 EA per 1 day)
RENVELA ORAL PACKET (<i>Sevelamer Carbonate</i>) 2.4 GM	3	3	R&M; QL (5 EA per 1 day)
RENVELA ORAL TABLET (<i>Sevelamer Carbonate</i>) 800 MG	3	1	R&M; QL (15 EA per 1 day)
VELPHORO ORAL TABLET CHEWABLE 500 MG	3		PA; R
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
AVODART ORAL CAPSULE 0.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); M; QL (1 EA per 1 day)
<i>dutasteride oral capsule 0.5 mg</i>		3	R&M; M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		1	R&M; QL (1 EA per 1 day)
PROSCAR ORAL TABLET 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>		1	R&M; QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3		R
FLOMAX ORAL CAPSULE 0.4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3		R
<i>tamsulosin hcl oral capsule 0.4 mg</i>		1	R
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
*Anti-Infective Genitourinary Irrigants***			
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>		1	R
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40-200000	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Citrates***			
<i>cytra-2 oral solution 500-334 mg/5ml</i>		1	R
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML	3		R
<i>cytra-k oral solution 1100-334 mg/5ml</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>		3	R
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		1	R
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		1	R
SHOHL'S MODIFIED ORAL SOLUTION 500-334 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		1	R
TARON-CRYSTALS ORAL PACKET (Cytra K Crystals) 3300-1002 MG	1	1	R
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		1	R
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>virtrate-2 oral solution 500-334 mg/5ml</i>		1	R
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>		3	R
<i>virtrate-k oral solution 1100-334 mg/5ml</i>		1	R
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Genitourinary Irrigants***			
<i>sodium chloride irrigation solution 0.9 %</i>		1	R
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG	3		R&M; QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
JALYN ORAL CAPSULE (Dutasteride-Tamsulosin HCl) 0.5-0.4 MG	3	1	R&M; M

Drug Name	Brand	Generic	Additional Information
*Urinary Analgesics***			
PHENAZO ORAL TABLET <i>(Phenazopyridine HCl) 200 MG</i>	1	1	R
<i>phenazopyridine hcl oral tablet 100 mg</i>		1	R
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		1	R
*Gout Agents***			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		1	R
COLCRYS ORAL TABLET (Colchicine) 0.6 MG	3	3	R
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MITIGARE ORAL CAPSULE 0.6 MG	3		R
ULORIC ORAL TABLET 40 MG, 80 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ZURAMPIC ORAL TABLET 200 MG	3		PA; R
*Uricosurics***			
<i>probenecid oral tablet 500 mg</i>		1	R
Hematological Agents - Misc.			
*Antihemophilic Products***			
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AFSTYLA INTRAVENOUS KIT 2500 UNIT	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (Mononine) 1000 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>helixate fs intravenous kit 1000 unit, 250 unit, 500 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HELIXATE FS INTRAVENOUS KIT (Kogenate FS) 2000 UNIT, 3000 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (Koate-DVI) 1000 UNIT, 250 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 3000 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KOGENATE FS BIO-SET INTRAVENOUS KIT (<i>Kogenate FS</i>) 1000 UNIT, 250 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>kogenate fs bio-set intravenous kit 2000 unit, 3000 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT	3		R
<i>obizur intravenous solution reconstituted 500 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>rixubis intravenous solution reconstituted 2000 unit, 250 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>Xyntha</i>) 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*C1 Inhibitors***			
BERINERT INTRAVENOUS KIT 500 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***			
BRILINTA ORAL TABLET 60 MG, 90 MG	2		R
*Hematorheologic Agents***			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		1	R
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		1	R&M; QL (2 EA per 1 Days)
*Plasma Kallikrein Inhibitors***			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Platelet Aggregation Inhibitor Combinations***			
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR (Aspirin-Dipyridamole ER) 25-200 MG	2	1	R
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 16 Years)
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Quinazoline Agents***			
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>		1	R
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 300 mg</i>		1	R&M; Note 1 (1 tablet per copay); QL (1 EA per 1 Copay)
<i>clopidogrel bisulfate oral tablet 75 mg</i>		1	R&M; QL (1 EA per 1 day)
EFFIENT ORAL TABLET (Prasugrel HCl) 10 MG, 5 MG	3	1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
PLAVIX ORAL TABLET 300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (1 tablet per copay); QL (1 EA per 1 Copay)
PLAVIX ORAL TABLET 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA ORAL CAPSULE 84 MG	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
ZAVESCA ORAL CAPSULE 100 MG	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		1	R
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	3		R
*Cxcr4 Receptor Antagonist***			
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	3		R

Drug Name	Brand	Generic	Additional Information
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Erythropoiesis-Stimulating Agents (Esas)***			
<i>aranesp (albumin free) injection solution 100 mcg/ml, 200 mcg/ml, 25 mcg/ml, 300 mcg/ml, 40 mcg/ml, 60 mcg/ml</i>		2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROCRIT INJECTION SOLUTION (Epogen) 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Erythropoietins***			
<i>aranesp (albumin free) injection solution 100 mcg/ml, 200 mcg/ml, 25 mcg/ml, 300 mcg/ml, 40 mcg/ml, 60 mcg/ml</i>		2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROCRIT INJECTION SOLUTION (Epogen) 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		1	R&M; \$0; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***			
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Iron Combinations***			
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	3		R
*Iron***			
BPROTECTED PEDIA IRON ORAL SOLUTION (<i>Ferrous Sulfate</i>) 75 (15 FE) MG/ML	1	1	R&M; \$0; AG (Min 1 Years)
FER-IN-SOL ORAL SOLUTION (<i>Ferrous Sulfate</i>) 75 (15 FE) MG/ML	3	1	R&M; \$0; AG (Min 1 Years)
<i>ferrlecit intravenous solution 12.5 mg/ml</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>		1	R&M; \$0; AG (Min 1 Years)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
SPATONE PUR-ABSORB IRON ORAL LIQUID 5 MG/20ML	3		R&M; \$0; QL (60 ML per 1 day); AG (Min 1 Years)
*Thrombopoietin (Tpo) Receptor Agonists***			
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Hemostatics			
*Hemostatics - Systemic***			
AMICAR ORAL SOLUTION 0.25 GM/ML	3		R
LYSTEDA ORAL TABLET 650 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<i>tranexamic acid oral tablet 650 mg</i>		1	R
*Hepatitis C Agent - Combinations***			
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL TABLET 400-100 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
HARVONI ORAL TABLET 90-400 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1.9 EA per 1 day); AG (Min 18 Years)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
VOSEVI ORAL TABLET 400-100-100 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZEPATIER ORAL TABLET 50-100 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hereditary Orotic Aciduria Treatment - Agents**			
*Hereditary Orotic Aciduria Treatment - Agents**			
XURIDEN ORAL PACKET 2 GM	3		PA; SP
Hypnotics			
*Barbiturate Hypnotics***			
<i>phenobarbital oral elixir 20 mg/5ml</i>		1	R
<i>phenobarbital oral solution 20 mg/5ml</i>		1	R
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>		3	R
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>		1	R
SECONAL ORAL CAPSULE 100 MG	3		R
*Benzodiazepine Hypnotics***			
<i>estazolam oral tablet 1 mg, 2 mg</i>		1	R
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		1	R
HALCION ORAL TABLET 0.25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RESTORIL ORAL CAPSULE 22.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 7.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>		1	R
<i>temazepam oral capsule 22.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>temazepam oral capsule 7.5 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>triazolam oral tablet 0.125 mg</i>		3	R
<i>triazolam oral tablet 0.25 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Hypnotics - Tricyclic Agents***			
SILENOR ORAL TABLET 3 MG, 6 MG	3		R&M; QL (1 EA per 1 day); AG (Min 13 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
AMBIEN CR ORAL TABLET EXTENDED RELEASE (Zolpidem Tartrate ER) 12.5 MG, 6.25 MG	3	2	R&M; QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	3		R&M; QL (10 EA per 1 Copay); AG (Min 18 Years)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL (Zolpidem Tartrate) 1.75 MG, 3.5 MG	3	3	R&M; QL (10 EA per 1 Copay); AG (Min 18 Years)
LUNESTA ORAL TABLET (Eszopiclone) 1 MG, 2 MG, 3 MG	3	3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
SONATA ORAL CAPSULE 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
SONATA ORAL CAPSULE 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>		1	R
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	3		R&M; QL (1 EA per 30 days); AG (Min 18 Years)
*Selective Melatonin Receptor Agonists***			
HETLIOZ ORAL CAPSULE 20 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
ROZEREM ORAL TABLET 8 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Ibs Agent - Mu-Opioid Receptor Agonists***			
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI ORAL TABLET 100 MG, 75 MG	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Insulin-Incretin Mimetic Combinations***			
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	3		PA; SP
*Interleukin-5 Antagonists (Igg4 Kappa)***			
*Interleukin-5 Antagonists (Igg4 Kappa)***			
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Interleukin-6 (Il-6) Antagonists***			
*Interleukin-6 (Il-6) Antagonists***			
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA ORAL TABLET 100 MG, 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Laxatives			
*Bowel Evacuant Combinations***			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	3		R
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/Electrolytes) 240 GM	1	1	R&M; \$0
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/Electrolytes) 236 GM	1	1	R&M; \$0
GAVILYTE-H ORAL KIT 5-210 MG-GM	1		R&M; \$0
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM	1	1	R&M; \$0
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM	3		R
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	3		R
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	3		R
PCP 100 COMBINATION KIT	3		R
PEG-PREP ORAL KIT 5-210 MG-GM	1		R&M; \$0
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	3		R
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML	3		R
TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM	1	1	R&M; \$0
*Laxatives - Miscellaneous***			
<i>constulose oral solution 10 gm/15ml</i>		1	R
<i>lactulose oral solution 10 gm/15ml</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Saline Laxative Mixtures***			
OSMOPREP ORAL TABLET 1.102-0.398 GM	3		R
*Leptin Analogues***			
*Leptin Analogues***			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %	3		PA; R
Macrolides			
*Azithromycin***			
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		1	R
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>		1	R
ZITHROMAX ORAL PACKET (<i>Azithromycin</i>) 1 GM	3	3	R
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM	3		R&M; QL (75 ML per 30 days); AG (Min 16 Years)
*Clarithromycin***			
BIAXIN ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
BIAXIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
BIAXIN XL PAC ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>clarithromycin oral tablet 250 mg</i>		1	R
<i>clarithromycin oral tablet 500 mg</i>		1	R&M; QL (3 EA per 1 day)
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>) 400 MG	3	3	R
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (<i>Erythromycin Ethylsuccinate</i>) 200 MG/5ML	3	1	R
ERYPED 200 ORAL SUSPENSION RECONSTITUTED (<i>Erythromycin Ethylsuccinate</i>) 200 MG/5ML	3	1	R
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	3		R
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	3		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3		R
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		1	R
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		3	R
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG	3		R
*Fidaxomicin***			
DIFICID ORAL TABLET 200 MG	3		PA; RO; QL (20 EA per 1 Copay)
Medical Devices			
*Cervical Caps***			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	3		R&M; F; \$0; QL (3 EA per 30 days)
*Condoms - Female***			
FC FEMALE CONDOM	3		R&M; F; \$0; QL (12 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FC2 FEMALE CONDOM	3		R&M; F; \$0; QL (12 EA per 30 days)
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	3		R&M; F; \$0
*Glucose Monitoring Test Supplies***			
ACCU-CHEK FASTCLIX LANCETS (Lancets)	3	3	R
ACCU-CHEK MULTICLIX LANCETS (Lancets)	3	3	R
ACCU-CHEK SOFT TOUCH LANCETS (Lancets)	3	3	R
ACCU-CHEK SOFTCLIX LANCETS (Lancets)	3	3	R
BAYER MICROLET LANCETS (Lancets)	3	3	R
BD LANCET ULTRAFINE 30G (Lancets)	3	3	R
BD LANCET ULTRAFINE 33G (Lancets)	3	3	R
comfort assured lancets 28g		3	R
cvs lancets micro thin 33g		3	R
cvs lancets ultra thin 30g		3	R
easy comfort lancets		3	R
EASY TOUCH LANCETS 30G/TWIST (Lancets)	3	3	R

