

# Mail-order maintenance medication exemption list

The following medications are exempt from the mail-order requirement. You can pick up these maintenance drugs at your local retail pharmacy without penalty or limitations.

## Medication name

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### A

ALENDRONATE SODIUM 70 MG  
APIDRA 100/ML  
APIDRA SOLOSTAR 100/ML  
ASTELIN 137 MCG  
ASTEPRO 137 MCG  
ASTEPRO 205.5 MCG  
ATROVENT 21 MCG  
ATROVENT 42 MCG  
AZELASTINE HCL 137 MCG

### B

BETIMOL 0.0025  
BETIMOL 0.005  
BUDESONIDE 0.25MG/2ML  
BUDESONIDE 0.5 MG/2ML  
BYETTA 5MCG/0.02  
BYETTA 10MCG/0.04

### C

CALCITONIN-SALMON 200/DOSE  
CALOMIST 25 MCG  
CELLCEPT 200 MG/ML  
CONSTULOSE 10 G/15 ML  
CYCLOSPORINE 100 MG/ML

### E

ENULOSE 10 G/15 ML  
EXELON 2 MG/ML

### F

FORTICAL 200/DOSE  
FOSAMAX 70 MG/75ML

### G

GALANTAMINE 4 MG/ML  
GENERLAC 10 G/15 ML  
GENGRAF 100 MG/ML

### H

HALDOL DECANOATE 50 MG/ML  
HALDOL DECANOATE 100 MG/ML  
HALOPERIDOL DECANOATE 50 MG/ML  
HALOPERIDOL DECANOATE 100 MG/ML  
HUMALOG 100/ML  
HUMALOG MIX 50-50 50-50/ML  
HUMALOG MIX 75-25 75-25/ML  
HUMULIN 50-50 50-50/ML  
HUMULIN 70-30 70-30/ML  
HUMULIN N 100/ML  
HUMULIN R 100/ML  
HUMULIN R 500/ML

### I

IPRATROPIUM BROMIDE 21 MCG  
IPRATROPIUM BROMIDE 42MCG

### L

LACTULOSE 10 G/15 ML  
LACTULOSE 10 G/CUP  
LACTULOSE 20 G/30 ML  
LANTUS 100/ML  
LANTUS SOLOSTAR 100/ML  
LEVEMIR 100/ML  
LEXIVA 50 MG/ML  
LOVAZA 1 G

## Medication name

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### M

MIACALCIN 200/DOSE

### N

NASCOBAL 500 MCG

NEORAL 100 MG/ML

NOVOLIN 70-30 70-30/ML

NOVOLIN 70-30 INNOLET 70-30/ML

NOVOLIN N 100/ML

NOVOLIN N INNOLET 100/ML

NOVOLIN R 100/ML

NOVOLIN R INNOLET 100/ML

NOVOLOG 100/ML

NOVOLOG FLEXPEN 100/ML

NOVOSEVEN 1200 MCG

NOVOSEVEN 4800 MCG

NUVARING 0.12-0.015

### P

PILOPINE HS 0.04

PROGLYCEM 50 MG/ML

PULMICORT 0.25MG/2ML

PULMICORT 0.5 MG/2ML

PULMICORT 1 MG/2 ML

### R

RAZADYNE 4 MG/ML

RHINOCORT AQUA 32MCG

RISPERDAL 1 MG/ML

RISPERIDONE 1 MG/ML

### S

SANDIMMUNE 100 MG/ML

SYMLIN 600MCG/ML

SYMLINPEN 120 2700/2.7ML

SYMLINPEN 60 1500/1.5ML

### T

TRIHEXYPHENIDYL HCL 2 MG/5 ML

### V

VERAMYST 27.5 MCG

### Z

ZIAGEN 20 MG/ML

1. This list is subject to change without notice.
2. This list contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Premera Blue Cross Blue Shield of Alaska.
3. You do not need to fill the medications on this list through the Premera Blue Cross Blue Shield of Alaska mail.