

# Prescription Medication Formulary

## Standardized Plans

Effective 1/1/26

Your prescription medications fall into one of seven categories or “tiers.” This means the member cost share for covered prescription medications varies depending on which tier a medication is in. Each tier may have a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

Tier	Description
\$0	<b>Preventive Medications</b> including Women’s Prevention (primarily generics)
1	<b>Low Cost Share</b>
2	<b>Moderate Cost Share</b>
3	<b>Highest Cost Share</b>
SP	<b>Specialty Drugs</b> (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	<b>Medical Benefit</b> (when covered, these medications will be under the medical benefit)

## Questions?

Additional information about your benefits, including the formulary, claim forms, other resources, and pharmacy coverage guidelines for precertification, may be found on our public website at <https://www.azblue.com/pharmacy/affordable-care-act-plans>.

You can also log in to MyBlue<sup>SM</sup> to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

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

## What Is Covered on the Formulary?

This is the list of covered formulary medications chosen by the Blue Cross® Blue Shield® of Arizona (AZ Blue) Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists.

AZ Blue covers the medications listed as long as:

- The medication is medically necessary and appropriate
- The medication has been approved by the Food and Drug Administration (FDA) for the diagnosis for which the medication has been prescribed
- The medication is not a benefit plan exclusion

Depending on the specifics of your benefit plan, other conditions may apply, such as requiring the medication to be filled at a AZ Blue network pharmacy.

Additionally, covered medications are subject to limitations, including but not limited to, prior authorization, step therapy, quantity, age, gender, dosage, and frequency of refills.

## What if my Medication is not on the Formulary?

Sometimes our members need access to drugs that are not listed on the plan's formulary (drug list). These medications are often referred to as non-formulary medications. Non-Formulary medications are not covered unless an exception is made. Requirements are outlined in the [Non-Formulary Medications Coverage Guideline \(for Closed Formularies\)](#).

### Non-Formulary Exception Process

If a member or provider feels there are no suitable formulary alternatives available, he or she may request that an exception be made to allow coverage for a non-formulary medication by filling out the [Pharmacy Prior Authorization Request Form](#) and providing appropriate documentation supporting the request. The form and documentation may be submitted by fax to 602-864-3126 or by email to [pharmacyprecert@azblue.com](mailto:pharmacyprecert@azblue.com).

A non-formulary exception request does not guarantee approval. Drugs that are not listed on the formulary below but are considered specific benefit plan exclusions will not be covered (see “What is Not Covered?” below).

Formulary exception requests are reviewed within 72 hours from the time that the complete request has been received. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

These medications are initially reviewed by AZ Blue through the formulary exception review process. If your request is denied, you have the right to an external review and detailed instructions will be provided on your denial letter.

## What Is Not Covered (Benefit Exclusion)?

Certain medications or medication classes are pharmacy benefit plan exclusions, including but not limited to the items below:

- Athletic performance
- Clinic packs
- ‘Combination’ products, including:
  - Medications packaged with one other or multiple other prescription products
  - Medications packaged with over-the-counter medications, supplies, medical foods, vitamins, or other excluded products
- Cosmetic purposes
- Excluded Drugs List
  - Medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form
  - Medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations
- Experimental and/or investigational
- Fertility/infertility
- Lifestyle enhancement
- Medical foods
- Medical devices, unless specifically noted in the listing below
- Non-FDA approved, including DESI
- Off-label, unlabeled and orphan medications, unless specifically noted in the listing below
- Over-the-counter (OTC) medications that can be obtained without a prescription, unless specifically noted in the listing below and obtained using a prescription
  - Medications with primary therapeutic ingredients that are sold over the counter in any form, strength, packaging, or name
- Sexual dysfunction
- Unit-dose packaging, unless that is the only form in which the medication is available
- Weight Gain or Loss

Medications that exceed limitations, including quantity, age, gender, and refill limits, may not be covered. Coverage is not available for medications used to treat a condition not covered under your benefit plan. If a medication does not process at the pharmacy and you do not understand why, please contact us. Medications may reject for many reasons, including member eligibility, exclusion status, quantity, age, gender, dosage, and/or frequency of refill limitations.

If you need to verify medication coverage or requirements, refer to your benefit book or contact us.

## How Much Will My Medications Cost?

Benefits and cost sharing for prescription medications vary depending on your benefit plan terms, the medication prescribed, and whether the medication is obtained at a retail pharmacy, a specialty pharmacy, or a mail order pharmacy. Please consult the member benefit plan book and Summary of Benefits and Coverage (SBC) for a complete description of the prescription medication benefit. If the information in this section differs from the applicable benefit plan, the terms of your benefit plan apply.

If your plan does not cover a medication and you obtain it, you will have to pay the full cost of the medication and costs incurred for non-covered medications are not applied to the deductible or out-of-pocket-maximum.

No exceptions will be made regarding the assigned tier of a medication.

## When and Why Are Tier Changes Made? How Will I Know?

Medications may change tier twice each year (January 1 and July 1). AZ Blue's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

A medication may change tiers for a variety of reasons, including but not limited to:

- Recommendation by the AZ Blue P&T Committee
- Availability of a new generic option
- New clinical information

## Mandatory Generics

If you purchase a brand-name medication when a generic equivalent is available, you will pay the tier 1a or 1b copay plus the difference between the allowed amounts for the generic and brand-name medications, even if the prescribing provider indicates on the prescription that the brand-name medication is what you should have.

Exceptions are made when a medication is approved through the step therapy process if all alternative medications have been tried and failed, or when AZ Blue requires the brand-name medication to be utilized as the preferred medication. Please refer to your benefit book or contact the pharmacy customer service phone number on the back of your ID card with any questions.

## Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

## Abbreviations Quick Reference

**AL:** Age Limit

**DS:** Days' Supply Limit

**F:** Female Only Gender Limit

**M:** Male Only Gender Limit

**PA:** Prior Authorization

**QL:** Quantity Limit

**R&M:** Retail & Mail Distribution

**SP:** Specialty Pharmacy Distribution

**ST:** Step Therapy

## Utilization Management & Limitation Abbreviations with Explanations

### AL: Age Limit

Coverage may be limited to specific patient age(s) based on recommendations by the Food and Drug Administration (FDA). If a medication is outside of age limits, it will reject at the pharmacy; your provider may request Prior Authorization.

### DS: Days' Supply Limit

Coverage may be limited to specific minimum or maximum days' supply. If a medication is above days' supply limits, it will reject at the pharmacy; your provider may request Prior Authorization.

Additionally, general days' supply maximum apply as noted below:

Retail	Retail-90	Mail Order	Specialty
30 days' supply	90 days' supply	90 days' supply	30 days' supply

Please note, certain benefit plans may not offer retail-90, or retail-90 may be limited to maintenance medications only.

### F: Female Only Gender Limit

### M: Male Only Gender Limit

### PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. A prior authorization request must be submitted and signed by your provider. Request forms are found at [azblue.com](http://azblue.com). Click on the *Resource Center* tab, select *Pharmacy* and select *View resources for ACA Pharmacy Plans*. Forms are listed at the bottom of the page by medication name under "Pharmacy Coverage Guidelines and Precertification Forms". If the medication being requested is not listed under the specific forms section, please use the general form listed on [azblue.com](http://azblue.com) at the top of the page under *Other Forms and Resources*. Instructions on where to submit the form and the required information is included within the form itself.

Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted by your provider as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

### What is a Pharmacy Coverage Guideline?

The AZ Blue Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a

non-covered claim, the provider has the option to appeal the decision.

Additional information about your pharmacy benefits can be found on [azblue.com](http://azblue.com) under *Forms and Resources*. This includes:

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

### QL: Quantity Limit

Coverage may be limited to specific quantities per prescription and/or time period based on FDA recommendations. Coverage may also be stricter for controlled substances. If a medication is above quantity limits, it will reject at the pharmacy; your provider may request Prior Authorization.

### R&M: Retail & Mail Distribution

Distribution limitations may apply.

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

### SP: Specialty Pharmacy Distribution

These medications are covered up to a 30-day supply and include self-injectable, oral, topical, and inhaled medications. The preferred specialty pharmacy is Optum Specialty Pharmacy. Please call Optum Specialty Pharmacy at (866) 618-6741 to begin working with a Patient Care Coordinator who will guide you through the process of getting your prescription filled through Optum Specialty Pharmacy.

### ST: Step Therapy

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

## Blue Cross Blue Shield of Arizona Formulary

### ACA StandardHealth w/Health Choice-ACA HealthChoice, StandardHealth, and PPO StandardHealth Plans.

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**List of Abbreviations**

**\$0:** Zero Cost Share

**MB:** Medical Benefit

**SP:** Specialty Medications

**T1:** Tier 1

**T2:** Tier 2

**T3:** Tier 3

**AI:** Additional Information

**F:** Female Only

**M:** Male Only

**N:** Notes

**PA:** PA Applies

**QL:** Quantity Limit

**SP:** Specialty Pharmacy Only

**ST:** Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

**List of Patterns**

**lowercase italics:** Generic drugs

**UPPERCASE BOLD:** Brand name drugs

ACA StandardHealth w/Health Choice-ACA HealthChoice, StandardHealth, and PPO StandardHealth Plans.

Drug Name	Brand	Generic	Additional Information
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>			
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>			
<i>clonidine hcl er oral tablet extended release 12 hour</i>		SP	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>guanfacine hcl er</i>		T2	AG (Min 6 Years)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>			
<i>atomoxetine hcl oral capsule 10 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG</b>	SP		AI (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (1 capsule per 1 day)
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG</b>	SP		AI (3 capsules per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (3 capsules per 1 day)
<b>*Amphetamine Mixtures***</b>			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<b>*Amphetamines***</b>			
<i>amphetamine sulfate</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T2	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate oral capsule</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<i>methamphetamine hcl</i>		SP	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<b>ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG</b>	T2	T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<b>*Anorexiant Non-Amphetamine***</b>			
<i>phendimetrazine tartrate</i>		SP	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		SP	
<b>*Anti-Obesity - GIP &amp; GLP-1 Receptor Agonists***</b>			
<b>ZEPBOUND</b>	SP		PA
<b>ZEPBOUND KWIKPEN</b>	SP		PA
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***</b>			
<b>SUNOSI</b>	SP		PA
<b>*Stimulant Combinations***</b>			
<b>AZSTARYS</b>	SP		PA; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<b>*Stimulants - Misc.***</b>			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>armodafinil oral tablet 50 mg</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>dexmethylphenidate hcl</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>		T3	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl er (xr)</i>		SP	PA; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>		T3	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 54 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T3	AI (30ml per day); QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		SP	AI (60ml per day); QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>		T3	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		T3	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
<i>modafinil oral</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
<b>*Allergenic Extracts/Biologicals Misc*</b>			
<b>*Allergenic Extracts***</b>			
<b>GRASTEK</b>	SP		PA
<b>PALFORZIA (1 MG DAILY DOSE)</b>	SP		AI (1 capsule per day limited to a 15 day supply); QL (1 capsule per 1 day); AG (Min 1 Years and Max 3 Years)
<b>PALFORZIA (12 MG DAILY DOSE)</b>	SP		AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (120 MG DAILY DOSE)</b>	SP		AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (160 MG DAILY DOSE)</b>	SP		AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (20 MG DAILY DOSE)</b>	SP		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (200 MG DAILY DOSE)</b>	SP		AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (240 MG DAILY DOSE)</b>	SP		AI (4 capsuiles per day); QL (4 capsules per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
<b>PALFORZIA (3 MG DAILY DOSE)</b>	SP		AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (300 MG MAINTENANCE)</b>	SP		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (300 MG TITRATION)</b>	SP		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (40 MG DAILY DOSE)</b>	SP		AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (6 MG DAILY DOSE)</b>	SP		AI (6 capsules per day); QL (6 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA (80 MG DAILY DOSE)</b>	SP		AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA INITIAL DOSE 1-3YRS</b>	SP		AI (7 capsules per 4 days); QL (7 capsules per 4 days); AG (Min 1 Years and Max 3 Years)
<b>PALFORZIA INITIAL DOSE 4-17YRS</b>	SP		AI (13 capsules is the initial starting dose); QL (13 capsules per 1 dose); AG (Min 4 Years and Max 17 Years)
<b>PALFORZIA INITIAL ESCALATION</b>	SP		AI (13 capsules is the initial starting dose); QL (13 capsules per 1 dose); AG (Min 4 Years and Max 17 Years)
<b>RAGWITEK</b>	SP		PA
<b>*Mixed Allergenic Extracts***</b>			
<b>ODACTRA</b>	SP		PA
<b>ORALAIR</b>	SP		PA
<b>*Amebicides*</b>			
<b>*Amebicides***</b>			
<b>SOLOSEC</b>	SP		AI (1 packet per 6 months); QL (1 packet per 6 Monthss)
<b>*Aminoglycosides*</b>			
<b>*Aminoglycosides***</b>			
<b>ARIKAYCE</b>	MB		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>gentamicin sulfate injection</i>		Tier 7	
<i>neomycin sulfate oral</i>		SP	
<i>tobramycin inhalation</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>			
<b>OLUMIANT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RINVOQ</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RINVOQ LQ</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XELJANZ ORAL SOLUTION</b>	MB		PA; SP; AI (10ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 1 day); AG (Max 18 Years)
<b>XELJANZ ORAL TABLET</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XELJANZ XR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
<i>adalimumab-adbm (2 pen)</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm (2 syringe)</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(cdluc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(ps/uv starter)</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AMJEVITA-PED 15KG TO &lt;30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HADLIMA</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HADLIMA PUSHTOUCH</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMLANDI (1 PEN) (Adalimumab-ryvk (1 Pen))</b>	MB	MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMLANDI (1 SYRINGE)</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMLANDI (2 PEN) (Adalimumab-ryvk (2 Pen))</b>	MB	MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMLANDI (2 SYRINGE)</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
<i>celecoxib oral</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<b>*Gold Compounds***</b>			
<b>RIDAURA (Auranofin)</b>	SP	SP	
<b>*Interleukin-1Beta Blockers***</b>			
<b>ILARIS SUBCUTANEOUS SOLUTION</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Interleukin-6 Receptor Inhibitors***</b>			
<b>ACTEMRA ACTPEN</b>	MB		PA; SP
<b>ACTEMRA SUBCUTANEOUS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KEVZARA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T2	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>			
<i>diclofenac potassium oral tablet 50 mg</i>		T2	
<i>diclofenac sodium er</i>		T2	
<i>diclofenac sodium oral</i>		T2	
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>etodolac oral capsule 200 mg</i>		T2	AI (6 capsules per day); QL (6 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>		T2	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>etodolac oral tablet 400 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>etodolac oral tablet 500 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>		SP	
<i>flurbiprofen oral tablet 50 mg</i>		T2	
<i>ibuprofen oral suspension 100 mg/5ml</i>		T2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T2	
<i>indomethacin er</i>		SP	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T2	
<i>ketorolac tromethamine oral</i>		T2	AI (20 tablets per 5 days); QL (20 tablets per 5 days)
<i>meclofenamate sodium oral capsule 100 mg</i>		T3	
<i>meclofenamate sodium oral capsule 50 mg</i>		SP	
<i>mefenamic acid oral</i>		SP	
<i>meloxicam oral tablet 15 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>nabumetone oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>naproxen oral tablet</i>		T2	
<i>naproxen sodium oral tablet 275 mg</i>		T2	
<i>oxaprozin oral tablet</i>		T2	
<i>piroxicam oral</i>		T2	
<i>sulindac oral</i>		T2	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>OTEZLA ORAL TABLET</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 pack per 1 Year)
<b>*Pyrimidine Synthesis Inhibitors***</b>			
<i>leflunomide oral</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Selective Costimulation Modulators***</b>			
<b>ORENCIA CLICKJECT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
<b>ENBREL MINI</b>	MB		PA; SP; AI (4 ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	MB		PA; SP; AI (4 ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (4 ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)

Drug Name	Brand	Generic	Additional Information
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	MB		PA; SP; AI (4ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesics-Sedatives***</b>			
<b>BAC (BUTALBITAL-ACETAMIN-CAFF) (Butalbital-APAP-Caffeine)</b>	T2	T2	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T2	
<i>butalbital-apap-caffeine oral capsule</i>		T2	AI (6 capsules per day); QL (6 capsules per 1 day); AG (Min 12 Years)
<b>*Salicylates***</b>			
<i>aspirin 81 oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin regimen</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>BAYER ADVANCED ASPIRIN REG ST (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN EC LOW DOSE (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Meijer Aspirin EC)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>BAYER LOW DOSE (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

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Drug Name	Brand	Generic	Additional Information
<i>childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs genuine aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>diflunisal oral</i>		T2	
<b>ECOTRIN LOW STRENGTH (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft enteric coated aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>genuine aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>goodsense aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>h-e-b aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>kp aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>mm aspirin oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (4 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra pain relief aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb aspirin ec</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm aspirin ec</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin)</b>	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Analgesics - Opioid*</b>			
<b>*Codeine Combinations***</b>			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		T3	AI (272ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (272 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		T2	AI (26 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (26 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		T2	AI (10 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (10 tablets per 1 day)
<b>ASCOMP-CODEINE</b> ( <i>Butalbital-ASA-Caff-Codeine</i> )	T2	T2	AI (12 capsules per day); QL (12 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T2	AI (12 capsules per day); QL (12 capsules per 1 day)
<b>*Dihydrocodeine Combinations***</b>			
<b>TREZIX ORAL CAPSULE</b> ( <i>APAP-Caff-Dihydrocodeine</i> ) <b>320.5-30-16 MG</b>	SP	SP	AI (24 capsules per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24 capsules per 1 day)
<b>*Hydrocodone Combinations***</b>			
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		T2	AI (196ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (196 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>		T2	AI (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>		T2	AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>		T2	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>		T2	AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		T2	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<b>*Opioid Agonists***</b>			
<i>codeine sulfate oral tablet 15 mg</i>		T2	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T2	AI (20 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (20 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		T2	AI (5 tablets per day; MED dosing limits applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (10 tablets per 1 day)
<b>DILAUDID ORAL TABLET (HYDROmorphone HCl) 2 MG</b>	SP	T2	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<b>DILAUDID ORAL TABLET (HYDROmorphone HCl) 4 MG</b>	SP	T2	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<b>DILAUDID ORAL TABLET (HYDROmorphone HCl) 8 MG</b>	SP	T2	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		T2	PA; AI (20 patches per month: PA applies for new starts only); QL (20 patches per 30 Months)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		SP	PA; AI (4 capsules per day); QL (4 capsules per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg</i>		SP	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg</i>		SP	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day); AG (Min 4 Years)

Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl oral liquid</i>		T2	AI (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24.5 ML per 1 day)
<i>hydromorphone hcl rectal</i>		SP	AI (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 suppositories per 1 day)
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROcodone Bitartrate ER) 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	T3	T3	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
<i>meperidine hcl oral solution</i>		T2	PA; AI (98ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (98 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		T2	PA; AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>methadone hcl oral tablet</i>		SP	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T2	AI (4.8ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4.8 ML per 1 day)
<i>morphine sulfate er beads</i>		SP	PA; AI (1 capsule per day); QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		SP	PA; AI (2 capsules per day); QL (2 capsules per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>		T2	AI (49ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (49 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T2	AI (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		SP	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate oral tablet 30 mg</i>		SP	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>		SP	AI (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		SP	AI (4 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		SP	AI (2 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 suppositories per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		SP	AI (18 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 suppositories per 1 day)
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE (Morphine Sulfate ER) 15 MG, 30 MG, 60 MG</b>	SP	T2	PA; AI (PA applies to new starts only)
<b>NUCYNTA ORAL TABLET (Tapentadol HCl) 100 MG, 75 MG</b>	SP	SP	PA; AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<b>NUCYNTA ORAL TABLET 50 MG</b>	SP		PA; AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>		T2	AI (12 capsules per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		T2	AI (3.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (3.2 ML per 1 day)
<i>oxycodone hcl oral solution</i>		T2	AI (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (65.2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral tablet 10 mg</i>		T3	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>		T2	AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>		T2	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>		T2	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>		T2	AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	SP		PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
<i>oxymorphone hcl er</i>		SP	PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>		T2	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>		T2	AI (6 tablets per day; MED dosing limits applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (6 tablets per 1 day)
<i>tapentadol hcl oral tablet 50 mg</i>		SP	PA; AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 EA per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>		SP	AI (2 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); QL (2 tablets per 1 day); AG (Min 16 Years)
<i>tramadol hcl er</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>tramadol hcl oral tablet 50 mg</i>		T2	AI (16 tablets per day); QL (16 tablets per 1 day)
<b>XTAMPZA ER</b>	SP		PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
<b>XYVONA</b> ( <i>Levorphanol Tartrate</i> )	SP	SP	PA; AI (16 tablets per day); QL (16 tablets per 1 day)
<b>*Opioid Combinations***</b>			
<b>ENDOCET ORAL TABLET</b> ( <i>oxyCODONE-Acetaminophen</i> ) <b>10-325 MG</b>	T2	T2	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<b>ENDOCET ORAL TABLET</b> ( <i>oxyCODONE-Acetaminophen</i> ) <b>5-325 MG</b>	T2	T2	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<b>ENDOCET ORAL TABLET</b> ( <i>oxyCODONE-Acetaminophen</i> ) <b>7.5-325 MG</b>	T2	T2	AI (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		SP	AI (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (65.2 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T2	AI (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24 tablets per 1 day)
<b>PERCOCET ORAL TABLET</b> ( <i>oxyCODONE-Acetaminophen</i> ) <b>10-325 MG</b>	SP	T2	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<b>*Opioid Partial Agonists***</b>			
<b>BELBUCA</b>	SP		PA; AI (4 films per day); QL (4 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T2	AI (16 tablets per day); QL (16 tablets per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T2	AI (8 tablets per day); QL (4 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		SP	AI (4 films per day); QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		SP	AI (16 films per day); QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		SP	AI (12 films per day); QL (12 films per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		SP	AI (6 films per day); QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T2	AI (12 tablets per day); QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>buprenorphine transdermal</i>		T2	PA; AI (8 patches per month: PA applies for new starts only); QL (8 patches per 1 Month); AG (Min 18 Years)
<i>butorphanol tartrate nasal</i>		SP	AI (4x 2.5ml bottles per month); QL (10 ML per 30 days)
<i>pentazocine-naloxone hcl</i>		T2	AI (10 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (10 tablets per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG</b>	T3		AI (6 tablets per day); QL (6 tablets per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</b>	T3		AI (2 tablets per day); QL (2 tablets per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T3		AI (4 tablets per day); QL (4 tablets per 1 day)
<b>*Tramadol Combinations***</b>			
<i>tramadol-acetaminophen</i>		T2	AI (16 tablets per day); QL (16 tablets per 1 day)
<b>*Androgens-Anabolic*</b>			
<b>*Androgens***</b>			
<i>danazol oral</i>		SP	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>methitest</i>		SP	PA
<i>methyltestosterone oral</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>		T2	AI (1x 10ml vial per 28 days); QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>		T2	AI (4ml per 28 days); QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>		T2	
<i>testosterone transdermal gel 1.62 %</i>		T3	AI (limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>		SP	PA; AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>		T3	AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>		T3	AI (5gm per day); M; QL (5 GM per 1 day)
<b>TLANDO</b>	SP		PA
<b>*Anorectal And Related Products*</b>			
<b>*Intrarectal Steroids***</b>			
<i>hydrocortisone rectal enema</i>		T2	
<b>*Nitrate Vasodilating Agents***</b>			
<i>nitroglycerin rectal</i>		SP	
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
<i>albendazole oral</i>		SP	PA
<i>benznidazole</i>		SP	AI (Limited to 2 fills per 180 days); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>ivermectin oral tablet 3 mg</i>		T2	PA
<i>praziquantel oral</i>		SP	
<b>*Antianginal Agents*</b>			
<b>*Antianginals-Other***</b>			
<i>ranolazine er</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
<b>*Nitrates***</b>			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T2	
<i>isosorbide mononitrate</i>		T3	
<i>isosorbide mononitrate er</i>		T3	
<b>NITRO-BID</b>	T3		
<i>nitroglycerin sublingual</i>		T2	
<i>nitroglycerin transdermal patch 24 hour</i>		T2	AI (1 patch per day); QL (1 patch per 1 day)
<i>nitroglycerin translingual solution</i>		SP	
<b>*Antianxiety Agents*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
<i>buspirone hcl oral tablet 10 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>buspirone hcl oral tablet 15 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>buspirone hcl oral tablet 30 mg</i>		SP	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>buspirone hcl oral tablet 5 mg</i>		T2	AI (12 tablets per day); QL (12 tablets per 1 day)
<i>buspirone hcl oral tablet 7.5 mg</i>		SP	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		T2	
<i>hydroxyzine hcl oral tablet</i>		T2	
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		T2	