Drug Name	Brand	Generic	Additional Information
EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>)	3	3	R
EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>)	3	3	R
FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>)	3	3	R
FINGERSTIX LANCETS (<i>Lancets</i>)	3	3	R
FREESTYLE LANCETS (<i>Lancets</i>)	3	3	R
<i>kroger lancets ultrathin 30g</i>		3	R
<i>lancets micro thin 33g</i>		3	R
<i>lancets super thin 28g</i>		3	R
<i>lancets thin</i>		3	R
<i>lite touch lancets</i>		3	R
MICROLET LANCETS (<i>Lancets</i>)	3	3	R
ONETOUCH COMBO PACK (<i>Lancets</i>)	3	3	R
ONETOUCH DELICA LANCETS FINE (<i>Lancets</i>)	3	3	R
ONETOUCH SURESOFT LANCING DEV	3		R
ONETOUCH ULTRASOFT LANCETS (<i>Lancets</i>)	3	3	R
PHARMACIST CHOICE LANCETS (<i>Lancets</i>)	3	3	R
RELION LANCETS THIN 26G (<i>Lancets</i>)	3	3	R
RELION LANCETS ULTRA-THIN 30G (<i>Lancets</i>)	3	3	R
<i>sm lancets 33g</i>		3	R
SOLUS V2 TWIST LANCETS 30G (<i>Lancets</i>)	3	3	R
<i>tgt lancet micro thin 33g</i>		3	R
TRUEPLUS LANCETS 28G (<i>Lancets</i>)	3	3	R
TRUEPLUS LANCETS 30G (<i>Lancets</i>)	3	3	R
TRUEPLUS LANCETS 33G (<i>Lancets</i>)	3	3	R
<i>value plus lancets thin 26g</i>		3	R
WALGREENS LANCETS (<i>Lancets</i>)	3	3	R
WALGREENS THIN LANCETS (<i>Lancets</i>)	3	3	R
WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>)	3	3	R

Drug Name	Brand	Generic	Additional Information
*Needles & Syringes***			
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	1		R
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		1	R&M; Note 1 (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>		1	R&M; Note 1 (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
OMNITROPE PEN 10 INJ DEVICE	3		PA; R
<i>pen needles 1/2" 29g x 12mm</i>		1	R
<i>pen needles 29g x 12mm , 31g x 6 mm</i>		1	R
<i>pen needles 3/16" 31g x 5 mm</i>		1	R
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>		1	R
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	1		R
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER DEVICE (Valved Holding Chamber)	3	3	R
AEROCHAMBER MV	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS (Valved Holding Chamber)	3	3	R
AEROCHAMBER PLUS FLO-VU	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM (Valved Holding Chamber)	3	3	R
AEROCHAMBER PLUS FLO-VU SMALL	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS W/MASK SMALL (Valved Holding Chamber)	3	3	R
AEROCHAMBER W/FLOWSIGNAL	3		R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS (Valved Holding Chamber)	3	3	R

Drug Name	Brand	Generic	Additional Information
AEROCHAMBER Z-STAT PLUS CHAMBR (Valved Holding Chamber)	3	3	R
AEROCHAMBER Z-STAT PLUS/LARGE (Valved Holding Chamber)	3	3	R
AEROCHAMBER Z-STAT PLUS/MEDIUM (Valved Holding Chamber)	3	3	R
AEROCHAMBER Z-STAT PLUS/SMALL	3		R&M; QL (2 EA per 1 Year)
ARIAL CHAMBER DEVICE (Valved Holding Chamber)	3	3	R
BREATHERITE	3		R&M; QL (2 EA per 1 Year)
BREATHERITE COLL SPACER ADULT (Valved Holding Chamber)	3	3	R
BREATHERITE COLL SPACER CHILD (Valved Holding Chamber)	3	3	R
BREATHERITE COLL SPACER INFANT (Valved Holding Chamber)	3	3	R
BREATHERITE RIGID SPACER/MASK (Valved Holding Chamber)	3	3	R
BREATHERITE SPACER NEONATE (Valved Holding Chamber)	3	3	R
BREATHERITE SPACER SMALL CHILD (Valved Holding Chamber)	3	3	R
BREATHERITE/LARGE MASK (Valved Holding Chamber)	3	3	R
BREATHERITE/MEDIUM MASK (Valved Holding Chamber)	3	3	R
BREATHERITE/SMALL MASK (Valved Holding Chamber)	3	3	R
EASIVENT	3		R&M; QL (2 EA per 1 Year)
EASIVENT MASK LARGE	3		R&M; QL (2 EA per 1 Year)
EASIVENT MASK MEDIUM (Valved Holding Chamber)	3	3	R
EASIVENT MASK SMALL (Valved Holding Chamber)	3	3	R
E-Z SPACER DEVICE (Valved Holding Chamber)	3	3	R
E-Z SPACER THE BODY GUARDS PK DEVICE (Valved Holding Chamber)	3	3	R
INSPIREASE	3		R&M; QL (2 EA per 1 Year)
INSPIREASE RESERVOIR BAGS	3		R&M; QL (3 EA per 1 Year)

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Drug Name	Brand	Generic	Additional Information
LITEAIRE DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
MICROCHAMBER	3		R&M; QL (2 EA per 1 Year)
MICROSPACER	3		R&M; QL (2 EA per 1 Year)
OPTICHAMBER ADVANTAGE	3		R&M; QL (2 EA per 1 Year)
OPTICHAMBER ADVANTAGE-LG MASK (<i>Valved Holding Chamber</i>)	3	3	R
OPTICHAMBER ADVANTAGE-MED MASK (<i>Valved Holding Chamber</i>)	3	3	R
OPTICHAMBER ADVANTAGE-SM MASK (<i>Valved Holding Chamber</i>)	3	3	R
OPTICHAMBER DIAMOND (<i>Valved Holding Chamber</i>)	3	3	R
OPTICHAMBER DIAMOND DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
OPTICHAMBER DIAMOND-LG MASK DEVICE	3		R&M; QL (2 EA per 1 Year)
OPTICHAMBER DIAMOND-MD MASK	3		R&M; QL (2 EA per 1 Year)
OPTICHAMBER DIAMOND-SM MASK	3		R&M; QL (2 EA per 1 Year)
OPTICHAMBER FACE MASK-LARGE (<i>Valved Holding Chamber</i>)	3	3	R
OPTICHAMBER FACE MASK-MEDIUM	3		R&M; QL (2 EA per 1 Year)
OPTICHAMBER FACE MASK-SMALL	3		R&M; QL (2 EA per 1 Year)
OPTIHALER (<i>Valved Holding Chamber</i>)	3	3	R
OPTIHALER DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
POCKET CHAMBER DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
POCKET SPACER DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
RITEFLO DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>Valved Holding Chamber</i>)	3	3	R
WATCHHALER DEVICE (<i>Valved Holding Chamber</i>)	3	3	R

Drug Name	Brand	Generic	Additional Information
Migraine Products			
*Ergot Combinations***			
CAFERGOT ORAL TABLET (<i>Ergotamine-Caffeine</i>) 1-100 MG	3	3	R
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	3		R
*Migraine Combinations***			
NODOLOR ORAL CAPSULE 325-65-100 MG	1		R
PRODRIN ORAL TABLET 65-20-325 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Migraine Products - Nsaids***			
CAMBIA ORAL PACKET 50 MG	3		R
*Migraine Products***			
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>		1	R
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	3		R&M; QL (20 EA per 30 days)
MIGRANAL NASAL SOLUTION (<i>Dihydroergotamine Mesylate</i>) 4 MG/ML	3	3	R&M; QL (8 EA per 1 Copay)
*Selective Serotonin Agonist-Nsaid Combinations***			
TREXIMET ORAL TABLET 10-60 MG	3		PA; R
TREXIMET ORAL TABLET (<i>Sumatriptan-Naproxen Sodium</i>) 85-500 MG	3	3	PA; R
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>		3	PA; R&M; QL (9 EA per 1 Copay)
AMERGE ORAL TABLET 1 MG, 2.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
AXERT ORAL TABLET 12.5 MG, 6.25 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
FROVA ORAL TABLET (<i>Frovatriptan Succinate</i>) 2.5 MG	3	1	R&M; QL (9 EA per 1 Copay)
IMITREX NASAL SOLUTION (<i>SUMAtriptan</i>) 20 MG/ACT, 5 MG/ACT	2	2	R&M; QL (9 EA per 1 Copay)

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Drug Name	Brand	Generic	Additional Information
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Copay)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR (SUMAtriptan Succinate) 4 MG/0.5ML	3	3	R&M; QL (4 ML per 1 Copay)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 ML per 1 Copay)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Copay)
MAXALT ORAL TABLET 10 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	3		PA; R
RELPAK ORAL TABLET (Eletriptan Hydrobromide) 20 MG, 40 MG	3	3	R&M; QL (9 EA per 1 Copay)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>		1	R&M; QL (4 EA per 1 Copay)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>		3	R
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		1	R&M; QL (4 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>		3	R&M; QL (4 ML per 1 Copay)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	3		PA; R&M; QL (3 ML per 1 Copay)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	3		PA; R&M; QL (4 ML per 1 Copay)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	2		R&M; QL (9 EA per 1 Copay)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
Minerals & Electrolytes			
*Fluoride Combinations***			
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 1 (F)-236.79 MG	3		R&M; \$0; AG (Max 6 Years)
*Fluoride***			
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	3		R&M; \$0; AG (Max 6 Years)
FLUOR-A-DAY ORAL SOLUTION (<i>Fluoritab</i>) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
FLURA-DROPS ORAL SOLUTION (<i>Fluoritab</i>) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	3		R&M; \$0; AG (Max 6 Years)
LUDENT ORAL TABLET CHEWABLE (<i>Fluoritab</i>) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	1	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE DROPS ORAL SOLUTION (<i>Fluoritab</i>) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE ORAL TABLET CHEWABLE (<i>Fluoritab</i>) 2.2 (1 F) MG	1	1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>		3	R&M; \$0; AG (Max 6 Years)

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Drug Name	Brand	Generic	Additional Information
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		3	R&M; \$0; AG (Min 6 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		1	R&M; \$0; AG (Max 6 Years)
*Iodine Products***			
SSKI ORAL SOLUTION 1 GM/ML	3		R
*Phosphate***			
K-PHOS ORAL TABLET 500 MG	2		R
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PHOSPHA 250 NEUTRAL ORAL TABLET (Av-Phos 250 Neutral) 155-852-130 MG	1	1	R
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3		R
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>		1	R
*Potassium***			
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 10 MEQ	1	1	R
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (Potassium Chloride Crys ER) 10 MEQ	1	1	R
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (Potassium Chloride Crys ER) 20 MEQ	1	1	R
KLOR-CON ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 8 MEQ	1	1	R
KLOR-CON/EF ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ	1	1	R
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 20 MEQ	3	1	R
K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 8 MEQ	1	1	R
<i>k-vescent oral tablet effervescent 25 meq</i>		1	R
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		1	R
<i>potassium chloride oral packet 20 meq</i>		1	R
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>		1	R
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>		3	R
*Mixed Allergenic Extracts***			
*Mixed Allergenic Extracts***			
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	3		PA; R
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	3		PA; R
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous mouth/throat solution 2 %</i>		1	R
*Anti-Infectives - Throat***			
<i>amphotericin b powder</i>		3	R
<i>clotrimazole mouth/throat lozenge 10 mg</i>		1	R
<i>clotrimazole mouth/throat troche 10 mg</i>		1	R
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		1	R
ORAVIG BUCCAL TABLET 50 MG	3		R&M; F; QL (14 EA per 1 Copay); AG (Min 16 Years)
*Antiseptics - Mouth/Throat***			
PAROEX MOUTH/THROAT SOLUTION (Chlorhexidine Gluconate) 0.12 %	1	1	R
PERIDEX MOUTH/THROAT SOLUTION 0.12 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PERIOGARD MOUTH/THROAT SOLUTION (Chlorhexidine Gluconate) 0.12 %	1	1	R
*Dental Products - Combinations***			
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	1		R
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3		R
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3		R

Drug Name	Brand	Generic	Additional Information
*Fluoride Dental Products***			
ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	1	1	R&M; \$0; AG (Max 6 Years)
ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	1	1	R&M; \$0; AG (Max 6 Years)
ACT TOTAL CARE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	1	1	R&M; \$0; AG (Max 6 Years)
CAVAREST DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
CLINPRO 5000 DENTAL PASTE 1.1 %	1		R&M; \$0; AG (Max 6 Years)
DENTA 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
DENTAGEL DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
<i>dentall 1100 plus dental cream 1.1 %</i>		1	R&M; \$0; AG (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	1		R&M; \$0; AG (Max 6 Years)
FLUORIGARD MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	1	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %	3		R&M; \$0; AG (Max 6 Years)
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %	3		R&M; \$0; AG (Max 6 Years)
NEUTRAGARD ADVANCED DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
PHOS-FLUR DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER DENTAL PASTE 1.1 %	3		R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3		R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (SF) 1.1 %	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT DENTAL GEL (SF) 1.1 %	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 %	3	1	R&M; \$0; AG (Max 6 Years)