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Drug Name	Brand	Generic	Additional Information
<i>meprobamate oral tablet 200 mg</i>		SP	
<b>*Benzodiazepines***</b>			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg</i>		SP	AI (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>		SP	AI (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T2	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		T2	AI (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (3 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		T2	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam xr</i>		SP	AI (1 tablet per day, with a fill limitation of up to two fill of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		T2	AI (4 caspsules per day, with a fill limitations of up to two fills of any benzodiazepine per 30 days); QL (4 capsules per 1 day); AG (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		T2	AI (8 caspsules per day, with a fill limitations of up to two fills of any benzodiazepine per 30 days); QL (8 capsules per 1 day); AG (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		T2	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		T2	AI (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (3 tablets per 1 day); AG (Min 9 Years)
<i>diazepam oral solution 5 mg/5ml</i>		SP	AI (40ml per day, limitations of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>diazepam oral tablet 10 mg, 5 mg</i>		T2	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day)
<i>diazepam oral tablet 2 mg</i>		T2	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day)
<b>LORAZEPAM INTENSOL (LORazepam)</b>	T2	T2	AI (1 x 30ml bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (30 ML per 30 days); AG (Min 18 Years)
<i>lorazepam oral tablet</i>		T2	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T2	AI (5 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (5 capsules per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T2	AI (4 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 capsules per 1 day); AG (Min 6 Years)
<b>*Antiarrhythmics*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
<i>disopyramide phosphate oral</i>		T2	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG</b>	SP		
<i>quinidine gluconate er</i>		T3	
<i>quinidine sulfate oral</i>		SP	
<b>*Antiarrhythmics Type I-B***</b>			
<i>mexiletine hcl oral</i>		SP	
<b>*Antiarrhythmics Type I-C***</b>			
<i>flecainide acetate</i>		T2	
<i>propafenone hcl</i>		T2	
<i>propafenone hcl er</i>		SP	
<b>*Antiarrhythmics Type Iii***</b>			
<i>dofetilide</i>		MB	SP; AI (2 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 capsules per 1 day)
<b>MULTAQ</b>	T3		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<b>PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG</b>	T2	T2	
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
<i>zileuton er</i>		SP	AI (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); QL (2 tablets per 1 day); AG (Min 12 Years)
<b>*Adrenergic Combinations***</b>			
<b>ADVAIR HFA (Fluticasone-Salmeterol)</b>	T3	T3	AI (1 inhaler per month); QL (1 inhaler per 30 days); AG (Min 3 Years)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	T3		
<b>BEVESPI AEROSPHERE</b>	SP		AI (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: Required trial of ALL of the following in the last 12 months: Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or Respimat)); QL (1 inhaler per 1 Month); AG (Min 15 Years)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone Furoate-Vilanterol) 100-25 MCG/ACT, 200-25 MCG/ACT</b>	T3	T3	
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH</b>	T3		AG (Min 5 Years)
<b>BREYNA (Budesonide-Formoterol Fumarate)</b>	SP	SP	AI (1 fill per 20 days); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); QL (0.52 GM per 1 day)
<b>BREZTRI AEROSPHERE</b>	SP		AI (1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months ☒ Trelegy Ellipta, Bevespi Aerosphere, and Duaklir Pressair); QL (1 inhaler per 1 Month); AG (Min 18 Years)
<b>COMBIVENT RESPIMAT</b>	SP		AI (2x 4gm inhalers per month); QL (2 inhalers per 30 days)
<b>DUAKLIR PRESSAIR</b>	SP		AI (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); QL (1 inhaler per 1 Month); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT</b>	SP		AI (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
<b>DULERA INHALATION AEROSOL 200-5 MCG/ACT</b>	SP		AI (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act</i>		T3	AI (1 inhaler per month); QL (2 inhaler per 1 Month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T2	AI (1 inhaler per month); QL (1 inhaler per 1 Month); AG (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		T2	AI (18ml per day); QL (18 ML per 1 day)
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	T3		AI (1 carton (4gm) per month); QL (4 GM per 1 Month); AG (Min 18 Years)
<b>SYMBICORT</b>	T3		AI (1 fill per 20 days); QL (0.52 GM per 1 day)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	T3		
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT</b>	T3		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone-Salmeterol) 250-50 MCG/ACT</b>	T3	T3	AI (1 inhaler per month); QL (1 inhaler per 1 Month)
<b>*Anti-Ige Monoclonal Antibodies***</b>			
<b>XOLAIR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Anti-Inflammatory Agents***</b>			
<i>cromolyn sodium inhalation</i>		T2	
<b>*Beta Adrenergics***</b>			
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>		T2	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T2	AI (Max #1125ml Mail Order)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		T2	
<i>albuterol sulfate oral tablet</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>arformoterol tartrate</i>		SP	AI (4ml (2 vials) per day); QL (120 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		SP	AI (1 carton per month); QL (120 ML per 30 days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>		T3	AI (3 vials (9ml) per day); QL (3 vials per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T2	AI (3ml per day); QL (3 ML per 1 day)
<i>levalbuterol tartrate</i>		SP	AI (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 inhaler per 1 month)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	T3		AI (1 inhaler per month); QL (1 inhaler per 30 days)
<b>STRIVERDI RESPIMAT</b>	SP		AI (4 inhlaers per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva (Handihaler or Respimat)); QL (4 inhalers per 1 Month); AG (Min 18 Years)
<i>terbutaline sulfate oral</i>		T2	
<b>VENTOLIN HFA (Albuterol Sulfate HFA)</b>	SP	T2	
<b>*Bronchodilators - Anticholinergics***</b>			
<b>ATROVENT HFA (Ipratropium Bromide HFA)</b>	T3	T3	AI (2x 12.9gm inhalers per month); QL (2 inhalers per 1 Month)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>	SP		ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
<i>ipratropium bromide inhalation</i>		T2	
<b>SPIRIVA HANDIHALER (Tiotropium Bromide)</b>	T3	T2	AI (1 capsule per day); QL (1 capsule per 1 day)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	T3		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
<i>tiotropium bromide monohydrate</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>FASENRA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>FASENRA PEN</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NUCALA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Leukotriene Receptor Antagonists***</b>			
<i>montelukast sodium oral packet</i>		T3	AI (1 packet per day); QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>zafirlukast</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<i>roflumilast</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Steroid Inhalants***</b>			
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT</b>	T3		AI (2x 6.1gm inhalers per month); QL (6.1 inhalers per 1 Month)
<b>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	T3		AI (1x 6.1gm inhaler per month); QL (6.1 inhaler per 1 Month)
<b>ARNUIITY ELLIPTA</b>	T3		
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	T3		
<b>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	T3		
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT</b>	T3		
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	T3		
<b>ASMANEX HFA</b>	T3		
<i>beclomethasone diprop hfa</i>		SP	
<i>budesonide inhalation</i>		T3	
<i>fluticasone furoate ellipta</i>		SP	ST (Step Therapy required: (2 fills in the last 6 months - brand Arnuity Ellipta))
<i>fluticasone propionate diskus</i>		T3	AI (1x 60 count inhaler per month); QL (1 inhaler per 1 Month)
<i>fluticasone propionate hfa</i>		T3	
<b>PULMICORT FLEXHALER</b>	T3		
<b>QVAR REDIHALER</b>	T3		

Drug Name	Brand	Generic	Additional Information
<b>*Thymic Stromal Lymphopoietin (Tslp) Antagonists***</b>			
<b>TEZSPIRE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Xanthines***</b>			
<i>aminophylline anhydrous</i>		SP	PA
<b>ELIXOPHYLLIN</b> ( <i>Theophylline</i> )	T2	T2	
<b>THEO-24</b>	SP		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>		SP	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		SP	
<i>theophylline er oral tablet extended release 24 hour</i>		T2	
<b>*Anticoagulants*</b>			
<b>*Coumarin Anticoagulants***</b>			
<b>JANTOVEN</b> ( <i>Warfarin Sodium</i> )	T2	T1	
<b>*Direct Factor Xa Inhibitors***</b>			
<b>ELIQUIS (1.5 MG PACK)</b>	T3		AG (Max 12 Years)
<b>ELIQUIS (2 MG PACK)</b>	T3		AG (Max 12 Years)
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	T3		AI (74 tablets per 28 days); QL (74 tablets per 28 days)
<b>ELIQUIS ORAL CAPSULE SPRINKLE</b>	T3		AG (Max 12 Years)
<b>ELIQUIS ORAL TABLET</b>	T3		AI (3 tablets per day); QL (3 tablets per 1 day)
<b>ELIQUIS ORAL TABLET SOLUBLE</b>	T3		AG (Max 12 Years)
<i>rivaroxaban oral suspension reconstituted</i>		T3	AI (10ml per day); QL (10 ML per 1 day)
<i>rivaroxaban oral tablet</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>XARELTO ORAL TABLET 10 MG, 20 MG</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>XARELTO ORAL TABLET 15 MG</b>	T3		AI (2 tablets per day); QL (2 tablets per 1 day)
<b>XARELTO STARTER PACK</b>	T3		AI (51 tablets per 28 days); QL (51 tablets per 28 days)
<b>*Heparins And Heparinoid-Like Agents***</b>			
<b>BD HEPARIN POSIFLUSH</b> ( <i>Heparin Na (Pork) Lock Fish PF</i> )	SP	SP	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>		SP	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) +rfid</i>		SP	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		SP	AI (120ml per 30 days); QL (120 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>heparin sodium (porcine) injection solution prefilled syringe</i>		SP	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) pf</i>		SP	AI (120ml per 30 days); QL (120 ML per 30 days)
<b>*Low Molecular Weight Heparins***</b>			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		T2	
<i>enoxaparin sodium injection solution prefilled syringe</i>		T2	AI (2 ml per day); QL (2 ML per 1 day)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML</b>	SP		
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		
<b>*Synthetic Heparinoid-Like Agents***</b>			
<i>fondaparinux sodium</i>		T2	
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
<i>dabigatran etexilate mesylate</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day)
<b>*Anticonvulsants*</b>			
<b>*Ampa Glutamate Receptor Antagonists***</b>			
<b>FYCOMPA ORAL SUSPENSION (Perampanel)</b>	T3	T3	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>perampanel oral tablet 2 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Anticonvulsants - Benzodiazepines***</b>			
<i>clobazam oral suspension 2.5 mg/ml</i>		SP	AI (8ml per day); QL (8 ML per 1 day)
<i>clobazam oral tablet</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 2 Years)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>diazepam rectal gel 2.5 mg</i>		SP	AI (10 boxes per month); QL (10 boxes per 30 days)
<b>NAYZILAM</b>	SP		PA
<b>VALTOCO 10 MG DOSE</b>	SP		PA
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML</b>	SP		PA
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML</b>	SP		PA
<b>VALTOCO 5 MG DOSE</b>	SP		PA

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Drug Name	Brand	Generic	Additional Information
<b>*Anticonvulsants - Misc.***</b>			
<i>brivaracetam oral solution</i>		SP	AI (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (20 ML per 1 day); AG (Min 4 Years)
<b>BRIVIACT ORAL SOLUTION</b>	SP		AI (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (20 ML per 1 day); AG (Min 4 Years)
<b>BRIVIACT ORAL TABLET (Brivaracetam)</b>	SP	SP	AI (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (2 tablets per 1 day); AG (Min 4 Years)
<i>carbamazepine er</i>		T2	
<i>carbamazepine oral suspension 100 mg/5ml</i>		T2	
<i>carbamazepine oral tablet chewable 100 mg</i>		T2	
<i>carbamazepine oral tablet chewable 200 mg</i>		SP	
<b>DIACOMIT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>EPITOL (carBAMazepine)</b>	T2	T2	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>		SP	AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (1 tablet per 1 day)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>		SP	AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (2 tablets per 1 day)
<i>gabapentin oral capsule</i>		T2	
<i>gabapentin oral solution 250 mg/5ml</i>		T2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>		T2	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>		SP	
<i>lacosamide oral tablet</i>		T3	

Drug Name	Brand	Generic	Additional Information
<i>lamotrigine er</i>		T2	
<i>lamotrigine oral tablet</i>		T2	
<i>lamotrigine oral tablet chewable</i>		T2	
<i>lamotrigine oral tablet dispersible</i>		T2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 12 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>		T2	AG (Min 12 Years)
<i>levetiracetam oral solution 100 mg/ml</i>		T2	
<i>levetiracetam oral tablet</i>		T2	
<i>oxcarbazepine</i>		T2	
<i>oxcarbazepine er</i>		SP	
<i>pregabalin oral</i>		T2	
<i>primidone oral tablet 250 mg, 50 mg</i>		T2	
<b>ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG</b>	T2	T2	
<i>rufinamide oral suspension 40 mg/ml</i>		SP	PA
<i>rufinamide oral tablet</i>		SP	PA
<b>SUBVENITE ORAL TABLET (lamoTRigine) 100 MG</b>	T2	T2	
<i>topiramate er oral capsule er 24 hour sprinkle</i>		SP	AI (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); QL (1 capsule per 1 day); AG (Min 3 Years)
<i>topiramate er oral capsule extended release 24 hour</i>		SP	AI (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>topiramate oral solution</i>		SP	AI (16ml per day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (16 ML per 1 day)
<i>topiramate oral tablet</i>		T2	
<i>zonisamide oral</i>		T2	
<b>ZTALMY</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Carbamates***</b>			
<i>felbamate</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	SP		AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>XCOPRI (350 MG DAILY DOSE)</b>	SP		AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	SP		AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>XCOPRI ORAL TABLET 25 MG</b>	SP		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>XCOPRI ORAL TABLET THERAPY PACK</b>	SP		AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Gaba Modulators***</b>			
<i>tiagabine hcl</i>		SP	
<b>VIGADRONE (Vigabatrin)</b>	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VIGPODER</b>	MB		PA; SP
<b>*Hydantoins***</b>			
<b>DILANTIN ORAL CAPSULE 30 MG</b>	SP		
<b>PHENYTEK</b>	T2		AI (2 capsules per day); QL (2 capsules per 1 day)
<i>phenytoin oral tablet chewable</i>		T2	
<i>phenytoin sodium extended oral capsule 100 mg</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>		T2	AI (2 dapsules per day); QL (2 capsules per 1 day)
<b>*Succinimides***</b>			
<i>ethosuximide oral</i>		T3	
<i>methsuximide</i>		SP	
<b>*Valproic Acid***</b>			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>		SP	
<i>divalproex sodium oral tablet delayed release 125 mg</i>		T1	
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>		T2	
<i>valproic acid oral capsule</i>		T2	
<i>valproic acid oral solution 250 mg/5ml</i>		T2	
<b>*Antidepressants*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>			
<i>mirtazapine oral tablet</i>		T2	
<i>mirtazapine oral tablet dispersible</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Antidepressants - Misc.***</b>			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		T2	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>bupropion hcl oral</i>		T2	
<b>*Gaba Receptor Modulator - Neuroactive Steroid***</b>			
<b>ZURZUVAE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
<b>EMSAM</b>	MB		SP; AI (1 patch per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 patch per 1 day); AG (Min 16 Years)
<b>MARPLAN</b>	SP		
<i>phenelzine sulfate oral</i>		T2	
<i>tranylcypromine sulfate</i>		T2	

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Drug Name	Brand	Generic	Additional Information
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)***</b>			
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		T2	
<i>citalopram hydrobromide oral tablet 10 mg</i>		T1	
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>		T2	
<i>escitalopram oxalate oral solution</i>		T2	
<i>escitalopram oxalate oral tablet</i>		T2	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>		T1	
<i>fluoxetine hcl oral capsule 40 mg</i>		T2	
<i>fluoxetine hcl oral solution</i>		T2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T2	
<i>fluoxetine hcl oral tablet 60 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fluvoxamine maleate</i>		T3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>		T3	AI (2 capsules per day); QL (2 capsule per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>paroxetine hcl er</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>paroxetine hcl oral suspension</i>		SP	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T2	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>sertraline hcl oral concentrate</i>		T2	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>		T2	
<i>sertraline hcl oral tablet 25 mg</i>		T1	
<b>*Serotonin Modulators***</b>			
<i>nefazodone hcl</i>		SP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T2	
<i>trazodone hcl oral tablet 300 mg</i>		T2	AI (1 tablet per day); QL (2 tablet per 1 day)
<b>TRINTELLIX ORAL TABLET 10 MG</b>	SP		AI (2 tablets per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>TRINTELLIX ORAL TABLET 20 MG, 5 MG</b>	SP		AI (1 tablet per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>VIIBRYD STARTER PACK</b>	SP		AI (1 box per lifetime); QL (1 box per 1 Lifetime); AG (Min 18 Years)
<i>vilazodone hcl</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)***</b>			
<i>desvenlafaxine er</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>DRIZALMA SPRINKLE</b>	SP		AI (1 tablet per day); ST (Step Therapy required: Through Cymbalta (brand or generic) for 3 months within last 6 months.); QL (1 tablet per 1 day); AG (Min 7 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>		T2	AI (3 capsules per day); QL (2 capsules per 1 day)
<b>FETZIMA</b>	SP		AI (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 capsule per 1 day)
<b>FETZIMA TITRATION</b>	SP		AI (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 capsule per 1 day)
<i>venlafaxine hcl er</i>		T2	
<i>venlafaxine hcl oral tablet 100 mg, 75 mg</i>		T2	
<i>venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg</i>		T1	
<b>*Tricyclic Agents***</b>			
<i>amitriptyline hcl oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>amoxapine oral tablet 100 mg</i>		T2	
<i>amoxapine oral tablet 150 mg, 25 mg, 50 mg</i>		T3	
<i>clomipramine hcl oral</i>		T2	
<i>desipramine hcl oral</i>		T2	
<i>doxepin hcl oral capsule</i>		T2	
<i>doxepin hcl oral concentrate</i>		T2	
<i>imipramine hcl oral</i>		T2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		SP	AI (2 tablets per day); QL (2 capsules per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		SP	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule</i>		T2	
<i>protriptyline hcl</i>		T2	
<i>trimipramine maleate oral capsule 50 mg</i>		SP	
<b>*Antidiabetics*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
<i>acarbose oral</i>		T2	
<b>*Antidiabetic - Amylin Analogs***</b>			
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
<b>*Biguanides***</b>			
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1	AI (5 tablets per day); QL (5 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>		T1	
<i>metformin hcl oral tablet 850 mg</i>		T2	
<b>*Diabetic Other***</b>			
<b>BAQSIMI ONE PACK</b>	T3		AI (2 intranasal devices per month); QL (2 boxes per 30 days)
<b>BAQSIMI TWO PACK</b>	T3		AI (2 intranasal devices per month); QL (1 box per 30 days)
<i>diazoxide oral</i>		SP	
<i>glucagon emergency injection kit</i>		T3	AI (2 per month); QL (2 injections per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg</i>		T3	AI (2 injections per 30 days supply); QL (2 injections per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		T3	AI (2 boxes per month); QL (2 boxes per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
<i>alogliptin benzoate</i>		SP	AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>JANUVIA</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>saxagliptin hcl</i>		SP	AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); QL (1 tablet per 1 day); AG (Min 16 Years)
<b>TRADJENTA</b>	T3		
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>			
<i>alogliptin-metformin hcl</i>		SP	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
<b>JANUMET</b>	T3		AI (2 tablets per day); QL (2 tablet per 1 day); AG (Min 18 Years)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG</b>	T3		AI (1 tablet per day); QL (1 tablets per 1 day); AG (Min 18 Years)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</b>	T3		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>JENTADUETO</b>	T3		
<b>JENTADUETO XR</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>saxagliptin-metformin er</i>		SP	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
<b>ZITUVIMET (Sitagliptin Base-Metformin HCl)</b>	SP	SP	ST (Step Therapy required: through at least one of each type of drug in BOTH categories for 3 months each in the last 12 months: Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)

Drug Name	Brand	Generic	Additional Information
ZITUVIMET XR ( <i>Sitaglipt Base-Metform HCl ER</i> )	SP	SP	ST (Step Therapy required: through at least one of each type of drug in BOTH categories for 3 months each in the last 12 months: Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
<b>*Dopamine Receptor Agonists - Ergot Derivatives***</b>			
CYCLOSET	SP		
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>			
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		SP	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
<b>*Human Insulin***</b>			
ADMELOG INJECTION	SP		AI (2ml per day); QL (2 ML per 1 day)
ADMELOG SOLOSTAR	SP		AI (2ml per day); QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	SP		PA; AI (6 units per day); QL (6 units per 1 day); AG (Min 18 Years)
APIDRA	SP		PA; AI (2ml per day); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; AI (2ml per day); QL (2 ML per 1 day)
BASAGLAR KWIKPEN ( <i>Insulin Glargine Solostar</i> )	SP	SP	PA; AI (2ml per day); QL (2 ML per 1 day)
BASAGLAR TEMPO PEN	SP		PA; AI (2ml per day); QL (2 ML per 1 day)
FIASP FLEXTOUCH	SP		AI (2ml per day); QL (2 ML per 1 day)
FIASP INJECTION	SP		AI (2ml per day); QL (2 ML per 1 day)
FIASP PENFILL	SP		AI (2ml per day); QL (2 ML per 1 day)
FIASP PUMPCART	SP		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG INJECTION ( <i>Insulin Lispro</i> )	SP	T2	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN ( <i>Insulin Lispro Junior KwikPen</i> )	T3	SP	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>Insulin Lispro (1 Unit Dial)</i> ) 100 UNIT/ML	T3	SP	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	SP		PA; AI (2ml per day); QL (2 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMALOG MIX 75/25</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b> ( <i>Insulin Lispro Prot &amp; Lispro</i> )	T3	SP	AI (2ml per day); QL (2 ML per 1 day)
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMALOG TEMPO PEN</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN 70/30</b>	T1		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN N</b>	T1		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN R</b>	T1		AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN R U-500 (CONCENTRATED)</b>	SP		PA; AI (2ml per day); QL (2 ML per 1 day)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	SP		PA; AI (2ml per day); QL (2 ML per 1 day)
<i>insulin aspart flexpen</i>		SP	AI (2ml per day); QL (2 ML per 1 day)
<i>insulin degludec</i>		SP	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<i>insulin degludec flextouch</i>		SP	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<i>insulin glargine</i>		SP	PA; AI (2ml per day); QL (2 ML per 1 day)
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>		T2	AI (2ml per day); QL (2 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous solution</i>		T3	AI (2ml per day); QL (2 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>		T3	AI (2ml per day); QL (2 ML per 1 day)
<b>KIRSTY</b>	SP		AI (2ml per day); QL (2 ML per 1 day)
<b>LANTUS</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3		AI (2ml per day); QL (2 ML per 1 day)
<b>LYUMJEV</b>	SP		PA; AI (10ml per month); QL (10 ML per 1 Month)
<b>LYUMJEV KWIKPEN</b>	SP		PA; AI (15ml per month); QL (15 ML per 1 Month)

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Drug Name	Brand	Generic	Additional Information
LYUMJEV TEMPO PEN	SP		PA; AI (15ml per month); QL (15 ML per 1 day)
MERILOG	SP		AI (2ml per day); QL (2 ML per 1 day)
MERILOG SOLOSTAR	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30	SP		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N RELION	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R RELION	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG 70/30 FLEXPEN RELION	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN RELION	SP		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG INJECTION	SP		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 ( <i>Insulin Aspart Prot &amp; Aspart</i> )	SP	SP	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>Insulin Asp Prot &amp; Asp FlexPen</i> )	SP	SP	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>Insulin Aspart PenFill</i> )	SP	SP	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION ( <i>Insulin Aspart</i> )	SP	SP	AI (2ml per day); QL (2 ML per 1 day)
REZVOGLAR KWIKPEN	T3		