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Drug Name	Brand	Generic	Additional Information
<i>sm anticavity fluoride rinse mouth/throat solution 0.05 %</i>		1	R&M; \$0; AG (Max 6 Years)
THERA-FLUR-N DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
*Periodontal Anti-Infectives***			
ARESTIN DENTAL 1 MG	3		PA; R
*Saliva Stimulants***			
<i>cevimeline hcl oral capsule 30 mg</i>		1	R&M; QL (3 EA per 1 day)
EVOXAC ORAL CAPSULE 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>		1	R
*Steroids - Mouth/Throat***			
ORALONE MOUTH/THROAT PASTE (Triamcinolone Acetonide) 0.1 %	1	1	R
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***			
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
CITRANATAL B-CALM ORAL 20-1 & 25 (2) MG	3		R&M; F
CITRANATAL BLOOM ORAL TABLET 90-1 MG	3		R&M; F
CITRANATAL RX ORAL TABLET 27-1 MG	3		R&M; F
CLINICAL NUTRIENTS PRENATAL ORAL TABLET 7.5-0.2 MG	3		R
<i>c-nate dha oral capsule 28-1-200 mg</i>		3	R&M; F
<i>completenate oral tablet chewable 29-1 mg</i>		3	R&M; F
CO-NATAL FA ORAL TABLET (PreTAB)	3	3	R&M; F
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	3		R&M; F
DUET DHA BALANCED ORAL 25-1 & 267 MG	3		R&M; F
ELITE-OB ORAL TABLET 50-1.25 MG	3		R

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Drug Name	Brand	Generic	Additional Information
ENBRACE HR ORAL CAPSULE	3		R
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	3		R&M; F
<i>hemenatal ob oral tablet 28-6-1 mg</i>		3	R&M; F
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>		3	R
M-VIT ORAL TABLET (Prenatal Plus/Iron)	3	3	R&M; F
MYNATAL ORAL CAPSULE	3		R
<i>mynatal plus oral tablet</i>		3	R
NATALVIT ORAL TABLET	3		R
NATELLE ONE ORAL CAPSULE 28-1-250 MG	3		R&M; F
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3		R&M; F
NESTABS DHA ORAL 32-1 MG	3		R&M; F
NIVA-PLUS ORAL TABLET (Prenatal Plus/Iron) 27-1 MG	3	3	R&M; F
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	3		R&M; F
OB COMPLETE ORAL TABLET 50-1.25 MG	3		R
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	3		R&M; F
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3		R
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	3		R
O-CAL FA ORAL TABLET (Prenatal Plus/Iron) 27-1 MG	3	3	R&M; F
O-CAL PRENATAL ORAL TABLET	3		R
<i>pnv folic acid + iron oral tablet 27-1 mg</i>		3	R&M; F
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>		3	R&M; F
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>		3	R&M; F
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>		3	R&M; F
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>		3	R&M; F
PREFERA OB ORAL TABLET 34-1 MG	3		R&M; F
PRENATA ORAL TABLET CHEWABLE 29-1 MG	3		R&M; F
PRENATABS RX ORAL TABLET (Vol-Tab Rx) 29-1 MG	3	3	R&M; F

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Drug Name	Brand	Generic	Additional Information
<i>prenatal 19 oral tablet</i>		3	R&M; F
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>		3	R&M; F
<i>prenatal formula oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal low iron oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal plus iron oral tablet 29-1 mg</i>		3	R&M; F
<i>prenatal plus oral tablet 27-1 mg</i>		3	R&M; F
PRENATAL/FOLIC ACID ORAL TABLET <i>(Prenatal Plus/Iron)</i>	3	3	R&M; F
PRENATAL-U ORAL CAPSULE 106.5-1 MG	3		R&M; F
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3		R
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG	3		R&M; F
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG	3		R&M; F
<i>preplus oral tablet 27-1 mg</i>		3	R&M; F
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	3		R
<i>se-natal 19 oral tablet 29-1 mg</i>		3	R&M; F
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		3	R&M; F
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG	3		R&M; F
THERANATAL CORE NUTRITION ORAL TABLET <i>(Prenatal Plus/Iron)</i> 27-1 MG	3	3	R&M; F
<i>thrivite rx oral tablet 29-1 mg</i>		3	R&M; F
<i>tl folate oral tablet 27-0.5-0.5 mg</i>		3	R&M; F
TRICARE ORAL TABLET <i>(Prenatal Plus/Iron)</i>	3	3	R&M; F
TRICARE PRENATAL COMPLEAT ORAL 27-1 MG	3		R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	3		R&M; F
TRINATE ORAL TABLET <i>(Vol-Nate)</i>	3	3	R&M; F
<i>ultimatecare one oral capsule 27-1 mg</i>		3	R&M; F
VINATE ONE ORAL TABLET <i>(Trinatal Rx 1)</i> 60-1 MG	3	3	R&M; F
<i>virt nate oral tablet 28-1 mg</i>		3	R&M; F

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Drug Name	Brand	Generic	Additional Information
<i>virt-nate dha oral capsule 28-1-200 mg</i>		3	R&M; F
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	3		R
VITAFOL-OB ORAL TABLET (Mynatal-Z)	3	3	R
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (Prenal Pearl) 30-1.4-200 MG	3	3	R&M; F
VIVA DHA ORAL CAPSULE (Relnate DHA) 28-1-200 MG	3	3	R&M; F
<i>vol-plus oral tablet 27-1 mg</i>		3	R&M; F
<i>vp-heme ob oral tablet 28-6-1 mg</i>		3	R&M; F
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>		3	R&M; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha oral 29-1-200 & 250 mg</i>		3	R
PR NATAL 430 EC ORAL 29-1-200 & 430 MG (DR)	3		R
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3		R&M; F
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3		R&M; F
CITRANATAL DHA ORAL (PNV OB+DHA) 27-1 & 250 MG	3	3	R&M; F
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3		R
<i>folcal dha oral capsule 27-1.25-300 mg</i>		3	R&M; F
<i>infanate balance oral capsule 29-1-265 mg</i>		3	R
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3		R&M; F
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG	3		R
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG	3		R
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG	3		R&M; F
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>		3	R&M; F
PREFERAOB ONE ORAL CAPSULE (VP-HEME One) 22-6-1-200 MG	3	3	R
<i>prena 1 true oral 30-1.4 & 300 mg</i>		3	R

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Drug Name	Brand	Generic	Additional Information
<i>prenaissance balance oral capsule 30-1-260 mg</i>		3	R
<i>prenaissance oral capsule 29-1.25-325 mg</i>		3	R&M; F
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	3		R&M; F
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	3		R&M; F
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3		R
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	3		R&M; F
PROVIDA DHA ORAL CAPSULE 16-16-1.25-110 MG	3		R
SELECT-OB+DHA ORAL 29-1 & 250 MG	3		R
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>		3	R
TRISTART ONE ORAL CAPSULE 35-1-215 MG	3		R
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>		3	R&M; F
<i>virt-select oral capsule 29-1.25-325 mg</i>		3	R&M; F
VITAFOL FE+ ORAL CAPSULE THERAPY PACK 90-1-200 & 50 MG	3		R
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	3		R
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	3		R
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	3		R
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	3		R&M; F
VITATRUE ORAL 30-1.4 & 300 MG	3		R&M; F
<i>vp-ch-pnv oral capsule 30-1-260 mg</i>		3	R
ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG	3	3	R&M; F
*Prenatal Mv & Minerals W/Fa***			
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	3		R&M; F
*Prenatal Vitamins***			
<i>bp folinatal plus b oral tablet 1 mg</i>		3	R
PRENATE AM ORAL TABLET 1 MG	3		R&M; F

Drug Name	Brand	Generic	Additional Information
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3		R&M; QL (1 EA per 1 day); AG (Max 18 Years)
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>baclofen oral tablet 10 mg, 20 mg</i>		1	R
<i>carisoprodol oral tablet 350 mg</i>		1	R
<i>chlorzoxazone oral tablet 500 mg</i>		3	R
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>		1	R
LORZONE ORAL TABLET 375 MG, 750 MG	3		R
<i>metaxalone oral tablet 800 mg</i>		1	R&M; QL (4 EA per 1 Days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		1	R
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		1	R
ROBAXIN ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ROBAXIN-750 ORAL TABLET 750 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SKELAXIN ORAL TABLET 800 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Days)
SOMA ORAL TABLET (Carisoprodol) 250 MG	3	3	R
SOMA ORAL TABLET 350 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>tizanidine hcl oral capsule 2 mg</i>		3	R&M; QL (18 EA per 1 Days)
<i>tizanidine hcl oral capsule 4 mg</i>		3	R&M; QL (9 EA per 1 Days)
<i>tizanidine hcl oral capsule 6 mg</i>		3	R&M; QL (6 EA per 1 Days)
<i>tizanidine hcl oral tablet 2 mg</i>		1	R&M; QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		1	R&M; QL (9 EA per 1 Days)
ZANAFLEX ORAL CAPSULE 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (18 EA per 1 Days)
ZANAFLEX ORAL CAPSULE 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Days)

Drug Name	Brand	Generic	Additional Information
ZANAFLEX ORAL CAPSULE 6 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 Days)
ZANAFLEX ORAL TABLET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Days)
*Direct Muscle Relaxants***			
DANTRIUM ORAL CAPSULE (<i>Dantrolene Sodium</i>) 25 MG, 50 MG	3	2	R
<i>dantrolene sodium oral capsule 100 mg</i>		2	R
*Muscle Relaxant Combinations***			
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>		3	R
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>		3	R
Nasal Agents - Systemic And Topical			
*Antihistamine-Steroid***			
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
*Nasal Antibiotics***			
BACTROBAN NASAL NASAL OINTMENT 2 %	2		R
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		1	R
*Nasal Antihistamines***			
ASTEPRO NASAL SOLUTION 0.15 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>		1	R
<i>olopatadine hcl nasal solution 0.6 %</i>		3	R&M; QL (30.5 GM per 30 days); AG (Min 6 Years)
PATANASE NASAL SOLUTION 0.6 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30.5 GM per 30 days); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	3		R
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>		1	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
NASONEX NASAL SUSPENSION <i>(Mometasone Furoate)</i> 50 MCG/ACT	3	3	R
OMNARIS NASAL SUSPENSION 50 MCG/ACT	3		R&M; QL (1 EA per 30 days); AG (Max 6 Years)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	3		R
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
NORTHERA ORAL CAPSULE 100 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day); AG (Min 18 Years)
Neuromuscular Agents			
*Benzathiazoles***			
RILUTEK ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>riluzole oral tablet 50 mg</i>		1	R
*Neuromuscular Blocking Agent - Neurotoxins***			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3		R
*Artificial Tear Inserts***			
LACRISERT OPHTHALMIC INSERT 5 MG	3		R
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	2		R
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	3		R
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>		1	R
*Beta-Blockers - Ophthalmic***			
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		1	R
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3		R
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3		R
<i>carteolol hcl ophthalmic solution 1 %</i>		1	R
ISTALOL OPHTHALMIC SOLUTION 0.5 %	3		R
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		1	R
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3		R
TIMOPTIC OPHTHALMIC SOLUTION (<i>Timolol Maleate</i>) 0.25 %, 0.5 %	3	1	R
*Cycloplegic Mydriatics***			
<i>atropine sulfate ophthalmic solution 1 %</i>		1	R
CYCLOGYL OPHTHALMIC SOLUTION (<i>Cyclopentolate HCl</i>) 0.5 %	3	2	R
CYCLOGYL OPHTHALMIC SOLUTION (<i>Cyclopentolate HCl</i>) 1 %, 2 %	3	1	R
<i>homatropine hbr ophthalmic solution 5 %</i>		1	R
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3		R
*Miotics - Direct Acting***			
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		1	R
*Ophthalmic Antiallergic***			
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3		R
<i>azelastine hcl ophthalmic solution 0.05 %</i>		1	R&M; QL (1 EA per 30 days)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3		R
<i>cromolyn sodium ophthalmic solution 4 %</i>		1	R
ELESTAT OPHTHALMIC SOLUTION 0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
EMADINE OPHTHALMIC SOLUTION 0.05 %	3		R
<i>epinastine hcl ophthalmic solution 0.05 %</i>		2	R
LASTACFT OPHTHALMIC SOLUTION 0.25 %	3		R&M; QL (1 EA per 30 days); AG (Min 2 Years)
PATADAY OPHTHALMIC SOLUTION (<i>Olopatadine HCl</i>) 0.2 %	3	3	R
PATANOL OPHTHALMIC SOLUTION (<i>Olopatadine HCl</i>) 0.1 %	3	3	R&M; QL (0.45 ML per 1 day)
PAZEO OPHTHALMIC SOLUTION 0.7 %	3		R&M; QL (2.5 ML per 1 Copay)

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Drug Name	Brand	Generic	Additional Information
*Ophthalmic Antibiotics***			
AZASITE OPHTHALMIC SOLUTION 1 %	3		R
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		3	R
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3		R
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3		R
CILOXAN OPHTHALMIC SOLUTION 0.3 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		1	R
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		1	R
<i>gatifloxacin ophthalmic solution 0.5 %</i>		1	R
GENTAK OPHTHALMIC OINTMENT 0.3 %	1		R
<i>levofloxacin ophthalmic solution 0.5 %</i>		1	R
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3		R
<i>ofloxacin ophthalmic solution 0.3 %</i>		1	R
<i>tobramycin ophthalmic solution 0.3 %</i>		1	R
TOBREX OPHTHALMIC OINTMENT 0.3 %	2		R
VIGAMOX OPHTHALMIC SOLUTION (Moxifloxacin HCl) 0.5 %	3	1	R
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Ophthalmic Anti-Infective Combinations***			
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		1	R
NEO-POLYCIN OPHTHALMIC OINTMENT (Neomycin-Bacitracin Zn-Polymyx) 3.5-400-10000	1	1	R
POLYCIN OPHTHALMIC OINTMENT (Bacitracin-Polymyxin B) 500-10000 UNIT/GM	1	1	R
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic solution 1 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
ZIRGAN OPHTHALMIC GEL 0.15 %	3		R
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT OPHTHALMIC SUSPENSION 1 %	3		R&M; QL (10 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>		1	R
*Ophthalmic Decongestants***			
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>		1	R
*Ophthalmic Immunomodulators***			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2		R&M; QL (2 EA per 1 day)
RESTASIS OPHTHALMIC EMULSION 0.05 %	2		R&M; QL (2 EA per 1 day)
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic solution 0.5 %</i>		1	R
<i>tetracaine hcl ophthalmic solution 0.5 %</i>		1	R
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ACULAR OPHTHALMIC SOLUTION 0.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	3		R
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		2	R
BROMSITE OPHTHALMIC SOLUTION 0.075 %	3		R
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		1	R
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		3	R
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3		R
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>		1	R
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	3		R&M; QL (3 ML per 30 days); AG (Min 10 Years)
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3		R

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Photodynamic Therapy Agents***			
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2		R
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		1	R
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		1	R
*Ophthalmic Steroid Combinations***			
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3		R
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3		R
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>		1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		1	R
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		3	R
NEO-POLYCIN HC OPHTHALMIC OINTMENT (Bacitra-Neomycin-Polymyxin-HC) 1 %	1	1	R
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	3		R
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		1	R
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3		R
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3		R
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		1	R
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3		R&M; QL (20 ML per 30 days)
*Ophthalmic Steroids***			
ALREX OPHTHALMIC SUSPENSION 0.2 %	3		R
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		3	R
DUREZOL OPHTHALMIC EMULSION 0.05 %	3		R
FLAREX OPHTHALMIC SUSPENSION 0.1 %	3		R
<i>fluorometholone ophthalmic suspension 0.1 %</i>		1	R
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3		R
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FML OPHTHALMIC OINTMENT 0.1 %	3		R
LOTEMAX OPHTHALMIC GEL 0.5 %	3		R
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3		R
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	3		R
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	3		R
OMNIPRED OPHTHALMIC SUSPENSION 1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PRED FORTE OPHTHALMIC SUSPENSION 1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	2		R
<i>prednisolone acetate ophthalmic suspension 1 %</i>		1	R
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		3	R
*Ophthalmic Sulfonamides***			
BLEPH-10 OPHTHALMIC SOLUTION 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		3	R
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		1	R
*Ophthalmics - Cystinosis Agents**			
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	3		PA; R
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	R&M; QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>		1	R
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2		R
RESCULA OPHTHALMIC SOLUTION 0.15 %	3		R&M; QL (5 ML per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	2		R
VYZULTA OPHTHALMIC SOLUTION 0.024 %	3		R
XALATAN OPHTHALMIC SOLUTION 0.005 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3		R
*Vascular Endothelial Growth Factor (Vegf) Antagonists***			
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	3		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
*Orexin Receptor Antagonists***			
*Orexin Receptor Antagonists***			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3		PA; R
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic solution 2 %</i>		1	R
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic solution 0.2 %</i>		3	R
<i>ofloxacin otic solution 0.3 %</i>		1	R

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Drug Name	Brand	Generic	Additional Information
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC OTIC SUSPENSION 0.2-1 %	3		R
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	2		R&M; QL (7.5 ML per 30 days)
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		1	R
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		1	R
OTOVEL OTIC SOLUTION 0.3-0.025 %	3		R
*Otic Steroids***			
ACETASOL HC OTIC SOLUTION (Hydrocortisone-Acetic Acid) 2-1 %	1	1	R
DERMOTIC OTIC OIL 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (40 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>		1	R&M; QL (40 ML per 30 days)
*Oxaborole-Related Antifungals - Topical***			
*Oxaborole-Related Antifungals - Topical***			
KERYDIN EXTERNAL SOLUTION 5 %	3		PA; R
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET 0.2 MG	3		R
*Passive Immunizing Agents - Combinations***			
*Passive Immunizing Agents - Combinations***			
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Passive Immunizing Agents			
*Antiviral Monoclonal Antibodies***			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
*Immune Serums***			
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Pcsk9 Inhibitors***			
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.13 ML per 1 day); AG (Min 13 Years)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 13 Years)