Drug Name	Brand	Generic	Additional Information
<b>SEMGLEE (YFGN)</b>	SP		PA; AI (2ml per day); QL (2 ML per 1 day)
<b>TOUJEO MAX SOLOSTAR</b> ( <i>Insulin Glargine Max SoloStar</i> )	SP	SP	PA; AI (2ml per day); QL (2 ML per 1 day)
<b>TOUJEO SOLOSTAR</b> ( <i>Insulin Glargine Solostar</i> )	SP	T3	PA; AI (2ml per day); QL (2 ML per 1 day)
<b>TRESIBA</b>	SP		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<b>TRESIBA FLEXTOUCH</b>	SP		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>			
<b>MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T3		PA; AI (2ml per 28days); QL (4 pens per 28 days)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>		T3	PA; AI (2.4ml (60 doses) per month); QL (1 pen per 1 Month); AG (Min 18 Years)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>		T3	PA; AI (1.2ml (60 doses) per month); QL (1 pen per 30 days)
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML</b>	T3		PA; AI (2 pens per 28 days); QL (2 pens per 28 days)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	T3		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
<b>OZEMPIC (2 MG/DOSE)</b>	T3		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
<b>RYBELSUS</b>	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
<b>TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</b>	T3		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 10 Years)
<b>TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML</b>	T3		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 18 Years)
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b> ( <i>Liraglutide</i> )	T3	SP	PA; AI (3 pens per month); QL (3 pens per 1 Month); AG (Min 10 Years)
<b>*Insulin-Incretin Mimetic Combinations***</b>			
<b>SOLIQUA</b>	SP		PA; AI (6 pens (20ml) per month); QL (6 pens per 30 days); AG (Min 18 Years)
<b>*Meglitinide Analogues***</b>			
<i>nateglinide</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>repaglinide</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>			
TRIJARDY XR	T3		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
GLYXAMBI	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
QTERN	SP		AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 18 Years)
STEGLUJAN	SP		AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>			
<i>dapagliflozin propanediol oral tablet 10 mg</i>		SP	AI (1 table1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
<i>dapagliflozin propanediol oral tablet 5 mg</i>		SP	AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
INVOKANA	SP		AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 18 Years)
JARDIANCE	T3		AI (1 tablet per day); QL (1 tablet per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>STEGLATRO</b>	SP		AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>		SP	AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>		SP	AI (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 tablets per 1 day); AG (Min 10 Years)
<b>INVOKAMET</b>	SP		AI (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>INVOKAMET XR</b>	SP		AI (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>SEGLUROMET</b>	SP		AI (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>SYNJARDY</b>	T3		

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Drug Name	Brand	Generic	Additional Information
<b>SYNJARDY XR</b>	T3		
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG</b>	T3		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
<b>*Sulfonylurea-Biguanide Combinations***</b>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<b>*Sulfonylureas***</b>			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>glipizide er</i>		T2	
<i>glipizide oral tablet 10 mg, 5 mg</i>		T1	
<i>glyburide micronized</i>		T2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>		T2	
<i>glyburide oral tablet 5 mg</i>		T1	
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
<i>pioglitazone hcl-metformin hcl</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
<b>*Thiazolidinediones***</b>			
<i>pioglitazone hcl</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Antidiarrheal/Probiotic Agents*</b>			
<b>*Antiperistaltic Agents***</b>			
<i>diphenoxylate-atropine oral liquid</i>		T2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T2	
<i>ft anti-diarrheal oral capsule</i>		T2	
<b>MOTOFEN</b>	SP		
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes - Chelating Agents***</b>			
<b>CHEMET</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox granules</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>deferasirox oral packet</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox oral tablet 180 mg</i>		MB	SP; AI (14 tablets per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail. 30 day supply max); QL (14 tablets per 1 day)
<i>deferasirox oral tablet 360 mg</i>		MB	SP; AI (10 tablets per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail. 30 day supply max); QL (10 tablets per 1 day)
<i>deferasirox oral tablet 90 mg</i>		MB	SP; AI (28 tablets per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail. 30 day supply max); QL (28 tablets per 1 day)
<i>deferasirox oral tablet soluble</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferiprone</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antidotes And Specific Antagonists***</b>			
<b>RADIOGARDASE</b>	SP		AI (18 tablets per day); QL (18 tablets per 1 day); AG (Min 2 Years)
<b>*Opioid Antagonists***</b>			
<b>KLOXXADO</b>	SP		AI (1 box per 30 days); QL (1 box per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T2	
<i>naloxone hcl injection solution cartridge</i>		T2	
<i>naloxone hcl injection solution prefilled syringe</i>		T2	
<i>naloxone hcl nasal</i>		T3	AI (1 box per month); QL (1 box per 30 days)
<i>naltrexone hcl oral</i>		T2	
<b>REXTOVY</b>	T3		AI (1 box per month); QL (1 box per 30 days)
<b>VIVITROL</b>	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZIMHI</b>	SP		AI (1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); QL (1 ML per 1 Month); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
ZURNAI	SP		AI (2x 0.5 ml pens per month); QL (2 pens per 30 days); AG (Min 12 Years)
<b>*Antiemetics*</b>			
<b>*5-Ht3 Receptor Antagonists***</b>			
ANZEMET ORAL TABLET 50 MG	SP		
<i>granisetron hcl oral</i>		T2	AI (1 tablet per day); QL (2 tablet per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		T2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
SANCUSO	SP		AI (20 patches per month); QL (20 patches per 1 Month)
<b>*Antiemetic Combinations***</b>			
AKYNZEO ORAL	SP		AI (1 capsule on first day of treatment); ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); QL (1 capsule per 1 day); AG (Min 18 Years)
BONJESTA	SP		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<i>doxylamine-pyridoxine</i>		SP	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>*Antiemetics - Anticholinergic***</b>			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T2	
<i>scopolamine</i>		SP	AI (10 patches per month); QL (10 patches per 1 Month)
<i>trimethobenzamide hcl oral</i>		T3	
<b>*Antiemetics - Miscellaneous***</b>			
<i>dronabinol</i>		SP	AI (3 capsules per day); QL (3 capsules per 1 day)
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
<i>aprepitant</i>		SP	
EMEND ORAL SUSPENSION RECONSTITUTED	SP		AI (1 tablet per day)
VARUBI (180 MG DOSE)	SP		AI (Maximum of 4 tablets per 28 days); QL (4 tablets per 28 days)
<b>*Antifungals*</b>			
<b>*Antifungals***</b>			
<i>flucytosine oral</i>		SP	
<i>griseofulvin microsize oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>griseofulvin ultramicronsize oral tablet 125 mg, 250 mg</i>		T2	
<i>nystatin oral tablet</i>		T2	
<i>terbinafine hcl oral</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Imidazoles***</b>			
<i>ketoconazole oral</i>		T2	
<i>miconazole</i>		SP	
<b>*Tetrazoles***</b>			
<b>VIVJOA</b>	SP		AI (1 fill in 1 year); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (1 pack per 1 Year)
<b>*Triazoles***</b>			
<b>CRESEMBA ORAL</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fluconazole oral</i>		T2	
<i>itraconazole oral</i>		SP	
<i>posaconazole oral tablet delayed release</i>		SP	PA
<i>voriconazole oral</i>		T2	
<b>*Antihistamines*</b>			
<b>*Antihistamines - Alkylamines***</b>			
<b>RYCLORA ORAL SOLUTION (Corphena)</b>	SP	SP	AI (1x 118ml bottle per month); QL (118 ML per 1 Month)
<b>*Antihistamines - Ethanolamines***</b>			
<i>carbinoxamine maleate oral solution</i>		SP	
<i>carbinoxamine maleate oral tablet 4 mg</i>		T2	
<i>clemastine fumarate oral tablet 2.68 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>diphenhydramine hcl injection</i>		T2	
<b>*Antihistamines - Non-Sedating***</b>			
<i>desloratadine oral tablet</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>		T2	
<b>QUZYTIR</b>	Tier 7		
<b>*Antihistamines - Phenothiazines***</b>			
<i>promethazine hcl injection</i>		SP	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		T2	
<i>promethazine hcl oral syrup</i>		T2	
<i>promethazine hcl oral tablet</i>		T2	
<b>PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>	T2	T2	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T3		
<b>*Antihistamines - Piperidines***</b>			
<i>cyproheptadine hcl oral</i>		T2	

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Drug Name	Brand	Generic	Additional Information
<b>*Antihyperlipidemics*</b>			
<b>*Antihyperlipidemics - Misc.***</b>			
<i>icosapent ethyl</i>		SP	
<i>omega-3-acid ethyl esters</i>		T2	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 18 Years)
<b>VASCEPA</b>	SP		PA
<b>*Bile Acid Sequestrants***</b>			
<i>cholestyramine oral</i>		T2	
<i>colesevelam hcl oral packet</i>		T2	AI (1 packet per day); QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>colestipol hcl oral packet</i>		T2	
<i>colestipol hcl oral tablet</i>		T2	
<b>PREVALITE (Cholestyramine Light)</b>	T2	T2	
<b>*Fibric Acid Derivatives***</b>			
<i>fenofibrate micronized oral capsule 130 mg, 200 mg</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 43 mg</i>		SP	QL (1 EA per 1 day)
<i>fenofibrate oral capsule 134 mg, 67 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 200 mg</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>fenofibrate oral tablet 54 mg</i>		SP	QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>fenofibric acid oral capsule delayed release 45 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>gemfibrozil oral</i>		T1	
<b>TRICOR ORAL TABLET 145 MG</b>	SP		QL (1 EA per 1 day)
<b>TRICOR ORAL TABLET 48 MG</b>	SP		QL (2 EA per 1 day)
<b>*Hmg Coa Reductase Inhibitors***</b>			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>fluvastatin sodium oral capsule 40 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1	
<i>lovastatin oral tablet 40 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>pitavastatin calcium</i>		SP	AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 tablet per 1 day); AG (Min 8 Years)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>rosuvastatin calcium oral</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>		T3	PA; AI (1 tablet per day: Covered only in patients who have been stable at this dose for at least 12 months); QL (1 tablet per 1 day)
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		T2	PA; AI (1 tablet per day: Covered only in patients who have been stable at this dose for at least 12 months); QL (1 tablet per 1 day)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
<i>ezetimibe</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Nicotinic Acid Derivatives***</b>			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T3	AI (3 tablets per day); QL (3 tablets per 1 day)
<b>*Pcsk9 Inhibitors***</b>			
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T3		PA; AI (2 pens per month); QL (2 pens per 1 Month); AG (Min 18 Years)
<b>REPATHA</b>	T3		PA; AI (2 syringes per month); QL (2 syringes per 1 Month); AG (Min 13 Years)
<b>REPATHA PUSHTRONEX SYSTEM</b>	T3		PA; AI (1 cartridge per 28 days); QL (1 cartridge per 1 Month); AG (Min 13 Years)

Drug Name	Brand	Generic	Additional Information
REPATHA SURECLICK	T3		PA; AI (2 pens per month); QL (2 pens per 1 Month); AG (Min 13 Years)
<b>*Antihypertensives*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
<i>amlodipine besy-benazepril hcl</i>		T1	
<i>trandolapril-verapamil hcl er</i>		SP	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
<i>benazepril-hydrochlorothiazide</i>		T2	
<i>enalapril-hydrochlorothiazide</i>		T2	
<i>fosinopril sodium-hctz</i>		SP	
<i>lisinopril-hydrochlorothiazide</i>		T1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>		T2	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		SP	
<b>*Ace Inhibitors***</b>			
<i>benazepril hcl oral</i>		T1	
<i>captopril oral</i>		T2	
<i>enalapril maleate oral tablet 10 mg</i>		T1	
<i>enalapril maleate oral tablet 2.5 mg, 20 mg, 5 mg</i>		T2	
<i>fosinopril sodium oral tablet 10 mg, 40 mg</i>		T2	
<i>fosinopril sodium oral tablet 20 mg</i>		T1	
<i>lisinopril oral</i>		T1	
<i>moexipril hcl</i>		T3	
<i>perindopril erbumine</i>		T3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg</i>		T1	
<i>quinapril hcl oral tablet 5 mg</i>		T2	
<i>ramipril</i>		T2	
<i>trandolapril</i>		T2	
<b>*Agents For Pheochromocytoma***</b>			
<i>metyrosine</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>phenoxybenzamine hcl oral</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Angiotensin li Receptor Antag &amp; Ca Channel Blocker Comb***</b>			
<i>amlodipine besylate-valsartan</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>amlodipine-olmesartan</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>telmisartan-amlodipine</i>		T2	
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
<i>candesartan cilexetil-hctz</i>		SP	
<b>EDARBYCLOR</b>	SP		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>losartan potassium-hctz</i>		T1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T2	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Angiotensin II Receptor Antagonists***</b>			
<i>candesartan cilexetil</i>		SP	
<b>EDARBI</b>	SP		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>irbesartan oral tablet 300 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>losartan potassium oral</i>		T1	
<i>olmesartan medoxomil oral tablet 20 mg</i>		T2	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>telmisartan</i>		T2	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>		T2	AI (1 tablet per day); QL (2 tablet per 1 day)
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>			
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		SP	
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>		T3	
<b>*Antiadrenergics - Centrally Acting***</b>			
<i>clonidine</i>		SP	
<i>clonidine hcl oral tablet 0.1 mg</i>		T1	

Drug Name	Brand	Generic	Additional Information
<i>clonidine hcl oral tablet 0.2 mg, 0.3 mg</i>		T2	
<i>guanfacine hcl oral</i>		T2	
<i>methyl dopa oral</i>		SP	
<b>*Antiadrenergics - Peripherally Acting***</b>			
<i>doxazosin mesylate oral</i>		T2	
<i>prazosin hcl oral</i>		T2	
<i>terazosin hcl oral</i>		T2	
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
<i>atenolol-chlorthalidone</i>		T2	
<i>bisoprolol-hydrochlorothiazide</i>		T2	
<i>metoprolol-hydrochlorothiazide</i>		T2	
<b>*Direct Renin Inhibitors***</b>			
<i>aliskiren fumarate</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>			
<i>epirenone</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Vasodilators***</b>			
<i>hydralazine hcl oral</i>		T2	
<i>minoxidil oral</i>		T2	
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
<b>FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML</b>	T3		AI (150ml per 10 days); QL (150 ML per 10 days)
<i>metronidazole oral tablet 250 mg, 500 mg</i>		T2	
<i>pentamidine isethionate inhalation</i>		MB	SP
<i>tinidazole oral</i>		T2	
<b>XIFAXAN</b>	SP		PA
<b>*Anti-Infective Misc. - Combinations***</b>			
<i>sulfamethoxazole-trimethoprim oral tablet</i>		T1	
<b>SULFATRIM PEDIATRIC (Sulfamethoxazole-Trimethoprim)</b>	T2	T2	
<b>*Antiprotozoal Agents***</b>			
<i>atovaquone oral</i>		T3	
<b>LAMPIT</b>	SP		PA
<i>nitazoxanide oral</i>		SP	AI (2 tablets per day: limited to one fill per month); QL (6 tablets per 3 days)
<b>*Carbapenems***</b>			
<i>ertapenem sodium</i>		Tier 7	
<b>*Glycopeptides***</b>			
<b>FIRVANQ (Vancomycin HCl)</b>	SP	SP	AI (300ml per 10 days); QL (300 ML per 10 days)

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Drug Name	Brand	Generic	Additional Information
<i>vancomycin hcl oral capsule</i>		T2	
<b>*Leprostotics***</b>			
<i>dapsone oral</i>		T3	
<b>*Lincosamides***</b>			
<i>clindamycin hcl oral capsule 150 mg</i>		T1	
<i>clindamycin hcl oral capsule 300 mg, 75 mg</i>		T2	
<i>clindamycin palmitate hcl</i>		SP	
<b>*Oxazolidinones***</b>			
<i>linezolid oral suspension reconstituted</i>		T2	AI (60ml per day); QL (60 ML per 1 day)
<i>linezolid oral tablet</i>		T2	AI (2 tablets per day; maximum of 28 tablets in 30 days); QL (2 tablets per 1 day)
<b>*Urinary Anti-Infectives***</b>			
<i>fosfomycin tromethamine</i>		SP	
<i>methenamine hippurate</i>		T2	
<i>nitrofurantoin macrocrystal oral</i>		T2	
<i>nitrofurantoin monohyd macro</i>		T2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T2	
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
<i>atovaquone-proguanil hcl</i>		T2	
<b>COARTEM</b>	SP		
<b>*Antimalarials***</b>			
<i>chloroquine phosphate oral</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>mefloquine hcl</i>		SP	AI (15 tablets per 90 days); QL (15 tablets per 90 days)
<i>pyrimethamine oral</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>quinine sulfate oral</i>		T2	
<b>*Antimyasthenic/Cholinergic Agents*</b>			
<b>*Antimyasthenic/Cholinergic Agents***</b>			
<b>FIRDAPSE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pyridostigmine bromide oral solution</i>		SP	
<i>pyridostigmine bromide oral tablet 60 mg</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Antimycobacterial Agents*</b>			
<b>*Antimycobacterial Agents***</b>			
<i>cycloserine oral</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ethambutol hcl oral tablet 100 mg</i>		T2	
<i>ethambutol hcl oral tablet 400 mg</i>		T3	
<i>isoniazid oral syrup</i>		SP	
<i>isoniazid oral tablet 100 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>isoniazid oral tablet 300 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pretomanid</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PRIFTIN</b>	T3		
<i>pyrazinamide oral</i>		SP	
<i>rifabutin</i>		T2	
<i>rifampin oral</i>		T2	
<b>SIRTURO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TRECTOR</b>	SP		
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Alkylating Agents***</b>			
<b>MYLERAN</b>	T2		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Androgen Biosynthesis Inhibitors***</b>			
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>		T2	PA; SP; AI (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.)
<i>abiraterone acetate tablet 250 mg oral</i>		T2	AI (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); QL (4 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>ABIRTEGA ORAL TABLET 250 MG</b>	T2		PA; AI (4 tablets per day Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day ; 30 day supply @ Sort Pak, call 877-570-7787.); QL (4 tablets per 1 day)
<b>ABIRTEGA TABLET 250 MG ORAL</b>	T2		AI (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.)
<b>YONSA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiadrenals***</b>			
<b>LYSODREN</b>	T2		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiandrogens***</b>			
<i>bicalutamide</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ERLEADA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilutamide</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); M
<b>NUBEQA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XTANDI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiestrogens***</b>			
<b>SOLTAMOX</b>	T2		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tamoxifen citrate oral</i>		\$0	

Drug Name	Brand	Generic	Additional Information
<i>toremifene citrate</i>		T2	AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
<b>*Antimetabolites***</b>			
<i>capecitabine oral tablet 150 mg, 500 mg</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day supply max. Only Civica NDCs 82249020760 & 82249021012 are covered @ Sort Pak, call 877-570-7787 )
<i>capecitabine tablet 150 mg oral</i>		T2	
<i>capecitabine tablet 500 mg oral</i>		T2	
<b>JYLAMVO</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>mercaptapurine oral suspension</i>		T2	SP; AI (1x 100ml bottle per month); QL (1 bottle per 30 days)
<i>mercaptapurine oral tablet</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml</i>		T2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>		T2	
<i>methotrexate sodium oral</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ONUREG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TABLOID</b>	T2		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREXALL</b>	T2		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
XATMEP	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Akt Inhibitors***</b>			
TRUQAP ORAL TABLET 200 MG	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUQAP ORAL TABLET THERAPY PACK	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Alk Inhibitors***</b>			
ALECENSA	T2		PA; SP; AI (8 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (8 capsules per 1 day); AG (Min 18 Years)
ALUNBRIG	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XALKORI ORAL CAPSULE	T2		PA; SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYKADIA ORAL TABLET	T2		PA; SP; AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
<b>*Antineoplastic - Anti-Her2 Agents***</b>			
HERNEXEOS	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TUKYSA	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
<b>VENCLEXTA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VENCLEXTA STARTING PACK</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>			
<b>BOSULIF</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>DANZITEN</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>		T2	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)
<b>ICLUSIG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>imatinib mesylate oral tablet 100 mg</i>		T2	PA; SP; AI (6 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>		T2	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)
<i>imkeldi</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilotinib d-tartrate</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>nilotinib hcl</i>		T2	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SCEMBLIX</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TASIGNA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>			
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OJEMDA ORAL SUSPENSION RECONSTITUTED</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OJEMDA ORAL TABLET 100 MG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TAFINLAR</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZELBORAF</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Btk Inhibitors***</b>			
<b>BRUKINSA ORAL CAPSULE</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>BRUKINSA ORAL TABLET</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CALQUENCE ORAL TABLET</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T2		PA; SP; AI (4 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 capsules per 1 day); AG (Min 18 Years)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IMBRUVICA ORAL SUSPENSION</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>JAYPIRCA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Egfr Inhibitors***</b>			
<i>erlotinib hcl</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>gefitinib</i>		T2	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>GILOTRIF</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LAZCLUZE</b>	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TAGRISO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VIZIMPRO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>			
BALVERSA	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (12 MG DAILY DOSE)	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (16 MG DAILY DOSE)	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (20 MG DAILY DOSE)	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEMAZYRE	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Gamma Secretase Inhibitors***</b>			
OGSIVEO	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>			
DAURISMO	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERIVEDGE	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ODOMZO	T2		PA; SP; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>			
WELIREG	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
ZOLINZA	T2		PA; SP; AI (4 capsules per day); QL (4 capsule per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic - Hormonal And Related Agent Combinations***</b>			
<b>AKEEGA</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Immunomodulators***</b>			
<i>pomalidomide</i>		T2	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>POMALYST</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Kras Inhibitors***</b>			
<b>KRAZATI</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LUMAKRAS</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Mek Inhibitors***</b>			
<b>COTELLIC</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>GOMEKLI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KOSELUGO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MEKINIST</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MEKTOVI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Menin Inhibitors***</b>			
<b>KOMZIFTI</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
REVUFORJ ORAL TABLET 110 MG, 160 MG	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVUFORJ ORAL TABLET 25 MG	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Met Inhibitors***</b>			
TABRECTA	T2		PA
TEPMETKO	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Methyltransferase Inhibitors***</b>			
TAZVERIK	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
<i>everolimus oral tablet soluble</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TORPENZ ( <i>Everolimus</i> )	T2	T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
CABOMETYX	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAPRELSA	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (60 MG DAILY DOSE)	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>ENSACOVE</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>FOTIVDA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>HYRNUO</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>lapatinib ditosylate</i>		T2	PA; SP; AI (5 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 tablets per 1 day)
<b>NERLYNX</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pazopanib hcl oral tablet 200 mg</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>QINLOCK</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RYDAPT</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sorafenib tosylate</i>		T2	PA; SP; AI (4 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 tablets per 1 day); AG (Min 16 Years)
<b>STIVARGA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sunitinib malate oral capsule 12.5 mg</i>		T2	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>sunitinib malate oral capsule 25 mg</i>		T2	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max 1 capsule per day); QL (1 capsule per 1 day)
<b>TURALIO</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VANFLYTA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>XOSPATA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>			
<b>AYVAKIT</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Protease Activators***</b>			
<b>MODEYSO</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
<b>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG</b>	T2		PA
<b>NINLARO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Ret Inhibitors***</b>			
<b>GAVRETO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RETEVMO ORAL TABLET</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>			
<b>AUGTYRO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IBTROZI</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ROZLYTREK</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VITRAKVI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic - Xpo1 Inhibitors***</b>			
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	T2		PA
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG</b>	T2		PA
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T2		PA
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	T2		PA
<b>XPOVIO (60 MG TWICE WEEKLY)</b>	T2		PA
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG</b>	T2		PA
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	T2		PA
<b>*Antineoplastic Combinations***</b>			
<b>AVMAPKI FAKZYNJA CO-PACK</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>DARZALEX FASPRO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INQOVI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LONSURF</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastics Misc.***</b>			
<b>ACTIMMUNE</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>BESREMI</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>hydroxyurea oral</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MATULANE</b>	T2		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Aromatase Inhibitors***</b>			
<i>anastrozole oral</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>ARIMIDEX</b>	T2		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
<b>AROMASIN</b>	T2		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 tablet per 1 day)
<i>exemestane</i>		\$0	AI (30 day supply max 1 tablet per day); F; QL (1 tablet per 1 day)
<b>FEMARA</b>	T2		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 tablet per 1 day)
<i>letrozole oral</i>		\$0	AI (1 tablet per day); F; QL (1 tablet per 1 day)
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
<b>IBRANCE</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KISQALI (200 MG DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
KISQALI (400 MG DOSE)	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (600 MG DOSE)	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VERZENIO	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Estrogen Receptor Antagonist***</b>			
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fulvestrant intramuscular solution prefilled syringe</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLURIYO	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Estrogens-Antineoplastic***</b>			
EMCYT	T2		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Folic Acid Antagonists Rescue Agents***</b>			
LEDERLE LEUCOVORIN ( <i>Leucovorin Calcium</i> )	T2	T2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		SP	
<i>leucovorin calcium oral tablet 25 mg</i>		T2	
<b>*Glucocorticoid Receptor (Gr) Antagonists***</b>			
LIFYORLI (125 MG DOSE)	T2		PA
LIFYORLI (150 MG DOSE)	T2		PA
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORGOVYX	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Imidazotetrazines***</b>			
<i>temozolomide</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Isocitrate Dehydrogenase 1 &amp; 2 (Idh1 &amp; Idh2) Inhibitors***</b>			
<b>VORANIGO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
<b>REZLIDHIA</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TIBSOVO</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
<b>IDHIFA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
<b>INREBIC</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>JAKAFI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OJJAARA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VONJO</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Lhrh Analogs***</b>			
<b>CAMCEVI</b>	T2		SP; AI (one injection per 180 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 inj per 180 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>	T2		SP; AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 30 MG</b>	T2		SP; AI (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 120 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>	T2		SP; AI (1 injection per 180 days (FDA approved only for Prostate Cancer); 6 copays apply Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 injection per 180 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 7.5 MG</b>	T2		SP; AI (1 injection per month (FDA approved only for Prostat Cancer) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		T2	SP; AI (1 injection per month. FDA approved only for Prostate Cancer. Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG</b>	MB		PA; SP; AI (1 injection per month (FDA approved only for Endometriosis and Fibroids) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); F; QL (1 inj per 30 days)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG</b>	T2		SP; AI (1 injection per month (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG</b>	MB		PA; SP; AI (1 injection per 90 days (FDA approved only for endometriosis and Fibroids) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); F; QL (1 inj per 90 days)
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG</b>	T2		SP; AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)
<b>LUPRON DEPOT (4-MONTH)</b>	T2		SP; AI (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 120 days); AG (Min 18 Years)
<b>LUPRON DEPOT (6-MONTH)</b>	T2		SP; AI (1 injection per 180 days (FDA approved only for Prostate Cancer); 6 copays apply Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 180 days); AG (Min 18 Years)
<b>LUTRATE DEPOT (<i>Leuprolide Acetate (3 Month)</i>)</b>	T2	T2	AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 injection per 90 days); AG (Min 18 Years)
<b>TRELSTAR MIXJECT</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZOLADEX</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
<b>*Mitotic Inhibitors***</b>			
<i>etoposide oral</i>		T2	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Nitrogen Mustards And Related Analogues***</b>			
<i>cyclophosphamide oral capsule</i>		T2	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>cyclophosphamide oral tablet</i>		T2	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LEUKERAN</b>	T2		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nitrosoureas***</b>			
<b>GLEOSTINE ORAL CAPSULE (<i>Lomustine</i>) 10 MG, 100 MG, 40 MG</b>	T2	T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ornithine Decarboxylase (Odc) Inhibitors***</b>			
<b>IWILFIN</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>COPIKTRA</b>	T2		PA; SP
<b>ITOVEBI</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PIQRAY (200 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PIQRAY (250 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PIQRAY (300 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZYDELIG</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>			
<b>LYNPARZA ORAL TABLET</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>RUBRACA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TALZENNA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZEJULA ORAL TABLET</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Progestins-Antineoplastic***</b>			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>megestrol acetate oral tablet</i>		T2	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Retinoids***</b>			
<i>tretinoin oral</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Selective Estrogen Receptor Degraders***</b>			
<b>ORSERDU</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene oral</i>		T2	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Topoisomerase I Inhibitors***</b>			
<b>HYCAMTIN ORAL</b>	T2		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Urinary Tract Protective Agents***</b>			
<i>mesna oral</i>		MB	SP
<b>MESNEX ORAL</b>	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>			
<b>FRUZAQLA</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>INLYTA</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (10 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (12 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (14 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (18 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (20 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (24 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (4 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LENVIMA (8 MG DAILY DOSE)</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiparkinson And Related Therapy Agents*</b>			
<b>*Antiparkinson Anticholinergics***</b>			
<i>benztropine mesylate oral</i>		T2	
<i>trihexyphenidyl hcl oral tablet</i>		T2	
<b>*Antiparkinson Dopaminergics***</b>			
<i>amantadine hcl oral capsule</i>		T2	
<i>amantadine hcl oral solution 50 mg/5ml</i>		T2	
<i>bromocriptine mesylate oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
<i>rasagiline mesylate oral</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>selegiline hcl oral</i>		T2	
<b>*Central/Peripheral Comt Inhibitors***</b>			
<i>tolcapone</i>		T2	PA
<b>*Decarboxylase Inhibitors***</b>			
<i>carbidopa oral</i>		T2	
<b>*Levodopa Combinations***</b>			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T2	
<i>carbidopa-levodopa oral tablet</i>		T2	
<i>carbidopa-levodopa oral tablet dispersible</i>		T3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		SP	AI (8 tablets per day); QL (8 tablets per 1 day)
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
<i>apomorphine hcl subcutaneous</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NEUPRO</b>	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pramipexole dihydrochloride</i>		T2	
<i>ropinirole hcl</i>		T2	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		SP	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		SP	AI (8 tablets per day); QL (8 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		SP	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		SP	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
<b>*Peripheral Comt Inhibitors***</b>			
<i>entacapone</i>		T2	
<b>ONGENTYS</b>	SP		PA
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*Antimanic Agents***</b>			
<i>lithium</i>		T2	AG (Min 7 Years)
<i>lithium carbonate er</i>		T2	
<i>lithium carbonate oral capsule</i>		T1	
<i>lithium carbonate oral tablet</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Antipsychotics - Misc.***</b>			
<b>CAPLYTA</b>	SP		ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone , quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 EA per 1 day); AG (Min 18 Years)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>	SP		
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG</b>	SP		AI (8 tablets per day); QL (8 tablets per 1 day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG</b>	SP		AI (5 tablets per day); QL (5 tablets per 1 day)
<i>lurasidone hcl oral tablet 120 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
<b>VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG</b>	SP		AI (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AG (Min 10 Years)
<b>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	SP		AI (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 capsule per 1 day); AG (Min 10 Years)
<i>ziprasidone hcl</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>ziprasidone mesylate</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Benzisoxazoles***</b>			
<b>ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>FANAPT</b>	SP		AI (2 tablets per day); QL (2 tablets per 1 day)
<b>FANAPT TITRATION PACK</b>	SP		AI (1 pack per 180 days); QL (1 pack per 180 days)
<b>FANAPT TITRATION PACK A</b>	SP		AI (1 pack per 180 days); QL (1 pack per 180 days)
<b>FANAPT TITRATION PACK B ORAL TABLET</b>	SP		AI (12 tablets per 180 days); QL (12 tablets per 180 days)
<b>FANAPT TITRATION PACK C ORAL TABLET</b>	SP		AI (8 tablets per 180 days); QL (8 tablets per 180 days)