Drug Name	Brand	Generic	Additional Information
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		1	R
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		1	R
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		1	R
<i>amoxicillin oral tablet chewable 125 mg</i>		3	R
<i>amoxicillin oral tablet chewable 250 mg</i>		1	R
<i>ampicillin oral capsule 500 mg</i>		1	R
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG	3		R
*Natural Penicillins***			
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		1	R
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>		1	R
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>		1	R
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		3	R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3		R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
AUGMENTIN ORAL TABLET (<i>Amoxicillin-Pot Clavulanate</i>) 500-125 MG, 875-125 MG	3	1	R
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
ZYDELIG ORAL TABLET 100 MG, 150 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA EXTERNAL OINTMENT 2 %	3		R&M; QL (2 GM per 1 day); AG (Min 2 Years)
*Phosphodiesterase 4 (Pde4) Inhibitors***			
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 30 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Year); AG (Min 18 Years)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL CAPSULE 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
RUBRACA ORAL TABLET 300 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZEJULA ORAL CAPSULE 100 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL CAPSULE 50 MG	1		R
ZEJULA ORAL CAPSULE 100 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Potassium Removing Agents***			
*Potassium Removing Agents***			
KIONEX ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
KIONEX ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML	1	1	R
SPS ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML	1	1	R
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3		PA; R
*Prenatal Mv & Minerals W/Fa Without Iron***			
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	3		R&M; F
Progestins			
*Progestins***			
AYGESTIN ORAL TABLET 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
MAKENA INTRAMUSCULAR OIL 250 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
MEGACE ES ORAL SUSPENSION 625 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (5 ML per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		1	R&M; QL (5 ML per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>		1	R&M; F
<i>progesterone intramuscular oil 50 mg/ml</i>		1	R&M; F
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>		1	R&M; F
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY ORAL TABLET 2.08 MG	2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		1	R&M; QL (6 EA per 1 day)
ANTABUSE ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>disulfiram oral tablet 250 mg, 500 mg</i>		1	R
*Anti-Cataplectic Agents***			
XYREM ORAL SOLUTION 500 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (540 ML per 30 days); AG (Min 18 Years and Max 65 Years)
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		3	R
*Cholinomimetics - Ache Inhibitors***			
ARICEPT ORAL TABLET 10 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
ARICEPT ORAL TABLET 23 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		1	R
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		1	R
EXELON TRANSDERMAL PATCH 24 HOUR (Rivastigmine) 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	2	2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		3	R
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		1	R&M; QL (3 EA per 1 Days)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
RAZADYNE ORAL TABLET 12 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
RAZADYNE ORAL TABLET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		1	R&M; QL (2 EA per 1 day)
*Fibromyalgia Agent - Snris***			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3		R
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3		R
*Movement Disorder Drug Therapy***			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	3		PA; R&M; QL (1 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
XENAZINE ORAL TABLET 12.5 MG, 25 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
AUBAGIO ORAL TABLET 14 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AUBAGIO ORAL TABLET 7 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Interferons***			
AVONEX INTRAMUSCULAR KIT 30 MCG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	3		PA; SP
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
TECFIDERA ORAL 120 & 240 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>) 20 MG/ML, 40 MG/ML	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>) 20 MG/ML	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl oral solution 2 mg/ml</i>		1	R&M; QL (12 ML per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET (<i>Memantine HCl</i>) 10 MG	3	1	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET (<i>Memantine HCl</i>) 5 MG	3	1	R&M; QL (3 EA per 1 day); AG (Min 12 Years)
NAMENDA TITRATION PAK ORAL TABLET (<i>Memantine HCl</i>) 5 (28)-10 (21) MG	3	1	R
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	3		R
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	3		R
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>		3	R
*Postherpetic Neuralgia (Phn) Agents***			
GRALISE ORAL TABLET 300 MG, 600 MG	3		PA; R&M; QL (3 EA per 1 day); AG (Min 18 Years)
GRALISE STARTER ORAL 300 & 600 MG	3		PA; R&M; QL (1 EA per 1 Lifetime); AG (Min 18 Years)
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***			
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>		3	R&M; F; QL (1 EA per 1 day)
SARAFEM ORAL TABLET (<i>FLUoxetine HCl (PMDD)</i>) 10 MG, 20 MG	3	3	R&M; F; QL (1 EA per 1 day)
*Pseudobulbar Affect Agent Combinations***			
NUEDEXTA ORAL CAPSULE 20-10 MG	3		PA; R
*Psychotherapeutic And Neurological Agents - Misc.***			
ORAP ORAL TABLET 1 MG, 2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>pimozide oral tablet 1 mg, 2 mg</i>		2	R

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Drug Name	Brand	Generic	Additional Information
*Restless Leg Syndrome (RLs) Agents***			
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Smoking Deterrents***			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
COMMIT MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG	3	1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nts step 1 transdermal patch 24 hour 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM <i>(Nicotine Polacrilex) 2 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
KLS QUIT2 MOUTH/THROAT LOZENGE <i>(Nicotine Polacrilex) 2 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
KLS QUIT4 MOUTH/THROAT GUM <i>(Nicotine Polacrilex) 4 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
KLS QUIT4 MOUTH/THROAT LOZENGE <i>(Nicotine Polacrilex) 4 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR <i>(Nicotine) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	1	1	R&M; \$0; AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
NICORETTE MINI MOUTH/THROAT LOZENGE <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
NICORETTE MOUTH/THROAT GUM <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
<i>nicotine mini mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		3	R&M; \$0; AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NICOTROL INHALATION INHALER 10 MG	3		R&M; \$0; AG (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML	3		R&M; \$0; AG (Min 18 Years)
<i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>qc nicotine polacrilex mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sr nicotine mouth/throat gum 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sw nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sw nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step one transdermal patch 24 hour 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step three transdermal patch 24 hour 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>tgt nicotine step two transdermal patch 24 hour 14 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	1	1	R&M; \$0; AG (Min 18 Years)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.5 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Thienbenzodiazepines & Ssris***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		1	R&M; QL (3 EA per 1 Days)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 6-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
*Vasomotor Symptom Agents - Ssris***			
BRISDELLE ORAL CAPSULE 7.5 MG	3		PA; R
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV ORAL CAPSULE 100 MG, 150 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents***			
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE 267 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG	3		R&M; QL (9 EA per 1 day)
ESBRIET ORAL TABLET 801 MG	3		R&M; QL (3 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
Respiratory Agents - Misc.			
*Alpha-Proteinase Inhibitor (Human)***			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cftr Potentiators***			
KALYDECO ORAL PACKET 50 MG, 75 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KALYDECO ORAL TABLET 150 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 6 Years)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 1 MG/ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (180 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI ORAL TABLET 100 MG	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
*Serotonin Modulators***			
*Serotonin Modulators***			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg</i>		3	R
<i>nefazodone hcl oral tablet 250 mg, 50 mg</i>		1	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		1	R
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	3		R
*Sinus Node Inhibitors**			
*Sinus Node Inhibitors**			
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3		PA; R
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2		R
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2		R

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Drug Name	Brand	Generic	Additional Information
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3		R
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3		R
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	2		R
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral tablet 500 mg</i>		3	R
Tetracyclines			
*Tetracyclines***			
ACTICLATE ORAL TABLET 150 MG, 75 MG	3		PA; R&M; QL (2 EA per 1 day)
ADOXA ORAL CAPSULE 150 MG	3		PA; R&M; QL (2 EA per 1 day)
<i>avidoxy oral tablet 100 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		1	R
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	3		PA; R&M; QL (2 EA per 1 day)
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3		PA; R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>		1	R
<i>doxycycline hyclate oral tablet 100 mg</i>		1	R
<i>doxycycline hyclate oral tablet 20 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 150 mg, 200 mg, 50 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		3	R
<i>doxycycline monohydrate oral capsule 150 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		1	R
<i>doxycycline monohydrate oral tablet 100 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>		1	R
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		1	R&M; QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg</i>		3	R
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		1	R
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		1	R
MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG, 50 MG, 75 MG	1	1	R
MONODOX ORAL CAPSULE 100 MG, 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MORGIDOX ORAL CAPSULE (Doxycycline Hyclate) 50 MG	1	1	R
OKEBO ORAL CAPSULE (Doxycycline Monohydrate) 100 MG, 75 MG	1	1	R
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		1	R
VIBRAMYCIN ORAL CAPSULE 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	3		R
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	3		R
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral tablet 10 mg, 5 mg</i>		1	R
<i>propylthiouracil oral tablet 50 mg</i>		1	R
*Thyroid Hormones***			
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG	1		R
ARMOUR THYROID ORAL TABLET (NP Thyroid) 15 MG, 30 MG, 60 MG, 90 MG	1	1	R
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
LEVO-T ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
LEVO-T ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG	1		R
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg</i>		1	R
LEVOXYL ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
LEVOXYL ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 175 MCG, 200 MCG	1		R
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i>		1	R
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3		R
SYNTHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	1	R
SYNTHROID ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG	2		R
<i>thyroid powder</i>		3	R
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	2		R
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	2		R
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	2		R
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	2		R
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	2		R
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3		R
UNITHROID DIRECT ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R