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Drug Name	Brand	Generic	Additional Information
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
<b>PERSERIS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone microspheres er</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone oral solution</i>		T2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg</i>		T1	
<i>risperidone oral tablet 2 mg, 3 mg, 4 mg</i>		T2	
<i>risperidone oral tablet dispersible 1 mg</i>		T2	
<b>RYKINDO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>UZEDY</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Butyrophenones***</b>			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T2	
<i>haloperidol oral</i>		T2	
<b>*Dibenzodiazepines***</b>			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T2	AI (9 tablets per day); QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>		T2	AI (4 ablets per day); QL (4 tablets per 1 day)
<i>clozapine oral tablet 50 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<b>*Dibenzo-Oxepino Pyrroles***</b>			
<i>asenapine maleate</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Dibenzothiazepines***</b>			
<i>quetiapine fumarate er</i>		SP	AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
<b>*Dibenzoxazepines***</b>			
<i>loxapine succinate oral</i>		T2	
<b>*Phenothiazines***</b>			
<i>chlorpromazine hcl injection</i>		SP	PA
<i>chlorpromazine hcl oral tablet</i>		T2	
<i>fluphenazine decanoate injection</i>		SP	PA
<i>fluphenazine hcl injection</i>		SP	PA
<i>fluphenazine hcl oral concentrate</i>		SP	
<i>fluphenazine hcl oral elixir</i>		SP	
<i>fluphenazine hcl oral tablet</i>		T2	
<i>perphenazine oral</i>		T2	
<i>prochlorperazine</i>		T3	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>		SP	PA
<i>prochlorperazine maleate oral</i>		T3	
<i>thioridazine hcl oral</i>		T2	
<i>trifluoperazine hcl oral</i>		T2	
<b>*Quinolinone Derivatives***</b>			
<i>aripiprazole oral solution</i>		T2	AI (25 tablets per day); QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 2 mg, 5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>ARISTADA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ARISTADA INITIO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REXULTI ORAL TABLET 0.25 MG</b>	SP		AI (2 tablets per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	SP		AI (1 tablet per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Thienbenzodiazepines***</b>			
<i>olanzapine intramuscular</i>		MB	PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>olanzapine oral tablet</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Thioxanthenes***</b>			
<i>thiothixene oral</i>		SP	
<b>*Antivirals*</b>			
<b>*Antiretroviral Combinations***</b>			
<i>abacavir sulfate-lamivudine</i>		T2	
<b>BIKTARVY</b>	SP		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>CIMDUO</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>DELSTRIGO</b>	SP		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
<b>DESCOVY</b>	\$0		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>DOVATO</b>	SP		
<i>efavirenz-emtricitab-tenofo df</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitab-rilpivir-tenofov df</i>		T3	
<b>EVOTAZ</b>	SP		
<b>GENVOYA</b>	T3		
<b>JULUCA</b>	SP		PA
<i>lamivudine-zidovudine</i>		T2	
<i>lopinavir-ritonavir oral tablet</i>		T3	
<b>ODEFSEY</b>	T3		
<b>PREZCOBIX</b>	SP		
<b>STRIBILD</b>	T3		

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Drug Name	Brand	Generic	Additional Information
SYMTUZA	SP		
TRIUMEQ	SP		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>trimeq pd</i>		SP	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Max 10 Years)
<b>*Antiretrovirals - Capsid Inhibitors***</b>			
SUNLENCA ORAL TABLET	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SUNLENCA ORAL TABLET THERAPY PACK	MB		PA; SP; AI (5 tablets per 30 days; with a limit of 1 fill per month); QL (5 tablets per 30 days)
SUNLENCA SUBCUTANEOUS	MB		PA; SP; AI (3ml per 6 months Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); N (3ml per 6 months with a minimum 167 days supply and maximum of 180 days supply); QL (3 ML per 180 days)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>			
<i>maraviroc</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
SELZENTRY ORAL SOLUTION	T3		
<b>*Antiretrovirals - Fusion Inhibitors***</b>			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>			
RUKOBIA	SP		PA
<b>*Antiretrovirals - Integrase Inhibitors***</b>			
ISENTRESS	T3		
ISENTRESS HD	T3		
TIVICAY ORAL TABLET 50 MG	T3		
TIVICAY PD	T3		
<b>*Antiretrovirals - Protease Inhibitors***</b>			
APTIVUS ORAL CAPSULE	SP		
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>darunavir</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>fosamprenavir calcium</i>		T3	
<b>NORVIR ORAL PACKET</b>	T3		
<b>PREZISTA ORAL SUSPENSION</b>	T3		
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	T3		
<b>REYATAZ ORAL PACKET</b>	T3		
<i>ritonavir</i>		T3	
<b>VIRACEPT ORAL TABLET</b>	T3		
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>			
<b>EDURANT (Rilpivirine HCl)</b>	T3	T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>EDURANT PED</b>	T3		AI (6 tablets per day); QL (6 EA per 1 day)
<i>efavirenz oral tablet</i>		T2	AI (2 tablets per day); QL (2 tablets per 2 days)
<i>etravirine</i>		SP	
<b>INTELENCE ORAL TABLET 25 MG</b>	SP		
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T2	
<i>nevirapine oral suspension</i>		T3	
<i>nevirapine oral tablet</i>		T2	
<b>PIFELTRO</b>	SP		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>			
<i>abacavir sulfate oral solution</i>		T3	
<i>abacavir sulfate oral tablet</i>		T2	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>			
<i>emtricitabine</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day)
<b>EMTRIVA ORAL SOLUTION</b>	T3		AI (24ml per day); QL (24 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>		T2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T2	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>			
<i>zidovudine oral capsule</i>		T2	
<i>zidovudine oral syrup</i>		T2	
<i>zidovudine oral tablet</i>		T3	
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>			
<i>tenofovir disoproxil fumarate</i>		T3	
<b>*Antiretrovirals Adjuvants***</b>			
<b>TYBOST</b>	SP		

Drug Name	Brand	Generic	Additional Information
<b>*Antiviral Combinations***</b>			
<b>PAXLOVID (150/100)</b>	SP		AI (4 tablets per day); QL (4 tablets per 1 day)
<b>PAXLOVID (300/100 &amp; 150/100)</b>	SP		AI (3 tablets per day); QL (3 tablets per 1 day)
<b>PAXLOVID (300/100)</b>	SP		AI (6 tablets per day); QL (6 tablets per 1 day)
<b>*Cmv Agents***</b>			
<b>LIVTENCITY</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PREVYMIS ORAL TABLET</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>valganciclovir hcl oral solution reconstituted</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>valganciclovir hcl oral tablet</i>		MB	SP; AI (4 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 tablets per 1 day)
<b>*Hepatitis B Agents***</b>			
<i>adefovir dipivoxil</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>BARACLUDE ORAL SOLUTION</b>	MB		SP; AI (20ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (20 ML per 1 day); AG (Min 16 Years)
<i>entecavir</i>		MB	SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>lamivudine oral tablet 100 mg</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hepatitis C Agent - Combinations***</b>			
<b>EPCLUSA ORAL PACKET</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
EPCLUSA ORAL TABLET 200-50 MG	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	MB		PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
HARVONI ORAL PACKET	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET 45-200 MG	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET ( <i>Ledipasvir-Sofosbuvir</i> ) 90-400 MG	MB	T2	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
MAVYRET	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sofosbuvir-velpatasvir</i>		MB	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 18 Years)
VOSEVI	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hepatitis C Agents***</b>			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ribavirin oral capsule</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>ribavirin oral tablet 200 mg</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SOVALDI</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Herpes Agents - Purine Analogues***</b>			
<i>acyclovir oral capsule</i>		T2	
<i>acyclovir oral suspension 200 mg/5ml</i>		T2	
<i>acyclovir oral tablet</i>		T2	
<i>valacyclovir hcl oral tablet 1 gm</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Herpes Agents - Thymidine Analogues***</b>			
<i>famciclovir oral</i>		T2	
<b>*Influenza Agents***</b>			
<i>rimantadine hcl</i>		SP	
<b>*Misc. Antivirals***</b>			
<b>LAGEVRIO</b>	T3		PA; AI (Paxlovid is the preferred product (does not require PA))
<b>*Neuraminidase Inhibitors***</b>			
<i>oseltamivir phosphate oral capsule</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T2	AI (120ml for 5 days (2x60ml)); QL (24 ML per 5 days)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>	SP		AI (1 inhaler per month); QL (1 inhaler per 30 days)
<b>*Beta Blockers*</b>			
<b>*Alpha-Beta Blockers***</b>			
<i>carvedilol</i>		T2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		T2	
<b>*Beta Blockers Cardio-Selective***</b>			
<i>acebutolol hcl oral</i>		T2	
<i>atenolol oral tablet 100 mg</i>		T2	
<i>atenolol oral tablet 25 mg, 50 mg</i>		T1	
<i>betaxolol hcl oral tablet 10 mg</i>		T2	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		T2	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>		SP	
<i>metoprolol succinate er</i>		T2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		T1	

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Drug Name	Brand	Generic	Additional Information
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		SP	
<i>nebivolol hcl</i>		T3	
<b>*Beta Blockers Non-Selective***</b>			
<b>HEMANGEOL</b>	SP		AG (Max 2 Years)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T2	
<i>pindolol</i>		T2	
<i>propranolol hcl er</i>		T2	
<i>propranolol hcl oral solution</i>		T3	
<i>propranolol hcl oral tablet 10 mg</i>		T1	
<i>propranolol hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T2	
<i>sotalol hcl (af)</i>		T2	
<i>sotalol hcl oral</i>		T2	
<i>timolol maleate oral</i>		T3	
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
<b>AFEDITAB CR (NIFEdipine ER)</b>	T2	T2	
<i>amlodipine besylate oral</i>		T1	
<b>CARTIA XT (dilTIAZem HCl ER Coated Beads)</b>	T2	T2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>		T2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		T2	
<i>diltiazem hcl oral</i>		T1	
<i>dilt-xr</i>		T2	
<i>felodipine er</i>		T3	
<i>isradipine</i>		T2	
<i>levamlodipine maleate</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>nicardipine hcl oral</i>		T2	
<i>nifedipine er osmotic release</i>		T2	
<i>nifedipine oral</i>		T2	
<i>nimodipine oral capsule</i>		T2	AI (12 capsules per day); QL (12 capsules per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>TAZTIA XT (Diltiazem HCl ER Beads)</b>	T2	T2	
<b>TIADYLT ER (Diltiazem HCl ER Beads)</b>	T2	T2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg</i>		SP	

Drug Name	Brand	Generic	Additional Information
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg</i>		T2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T2	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>		T1	
<i>verapamil hcl oral tablet 40 mg</i>		T2	
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
<b>DIGITEK</b> ( <i>Digoxin</i> )	T2	T2	
<b>DIGOX</b> ( <i>Digoxin</i> )	T2	T2	
<i>digoxin oral solution</i>		T2	
<i>digoxin oral tablet 62.5 mcg</i>		SP	
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***</b>			
<b>ENTRESTO ORAL CAPSULE SPRINKLE</b>	SP		AI (3 capsules per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); QL (3 capsules per 1 day); AG (Max 6 Years)
<i>sacubitril-valsartan</i>		SP	AI (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); QL (2 tablets per 1 day)
<b>*Prostaglandin Vasodilators***</b>			
<b>ORENITRAM</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENITRAM MONTH 1</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENITRAM MONTH 2</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORENITRAM MONTH 3</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TYVASO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
TYVASO DPI INSTITUTIONAL KIT	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 80 MCG	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI TITRATION KIT	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO REFILL KIT	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER KIT	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENTAVIS	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
ADEMPAS	MB		PA; SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day); AG (Min 18 Years)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
<i>ambrisentan</i>		MB	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>bosentan oral tablet</i>		MB	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>OPSUMIT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
<b>ALYQ (Tadalafil (PAH))</b>	MB	MB	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>sildenafil citrate oral suspension reconstituted</i>		MB	SP; AI (6ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); QL (6 ML per 1 day); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		MB	SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day); AG (Min 18 Years)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>UPTRAVI ORAL</b>	MB		PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>UPTRAVI TITRATION</b>	MB		PA; SP; AI (1 pack per lifetime Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 pack per 1 Lifetime); AG (Min 18 Years)
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>			
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Sinus Node Inhibitors**</b>			
<b>CORLANOR ORAL SOLUTION</b>	SP		PA
<i>ivabradine hcl</i>		SP	PA

Drug Name	Brand	Generic	Additional Information
<b>*Tranthyretin Stabilizers***</b>			
VYNDAMAX	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VYNDAQEL	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
VERQUVO	SP		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Cephalosporins*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
<i>cefadroxil oral capsule</i>		T2	
<i>cefadroxil oral suspension reconstituted</i>		T2	
<i>cefadroxil oral tablet</i>		SP	
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	
<i>cephalexin oral suspension reconstituted</i>		T2	
<b>*Cephalosporins - 2Nd Generation***</b>			
<i>cefactor er</i>		SP	
<i>cefactor oral capsule 250 mg</i>		T3	AI (3 capsules per day, 1 fill per month); QL (3 capsules per 10 days)
<i>cefactor oral capsule 500 mg</i>		T3	AI (3 capsules per day, one fill per month); QL (3 capsules per 10 days)
<i>cefactor oral suspension reconstituted</i>		SP	
<i>cefprozil</i>		SP	
<i>cefuroxime axetil oral tablet</i>		T2	
<b>*Cephalosporins - 3Rd Generation***</b>			
<i>cefdinir oral capsule</i>		T2	
<i>cefdinir oral suspension reconstituted</i>		SP	
<i>cefixime oral suspension reconstituted</i>		T2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>		T2	
<i>cefpodoxime proxetil oral tablet</i>		SP	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	SP		
<b>SUPRAX ORAL TABLET CHEWABLE</b>	SP		
<b>*Chemicals*</b>			
<b>*Bulk Chemicals - Be's***</b>			
<i>belladonna</i>		SP	
<b>*Bulk Chemicals - En***</b>			
<i>enalapril maleate</i>		SP	

Drug Name	Brand	Generic	Additional Information
<b>*Bulk Chemicals - Va's***</b>			
<i>vancomycin hcl</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
<b>AZURETTE</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>KARIVA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LO LOESTRIN FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>PIMTREA</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
<b>SIMLIYA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>viorele</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>VOLNEA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>*Combination Contraceptives - Oral***</b>			
<b>AFIRMELLE</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ALTAVERA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>APRI</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUBRA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUBRA EQ</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUROVELA 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUROVELA 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUROVELA 24 FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUROVELA FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AUROVELA FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AVIANE</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>AYUNA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>BALZIVA</b> ( <i>Briellyn</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Last revision date:04/10/2026 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>BLISOVI 24 FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>BLISOVI FE 1.5/30</b> (Norethin Ace-Eth Estrad-FE)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>BLISOVI FE 1/20</b> (Norethin Ace-Eth Estrad-FE)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CHARLOTTE 24 FE</b>	SP		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CHATEAL</b> (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CHATEAL EQ</b> (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CRYSSELLE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CRYSSELLE-28</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CYRED</b> (Desogestrel-Ethinyl Estradiol)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CYRED EQ</b> (Desogestrel-Ethinyl Estradiol)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>DASETTA 1/35 (28)</b> (Alyacen 1/35)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>DELYLA</b> (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>		SP	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ELINEST</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>EMOQUETTE</b> (Desogestrel-Ethinyl Estradiol)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ENSKYCE ORAL TABLET</b> (Desogestrel-Ethinyl Estradiol) <b>0.15-30 MG-MCG</b>	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ESTARYLLA</b> (Norgestimate-Eth Estradiol)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>FALMINA</b> (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>FEIRZA 1.5/30</b> (Norethin Ace-Eth Estrad-FE)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>FEIRZA 1/20</b> (Norethin Ace-Eth Estrad-FE)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>FEMYNOR</b> (Norgestimate-Eth Estradiol)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>FINZALA</b>	SP		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>GALBRIELA</b> (Norethin-Eth Estradiol-Fe)	SP	SP	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>HAILEY 1.5/30</b> (Norethindrone Acet-Ethinyl Est)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
<b>HAILEY 24 FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>HAILEY FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>HAILEY FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ISIBLOOM</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JASMIEL</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T2	T2	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JULEBER</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JUNEL 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JUNEL 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JUNEL FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JUNEL FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JUNEL FE 24</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 30 days)
<b>KAITLIB FE</b> ( <i>Norethin-Eth Estradiol-Fe</i> )	SP	SP	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>KALLIGA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>KELNOR 1/35</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>KELNOR 1/50</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>KURVELO</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LARIN 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LARIN 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LARIN 24 FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LARIN FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LARIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LARISSIA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LAYOLIS FE</b>	SP		AI (28 tablets per month); F; QL (28 tablets per 1 day)
<b>LESSINA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
<b>LEVORA 0.15/30 (28)</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LOESTRIN 1.5/30 (21)</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LOESTRIN 1/20 (21)</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LOESTRIN FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LOESTRIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LORYNA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T2	T2	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LOW-OGESTREL</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LO-ZUMANDIMINE</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T2	T2	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LUIZZA 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LUIZZA 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LUTERA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>marlissa</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MICROGESTIN 1.5/30</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MICROGESTIN 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MICROGESTIN 24 FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MICROGESTIN FE 1.5/30</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MICROGESTIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MILI</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MONO-LINYAH</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NECON 0.5/35 (28)</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NECON 1/35 (28)</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NIKKI</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T2	T2	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>		SP	AI (28 tablets per month); F; QL (28 tablets per 1 day)
<b>NORTREL 0.5/35 (28)</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NORTREL 1/35 (21)</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NORTREL 1/35 (28)</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NYLIA 1/35</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NYMYO</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>OCELLA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ORSYTHIA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>PHILITH</b> ( <i>Brielllyn</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>PIRMELLA 1/35</b> ( <i>Alyacen 1/35</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>PORTIA-28</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>RECLIPSEN</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>SOLIA</b> ( <i>Desogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>SPRINTEC 28</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>SRONYX</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>SYEDA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TARINA 24 FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TARINA FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TARINA FE 1/20 EQ</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TURQOZ</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TYBLUME ORAL TABLET CHEWABLE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>VALTYA 1/35</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>VALTYA 1/50</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>VESTURA</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	T2	T2	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>VIENVA</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>VYFEMLA</b> ( <i>Brielllyn</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
<b>VYLIBRA</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>WERA</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>WYMZYA FE</b> ( <i>Norethin-Eth Estradiol-Fe</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>XELRIA FE</b>	\$0		AI (28 tablets per month); F; QL (28 TABLETS per 28 days)
<b>ZOVIA 1/35 (28)</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ZUMANDIMINE</b> ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>*Combination Contraceptives - Transdermal***</b>			
<b>XULANE</b> ( <i>Norelgestromin-Eth Estradiol</i> )	\$0	\$0	AI (3 patches per month); F; QL (3 patches per 30 days)
<b>ZAFEMY</b> ( <i>Norelgestromin-Eth Estradiol</i> )	\$0	\$0	AI (3 patches per month); F; QL (3 patches per 30 days)
<b>*Combination Contraceptives - Vaginal***</b>			
<b>ELURYNG</b> ( <i>Etonogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
<b>ENILLORING</b> ( <i>Etonogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
<b>HALOETTE</b> ( <i>Etonogestrel-Ethinyl Estradiol</i> )	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
<b>NUVARING</b> ( <i>Etonogestrel-Ethinyl Estradiol</i> )	SP	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
<b>*Continuous Contraceptives - Oral***</b>			
<b>AMETHYST</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>DOLISHALE</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>*Emergency Contraceptives***</b>			
<b>AFTERA</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>AFTERPILL</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>CURAE</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>ECONTRA EZ</b>	\$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
<b>ECONTRA ONE-STEP</b>	\$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
<b>ELLA</b>	SP		AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>MY CHOICE</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>MY WAY</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>NEW DAY</b>	\$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
<b>OPCICON ONE-STEP</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>OPTION 2</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>PLAN B ONE-STEP</b> ( <i>Levonorgestrel</i> )	SP	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>REACT</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>SHEWISE</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>TAKE ACTION</b> ( <i>Levonorgestrel</i> )	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
<b>*Extended-Cycle Contraceptives - Oral***</b>			
<b>AMETHIA</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> )	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>ASHLYNA</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> )	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>CAMRESE</b>	\$0		AI (91 tabs per 91 days); F; QL (91 tablets per 91 days)
<b>CAMRESE LO</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> )	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>DAYSEE</b>	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>FAYOSIM</b>	T2		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
<b>ICLEVIA</b>	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>INTROVALE</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> )	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>JAIMIESS</b>	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>JOLESSA</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> )	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<i>levonorgest-eth est &amp; eth est</i>		T2	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>LOJAIMIESS</b>	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<b>RIVELSA</b>	T2		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
<b>ROSYRAH</b>	T2		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
<b>SETLAKIN</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 90 Months)
<b>SIMPESSE</b>	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)

Drug Name	Brand	Generic	Additional Information
<b>*Four Phase Contraceptives - Oral***</b>			
<b>NATAZIA</b>	SP		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>*Progestin Contraceptives - Injectable***</b>			
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	SP		AI (1 injection per 90 days); F; QL (1 inj per 90 days)
<i>medroxyprogesterone acetate intramuscular</i>		\$0	AI (1 injection per 90 days); F; QL (1 inj per 90 days)
<b>*Progestin Contraceptives - Oral***</b>			
<b>CAMILA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>DEBLITANE</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>EMZAHH</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ERRIN</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>HEATHER</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>INCASSIA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>JENCYCLA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LYLEQ</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LYZA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>MELEYA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NORA-BE</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NORLYDA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NORLYROC</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ORQUIDEA</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>SHAROBEL</b> ( <i>Norethindrone</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>SLYND</b>	SP		AI (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (28 tablets per 1 Month)
<b>*Triphasic Contraceptives - Oral***</b>			
<b>ARANELLE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>CAZIAN</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DASETTA 7/7/7</b> ( <i>Alyacen 7/7/7</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>ENPRESSE-28</b> ( <i>Levonorg-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LEENA</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>LEVONEST</b> ( <i>Levonorg-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NORTREL 7/7/7</b> ( <i>Alyacen 7/7/7</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>NYLIA 7/7/7</b> ( <i>Alyacen 7/7/7</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>PIRMELLA 7/7/7</b> ( <i>Alyacen 7/7/7</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TILIA FE</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 30 days)
<b>TRI FEMYNOR</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-ESTARYLLA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-LEGEST FE</b> ( <i>Norethindron-Ethinyl Estrad-Fe</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-LINYAH</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-LO-ESTARYLLA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-LO-MARZIA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-LO-MILI</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-LO-SPRINTEC</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-MILI</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRINESSA (28)</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-NYMYO</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-SPRINTEC</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRIVORA (28)</b> ( <i>Levonorg-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-VYLIBRA</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>TRI-VYLIBRA LO</b> ( <i>Norgestim-Eth Estrad Triphasic</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
<b>VELIVET</b>	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>XARAH FE</b> ( <i>Norethindron-Ethinyl Estrad-Fe</i> )	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<b>*Corticosteroids*</b>			
<b>*Glucocorticosteroids***</b>			
<b>AGAMREE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>budesonide oral</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day)
<b>DEXAMETHASONE INTENSOL</b>	T2		
<i>dexamethasone oral elixir</i>		T2	
<i>dexamethasone oral solution</i>		T2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>		T2	
<i>dexamethasone oral tablet 2 mg</i>		SP	
<b>EMFLAZA ORAL TABLET 6 MG</b>	MB		PA; SP
<i>hydrocortisone oral</i>		T2	
<i>hydrocortisone sod suc (pf)</i>		SP	
<i>jaythari</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>KYMBEE</b> ( <i>Deflazacort</i> )	MB	MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MEDROL ORAL TABLET 2 MG</b>	SP		
<i>methylprednisolone oral tablet</i>		T2	
<i>prednisolone oral syrup 15 mg/5ml</i>		T3	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>		SP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>		T2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T3	
<b>PREDNISONE INTENSOL</b>	T3		
<i>prednisone oral solution</i>		T2	
<i>prednisone oral tablet</i>		T2	
<i>prednisone oral tablet therapy pack</i>		T2	
<b>PYQUVI</b> ( <i>Deflazacort</i> )	MB	MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG</b>	SP		

Drug Name	Brand	Generic	Additional Information
<b>*Mineralocorticoids***</b>			
<i>fludrocortisone acetate oral</i>		T2	
<b>*Cough/Cold/Allergy*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T2	
<b>*Antitussive - Opioid***</b>			
<i>hydrocodone bit-homatrop mbr oral solution</i>		T2	AI (15ml per day); QL (150 ML per 10 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>		T2	AI (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (9 tablets per 1 day)
<i>hydromet oral solution</i>		T2	AI (150ml per 10 days, 1 fill per month.); QL (150 ML per 10 days)
<b>*Antitussive-Expectorant***</b>			
<i>g tussin ac</i>		T3	AI (240ml per 10 days); QL (240 ML per 10 days)
<i>guaiaitussin ac</i>		T3	AI (240ml per 10 days); QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T3	AI (24ml per day); QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T3	AI (24ml per day); QL (240 ML per 10 days)
<i>virtussin a/c</i>		T3	AI (240ml per 10 days); QL (240 ML per 10 days)
<b>*Decongestant &amp; Antihistamine***</b>			
<b>CLARINEX-D 12 HOUR</b>	SP		AI (2 tablets per day); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs); QL (2 tablets per 1 day)
<i>promethazine vc</i>		T2	AI (30ml per day); QL (30 ML per 1 day)
<i>promethazine-phenylephrine</i>		T2	AI (30ml per day); QL (30 ML per 1 day)
<b>*Expectorants***</b>			
<i>guaifenesin oral tablet 200 mg</i>		T2	
<b>*Misc. Respiratory Inhalants***</b>			
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %</b>	T2	T2	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 3 %</b>	T2	T2	
<b>PULMOSAL (Sodium Chloride)</b>	T2	T2	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Mucolytics***</b>			
<i>acetylcysteine inhalation solution 10 %</i>		T2	
<i>acetylcysteine inhalation solution 20 %</i>		T3	
<b>*Non-Narc Antitussive-Antihistamine***</b>			
<i>promethazine-dm oral syrup</i>		T2	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>			
<i>bromphen-pseudoeph-dm</i>		T2	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		T2	
<b>*Opioid Antitussive-Antihistamine***</b>			
<i>hydrocod poli-chlorphe poli er</i>		SP	AI (Limited to 1 fill per month 120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>		SP	AI (120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
<i>promethazine-codeine oral syrup</i>		T2	AI (150ml per 10 days. 1 fill per month.); QL (150 ML per 10 days)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>			
<i>promethazine vc/codeine</i>		T2	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
<i>promethazine-phenyleph-codeine</i>		T2	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
<b>CLINDACIN</b> ( <i>Clindamycin Phosphate</i> )	T2	T2	AI (1x 50gm can per month); QL (50 GM per 30 days)
<b>CLINDACIN ETZ EXTERNAL SWAB</b> ( <i>Clindamycin Phosphate</i> )	T2	T2	
<b>CLINDACIN-P</b> ( <i>Clindamycin Phosphate</i> )	T2	T2	
<i>clindamycin phos (once-daily)</i>		T2	
<i>clindamycin phos (twice-daily)</i>		T2	
<i>clindamycin phosphate external gel 1 %</i>		T2	
<i>clindamycin phosphate external lotion</i>		T2	
<i>clindamycin phosphate external solution</i>		T2	
<i>dapsone external gel 5 %</i>		SP	AI (60gm per month); QL (2 GM per 1 day)
<i>ery</i>		SP	
<i>erythromycin external gel</i>		SP	
<i>erythromycin external solution</i>		T2	
<i>sulfacetamide sodium (acne)</i>		T2	
<b>*Acne Combinations***</b>			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		SP	
<b>NEUAC EXTERNAL GEL</b> ( <i>Clindamycin Phos-Benzoyl Perox</i> )	SP	SP	

Drug Name	Brand	Generic	Additional Information
<b>*Acne Products***</b>			
<b>ACUTANE</b> ( <i>ISOTretinoin</i> )	SP	SP	
<b>AMNESTEEM</b> ( <i>ISOTretinoin</i> )	SP	SP	
<i>bpo external gel 4 %</i>		SP	
<b>CLARAVIS</b> ( <i>ISOTretinoin</i> )	SP	SP	
<b>MYORISAN</b> ( <i>ISOTretinoin</i> )	SP	SP	
<i>tretinoin external cream</i>		T2	QL (1.5 GM per 1 day); AG (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>		T2	
<i>tretinoin external gel 0.05 %</i>		SP	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>		T2	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>		T2	
<b>WINLEVI</b>	SP		AI (1x 60gm tube per month); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); QL (60 GM per 1 Month); AG (Min 12 Years)
<b>ZENATANE</b> ( <i>ISOTretinoin</i> )	SP	SP	
<b>*Agents For External Genital And Perianal Warts***</b>			
<b>VEREGEN</b>	SP		AI (1x 30gm tube per month); QL (30 GM per 1 Month)
<b>*Antibiotics - Topical***</b>			
<b>ALTABAX</b>	SP		AI (1 gm per day); QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T3	
<i>mupirocin calcium</i>		SP	
<i>mupirocin external</i>		T2	
<b>XEPI</b>	SP		AI (1x 30gm tube/box per month); ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); QL (30 GM per 1 Month); AG (Min 2 Years)
<b>*Antifungals - Topical Combinations***</b>			
<i>clotrimazole-betamethasone</i>		T2	
<i>nystatin-triamcinolone external cream</i>		T2	
<i>nystatin-triamcinolone external ointment</i>		SP	
<b>*Antifungals - Topical***</b>			
<i>ciclopirox external gel</i>		T3	
<i>ciclopirox external shampoo</i>		T2	
<i>ciclopirox external solution</i>		T3	
<i>ciclopirox olamine external</i>		T2	
<b>KLAYESTA</b> ( <i>Nystatin</i> )	T2	T2	
<b>MENTAX</b>	SP		

Drug Name	Brand	Generic	Additional Information
<i>naftifine hcl external cream 1 %</i>		T2	
<i>naftifine hcl external cream 2 %</i>		SP	
<b>NYAMYC</b> ( <i>Nystatin</i> )	T2	T2	
<i>nystatin external</i>		T2	
<b>NYSTOP</b> ( <i>Nystatin</i> )	T2	T2	
<b>*Antineoplastic Alkylating Agents - Topical***</b>			
<b>VALCHLOR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
<b>*Antineoplastic Antimetabolites - Topical***</b>			
<i>fluorouracil external cream 0.5 %</i>		SP	PA; AI (1gm per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 GM per 1 day); AG (Min 18 Years)
<i>fluorouracil external cream 5 %</i>		T2	SP; AI (1x 40gm tube per month); QL (40 GM per 30 days); AG (Min 18 Years)
<i>fluorouracil external solution 2 %</i>		SP	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fluorouracil external solution 5 %</i>		SP	AI (10ml per month Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 30 days); AG (Min 18 Years)
<b>*Antineoplastic Or Premalignant Lesions - Topical Misc.***</b>			
<b>PICATO</b>	T2		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>			
<i>diclofenac sodium external gel 3 %</i>		T3	AI (1x 100gm tube per month Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (100 GM per 1 Month); AG (Min 18 Years)
<b>*Antipsoriatics - Systemic***</b>			
<i>acitretin</i>		SP	
<b>BIMZELX</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>COSENTYX (300 MG DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX SENSOREADY (300 MG)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX SUBCUTANEOUS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>COSENTYX UNOREADY</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>IMULDOSA SUBCUTANEOUS</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methoxsalen rapid</i>		MB	SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day); AG (Min 18 Years)
<b>SKYRIZI (150 MG DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYRIZI PEN</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>STARJEMZA SUBCUTANEOUS SOLUTION</b>	MB		PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
<b>STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	MB		PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
<b>STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	MB		PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
<b>STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP

Drug Name	Brand	Generic	Additional Information
<b>TALTZ</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA ONE-PRESS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml</i>		MB	PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 90 mg/ml</i>		MB	PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
<b>WEZLANA SUBCUTANEOUS</b>	MB		PA; SP
<b>YESINTEK SUBCUTANEOUS</b>	MB		PA; SP
<b>*Antipsoriatics***</b>			
<i>calcipotriene external cream</i>		T2	AI (120GM per month); QL (120 GM per 1 Month)
<i>calcipotriene external solution</i>		SP	AI (1x 120ml bottle per month); QL (120 ML per 30 days)
<b>CALCITRENE (Calcipotriene)</b>	T2	T2	
<i>calcitriol external</i>		SP	AI (1x 100gm tube per month); QL (100 GM per 30 days)
<i>tazarotene external cream 0.05 %</i>		SP	AI (1gm per day); QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>		T2	AI (1gm per day); QL (30 GM per 30 days)
<i>tazarotene external gel 0.05 %</i>		SP	
<b>VTAMA</b>	SP		PA
<b>*Antiseborrheic Products***</b>			
<i>selenium sulfide external lotion</i>		T3	
<b>*Antiviral Topical Combinations***</b>			
<b>XERESE</b>	SP		
<b>*Antivirals - Topical***</b>			
<i>acyclovir external</i>		SP	
<i>penciclovir</i>		SP	

Drug Name	Brand	Generic	Additional Information
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>			
<b>CIBINQO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML</b>	MB		PA; SP; AI (30 day supply max)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Burn Products***</b>			
<b>SSD</b> ( <i>Silver sulfADIAZINE</i> )	T2	T2	
<b>THERMAZENE</b> ( <i>Silver sulfADIAZINE</i> )	T2	T2	
<b>*Corticosteroids - Topical***</b>			
<i>ala-cort external cream 2.5 %</i>		T2	
<i>alclometasone dipropionate</i>		T2	
<i>amcinonide external cream</i>		SP	
<i>amcinonide external lotion</i>		SP	
<i>betamethasone dipropionate aug external cream</i>		T2	
<i>betamethasone dipropionate aug external gel</i>		SP	
<i>betamethasone dipropionate aug external lotion</i>		T2	
<i>betamethasone dipropionate aug external ointment</i>		T2	
<i>betamethasone dipropionate external</i>		T2	
<i>betamethasone valerate external</i>		T2	
<i>clobetasol propionate e</i>		T2	
<i>clobetasol propionate emulsion</i>		SP	AI (1x 100gm can per month); QL (100 GM per 1 Month); AG (Min 12 Years)
<i>clobetasol propionate external cream 0.05 %</i>		T2	
<i>clobetasol propionate external foam</i>		T2	
<i>clobetasol propionate external gel</i>		T2	
<i>clobetasol propionate external liquid</i>		T2	
<i>clobetasol propionate external lotion</i>		SP	
<i>clobetasol propionate external ointment</i>		T2	
<i>clobetasol propionate external solution</i>		T2	
<i>clocortolone pivalate</i>		SP	AI (1x 45gm tube per month); QL (45 GM per 1 Month)
<b>CLODAN EXTERNAL SHAMPOO</b> ( <i>Clobetasol Propionate</i> )	SP	SP	

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>desonide external cream</i>		T2	
<i>desonide external lotion</i>		T2	
<i>desonide external ointment</i>		T2	
<i>desoximetasone external cream 0.05 %</i>		T2	
<i>desoximetasone external cream 0.25 %</i>		T3	
<i>desoximetasone external gel</i>		T3	
<i>desoximetasone external liquid</i>		SP	
<i>desoximetasone external ointment 0.25 %</i>		T3	
<i>diflorasone diacetate external</i>		SP	AI (2gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 1 Month)
<i>fluocinolone acetonide body</i>		T3	
<i>fluocinolone acetonide external</i>		T3	
<i>fluocinolone acetonide scalp</i>		T3	
<i>fluocinonide external cream 0.05 %</i>		T2	
<i>fluocinonide external cream 0.1 %</i>		T2	AI (120gm per month); QL (120 GM per 1 Month)
<i>fluocinonide external gel</i>		T2	AI (60gm per month); QL (60 GM per 1 Month)
<i>fluocinonide external ointment</i>		T2	
<i>fluocinonide external solution</i>		T2	
<i>flurandrenolide external cream</i>		SP	AI (120gm per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external lotion</i>		SP	AI (4gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external ointment</i>		SP	AI (2gm per day); QL (2 GM per 1 day)
<i>fluticasone propionate external cream</i>		T2	
<i>fluticasone propionate external lotion</i>		SP	
<i>fluticasone propionate external ointment</i>		T2	
<i>halcinonide external cream</i>		SP	AI (2gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>halobetasol propionate external cream</i>		T2	AI (1gm per day); QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T2	AI (1gm per day); QL (1 GM per 1 day)
<i>hydrocortisone butyrate external cream</i>		SP	AI (15gm with fill limit of 1 fill per month); QL (15 GM per 10 days)
<i>hydrocortisone butyrate external ointment</i>		T2	
<i>hydrocortisone butyrate external solution</i>		SP	
<i>hydrocortisone external cream 2.5 %</i>		T2	
<i>hydrocortisone external ointment 2.5 %</i>		T2	
<i>hydrocortisone valerate</i>		T2	
<i>mometasone furoate external</i>		T2	
<i>triamcinolone acetonide external aerosol solution</i>		T2	
<i>triamcinolone acetonide external cream</i>		T2	
<i>triamcinolone acetonide external lotion</i>		T2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T2	
<b>*Enzymes - Topical***</b>			
<b>SANTYL</b>	SP		
<b>*Imidazole-Related Antifungals - Topical***</b>			
<i>clotrimazole external solution</i>		T2	
<i>econazole nitrate external cream</i>		T2	
<b>EXELDERM</b>	SP		
<b>JUBLIA</b>	SP		PA; AI (24ml per month); QL (24 ML per 30 days); AG (Min 18 Years)
<i>ketoconazole external cream</i>		T2	
<i>ketoconazole external shampoo 2 %</i>		T2	
<i>oxiconazole nitrate</i>		T2	AI (1x 30gm tube per month); QL (30 GM per 30 days)
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>			
<i>imiquimod external cream 5 %</i>		T2	AI (24 packets per month); QL (24 packets per 1 Month); AG (Min 12 Years)
<b>*Interleukin-31 Receptor Antagonists - Systemic***</b>			
<b>NEMLUVIO</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Keratolytic/Antimitotic/Vesicant Agents***</b>			
<i>podofilox external gel</i>		SP	
<i>podofilox external solution</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Macrolide Immunosuppressants - Topical***</b>			
<b>HYFTOR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pimecrolimus</i>		SP	AI (1x 30gm tube per month. Max 2 refills in 6 mo.); QL (30 GM per 1 Month); AG (Min 2 Years)
<b>PROTOPIC EXTERNAL OINTMENT 0.03 %</b>	SP		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
<b>PROTOPIC EXTERNAL OINTMENT 0.1 %</b>	SP		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
<i>tacrolimus external ointment 0.03 %</i>		T2	AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T2	AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
<b>*Microtubule Inhibitors - Topical***</b>			
<b>KLISYRI (250 MG)</b>	SP		AI (5 packets per month); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); QL (5 packets per 30 days); AG (Min 18 Years)
<b>KLISYRI (350 MG)</b>	SP		AI (5 packets per month); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); QL (5 packets per 30 days); AG (Min 18 Years)
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<i>tavaborole</i>		SP	PA
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>			
<b>EUCRISA</b>	SP		PA; AI (2gm per day); QL (60 GM per 1 Month); AG (Min 3 Months)
<b>ZORYVE EXTERNAL CREAM 0.3 %</b>	SP		PA
<b>ZORYVE EXTERNAL FOAM</b>	SP		PA
<b>*Rosacea Agents***</b>			
<i>azelaic acid external</i>		T3	AI (1x 50gm tube per month); QL (50 GM per 30 days)
<i>brimonidine tartrate external</i>		SP	PA
<i>ivermectin external cream</i>		SP	AI (1x 45gm tube per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%); QL (45 GM per 1 Month)
<b>ROSADAN EXTERNAL CREAM (metroNIDAZOLE)</b>	T2	T2	
<b>ROSADAN EXTERNAL GEL (metroNIDAZOLE)</b>	T2	T2	

Drug Name	Brand	Generic	Additional Information
<b>*Scabicides &amp; Pediculicides***</b>			
<i>lindane external shampoo</i>		SP	
<i>malathion external</i>		T2	AI (1x 59ml bottle per month)
<b>NATROBA</b> ( <i>Spinosad</i> )	SP	SP	PA
<i>permethrin external cream</i>		T2	
<b>*Seborrheic Keratosis Products**</b>			
<b>ESKATA</b>	Tier 7		
<b>*Topical Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene external</i>		MB	PA; SP; AI (120gm per month. Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (120 GM per 30 days); AG (Min 18 Years)
<b>*Topical Steroid Combinations***</b>			
<i>calcipotriene-betameth diprop external ointment</i>		SP	AI (1x 60gm tube per month); QL (60 GM per 30 days); AG (Min 16 Years)
<i>calcipotriene-betameth diprop external suspension</i>		SP	AI (1x 60gm bottle per month); QL (2 GM per 1 day); AG (Min 18 Years)
<b>*Wound Care - Growth Factor Agents***</b>			
<b>REGRANEX</b>	SP		PA
<b>*Diagnostic Products*</b>			
<b>*Diagnostic Tests***</b>			
<b>ACCU-CHEK AVIVA PLUS IN VITRO</b>	T2		AI (200 per month); QL (200 test strips per 30 days)
<b>ACCU-CHEK GUIDE TEST</b>	T2		AI (200 per month); QL (200 test strips per 30 days)
<b>ACCU-CHEK SMARTVIEW</b>	T2		AI (200 per month); QL (200 test strips per 30 days)
<b>ACCUTREND GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ADVANCE INTUITION TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ADVANCE MICRO-DRAW TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ADVOCATE REDI-CODE IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ADVOCATE REDI-CODE+ TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ADVOCATE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>AGAMATRIX AMP TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>AGAMATRIX JAZZ TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>AGAMATRIX KEYNOTE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>AGAMATRIX PRESTO TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE 3 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE 4 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>ASSURE II</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE II CHECK</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE PLATINUM</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE PRISM MULTI TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE PRO TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ASSURE TITANIUM</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>BIOTEL CARE TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>blood glucose test strips 333</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>BLULINK GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CAREONE BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CARESENS N GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CARETOUCH TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CHEMSTRIP K</b>	T2		AI (100 per month); QL (100 strips per 30 days)
<b>CLEVER CHEK AUTO-CODE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CLEVER CHEK AUTO-CODE VOICE IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CLEVER CHEK TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CLEVER CHOICE AUTO-CODE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CLEVER CHOICE MICRO TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>CLEVER CHOICE NO CODING</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CLEVER CHOICE TALK SYSTEM IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CONTOUR NEXT TEST</b>	T2		AI (200 per month); QL (200 test strips per 30 days)
<b>CONTOUR PLUS TEST</b>	T2		AI (200 per month); QL (200 test strips per 30 days)
<b>CONTOUR TEST</b>	T2		AI (200 per month); QL (200 test strips per 30 days)
<b>COOL BLOOD GLUCOSE TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>CVS ADVANCED GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>cvs glucose meter test strips</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>cvs true metrix glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>D-CARE BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>DIATHRIVE BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