Drug Name	Brand	Generic	Additional Information
UNITHROID ORAL TABLET <i>(Levothyroxine Sodium)</i> 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
UNITHROID ORAL TABLET 112 MCG, 150 MCG	1		R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3		R
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3		R
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3		RO; \$0
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	3		RO; \$0
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>		3	RO; \$0
DIPHTHERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU	3		RO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3		RO; \$0
KINRIX INTRAMUSCULAR SUSPENSION	3		RO; \$0
PEDIARIX INTRAMUSCULAR SUSPENSION	3		RO; \$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3		RO; \$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3		RO; \$0
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lfu/0.5ml</i>		3	RO; \$0
*Tryptophan Hydroxylase Inhibitors***			
*Tryptophan Hydroxylase Inhibitors***			
XERMELO ORAL TABLET 250 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
Ulcer Drugs			
*Anticholinergic Combinations***			
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		3	R
<i>belladonna-opium rectal suppository 16.2-30 mg</i>		3	R
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>		1	R
DONNATAL ORAL ELIXIR 16.2 MG/5ML	3		R
DONNATAL ORAL TABLET 16.2 MG	3		R
LIBRAX ORAL CAPSULE 5-2.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PHENOHYTRO ORAL TABLET 16.2 MG	1		R
*Antispasmodics***			
<i>dicyclomine hcl oral capsule 10 mg</i>		1	R
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		3	R
<i>dicyclomine hcl oral tablet 20 mg</i>		1	R
*Belladonna Alkaloids***			
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (12 EA per 1 day)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		1	R
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		1	R
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>		1	R
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>		1	R
<i>hyosyne oral elixir 0.125 mg/5ml</i>		1	R
<i>hyosyne oral solution 0.125 mg/ml</i>		1	R
LEVSIN ORAL TABLET 0.125 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
NULEV ORAL TABLET DISPERSIBLE (Hyoscyamine Sulfate) 0.125 MG	1	1	R&M; QL (12 EA per 1 day)
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		1	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		1	R
<i>famotidine oral tablet 40 mg</i>		1	R
<i>nizatidine oral capsule 150 mg</i>		1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>nizatidine oral capsule 300 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nizatidine oral solution 15 mg/ml</i>		2	R
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		1	R
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		1	R
<i>ranitidine hcl oral tablet 300 mg</i>		1	R
ZANTAC ORAL TABLET 300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (Sucralfate) 1 GM/10ML	2	2	R
<i>sucralfate oral tablet 1 gm</i>		1	R
*Proton Pump Inhibitor-Antacid Combinations***			
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>		3	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>ra omeprazole-sodium bicarb oral capsule 20-1100 mg</i>		3	R
ZEGERID ORAL CAPSULE 40-1100 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Proton Pump Inhibitors***			
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	3		PA; R&M; QL (2 EA per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3		R&M; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>esomeprazole strontium oral capsule delayed release 24.65 mg, 49.3 mg</i>		3	PA; R&M; AG (Min 16 Years)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	2		RO
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	2		RO

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Drug Name	Brand	Generic	Additional Information
<i>lansoprazole oral capsule delayed release 15 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>		1	R
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3		PA; R&M; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		1	R
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	2		RO
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>		1	R&M; QL (6 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	3		PA; R&M; Note 1 (Covered less than age 1 w/o PA); QL (1 EA per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	3		PA; R
PROTONIX ORAL PACKET 40 MG	3		PA; R&M; QL (6 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>		1	R
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		1	R
<i>methscopolamine bromide oral tablet 2.5 mg</i>		1	R&M; QL (12 EA per 1 day)
PAMINE ORAL TABLET 2.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (12 EA per 1 day)
<i>propantheline bromide oral tablet 15 mg</i>		3	R
*Ulcer Anti-Infective W/ Bismuth Combinations***			
PYLERA ORAL CAPSULE 140-125-125 MG	3		R
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
<i>amoxicill-clarithro-lansopraz oral</i>		3	R&M; QL (1 EA per 30 days)
PREVPAC ORAL	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
*Ulcer Drugs - Prostaglandins***			
CYTOTEC ORAL TABLET 200 MCG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>		1	R
Urinary Anti-Infectives			
*Urinary Anti-Infectives***			
HIPREX ORAL TABLET 1 GM	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MACROBID ORAL CAPSULE 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MACRODANTIN ORAL CAPSULE (Nitrofurantoin Macrocrystal) 25 MG	3	1	R
<i>methenamine hippurate oral tablet 1 gm</i>		1	R
<i>methenamine mandelate oral tablet 1 gm</i>		1	R
MONUROL ORAL PACKET 3 GM	3		R
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>		1	R
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>		1	R
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		1	R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
AZUPHEN MB ORAL CAPSULE (Uticap) 120 MG	1	1	R
HYOLEV MB ORAL TABLET (UroAv-81) 81 MG	1	1	R
HYOPHEN ORAL TABLET 81.6 MG	1		R&M; QL (56 EA per 1 Copay); AG (Min 12 Years)
INDIOMIN MB ORAL CAPSULE 120 MG	1		R
PHOSPHASAL ORAL TABLET (Ur N-C) 81.6 MG	1	1	R
URAMIT MB ORAL CAPSULE (Uro-MP) 118 MG	1	1	R
URELLE ORAL TABLET (UroAv-81) 81 MG	1	1	R
URIBEL ORAL CAPSULE (Uro-MP) 118 MG	1	1	R
<i>uro-458 oral tablet 81 mg</i>		1	R
<i>uroav-b oral capsule 118 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
UROGESIC-BLUE ORAL TABLET 81.6 MG	3		R
UROPHEN MB ORAL TABLET 81.6 MG	1		R&M; QL (56 EA per 1 Copay); AG (Min 12 Years)
URYL ORAL TABLET 81.6 MG	3		R
USTELL ORAL CAPSULE (<i>Uticap</i>) 120 MG	1	1	R
UTA ORAL CAPSULE 120 MG	1		R
UTIRA-C ORAL TABLET (<i>Ur N-C</i>) 81.6 MG	1	1	R
VILAMIT MB ORAL CAPSULE (<i>Uro-MP</i>) 118 MG	1	1	R
VILEVEV MB ORAL TABLET (<i>UroAv-81</i>) 81 MG	1	1	R
Urinary Antispasmodics			
*Beta-3 Adrenergic Agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2		R
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DETROL ORAL TABLET 1 MG, 2 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
GELNIQUE TRANSDERMAL GEL 10 %	3		PA; R
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		1	R
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	R
<i>oxybutynin chloride oral tablet 5 mg</i>		1	R
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		1	R
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride oral tablet 20 mg</i>		1	R
VESICARE ORAL TABLET 10 MG, 5 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
GELNIQUE TRANSDERMAL GEL 10 %	3		PA; R
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		1	R
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	R
<i>oxybutynin chloride oral tablet 5 mg</i>		1	R
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		1	R
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		1	R
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride oral tablet 20 mg</i>		1	R
VESICARE ORAL TABLET 10 MG, 5 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2		R
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Urinary Antispasmodics - Cholinergic Agonists*** (New)			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl oral tablet 100 mg</i>		1	R
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)			
<i>flavoxate hcl oral tablet 100 mg</i>		1	R
Vaccines			
*Bacterial Vaccines***			
MENACTRA INTRAMUSCULAR INJECTABLE	3		R&M; \$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3		R&M; \$0
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	3		R&M; \$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	3		R&M; \$0; QL (0.5 ML per 1 Lifetime)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0; AG (Max 26 Years)
*Viral Vaccine Combinations***			
M-M-R II SUBCUTANEOUS INJECTABLE	3		R&M; \$0
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	3		R&M; \$0
*Viral Vaccines***			
AFLURIA INTRAMUSCULAR SUSPENSION	3		RO; \$0
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3		RO; \$0
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	3		RO; \$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0; AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0
FLUBLOK INTRAMUSCULAR SOLUTION	3		RO; \$0
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	3		RO; \$0
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO; \$0
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO; \$0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0
FLUMIST QUADRIVALENT NASAL SUSPENSION	3		R&M; \$0
FLUVIRIN INTRAMUSCULAR SUSPENSION	3		R&M; \$0
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		R
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0; AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR 9 MCG/STRAIN	3		RO; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	3		RO; \$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3		RO; \$0; AG (Max 27 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0; AG (Max 27 Years)

Drug Name	Brand	Generic	Additional Information
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3		RO; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3		RO; \$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	3		RO; \$0; AG (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3		RO; \$0
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3		RO; \$0
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3		RO; \$0; AG (Min 50 Years)
Vaginal Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1 VAGINAL CREAM 2 %	3		PA; R&M; F
TERAZOL 7 VAGINAL CREAM 0.4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		1	R&M; F
<i>terconazole vaginal suppository 80 mg</i>		1	R&M; F
*Miscellaneous Vaginal Combinations***			
FEM PH VAGINAL GEL 0.9-0.025 %	3		R&M; F
RELAGARD VAGINAL GEL 0.9-0.025 %	3		R&M; F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY 100 MG	3		R&M; F; \$0
OPTIONS CONCEPTROL VAGINAL GEL 4 %	3		R&M; F; \$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	3		R&M; F; \$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	3		R&M; F; \$0
TODAY SPONGE VAGINAL 1000 MG	3		R&M; F; \$0; QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	3		R&M; F; \$0

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Drug Name	Brand	Generic	Additional Information
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	3		R&M; F; \$0
*Vaginal Anti-Infectives***			
AVC VAGINAL VAGINAL CREAM 15 %	3		R&M; F
CLEOCIN VAGINAL CREAM 2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (40 GM per 7 days)
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3		R&M; F; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>		1	R&M; F; QL (40 GM per 7 days)
CLINDESSE VAGINAL CREAM 2 %	3		R
METROGEL-VAGINAL VAGINAL GEL 0.75 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (70 GM per 30 days)
NUVESSA VAGINAL GEL 1.3 %	3		R
VANAZOLE VAGINAL GEL (<i>MetroNIDAZOLE</i>) 0.75 %	1	1	R&M; F; QL (70 GM per 30 days)
*Vaginal Estrogens***			
ESTRACE VAGINAL CREAM 0.1 MG/GM	2		R&M; F
ESTRING VAGINAL RING 2 MG	3		R&M; F; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	3		R&M; F; QL (1 EA per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	2		R&M; F
VAGIFEM VAGINAL TABLET 10 MCG	3		R&M; F
YUVAFEM VAGINAL TABLET 10 MCG	3		R&M; F
*Vaginal Progestins***			
CRINONE VAGINAL GEL 4 %, 8 %	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
ENDOMETRIN VAGINAL INSERT 100 MG	3		R&M; Note 1 (\$5000 lifetime benefit applies); F
Vasopressors			
*Anaphylaxis Therapy Agents***			
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML	3		R

Drug Name	Brand	Generic	Additional Information
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>		3	R&M; QL (4 EA per 1 Copay)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		2	R&M; Note 1 (Non Mylan Epinephrine pens are Level 3.); QL (4 EA per 1 Copay)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	3		R&M; QL (4 EA per 1 Copay)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	3		R&M; QL (4 EA per 1 Copay)
*Vasopressors***			
<i>epinephrine injection solution 30 mg/30ml</i>		3	R
<i>epinephrine pf injection solution 1 mg/ml</i>		3	R
<i>epinephrine pf injection solution prefilled syringe 1 mg/10ml</i>		1	R
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
Vitamins			
*Vitamin B-3***			
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		2	R
*Vitamin D***			
<i>aqueous vitamin d oral liquid 400 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 400 UNT/0.03ML	3		R&M; \$0; AG (Min 65 Years)
<i>baby super daily d3 oral liquid 400 ut/0.028ml</i>		3	R&M; \$0
BIO-D-MULSION FORTE ORAL LIQUID 2000 UNT/0.03ML	1		R&M; \$0; AG (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 400 UNT/0.03ML	1		R&M; \$0; AG (Min 65 Years)
BPROTECTED PEDIA D-VITE ORAL LIQUID (Vitamin D3) 400 UNIT/ML	1	1	R&M; \$0; AG (Min 65 Years)
CALCIDOL ORAL SOLUTION (Ergocalciferol) 8000 UNIT/ML	1	1	R
CALCIFEROL ORAL SOLUTION (Ergocalciferol) 8000 UNIT/ML	1	1	R
<i>cvs d3 oral capsule 1000 unit, 2000 unit, 400 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 1000 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>d 1000 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 1000 oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 10000 oral capsule 10000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 2000 oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 400 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 5000 oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 5000 oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-1000 extra strength oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-1000 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-2000 maximum strength oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d2000 ultra strength oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 adult oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
D3 DOTS ORAL TABLET DISPERSIBLE 2000 UNIT	3		R&M; \$0; AG (Min 65 Years)
<i>d3 high potency oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 kids oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 maximum strength oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 maximum strength oral liquid 5000 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 super strength oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3-1000 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3-1000 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
D3-50 ORAL CAPSULE (Vitamin D3) 50000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
<i>d-400 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-5000 oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
DDROPS ORAL LIQUID (Super Daily D3) 1000 UNT/0.03ML	3	3	R&M; \$0; AG (Min 65 Years)
DDROPS ORAL LIQUID 2000 UNT/0.03ML	3		R&M; \$0; AG (Min 65 Years)
DECARA ORAL CAPSULE 25000 UNIT	3		R&M; \$0; AG (Min 65 Years)
DECARA ORAL CAPSULE (Vitamin D3) 50000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
<i>delta d3 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 5000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT	3		R&M; \$0; AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
DRISDOL ORAL CAPSULE 50000 UNIT	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 65 Years)
D-VI-SOL ORAL LIQUID (Vitamin D3) 400 UNIT/ML	3	1	R&M; \$0; AG (Min 65 Years)
<i>eql vitamin d3 oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ergocalciferol oral capsule 50000 unit</i>		1	R&M; AG (Min 65 Years)
<i>gnp vitamin d maximum strength oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d super strength oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d3 extra strength oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE (D 400) 400 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d oral tablet 1000 unit, 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule 4000 unit</i>		3	R&M; \$0; AG (Min 65 Years)
JUST D ORAL LIQUID (Vitamin D3) 400 UNIT/ML	1	1	R&M; \$0; AG (Min 65 Years)
<i>kp vitamin d oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
<i>nat-rul vitamin d oral tablet 1000 unit, 2000 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
OPTIMAL-D ORAL CAPSULE (Vitamin D3) 50000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
OPURITY VITAMIN D ORAL TABLET CHEWABLE (Vitamin D3) 5000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 gummy oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 oral capsule 2000 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ra vitamin d-3 oral capsule 2000 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ra vitamin d-3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
REPLESTA CHILDRENS ORAL WAFER 14000 UNIT	3		R&M; \$0; AG (Min 65 Years)
REPLESTA NX ORAL WAFER 14000 UNIT	3		R&M; \$0; AG (Min 65 Years)
REPLESTA ORAL WAFER 50000 UNIT	3		R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 4000 unit</i>		3	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>super daily d3 oral liquid 2000 ut/0.028ml</i>		3	R&M; \$0
THERA-D 2000 ORAL TABLET (Vitamin D) 2000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
THERA-D 4000 ORAL TABLET 4000 UNIT	3		R&M; \$0; AG (Min 65 Years)
THERA-D RAPID REPLETION ORAL TABLET (Vitamin D) 2000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
VITAMELTS VITAMIN D ORAL TABLET DISPERSIBLE 1000 UNIT	3		R&M; \$0; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>		1	R&M; AG (Min 65 Years)
<i>vitamin d high potency oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral liquid 400 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
VITAMIN D-1000 MAX ST ORAL TABLET (Vitamin D) 1000 UNIT	1	1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 adult gummies oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 high potency oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 maximum strength oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d-3 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral capsule 1000 unit, 2000 unit, 400 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral liquid 1000 unit/spray, 1200 unit/15ml</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral liquid 5000 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet 1000 unit, 2000 unit, 400 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>vitamin d3 oral tablet 3000 unit</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable 1000 unit, 2000 unit, 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 ultra strength oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d-400 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
WELLESSE VITAMIN D3 ORAL LIQUID 1000 UNIT/10ML	3		R&M; \$0; AG (Min 65 Years)
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