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Drug Name	Brand	Generic	Additional Information
<b>DIATHRIVE GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>DIATHRIVE+ GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>diatrue plus test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>DUO-CARE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASY MAX BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy plus ii glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASY STEP TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy talk blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy talk plus ii test strips</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>EASY TOUCH HEALTHPRO GLUCOSE IN VITRO</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASY TOUCH TEST</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy trak blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy trak ii glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASYGLUCO IN VITRO</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASYMAX 15 TEST</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASYMAX TEST</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASYPRO BLOOD GLUCOSE TEST</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EASYPRO PLUS IN VITRO</b> <i>(Blood Glucose Test)</i>	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>element compact test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ELEMENT TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EMBRACE BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EMBRACE EVO BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EMBRACE PRO GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EMBRACE TALK GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EMBRACE WAVE BLOOD GLUCOSE IN VITRO</b>	SP		PA; AI (200 per month); QL (200 test strips per 30 days)
<i>eq blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>EVOLUTION AUTOCODE IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>FIFTY50 GLUCOSE TEST 2.0</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>fondcircle blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA 6 CONNECT IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA 6 CONNECT/GTEL TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA D15G BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA D20 BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA D40/G31 BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA G20 BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FORA G30/PREM V10 GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA GD20 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA GD50 BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA GTEL BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA TN'G ADVANCE PRO IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA TN'G/TN'G VOICE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA V10 BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA V12 BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORA V20 BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FORA V30A BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORACARE GD40 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORACARE PREMIUM V10 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORACARE TEST N GO TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORTISCARE G1 TEST STRIP</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FORTISCARE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FREESTYLE INSULINX TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FREESTYLE LITE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>FREESTYLE PRECISION NEO TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>FREESTYLE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>ge100 blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GENULTIMATE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>ght test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCO PERFECT 3 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCOCARD 01 SENSOR PLUS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCOCARD EXPRESSION TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCOCARD SHINE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCOCARD VITAL TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>GLUCOCARD X-SENSOR</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCOCOM TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GLUCONAVII BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>glucose meter test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>gnp easy touch glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GNP TRUE METRIX GLUCOSE STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GNP TRUETRACK SMART SYSTEM IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GNP TRUETRACK TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>GOJJI BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>GOJJI BLOOD TEST STRIP/LANCETS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>goodsense blood glucose in vitro</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>HW EMBRACE PRO GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>HW EMBRACE TALK GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>IGLUCOSE TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>IHEALTH BLOOD GLUCOSE TEST STR</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>IN TOUCH BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>INFINITY BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>INFINITY VOICE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>KETOSTIX</b>	T3		AI (100 per month); QL (100 strips per 30 days)
<i> Kroger blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>KROGER HEALTHPRO GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i> Kroger premium glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>LIBERTY NEXT GENERATION TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i> liberty test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i> meijer blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i> meijer essential glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>MEIJER TRUETEST TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>MEIJER TRUETRACK TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>MICRODOT TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>MM BLULINK GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>MM EASY TOUCH GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>MYGLUCOHEALTH TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>NEUTEK 2TEK TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>NOVA MAX GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>one drop test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ONETOUCH ULTRA BLUE TEST</b>	SP		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips ); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>ONETOUCH ULTRA IN VITRO STRIP</b>	SP		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ONETOUCH ULTRA TEST</b>	SP		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	SP		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>OPTIUMEZ TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>PHARMACIST CHOICE AUTOCODE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>pharmacist choice no coding</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>PIP BLOOD GLUCOSE TEST STRIP</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>POCKETCHEM EZ TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>POGO AUTOMATIC TEST CARTRIDGES</b>	SP		AI (10 boxes per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (10 boxes per 1 Month)

Drug Name	Brand	Generic	Additional Information
<b>PRECISION XTRA BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>premium blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>pro voice v8/v9 glucose</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>PRODIGY NO CODING BLOOD GLUC IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>PTS PANELS EGLU TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>QUICK TOUCH BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>QUICKTEK TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>QUINTET AC BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>QUINTET BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>REFUAH PLUS BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION CONFIRM/MICRO TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION GLUCOSE TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION PREMIER TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION PRIME TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION TRUE METRIX TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RELION ULTIMA TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>REXALL BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>RIGHTEST GS100 BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RIGHTEST GS300 BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RIGHTEST GS550 BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RIGHTEST GT333 BLOOD GLUCOSE IN VITRO</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>RIGHTEST GT333 GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>SMART SENSE PREMIUM TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>SMART SENSE VALUE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>SMARTEST BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>SOLUS V2 TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SUPREME TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>tgt blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>true focus blood glucose strip</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>TRUE METRIX BLOOD GLUCOSE TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>TRUE METRIX PRO BLOOD GLUCOSE</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>TRUETEST TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>TRUETRACK TEST</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>UNISTRIP1 GENERIC</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>verasens blood glucose test</i>		SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>VIVAGUARD INO TEST STRIPS</b> ( <i>Blood Glucose Test</i> )	SP	SP	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<b>*Digestive Aids*</b>			
<b>*Digestive Enzymes***</b>			
<b>CREON</b>	T3		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
<b>SUCRAID</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>VIOKACE</b>	SP		PA; AI (12 tablets per day); QL (12 tablets per 1 day)
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT</b>	T3		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
<i>acetazolamide er</i>		SP	
<i>acetazolamide oral</i>		T2	
<i>methazolamide oral</i>		T3	
<b>*Diuretic Combinations***</b>			
<b>ALDACTAZIDE ORAL TABLET 50-50 MG</b>	SP		
<i>amiloride-hydrochlorothiazide</i>		T2	
<i>spironolactone-hctz</i>		T2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T2	
<i>triamterene-hctz oral tablet</i>		T2	
<b>*Loop Diuretics***</b>			
<i>bumetanide oral</i>		T2	
<i>ethacrynic acid oral</i>		T2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T2	
<i>furosemide oral tablet 20 mg, 40 mg</i>		T1	
<i>furosemide oral tablet 80 mg</i>		T2	
<i>torseamide oral</i>		T2	
<b>*Potassium Sparing Diuretics***</b>			
<i>amiloride hcl oral</i>		SP	
<i>spironolactone oral tablet 100 mg</i>		T2	
<i>spironolactone oral tablet 25 mg, 50 mg</i>		T1	
<i>triamterene oral</i>		SP	
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T2	

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Drug Name	Brand	Generic	Additional Information
<b>DIURIL</b>	T3		
<i>hydrochlorothiazide oral capsule</i>		T1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>		T2	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>		T1	
<i>indapamide oral</i>		T2	
<i>metolazone</i>		T2	
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*Bisphosphonates***</b>			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>		T2	AI (4 tablets per month); QL (4 tablets per 30 days)
<i>ibandronate sodium oral</i>		T3	AI (1 tablet per month); QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>		T2	AI (1 tablet per month); QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T2	AI (4 tablets per month); QL (4 tablets per 30 days)
<b>*Calcimimetic Agents***</b>			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		MB	SP; AI (5 tablets per day); QL (5 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>		MB	SP; AI (4 tablets per day); QL (4 tablets per 1 day)
<b>*Calcitonins***</b>			
<i>calcitonin (salmon) injection</i>		SP	
<i>calcitonin (salmon) nasal</i>		T3	AI (1x 3.37 bottle per month); QL (3.7 ML per 30 days); AG (Min 16 Years)
<b>*Carnitine Replenisher - Agents***</b>			
<i>levocarnitine oral solution</i>		SP	
<i>levocarnitine oral tablet</i>		SP	
<b>*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>			
<b>XPHOZAH</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Dopamine Receptor Agonists***</b>			
<i>cabergoline</i>		SP	
<b>*Fabry Disease - Agents***</b>			
<b>GALAFOLD</b>	MB		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Gaa Deficiency Treatment - Agents***</b>			
<b>OPFOLDA</b>	SP		PA

Drug Name	Brand	Generic	Additional Information
<b>*Gnrh/Lhrh Antagonists***</b>			
ORILISSA	SP		PA
<b>*Growth Hormone Receptor Antagonists***</b>			
SOMAVERT	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Growth Hormones***</b>			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NGENLA	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZORBIVE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>			
<i>nitisinone</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Homocystinuria Treatment - Agents***</b>			
<i>betaine</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
<i>calcitriol oral</i>		T3	
<i>doxercalciferol oral</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T2	AI (12 capsules per month); QL (12 capsules per 1 Month); AG (Min 18 Years)
<b>*Hypophosphatasia (Hpp) Agents***</b>			
<b>STRENSIQ</b>	MB		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>			
<b>INCRELEX</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Leptin Analogues***</b>			
<b>MYALEPT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
<b>LUPRON DEPOT-PED (1-MONTH)</b>	MB		PA; SP; AI (1 injection per month (FDA approved only for for Central Precocious Puberty (CPP). Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (1 inj per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>LUPRON DEPOT-PED (3-MONTH)</b>	MB		PA; SP; AI (1 injection per 90 days (FDA approved fo Central Precocious Puberty (CPP) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 inj per 90 days)
<b>LUPRON DEPOT-PED (6-MONTH)</b>	MB		PA; SP; AI (1 injection per 180 days (FDA approved fo Central Precocious Puberty (CPP) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 inj per 180 days)
<b>SYNAREL</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Natriuretic Peptides***</b>			
<b>VOXZOGO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Non-Steroidal Mineralocorticoid Receptor Antagonists***</b>			
<b>KERENDIA</b>	SP		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Ovulation Stimulants-Synthetic***</b>			
<b>CLOMID</b> ( <i>clomiPHENE Citrate</i> )	SP	SP	PA; AI (Quantity limit of 1 per day, up to a 5 day supply, with a fill limit of 1 fill per 30 days); F; QL (1 tablet per 1 day)
<b>MILOPHENE</b> ( <i>clomiPHENE Citrate</i> )	SP	SP	PA; AI (Quantity limit of 1 per day, up to a 5 day supply, with a fill limit of 1 fill per 30 days); F; QL (1 tablet per 1 day)
<b>*Parathyroid Hormone And Derivatives***</b>			
<b>BONSITY</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NATPARA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>TYMLOS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Phenylketonuria Treatment - Agents***</b>			
<b>JAVYGTOR</b> ( <i>Sapropterin Dihydrochloride</i> )	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</b>	MB		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>ZELVYSIA</b> ( <i>Sapropterin Dihydrochloride</i> )	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Rank Ligand (Rankl) Inhibitors***</b>			
<b>BILDYOS</b>	MB		PA; SP; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
<b>ENOBY</b>	MB		PA; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
<b>JUBBONTI</b>	MB		PA; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
<b>OSPOMYV</b>	MB		PA; SP; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>			
<b>OSPHENA</b>	SP		PA
<i>raloxifene hcl</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>			
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tolvaptan oral tablet</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tolvaptan oral tablet therapy pack</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Somatostatic Agents***</b>			
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>octreotide acetate intramuscular kit 10 mg</i>		MB	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>octreotide acetate subcutaneous</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Urea Cycle Disorder - Agents***</b>			
<b>OLPRUVA (2 GM DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (3 GM DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (4 GM DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (5 GM DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (6 GM DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OLPRUVA (6.67 GM DOSE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sodium phenylbutyrate oral tablet</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Vasopressin***</b>			
<i>desmopressin ace spray refrig</i>		SP	AI (3 x 5ml bottles per month); QL (15 ML per 30 days)
<i>desmopressin acetate injection</i>		SP	

Drug Name	Brand	Generic	Additional Information
<i>desmopressin acetate oral tablet 0.1 mg</i>		SP	AI (8 tablets per day); QL (8 tablets per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		SP	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>desmopressin acetate spray</i>		SP	AI (3x 5ml bottles per month); QL (15 ML per 1 Month)
<b>STIMATE</b>	SP		
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Progestin***</b>			
<b>ABIGALE</b> ( <i>Estradiol-Norethindrone Acet</i> )	SP	SP	AI (1 tablet per day); F; QL (1 tablet per 1 day)
<b>ABIGALE LO</b> ( <i>Estradiol-Norethindrone Acet</i> )	T2	T2	AI (1 tablet per day); F; QL (1 tablet per 1 day)
<b>AMABELZ ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>0.5-0.1 MG</b>	T2	T2	AI (1 tablet per day); F; QL (1 tablet per 1 day)
<b>AMABELZ ORAL TABLET 1-0.5 MG</b>	T2		F
<b>BIJUVA ORAL CAPSULE 0.5-100 MG</b>	SP		PA
<b>COMBIPATCH</b>	SP		F
<b>FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG</b>	T3		AI (1x 28 blisterpack per month); F; QL (1 tablet per 1 day); AG (Min 18 Years)
<b>MIMVEY</b>	SP		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>		T3	AI (1x 28 blisterpack per month); F; QL (1 pack per 1 day); AG (Min 18 Years)
<b>PREMPHASE</b>	T3		AI (1 tablet per day); F; QL (1 tablet per 1 day)
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG</b>	T3		AI (1 tablet per day); F; QL (1 tablet per 1 day)
<b>PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG</b>	T3		AI (2 tablets per day); F; QL (2 tablets per 1 day)
<b>*Estrogen-Progestin-Gnrh Antagonist***</b>			
<b>MYFEMBREE</b>	SP		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Estrogens***</b>			
<b>DEPO-ESTRADIOL</b>	SP		
<b>DOTTI</b> ( <i>Estradiol</i> )	T2	T2	AI (2 patches per week); F; QL (2 patches per 1 week)
<i>estradiol oral</i>		T2	F
<i>estradiol transdermal patch weekly</i>		T2	AI (4 patches per month); F; QL (4 patches per 1 Month)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>		T2	F
<b>LYLLANA TRANSDERMAL PATCH TWICE WEEKLY</b> ( <i>Estradiol</i> ) <b>0.025 MG/24HR</b>	T2	T2	AI (2 patches per week); F; QL (2 patches per 1 week)

Drug Name	Brand	Generic	Additional Information
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T2		F; QL (2 patches per 1 week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	SP		
MENOSTAR	SP		AI (4 patches per month); F; QL (4 patches per 1 Month)
PREMARIN ORAL ( <i>Estrogens Conjugated</i> )	T3	T3	
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
DUAVEE	SP		PA; AI (1 tablet per day); F; QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Fluoroquinolones*</b>			
<b>*Fluoroquinolones***</b>			
<i>ciprofloxacin hcl oral tablet 100 mg</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>levofloxacin oral solution</i>		SP	
<i>levofloxacin oral tablet 250 mg</i>		T3	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>moxifloxacin hcl oral</i>		T2	
<i>ofloxacin oral tablet 300 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>ofloxacin oral tablet 400 mg</i>		SP	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*5-Ht4 Receptor Agonists***</b>			
<i>prucalopride succinate</i>		SP	PA
<b>*Bile Acid Synthesis Disorder Agents***</b>			
CHOLBAM	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
TRULANCE	SP		AI (2 tablets per day); ST (Step Therapy required: 1 fill in the last 6 months - Linzess); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
<b>OCALIVA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Gallstone Solubilizing Agents***</b>			
<i>ursodiol oral capsule 300 mg</i>		T3	
<i>ursodiol oral tablet</i>		SP	
<b>*Gastrointestinal Antiallergy Agents***</b>			
<i>cromolyn sodium oral</i>		T2	
<b>*Gastrointestinal Chloride Channel Activators***</b>			
<i>lubiprostone</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T2	
<i>metoclopramide hcl oral tablet</i>		T2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		SP	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>			
<b>GATTEX</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
<b>LINZESS ORAL CAPSULE 145 MCG</b>	T3		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 7 Years)
<b>LINZESS ORAL CAPSULE 290 MCG</b>	T3		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<b>LINZESS ORAL CAPSULE 72 MCG</b>	T3		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>VIBERZI</b>	SP		PA; AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>*Inflammatory Bowel Agents***</b>			
<i>balsalazide disodium</i>		T2	
<b>DIPENTUM</b>	SP		AI (4 capsules per day); QL (4 capsules per 1 day)
<i>mesalamine er oral capsule extended release</i>		SP	
<i>mesalamine er oral capsule extended release 24 hour</i>		SP	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>		T3	
<i>mesalamine oral tablet delayed release 1.2 gm</i>		SP	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>mesalamine oral tablet delayed release 800 mg</i>		SP	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mesalamine rectal enema</i>		SP	AI (60ml per day); QL (60 ML per 1 day)
<i>mesalamine rectal suppository</i>		T3	AI (1 suppository per day); QL (1 suppository per 1 day)
<i>mesalamine-cleanser</i>		SP	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG</b>	SP		
<i>sulfasalazine oral</i>		T2	
<b>*Interleukin Antagonists***</b>			
<b>OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA CROHNS INDUCTION</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TREMFYA-CD/UC INDUCTION</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Intestinal Acidifiers***</b>			
<i>enulose</i>		T2	
<i>generlac</i>		T2	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		T2	
<b>*Peripheral Opioid Receptor Antagonists***</b>			
<b>MOVANTIK</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>SYMPROIC</b>	SP		PA
<b>*Phosphate Binder Agents***</b>			
<i>calcium acetate (phos binder) oral capsule</i>		T2	
<i>lanthanum carbonate</i>		MB	SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day); AG (Min 16 Years)
<i>sevelamer carbonate oral packet 0.8 gm</i>		SP	AI (15 packets per day); QL (15 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		SP	AI (5 packets per day); QL (5 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>		SP	AI (15 tablets per day); QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>		T2	AI (35 tablets per day); QL (35 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>		T2	AI (17.5 tablets per day); QL (17.5 tablets per 1 day)
<b>VELPHORO</b>	SP		PA
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***</b>			
<b>VELSIPITY</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
<b>CIMZIA (1 SYRINGE)</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CIMZIA (2 SYRINGE)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>CIMZIA-STARTER</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Genitourinary Agents - Miscellaneous*</b>			
<b>*5-Alpha Reductase Inhibitors***</b>			
<i>dutasteride oral</i>		T2	AI (1 capsule per day); M; QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>*Alpha 1-Adrenoceptor Antagonists***</b>			
<i>alfuzosin hcl er</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>silodosin</i>		SP	
<i>tamsulosin hcl</i>		T2	
<b>*Citrates***</b>			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>		T3	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>		SP	
<b>*Cystinosis Agents***</b>			
<b>CYSTAGON</b>	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Genitourinary Irrigants***</b>			
<b>ARGYLE STERILE SALINE</b> ( <i>Sodium Chloride</i> )	T2	T2	
<b>CURITY STERILE SALINE</b> ( <i>Sodium Chloride</i> )	T2	T2	
<b>RENACIDIN</b>	T2		
<b>*Igan Agents - Endothelin &amp; Angiotensin li Receptor Antag***</b>			
<b>FILSPARI</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Interstitial Cystitis Agents***</b>			
<b>ELMIRON</b>	SP		AI (3 capsules per day); QL (3 capsules per 1 day)
<b>*Prostatic Hypertrophy Agent Combinations***</b>			
<i>dutasteride-tamsulosin hcl</i>		T2	M
<b>*Small Interfering Ribonucleic Acid Agents (Sirma)***</b>			
<b>RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Urinary Stone Agents***</b>			
<i>tiopronin oral tablet</i>		MB	PA
<b>*Gout Agents*</b>			
<b>*Gout Agent Combinations***</b>			
<i>colchicine-probenecid</i>		T2	
<b>*Gout Agents***</b>			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T2	
<i>colchicine oral tablet</i>		SP	

Drug Name	Brand	Generic	Additional Information
<i>febuxostat</i>		SP	AI (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Uricosurics***</b>			
<i>probenecid oral</i>		T2	
<b>*Hematological Agents - Misc.*</b>			
<b>*Complement C3 Inhibitors***</b>			
<b>EMPAVELI</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Complement C5a Receptor Inhibitors***</b>			
<b>TAVNEOS</b>	MB		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<b>*Complement Factor B Inhibitors***</b>			
<b>FABHALTA</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>BRILINTA ORAL TABLET (<i>Ticagrelor</i>) 60 MG</b>	T3	T3	
<b>*Hematorheologic Agents***</b>			
<i>pentoxifylline er</i>		T2	
<b>*Phosphodiesterase Iii Inhibitors***</b>			
<i>cilostazol</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Plasma Kallikrein Inhibitors***</b>			
<b>ORLADEYO ORAL CAPSULE</b>	MB		PA
<b>ORLADEYO ORAL PACKET</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
<i>aspirin-dipyridamole er</i>		T3	
<b>*Platelet Aggregation Inhibitors***</b>			
<i>dipyridamole oral</i>		T2	
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
<b>ZONTIVITY</b>	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<b>*Pyruvate Kinase Activators***</b>			
<b>PYRUKYND</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
<b>PYRUKYND TAPER PACK</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Quinazoline Agents***</b>			
<i>anagrelide hcl</i>		T2	
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
<b>TAVALISSE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Thienopyridine Derivatives***</b>			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prasugrel hcl</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<b>*Hematopoietic Agents*</b>			
<b>*Agents For Gaucher Disease***</b>			
<b>CERDELGA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>YARGESA</b> ( <i>migLUstat</i> )	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cobalamins***</b>			
<i>cyanocobalamin nasal</i>		SP	
<b>DODEX</b> ( <i>Cyanocobalamin</i> )	T2	T2	
<b>*Cytotoxic Agents***</b>			
<b>DROXIA</b>	MB		SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); QL (1 capsule per 1 day); AG (Min 18 Years)
<b>SIKLOS ORAL TABLET 100 MG</b>	MB		SP; AI (10 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 tablets per 1 day); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
<b>SIKLOS ORAL TABLET 1000 MG</b>	MB		SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 2 Years)
<b>*Folic Acid/Folates***</b>			
<i>folic acid oral tablet 1 mg</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day)
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>			
<b>FULPHILA</b>	MB		PA; SP; AI (0.086ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (0.086 ML per 1 day)
<b>NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	MB		PA; SP; AI (2 syringes per 14 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (286 syringes per 14 days)
<b>NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (2 syringes per 14 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (2 syringes per 14 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)
<b>NIVESTYM INJECTION SOLUTION 300 MCG/ML</b>	MB		PA; SP; AI (1ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail 1ml per day); QL (10 inj per 10 days)
<b>NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML</b>	MB		PA; SP; AI (1.6ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (16 inj per 10 days)
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML</b>	MB		PA; SP; AI (0.5ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (5 inj per 10 days)

Drug Name	Brand	Generic	Additional Information
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML</b>	MB		PA; SP; AI (0.8ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (8 inj per 10 days)
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML</b>	MB		SP; AI (0.5ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 10 day supply max); QL (0.5 ML per 1 day)
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML</b>	MB		SP; AI (0.8ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 10 day supply max); QL (0.8 ML per 1 day)
<b>*Hemoglobin S (Hbs) Polymerization Inhibitors***</b>			
<b>OXBRYTA ORAL TABLET 500 MG</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>OXBRYTA ORAL TABLET SOLUBLE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Iron W/ Folic Acid***</b>			
<b>FOLIVANE-F</b>	T3		
<b>INTEGRA F</b>	T3		
<b>*Iron***</b>			
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		\$0	AG (Max 1 Years)
<b>INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML</b>	Tier 7		
<b>SPATONE PUR-ABSORB IRON ORAL SOLUTION</b>	\$0		AG (Max 1 Years)
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>			
<b>DOPTELET ORAL TABLET 20 MG</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>DOPTELET SPRINKLE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MULPLETA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
NPLATE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Hemostatics*</b>			
<b>*Hemostatics - Systemic***</b>			
<i>aminocaproic acid oral solution</i>		SP	
<i>tranexamic acid oral</i>		T2	F
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>			
<b>*Antihistamine Hypnotics***</b>			
<i>eq sleep-aid</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<b>*Barbiturate Hypnotics***</b>			
<i>phenobarbital oral tablet</i>		T2	
<b>*Benzodiazepine Hypnotics***</b>			
<i>estazolam</i>		T2	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>flurazepam hcl</i>		SP	AI (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>		T2	AI (1 capsule per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>		T2	AI (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		SP	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T2	AI (2 tablets per day, with a fill limitation of one fill of any hypnotic per 30 days); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>*Hypnotics - Tricyclic Agents***</b>			
<i>doxepin hcl oral tablet 3 mg</i>		SP	AI (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg capsule); QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>doxepin hcl oral tablet 6 mg</i>		SP	AI (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg cap); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>			
<i>eszopiclone</i>		T2	AI (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		T2	AI (2 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (15 capsules per 1 Copay)
<i>zaleplon oral capsule 5 mg</i>		T2	AI (3 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (15 capsules per 1 Copay)
<i>zolpidem tartrate er</i>		T2	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>		T2	AI (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
<b>*Orexin Receptor Antagonists***</b>			
<b>BELSOMRA</b>	SP		AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>DAYVIGO</b>	SP		AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>QUVIVIQ</b>	SP		AI (1 tablet er day); ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem); QL (1 tablet per 1 day)
<b>*Selective Melatonin Receptor Agonists***</b>			
<b>HETLIOZ</b> ( <i>Tasimelteon</i> )	MB	MB	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>ramelteon</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
<b>GAVILYTE-G</b> ( <i>PEG-3350/Electrolytes</i> )	\$0	\$0	
<b>GAVILYTE-N WITH FLAVOR PACK</b> ( <i>PEG 3350-KCl-Na Bicarb-NaCl</i> )	\$0	\$0	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>		SP	
<i>peg-3350/electrolytes/ascorbat</i>		SP	
<i>peg-kcl-nacl-nasulf-na asc-c</i>		SP	
<b>*Electrolyte-Based Osmotic Laxative Mixtures***</b>			
<b>OSMOPREP</b>	SP		AI (32 tablets per procedure); QL (1.34 tablets per 1 day)
<b>*Laxatives - Miscellaneous***</b>			
<i>constulose</i>		T2	
<i>lactulose oral solution</i>		T2	
<b>*Local Anesthetics-Parenteral*</b>			
<b>*Local Anesthetics - Amides***</b>			
<b>XARACOLL</b>	Tier 7		
<b>*Macrolides*</b>			
<b>*Azithromycin***</b>			
<i>azithromycin oral packet</i>		T2	
<i>azithromycin oral suspension reconstituted</i>		T2	
<i>azithromycin oral tablet 250 mg</i>		T1	
<i>azithromycin oral tablet 500 mg</i>		T2	
<i>azithromycin oral tablet 600 mg</i>		T3	
<b>*Clarithromycin***</b>			
<i>clarithromycin er</i>		T3	
<i>clarithromycin oral suspension reconstituted</i>		SP	AI (10ml per day); QL (10 ML per 1 day)
<i>clarithromycin oral tablet 250 mg</i>		T2	
<i>clarithromycin oral tablet 500 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<b>*Erythromycins***</b>			
<b>E.E.S. 400 ORAL TABLET</b> ( <i>Erythromycin Ethylsuccinate</i> )	SP	SP	
<b>ERY-TAB</b>	SP		
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	SP		
<i>erythromycin base oral capsule delayed release particles</i>		SP	AI (4 capsules per day)
<i>erythromycin base oral tablet</i>		SP	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Medical Devices And Supplies*</b>			
<b>*Cervical Caps***</b>			
FEMCAP	\$0		AI (3 cervical caps per month); F; QL (3 cervical caps per 1 Month)
<b>*Condoms - Female***</b>			
FC2 FEMALE CONDOM	\$0		AI (1 box of 12 per month); F; QL (1 box per 30 days)
<b>*Condoms - Male***</b>			
<i>aimsco lubricated</i>		\$0	F
<i>condoms</i>		\$0	F
DUREX EXTRA SENSITIVE THIN ( <i>Maxx</i> )	\$0	\$0	F
DUREX REALFEEL	\$0		F
DUREX TROPICAL ( <i>Maxx</i> )	\$0	\$0	F
FANTASY LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
FANTASY LUBRICATED/SPERMICIDE ( <i>Maxx</i> )	\$0	\$0	F
KAMELEON LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
<i>kimono</i>		\$0	F
KIMONO COLORS ( <i>Maxx</i> )	\$0	\$0	F
KIMONO MAXX-LARGE FLARE ( <i>Maxx</i> )	\$0	\$0	F
<i>kimono micro thin plus</i>		\$0	F
<i>kimono plus</i>		\$0	F
<i>kimono ps</i>		\$0	F
<i>kimono ps plus</i>		\$0	F
<i>kimono sensation</i>		\$0	F
<i>kimono sensation plus</i>		\$0	F
KIMONO SPECIAL ( <i>Maxx</i> )	\$0	\$0	F
K-Y ME & YOU EXTRA LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
K-Y ME & YOU INTENSE ( <i>Maxx</i> )	\$0	\$0	F
<i>maxx plus</i>		\$0	F
REALITY LATEX CONDOMS ( <i>Maxx</i> )	\$0	\$0	F
REALITY LATEX/ULTRA TEXTURED ( <i>Maxx</i> )	\$0	\$0	F
REALITY LATEX/ULTRA THIN ( <i>Maxx</i> )	\$0	\$0	F
TROJAN BARESKIN ( <i>Maxx</i> )	\$0	\$0	F
TROJAN ENZ ( <i>Kimono Micro Thin</i> )	\$0	\$0	F
TROJAN ULTRA RIBBED LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
TROJAN ULTRA THIN ( <i>Maxx</i> )	\$0	\$0	F
TROJAN ULTRA THIN/SPERMICIDAL ( <i>Maxx</i> )	\$0	\$0	F
<i>true cover</i>		\$0	F
TRUSTEX COLOR CONDOMS + LUBE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX LUB/RIBBED/STUDDERED ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE EX ST ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE XL ( <i>Maxx</i> )	\$0	\$0	F

Drug Name	Brand	Generic	Additional Information
TRUSTEX LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX LUBRICATED EX LARGE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX LUBRICATED EXTRA ST ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX LUBRICATED/SPERMICIDE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX NATURAL CONDOMS + LUBE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX NON-LUBRICATED ( <i>Kimono Micro Thin</i> )	\$0	\$0	F
TRUSTEX RIA LUB/SPERMICIDE ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX RIA LUBRICATED ( <i>Maxx</i> )	\$0	\$0	F
TRUSTEX RIA NON-LUBRICATED ( <i>Kimono Micro Thin</i> )	\$0	\$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD ( <i>Maxx</i> )	\$0	\$0	F
<b>*Diaphragms***</b>			
CAYA	\$0		
OMNIFLEX DIAPHRAGM	\$0		F
WIDE-SEAL DIAPHRAGM 60	\$0		F
WIDE-SEAL DIAPHRAGM 65	\$0		F
WIDE-SEAL DIAPHRAGM 70	\$0		F
WIDE-SEAL DIAPHRAGM 75	\$0		F
WIDE-SEAL DIAPHRAGM 80	\$0		F
WIDE-SEAL DIAPHRAGM 85	\$0		F
WIDE-SEAL DIAPHRAGM 90	\$0		F
WIDE-SEAL DIAPHRAGM 95	\$0		F
<b>*Glucose Monitoring Test Supplies***</b>			
ACCU-CHEK FASTCLIX LANCETS ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
ACCU-CHEK GUIDE	\$0		AI (Not a benefit through the retail pharmacy. For details visit Accu-Chek.com. Program limits apply.)
ACCU-CHEK GUIDE ME	\$0		AI (Not a benefit through the retail pharmacy. For details visit Accu-Chek.com. Program limits apply.)
ACCU-CHEK SAFE-T PRO LANCETS ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCETS ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance lite lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance special lancets 17g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance universal 23g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>advanced mobile lancet</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>advantage safety lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE SAFETY LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE SAFETY LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ADVOCATE SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>AGAMATRIX ULTRA-THIN LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>aimsko twist lancets 32g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>AIMSCO TWIST LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>AQUALANCE LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>assure comfort lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE HAEMOLANCE PLUS HIGH</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE HAEMOLANCE PLUS LOW</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE HAEMOLANCE PLUS MICRO</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE HAEMOLANCE PLUS NORMAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE HAEMOLANCE PLUS PED</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE LANCE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE LANCE LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE LANCE PLUS SAFETY 25G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE LANCE PLUS SAFETY 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ASSURE LANCE SAFETY LANCET 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>aurora lancet super thin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>aurora lancet thin 23g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>AUTOLET PLATFORMS</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>BD MICROTAINER LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CAREONE LANCET SUPER THIN 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>careone lancet thin 23g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARESENS LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARESENS LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARETOUCH SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARETOUCH SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARETOUCH TWIST LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARETOUCH TWIST LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARETOUCH TWIST LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CARETOUCH TWIST MC LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CHOSEN LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CHOSEN SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CLEANLET LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CLEVER CHEK LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CLEVER CHOICE COMFORT EZ</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CLEVER CHOICE LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CLEVER CHOICE LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CLEVER CHOICE LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>COAGUCHEK LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>comfort assured lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>comfort assured lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>COMFORT TOUCH LANCETS 31G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>COMFORT TOUCH PLUS LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>COMFORT TOUCH PLUS LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>COMFORT TOUCH TWIST LANCET 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>CONTOUR NEXT EZ</b>	\$0		AI (Not a benefit through the retail pharmacy. For details visit <a href="http://ascensiadiabetes.com">ascensiadiabetes.com</a> or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
<b>CONTOUR NEXT GEN MONITOR KIT</b>	\$0		AI (Not a benefit through the retail pharmacy. For details visit <a href="http://ascensiadiabetes.com">ascensiadiabetes.com</a> or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
<b>CONTOUR NEXT MONITOR</b>	\$0		AI (Not a benefit through the retail pharmacy. For details visit <a href="http://ascensiadiabetes.com">ascensiadiabetes.com</a> or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
<b>CONTOUR NEXT ONE KIT W/DEVICE</b>	\$0		AI (Not a benefit through the retail pharmacy. For details visit <a href="http://ascensiadiabetes.com">ascensiadiabetes.com</a> or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
<i>cvs lancets 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets micro thin 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets original</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets thin 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets ultra thin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets ultra-thin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs ultra thin lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DEXCOM G6 RECEIVER</b>	T3		PA; AI (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)

Drug Name	Brand	Generic	Additional Information
<b>DEXCOM G6 SENSOR</b>	T3		PA; AI (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
<b>DEXCOM G6 TRANSMITTER</b>	T3		PA; AI (1 transmitter (1 box) per 90 days. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 transmitter per 90 days)
<b>DEXCOM G7 15 DAY SENSOR</b>	T3		PA; AI (2 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (2 sensors per 1 month); AG (Min 18 Years)
<b>DEXCOM G7 RECEIVER</b>	T3		PA; AI (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
<b>DEXCOM G7 SENSOR</b>	T3		PA; AI (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
<b>DIATHRIVE LANCET ULTRA THIN 30</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DIATHRIVE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DROPLET LANCETS ULTRA THIN 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DROPLET PERSONAL LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DROPSAFE ACTI-LANCE 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>drug mart lancets thin 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DRUG MART ON-THE-GO LANCET 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DRUG MART UNILET LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>DRUG MART UNILET LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>DRUG MART UNILET LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>easy comfort lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>easy comfort lancets twist top</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 28G/TWIST</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 30G/TWIST</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 32G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 32G/TWIST</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH LANCETS 33G/TWIST</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH SAFETY LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH SAFETY LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EASY TOUCH SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EMBRACE LANCETS ULTRA THIN 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EMBRACE PRESSURE ACTIVATED 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EMBRACE PRESSURE ACTIVATED 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>eql color lancets 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>eql color lancets micro 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>eql super thin lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>eql thin lancets 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>E-Z JECT LANCET MICRO-THIN 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>E-Z JECT LANCET SUPER THIN 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>E-Z JECT LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>E-Z JECT LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>E-Z JECT LANCETS THIN 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EZ-LETS LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EZ-LETS LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EZ-LETS LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>EZ-LETS LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FIFTY50 SAFETY SEAL LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FIFTY50 UNILET LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FINE 30</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FINGERSTIX LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>fondcircle single use lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FORA LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FREESTYLE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>FREESTYLE LIBRE 14 DAY READER</b>	T3		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T3		PA; AI (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)

Drug Name	Brand	Generic	Additional Information
<b>FREESTYLE LIBRE 2 PLUS SENSOR</b>	T3		PA; AI (2 sensors per month. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 30 days)
<b>FREESTYLE LIBRE 2 READER</b>	T3		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
<b>FREESTYLE LIBRE 2 SENSOR</b>	T3		PA; AI (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 3 PLUS SENSOR</b>	T3		PA; AI (2 sensors per 30 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 30 days)
<b>FREESTYLE LIBRE 3 READER</b>	T3		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 lifetime)
<b>FREESTYLE LIBRE 3 SENSOR</b>	T3		PA; AI (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE READER</b>	T3		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
<b>FREESTYLE UNISTICK II LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GENTEEL BUTTERFLY TOUCH LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GENTEEL CONTACT TIPS (BLUE)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTEEL CONTACT TIPS (CLEAR)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTEEL CONTACT TIPS (GREEN)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>GENTEEL CONTACT TIPS (ORANGE)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTEEL CONTACT TIPS (RAINBOW)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTEEL CONTACT TIPS (VIOLET)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTEEL CONTACT TIPS (YELLOW)</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTEEL NOZZLES</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>GENTLE-LET GP LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GENTLE-LET LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GENTLE-LET PLATFORMS</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<i>global inject ease lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>global inject ease lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GLUCOCOM LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GLUCOCOM LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GLUCOCOM LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp lancets 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp lancets thin 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>GOJJI STERILE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense color lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 26g univ</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 30g univ</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>goodsense lancets 33g univ</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE LOW FLOW LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE PLUS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE PLUS HIGH FLOW</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE PLUS LOW FLOW</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE PLUS MAX FLOW</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HAEMOLANCE PLUS PEDIATRIC FLOW</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>HY-VEE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>hy-vee thin lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>IN TOUCH STERILE LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>kinney lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>kinney thin lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>KROGER HEALTHPRO LANCET 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets micro thin 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets super thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets thin 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>croger lancets ultrathin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>lancets 28g thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets micro thin 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>LANCETS SUPER THIN</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets super thin 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>LANCETS ULTRA THIN</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets ultra thin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>LIBERTY MEDICAL LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>lite touch lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>LITETOUCH LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>live better lancet super thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets standard</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets ultra thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet extra</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet norm</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE EXTRA 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE LITE 25G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE PLUS EXTRA 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE PLUS LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE PLUS LITE 25G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>MEDLANCE PLUS SPECIAL 0.8MM</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE PLUS SUPERLITE 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE PLUS UNIVERSAL 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEDLANCE UNIVERSAL 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEIJER LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEIJER LANCETS THIN</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEIJER LANCETS UNIVERSAL 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEIJER LANCETS UNIVERSAL 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEIJER LANCETS UNIVERSAL 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MEIJER SUPER THIN LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MICROLET LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MICROLET NEXT LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MM TWIST LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>mobile lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MONOLET LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MONOLET OPD LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MONOLETTOR SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 23g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>MYGLUCOHEALTH LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>NOVA SAFETY LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>NOVA SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>NOVA SUREFLEX LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ONETOUCH DELICA PLUS LANCET30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ONETOUCH DELICA PLUS LANCET33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ONETOUCH ULTRASOFT 2 LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PERFECT LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PERFECT LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PERFECT POINT SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PHARMACIST CHOICE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PHARMACY COUNTER LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>pip lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>pip lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PRECISION THINS GP LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>preferred plus lancets colored</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>preferred plus lancets thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort lancets 31g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort safety lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PRODIGY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PRODIGY SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PRODIGY TWIST TOP LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PSS SELECT GP LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>PSS SELECT PLATFORMS</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>PSS SELECT SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>pure comfort lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>pure comfort safety lancet 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>px lancets microthin 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>px lancets ultra thin 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>qc lancets super thin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>qc lancets ultra thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>qc unilet lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>qc unilet lancets micro thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RA E-ZJECT LANCETS 28G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RA E-ZJECT LANCETS THIN 26G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RA E-ZJECT LANCETS THIN 28G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RA E-ZJECT LANCETS ULTRA THIN (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>READYLANCE SAFETY LANCETS (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>reality lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>reality trigger lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RELION LANCETS MICRO-THIN 33G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RELION LANCETS THIN 26G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RELION LANCETS ULTRA-THIN 30G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RELION ULTRA THIN LANCETS 30G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RELION ULTRA THIN PLUS LANCETS (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>REXALL LANCETS ULTRA THIN 30G (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>RIGHTEST ALTERNATE SITE ADAPT (Lancet Transporter Case)</b>	T2	T2	AI (200 per month); QL (200 lancets per 30 days)
<b>RIGHTEST GL300 LANCETS (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SAFE-T-LANCE (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SAFE-T-LANCE PLUS (Lancets)</b>	T2	T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>safety lancet 30g/pressure act</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SAFETY LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SAFETY LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>safety lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>saps health plus lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>saps health twist top lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>saps twist top lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sapscare twist top lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sb lancets thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sb lancets ultra thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SENSILANCE SAFETY LANCETS 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SENSILANCE SAFETY LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SENSILANCE SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SINGLE-LET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sm lancets 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SMART SENSE COLOR LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SMART SENSE STANDARD LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SMART SENSE SUPER THIN LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SMART SENSE THIN LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SMARTTEST LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SOLUS V2 LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SOLUS V2 TWIST LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>STERILANCE PA</b> ( <i>Lancet Transporter Case</i> )	T2	T2	AI (200 per month); QL (200 lancets per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>STERILANCE TL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>super thin lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 18g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 23g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>SURELITE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TECHLITE AST LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TECHLITE LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TECHLITE LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TECHLITE LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet micro thin 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet thin 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet ultra thin 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>THINLETS GP LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>todays health thin lancets 28g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>todays health thin lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>topcare lancets micro-thin 33g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TRAVEL LANCETS ADVANCED 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>true comfort twist top lancets</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TRUEPLUS LANCETS 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TRUEPLUS LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>TRUEPLUS LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TRUEPLUS LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>TRUEPLUS SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ULTILET CLASSIC LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ULTILET LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ULTILET SAFETY LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ULTILET SAFETY LANCETS 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra thin lancets 31g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra-care lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ULTRA-THIN II AUTO LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>ULTRA-THIN II LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET COMFORTOUCH LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET EXCELITE</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET EXCELITE II</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET G.P. LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET G.P. SUPERLITE LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET GP 28 ULTRA THIN</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET MICRO-THIN 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET SUPERLITE LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET SUPER-THIN 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNILET ULTRA-THIN 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 1</b>	T2		AI (204 per month); QL (200 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>UNISTIK 2</b>	T2		AI (204 per month); QL (200 lancets per 30 days)
<b>UNISTIK 2 COMFORT</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 2 EXTRA</b>	T2		AI (204 per month); QL (200 lancets per 30 days)
<b>UNISTIK 2 NEONATAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 2 NORMAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 2 SUPER</b>	T2		AI (204 per month); QL (200 lancets per 30 days)
<b>UNISTIK 3</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 3 COMFORT</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 3 EXTRA</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 3 GENTLE</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 3 NEONATAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK 3 NORMAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK CZT COMFORT</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK CZT NORMAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK NORMAL</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK PRO SAFETY LANCET</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK SAFETY LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK TOUCH SAFETY LANC 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK TOUCH SAFETY LANC 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK TOUCH SAFETY LANC 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNISTIK TOUCH SAFETY LANC 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNIVERSAL 1 LANCETS THIN 26G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>UNIVERSAL 1 LANCETS THIN 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>UNIVERSAL 1 LANCETS ULTRA THIN</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancet standard 21g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancets super thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancets thin 26g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE SAFE LANCET MINI 21G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE SAFE LANCET MINI 23G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE SAFE LANCET MINI 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE SAFE LANCET MINI 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE UNIVERSAL LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE UNIVERSAL LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VERIFINE UNIVERSAL LANCETS 33G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VIVAGUARD LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VIVAGUARD LANCETS 30G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>VIVAGUARD SAFETY LANCETS 28G</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>WALGREENS LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>walgreens lancets micro thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<i>walgreens lancets super thin</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>WALGREENS THIN LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<b>WALGREENS ULTRA THIN LANCETS</b> ( <i>Lancets</i> )	T2	T2	AI (204 per month); QL (204 lancets per 30 days)
<i>zevrx twist top lancets 30g</i>		T2	AI (204 per month); QL (204 lancets per 30 days)
<b>*Insulin Administration Supplies***</b>			
<b>OMNIPOD 5 DEXG7G6 INTRO GEN 5</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>OMNIPOD 5 DEXG7G6 PODS GEN 5</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
<b>OMNIPOD 5 G7 INTRO (GEN 5)</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)
<b>OMNIPOD 5 G7 PODS (GEN 5)</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
<b>OMNIPOD 5 LIBRE2 G6 INTRO GEN5</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)
<b>OMNIPOD 5 LIBRE2 PLUS G6 PODS</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>OMNIPOD DASH PODS (GEN 4)</b>	SP		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
<b>*Needles &amp; Syringes***</b>			
<i>1st tier unifine pentips</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>1st tier unifine pentips plus</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ABOUTTIME PEN NEEDLE (Insupen Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLE (Insupen Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLES (Insupen Pen Needles) 33G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ADVOCATE INSULIN SYRINGE (Insulin Syringe-Needle U-100)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>aq insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>aqinject pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ASSURE ID DUO PRO PEN NEEDLES (Sure Comfort Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ASSURE ID INSULIN SAFETY SYR (TechLITE Insulin Syringe) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ASSURE ID PRO PEN NEEDLES (Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ASSURE ID SAFETY PEN NEEDLES (Sure Comfort Pen Needles) 30G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum insulin safety pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum mini insulin pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>AUM READYGARD DUO PEN NEEDLE (Insupen Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>AUM SAFETY PEN NEEDLE</b> ( <i>Raya Sure Pen Needle</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>aurora pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD AUTOSHIELD DUO</b> ( <i>Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD INS SYR ULTRAFINE 1/2UNIT</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYR ULTRAFINE II</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>27G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE HALF-UNIT</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE MICROFINE</b> ( <i>Insulin Syringe</i> ) <b>28G X 1/2" 0.5 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE MICROFINE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>28G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE U/F</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE</b> ( <i>Kmart Valu Insulin Syringe 29G</i> ) <b>U-100 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE U-500</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD PEN NEEDLE MICRO ULTRAFINE</b>	T2		AI (200 per month); QL (200 syringesEA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>BD PEN NEEDLE MINI U/F</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE MINI ULTRAFINE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE NANO 2ND GEN</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE NANO U/F</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE NANO ULTRAFINE</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD PEN NEEDLE ORIG ULTRAFINE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD PEN NEEDLE SHORT ULTRAFINE</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>BD SAFETYGLIDE INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD VEO INSULIN SYR U/F 1/2UNIT</b> ( <i>TechLITE Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD VEO INSULIN SYR ULTRAFINE</b> ( <i>TechLITE Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>BD VEO INSULIN SYRINGE U/F</b> ( <i>TechLITE Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>CAREFINE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>careone insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>careone unifine pentips plus</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>CARETOUCH INSULIN SYRINGE</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>CARETOUCH PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>CLEVER CHOICE COMFORT EZ</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>CLEVER CHOICE COMFORT EZ</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>CLICKFINE PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>CLICKFINE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>CLICKFINE PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT ASSIST INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>31G X 5/16" 0.3 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>COMFORT EZ INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>COMFORT EZ MICRO PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES 32G X 4 MM</b>	T2		AI (204 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Pro Comfort Pen Needles</i> ) <b>32G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Pure Comfort Pen Needle</i> ) <b>32G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES</b> ( <i>Easy Comfort Pen Needles</i> ) <b>33G X 5 MM , 33G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PEN NEEDLES 33G X 8 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ PRO PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT EZ SHORT PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>COMFORT TOUCH INSULIN PEN NEED</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>DIATHRIVE PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>DROPLET INSULIN SYRINGE</b> ( <i>TechLITE Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>DROPLET MICRON</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>DROPLET PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 8 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 Days)
<b>DROPSAFE AUTOPROTECT DUO 31G X 5 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<i>dropsafe safety pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>DROPSAFE SAFETY SYRINGE/NEEDLE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>drug mart unifine pentips plus</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EASY COMFORT INSULIN SYRINGE (True Comfort Pro Insulin Syr) 32G X 5/16" 1 ML</b>	T2	T2	AI (204 per month); QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>easy glide pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>EASY TOUCH FLIPLOCK INSULIN SY (Insulin Syringe)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EASY TOUCH INSULIN BARRELS (Kmart Valu Insulin Syringe 29G)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EASY TOUCH INSULIN SAFETY SYR (Insulin Syringe)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EASY TOUCH INSULIN SYRINGE (Insulin Syringe-Needle U-100)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EASY TOUCH PEN NEEDLES (Kroger Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>EASY TOUCH SAFETY PEN NEEDLES (Easy Comfort Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>EASY TOUCH SHEATHLOCK SYRINGE (Insulin Syringe) 29G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EASY TOUCH SHEATHLOCK SYRINGE (Insulin Syringe-Needle U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA AUTOSHIELD DUO (Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA INS SYR U/F 1/2 UNIT (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA INSULIN SYR ULTRAFINE (TechLITE Insulin Syringe)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA INSULIN SYRINGE (Insulin Syringe-Needle U-100)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA INSULIN SYRINGE U-100</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA INSULIN SYRINGE U-500</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA PEN NEEDLE NANO (Insupen Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>EMBECTA PEN NEEDLE NANO 2 GEN</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>EMBECTA PEN NEEDLE ULTRAFINE (Sure Comfort Pen Needles) 31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>EMBECTA PEN NEEDLE ULTRAFINE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>EMBRACE PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 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>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>FIFTY50 PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>FIFTY50 SUPERIOR COMFORT SYR</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>global easy glide insulin syr</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>global inject ease insulin syr</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>global insulin syringes</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>GLUCOPRO INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 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>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 6 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp pen needles 32g x 4 mm</i>		T2	AI (200 per month); QL (200 Pen needles per 30 days)
<i>gnp ulticare pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>GNP ULTIGUARD SAFEPACK NEEDLE</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>GOODSENSE PEN NEEDLE PENFINE</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>healthwise insulin syr/needle</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>healthwise short pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>h-e-b incontrol pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>H-E-B INCONTROL UNIFINE PENTIP</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>HM ULTICARE INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>HM ULTICARE MINI PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>HM ULTICARE SHORT PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>INCONTROL ULTICARE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>insulin syringe 29g x 1/2" 0.3 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>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>insupen pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>INSUPEN SENSITIVE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>INSUPEN ULTRAFIN</b> ( <i>Sure Comfort Pen Needles</i> ) <b>30G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>INSUPEN ULTRAFIN</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>INSUPEN ULTRAFIN</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>kinray insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>kroger insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 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>		T2	AI (200 per month); QL (200 syringes per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i> Kroger pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i> leader insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>LEADER UNIFINE PENTIPS</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>LEADER UNIFINE PENTIPS PLUS</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>LITETOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>29G X 12.7MM</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>LITETOUCH PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i> longs insulin syringe 31g x 5/16" 0.5 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>MAGELLAN INSULIN SAFETY SYR</b> ( <i>Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>MARATHON MEDICAL PENTIPS</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>MAXICOMFORT II PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>MAXI-COMFORT INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>MAXI-COMFORT SAFETY PEN NEEDLE</b> ( <i>Easy Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>MAXICOMFORT SYR 27G X 1/2"</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i> medic insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i> medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i> meijer pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>MICRODOT PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i> mm insulin syringe/needle</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>MM PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>MONOJECT INSULIN SYRINGE</b> ( <i>Kmart Valu Insulin Syringe 29G</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>MONOJECT ULTRA COMFORT SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE</b> ( <i>Kroger Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>NOVOFINE AUTOCOVER PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>NOVOFINE PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>NOVOFINE PLUS PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needle/5-bevel tip 31g x 8 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needle/5-bevel tip 32g x 4 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS GENERIC PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> ) <b>29G X 12MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS GENERIC PEN NEEDLES</b> <b>31G X 5 MM</b>	T2		AI (200 per month); QL (0.00001 pen needles per 30 days)
<b>PENTIPS GENERIC PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS GENERIC PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS GENERIC PEN NEEDLES</b> <b>32G X 4 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>PENTIPS GENERIC PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> ) <b>32G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>pip pen needles 31g x 5mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>pip pen needles 32g x 4mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PRECISION SURE-DOSE SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>30G X 5/16" 0.3 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>preferred plus insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>preferred plus unifine pentips 29g x 12mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PREVENT DROPSAFE PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PREVENT SAFETY PEN NEEDLES</b> ( <i>Meijer Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PRO COMFORT INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>PRODIGY INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>px extra short pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>px mini pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>px pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>px shortlength pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>qc pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>qc unifine pentips</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM</b>	T2		AI (200 per month); QL (200 syringes per 30 days)
<b>QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 Dayss)
<b>QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM , 31G X 6 MM</b>	T2		AI (200 per month); QL (200 pen needles per 1 Month)
<b>QUICK TOUCH INSULIN PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>QUICK TOUCH INSULIN PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>33G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>QUICK TOUCH INSULIN PEN NEEDLE</b> ( <i>Easy Comfort Pen Needles</i> ) <b>33G X 5 MM , 33G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<i>ra insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>ra pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>reality insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>RELION INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>RELION INSULIN SYRINGE (TechLITE Insulin Syringe) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>RELION INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>RELION MINI PEN NEEDLES (Meijer Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>RELION PEN NEEDLES (Kroger Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>RELION SHORT PEN NEEDLES (Pen Needles 5/16")</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>safety pen needles 30g x 5 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>sb insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>SECURESAFE INSULIN SYRINGE (Insulin Syringe)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>SECURESAFE SAFETY PEN NEEDLES (Sure Comfort Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>sure comfort insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>sure comfort pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>TECHLITE PEN NEEDLES</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>TECHLITE PLUS PEN NEEDLES (Insupen Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>today's health pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>today's health short pen needle</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>topcare clickfine pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>topcare ultra comfort ins syr</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>true comfort insulin syringe 32g x 5/16" 1 ml</i>		T2	AI (204 per month); QL (200 syringes per 30 days)
<i>true comfort pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>true comfort pro pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort safety pen needle 31g x 5 mm , 32g x 4 mm</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS INSULIN SYRINGE (Insulin Syringe)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>TRUEPLUS PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>TRUEPLUS PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTICARE INSULIN SAFETY SYR (Insulin Syringe)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTICARE INSULIN SYR 1/2 UNIT</b>	T2		
<b>ULTICARE INSULIN SYRINGE (Insulin Syringe-Needle U-100)</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTICARE MICRO PEN NEEDLES (Insupen Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTICARE MINI PEN NEEDLES (Sure Comfort Pen Needles)</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTICARE PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTICARE PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTICARE SHORT PEN NEEDLES (Pen Needles 5/16")</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic	Additional Information
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>29G X 12.7MM</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM , 32G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Meijer Pen Needles</i> ) <b>31G X 6 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>29G X 12.7MM</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTILET PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> ) <b>32G X 4 MM</b>	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTRA FLO INSULIN PEN NEEDLES</b> ( <i>Kroger Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTRA FLO INSULIN SYR 1/2 UNIT</b> ( <i>Sure Comfort Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTRA FLO INSULIN SYRINGE</b> ( <i>Kroger Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTRA THIN PEN NEEDLES</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>ultracare insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>ultracare pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTRA-THIN II INS SYR SHORT</b> ( <i>Insulin Syringe-Needle U-100</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTRA-THIN II INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>ULTRA-THIN II MINI PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTRA-THIN II PEN NEEDLE SHORT</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>ULTRA-THIN II PEN NEEDLES</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>UNIFINE OTC PEN NEEDLES</b>	T2		AI (200 per month); QL (200 pen needles per 30 days)
<b>UNIFINE PENTIPS</b> ( <i>Kroger Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>UNIFINE PENTIPS PLUS</b> ( <i>Kroger Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>UNIFINE PROTECT PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>UNIFINE SAFECONTROL PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>UNIFINE ULTRA PEN NEEDLE</b> ( <i>Pen Needles 5/16"</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>value health insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<b>VANISHPOINT INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> )	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>VERIFINE INSULIN PEN NEEDLE</b> ( <i>Insupen Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>VERIFINE INSULIN SYRINGE</b> ( <i>Insulin Syringe-Needle U-100</i> ) <b>28G X 1/2" 1 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</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>VERIFINE INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	T2	T2	AI (200 per month); QL (200 syringes per 30 days)
<b>VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML</b>	T2		AI (200 per month); QL (200 ayringes per 30 days)
<b>VERIFINE PLUS PEN NEEDLE</b> ( <i>Sure Comfort Pen Needles</i> )	T2	T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>vp insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<i>zevrx insulin syringe</i>		T2	AI (200 per month); QL (200 syringes per 30 days)
<i>zevrx pen needles</i>		T2	AI (200 per month); QL (200 pen needles per 30 days)
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
<b>AEROCHAMBER HOLDING CHAMBER</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER MINI CHAMBER</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER MV</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLS FLOVU MTHPIECE</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU INTERM</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b> ( <i>ProChamber VHC</i> )	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>AEROCHAMBER PLUS FLO-VU SMALL</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER PLUS FLOW VU</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER W/FLOWSIGNAL</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>AEROCHAMBER2GO ANTI-STATIC</b>	T2		AI (2 per year); QL (2 apacers per 1 Year)
<b>AEROVENT PLUS</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>CLEVER CHOICE HOLDING CHAMBER</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>COMPACT SPACE CHAMBER</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>COMPACT SPACE CHAMBER/LG MASK</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>COMPACT SPACE CHAMBER/MED MASK</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>COMPACT SPACE CHAMBER/SM MASK</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>EASIVENT</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>EASIVENT MASK LARGE</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>EASIVENT MASK MEDIUM</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>EASIVENT MASK SMALL</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<i>eq space chamber anti-static</i>		T2	
<i>eq space chamber anti-static l</i>		T2	
<i>eq space chamber anti-static m</i>		T2	
<i>eq space chamber anti-static s</i>		T2	
<b>FLEXICHAMBER</b> <i>(ProChamber VHC)</i>	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	T2		AI (2 per year); QL (2 spacers per 1 Year)

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Drug Name	Brand	Generic	Additional Information
FLEXICHAMBER CHILD MASK/LARGE	T2		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T2		AI (2 per year); QL (2 spacers per 1 Year)
INSPIREASE	T2		AI (2 per year); QL (2 spacers per 2 Years)
INSPIREASE RESERVOIR BAGS	T2		AI (2 per year); QL (2 boxes per 1 Year)
MICROSPACER (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-LG MASK (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-MD MASK (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-SM MASK (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
POCKET CHAMBER (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
POCKET SPACER (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
RITEFLO (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
VORTEX VALVE CHAMBER-PEDI MASK (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 Year)
VORTEX VALVED HOLDING CHAMBER (ProChamber VHC)	T2	T2	AI (2 per year); QL (2 spacers per 1 year)
<b>*Migraine Products*</b>			
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>			
NURTEC	MB		PA
QULIPTA	MB		PA
UBRELVY	MB		PA; AI (16 tablets per 30 days); QL (16 tablets per 30 days)
ZAVZPRET	MB		PA
<b>*Cgrp Receptor Antagonists - Monocolonal Antibodies***</b>			
AIMOVIG	MB		PA
AJOVY	MB		PA; AI (0.05ml per day); QL (0.05 ML per 1 day)
EMGALITY	MB		PA
EMGALITY (300 MG DOSE)	MB		PA
<b>*Ergot Combinations***</b>			
MIGERGOT	SP		
<b>*Migraine Products***</b>			
<i>dihydroergotamine mesylate injection</i>		MB	PA; SP; AI (30 day supply max)

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Drug Name	Brand	Generic	Additional Information
<i>dihydroergotamine mesylate nasal</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ERGOMAR</b>	SP		AI (20 tablets per month); QL (20 tablets per 1 Month)
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>			
<i>almotriptan malate</i>		SP	AI (25 tablets per 30 days); QL (25 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>eletriptan hydrobromide oral tablet 40 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>frovatriptan succinate</i>		T2	AI (20 tablets per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan); QL (20 tablets per 1 Month)
<i>naratriptan hcl oral tablet 1 mg</i>		T2	AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T2	AI (6 inhalers per month); QL (6 inhalers per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T2	AI (12 inhalers per month); QL (12 inhalers per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T2	AI (10 tablets per month); QL (10 tablets per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T2	AI (40 tablets per month); QL (40 tablets per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T2	AI (20 tablets per month); QL (20 tablets per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T2	AI (10 cartridges per month); QL (10 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T2	AI (10 vials per month); QL (10 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T2	AI (20 syringes per month); QL (10 ML per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>		SP	AI (1 box of 6 per 30 days); QL (6 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>zolmitriptan oral tablet 2.5 mg</i>		T2	AI (4 tablets per day, max 10 day supply an 1 fill per month); QL (4 tablets per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T2	AI (2 tablets per day, max 10 day supply an 1 fill per month); QL (2 tablets per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T2	AI (4 tablets per day, max 10 day supply and 1 fill per month); QL (4 tablets per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T2	AI (2 tablets per day, max 10 day supply and 1 fill per month); QL (2 tablets per 1 day)
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Fluoride***</b>			
<b>NAFRINSE</b> ( <i>Sodium Fluoride</i> )	\$0	\$0	AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet chewable</i>		\$0	AG (Max 6 Years)
<b>*Potassium Combinations***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ</b>	T3		
<b>*Potassium***</b>			
<b>KLOR-CON 10</b> ( <i>Potassium Chloride ER</i> )	T2	T2	
<b>KLOR-CON M10</b> ( <i>Potassium Chloride Crys ER</i> )	T2	T2	
<b>KLOR-CON M15</b> ( <i>Potassium Chloride Crys ER</i> )	T2	T2	
<b>KLOR-CON M20</b> ( <i>Potassium Chloride Crys ER</i> )	T2	T2	
<b>KLOR-CON ORAL PACKET</b> ( <i>Potassium Chloride</i> ) <b>20 MEQ</b>	T2	T2	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b> ( <i>Potassium Chloride ER</i> )	T2	T2	
<i>potassium acetate intravenous solution 2 meq/ml</i>		Tier 7	
<i>potassium chloride er oral capsule extended release</i>		T2	
<i>potassium chloride er oral tablet extended release 20 meq</i>		SP	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		T2	
<b>*Miscellaneous Therapeutic Classes*</b>			
<b>*Antileprotics***</b>			
<b>THALOMID</b>	T2		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>			
<b>BENLYSTA SUBCUTANEOUS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Chelating Agents***</b>			
<i>penicillamine oral tablet</i>		SP	
<i>trientine hcl oral capsule 500 mg</i>		MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Cyclosporine Analogs***</b>			
<i>cyclosporine oral capsule</i>		MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>GENGRAF ORAL CAPSULE</b> ( <i>cycloSPORINE Modified</i> ) <b>100 MG, 25 MG</b>	MB	MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>GENGRAF ORAL SOLUTION</b> ( <i>CycloSPORINE Modified</i> )	MB	MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>LUPKYNIS</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>NEORAL</b> ( <i>cycloSPORINE Modified</i> )	MB	MB	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SANDIMMUNE ORAL SOLUTION</b>	MB		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
<i>lenalidomide</i>		T2	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day); AG (Min 18 Years)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
<i>mycophenolate mofetil oral</i>		T2	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<b>*Macrolide Immunosuppressants***</b>			
<b>ASTAGRAF XL</b>	SP		

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Drug Name	Brand	Generic	Additional Information
<b>ENVARUSUS XR</b>	SP		PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>		MB	SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)
<b>PROGRAF ORAL</b> ( <i>Tacrolimus</i> )	SP	T2	
<i>sirolimus oral solution</i>		SP	
<i>sirolimus oral tablet</i>		T2	
<b>*Monoclonal Antibodies***</b>			
<b>ENSPRYNG</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Potassium Removing Agents***</b>			
<b>KIONEX COMBINATION</b> ( <i>Sodium Polystyrene Sulfonate</i> )	T2	T2	
<b>KIONEX ORAL SUSPENSION</b>	T2		
<b>LOKELMA</b>	SP		AI (1 packet per day); QL (1 packet per 1 day); AG (Min 18 Years)
<i>sodium polystyrene sulfonate oral powder</i>		T2	
<b>SPS (SODIUM POLYSTYRENE SULF)</b> ( <i>Sodium Polystyrene Sulfonate</i> )	T2	T2	
<b>VELTASSA</b>	SP		PA
<b>*Purine Analogs***</b>			
<i>azathioprine oral tablet 50 mg</i>		T2	
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*Anesthetics Topical Oral***</b>			
<i>lidocaine viscous hcl</i>		T2	AI (100ml per 10 days); QL (100 ML per 10 days)
<b>*Anti-Infectives - Throat***</b>			
<i>clotrimazole mouth/throat troche</i>		T2	
<i>nystatin mouth/throat</i>		T2	
<b>*Antiseptic Combinations - Mouth/Throat***</b>			
<b>DEBACTEROL</b>	SP		
<b>*Antiseptics - Mouth/Throat***</b>			
<b>PERIOGARD</b> ( <i>Chlorhexidine Gluconate</i> )	T2	T2	
<b>*Fluoride Dental Products***</b>			
<b>NAFRINSE DAILY/NEUTRAL</b>	\$0		AG (Max 6 Years)
<b>NAFRINSE WEEKLY</b>	\$0		AG (Max 6 Years)
<b>*Saliva Stimulants***</b>			
<i>cevimeline hcl</i>		SP	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>pilocarpine hcl oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Steroids - Mouth/Throat/Dental***</b>			
<b>KOURZEQ</b> ( <i>Triamcinolone Acetonide</i> )	T2	T2	
<b>ORALONE</b> ( <i>Triamcinolone Acetonide</i> )	T2	T2	
<b>*Multivitamins*</b>			
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
<b>ATABEX EC</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>ATABEX OB</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>completenate</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>FOLIVANE-OB ORAL CAPSULE 85-1 MG</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>INATAL GT</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>OBSTETRIX EC (WITH DOCUSATE)</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>PRENATAL-U</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>thrivite rx</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>TRINATE</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>VINATE II</b>	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>			
<i>complete natal dha oral 29-1-200 &amp; 200 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>wesnatal dha complete</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T2	
<i>carisoprodol oral tablet 350 mg</i>		T2	AI (Max #84 per 21 days); QL (84 tablets per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T3	
<i>metaxalone oral tablet 800 mg</i>		T3	AI (4 tablets per day); QL (4 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		T2	
<i>orphenadrine citrate er</i>		T2	
<i>tizanidine hcl oral capsule 2 mg</i>		T2	AI (18 tablets per day); QL (18 tablets per 1 day)
<i>tizanidine hcl oral capsule 4 mg, 6 mg</i>		T2	AI (9 tablets per day); QL (9 tablets per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		T2	AI (18 tablets per day); QL (18 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		T2	AI (9 tablets per day); QL (9 tablets per 1 day)
<b>*Direct Muscle Relaxants***</b>			
<i>dantrolene sodium oral</i>		T3	
<b>*Muscle Relaxant Combinations***</b>			
<i>carisoprodol-aspirin-codeine</i>		SP	AI (Quantity limit of 2 per day, up to a 10 day supply, with a fill limit of 1 fill per 30 days); QL (2 tablets per 1 day)
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*Antihistamine-Steroid***</b>			
<i>azelastine-fluticasone</i>		SP	AI (1x 23gm bottle per month); QL (1 bottle per 1 Month)
<b>*Nasal Anticholinergics***</b>			
<i>ipratropium bromide nasal solution 0.03 %</i>		T2	AI (3 bottles per month); QL (1.5 tablet per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T2	AI (3 bottles per month); QL (1.5 tablets per 1 day)
<b>*Nasal Antihistamines***</b>			
<i>olopatadine hcl nasal</i>		T2	AI (1x 30.5gm bottle per month); QL (30.5 bottle per 1 Month); AG (Min 6 Years)
<b>*Nasal Steroids***</b>			
<b>BECONASE AQ</b>	SP		AI (1 inhaler per month); QL (25 inhaler per 1 Copay)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T2	AI (1x 25ml bottle per month); QL (25 ML per 30 days)
<b>ZETONNA</b>	SP		AI (1 inhaler per month); QL (6.1 inhaler per 1 Month); AG (Min 12 Years)
<b>*Neuromuscular Agents*</b>			
<b>*Als Agent Combinations***</b>			
<b>RELYVRIO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Als Agents - Miscellaneous***</b>			
RADICAVA ORS	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RADICAVA ORS STARTER KIT	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Benzothiazoles***</b>			
<i>riluzole</i>		T2	
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***</b>			
SKYCLARYS	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Nondepolarizing Muscle Relaxants***</b>			
<i>atracurium besylate intravenous solution 50 mg/5ml</i>		Tier 7	
<b>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***</b>			
DAYBUE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ophthalmic Agents*</b>			
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>			
SIMBRINZA	SP		
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
<i>brimonidine tartrate-timolol</i>		T3	
<i>dorzolamide hcl-timolol mal</i>		T2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>		T2	PA
<b>*Beta-Blockers - Ophthalmic***</b>			
<i>carteolol hcl</i>		T2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T2	
<i>timolol maleate ophthalmic gel forming solution</i>		SP	
<i>timolol maleate ophthalmic solution</i>		T2	
<b>*Cycloplegic Mydriatics***</b>			
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T2	
<b>ISOPTO ATROPINE (Atropine Sulfate)</b>	T3	T3	
<i>tropicamide ophthalmic</i>		SP	
<b>*Miotic Combinations***</b>			
YUVEZZI	SP		QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Miotics - Direct Acting***</b>			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T2	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>		T3	AI (1x 2.5ml bottle per month); QL (2.5 ML per 30 days)
<b>*Ophthalmic Antiallergic***</b>			
<b>ALOMIDE</b>	SP		
<i>azelastine hcl ophthalmic</i>		T3	AI (1x 6ml bottle per month); QL (6 ML per 1 Month)
<i>bepotastine besilate</i>		SP	AI (1x 5ml bottle per 30 days); QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T3	
<i>epinastine hcl</i>		T3	
<b>ZERVIAE</b>	SP		AI (1x carton of 30 containers); QL (1 ML per 1 day)
<b>*Ophthalmic Antibiotics***</b>			
<i>bacitracin ophthalmic</i>		SP	
<b>BESIVANCE (Besifloxacin HCl)</b>	SP	SP	
<b>CILOXAN OPHTHALMIC OINTMENT</b>	SP		
<i>ciprofloxacin hcl ophthalmic</i>		T2	
<i>erythromycin ophthalmic</i>		T2	
<i>gatifloxacin ophthalmic</i>		T2	
<b>GENTAK OPHTHALMIC OINTMENT</b>	SP		
<i>gentamicin sulfate ophthalmic solution</i>		T2	
<i>moxifloxacin hcl (2x day)</i>		SP	
<i>moxifloxacin hcl ophthalmic solution</i>		T2	
<i>ofloxacin ophthalmic</i>		T2	
<b>*Ophthalmic Antifungal***</b>			
<b>NATACYN</b>	SP		
<b>*Ophthalmic Anti-Infective Combinations***</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		SP	
<b>NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)</b>	T2	T2	
<b>POLYCIN (AK-Poly-Bac)</b>	T2	T2	
<i>polymyxin b-trimethoprim</i>		T2	
<b>*Ophthalmic Antivirals***</b>			
<i>trifluridine ophthalmic</i>		SP	
<b>ZIRGAN</b>	T3		
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
<i>brinzolamide</i>		SP	
<i>dorzolamide hcl ophthalmic</i>		T2	

Drug Name	Brand	Generic	Additional Information
<b>*Ophthalmic Immunomodulators***</b>			
<i>cyclosporine (pf)</i>		SP	AI (2 vials per day); QL (2 vials per 1 day)
<i>cyclosporine ophthalmic</i>		SP	AI (2 vials per day); QL (2 vials per 1 day)
<b>*Ophthalmic Local Anesthetics***</b>			
<i>proparacaine hcl ophthalmic</i>		T2	
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
<i>bromfenac sodium (once-daily)</i>		T3	
<i>diclofenac sodium ophthalmic</i>		T2	
<i>flurbiprofen sodium</i>		T2	
<i>ketorolac tromethamine ophthalmic</i>		T2	
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
<b>RHOPRESSA</b>	SP		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
<i>apraclonidine hcl</i>		SP	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>		T3	AI (2x 5ml bottles per month); QL (2 bottles per 1 Month)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		T2	
<b>*Ophthalmic Steroid Combinations***</b>			
<i>bacitra-neomycin-polymyxin-hc</i>		T2	
<b>BLEPHAMIDE S.O.P.</b>	SP		
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		SP	
<b>PRED-G</b>	SP		
<b>PRED-G S.O.P.</b>	SP		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		SP	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T3		
<b>TOBRADEX ST</b>	T3		
<i>tobramycin-dexamethasone</i>		T2	
<b>*Ophthalmic Steroids***</b>			
<i>dexamethasone sodium phosphate ophthalmic</i>		SP	
<i>difluprednate</i>		SP	
<b>FLAREX</b>	SP		
<i>fluorometholone ophthalmic</i>		T2	
<b>FML</b>	SP		
<b>FML FORTE</b>	SP		
<i>loteprednol etabonate ophthalmic gel</i>		SP	

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Drug Name	Brand	Generic	Additional Information
<i>Ioteprednol etabonate ophthalmic suspension 0.5 %</i>		SP	
<b>MAXIDEX</b>	SP		
<b>PRED MILD</b>	SP		
<i>prednisolone acetate ophthalmic</i>		T2	
<i>prednisolone acetate p-f</i>		T2	
<i>prednisolone sodium phosphate ophthalmic</i>		SP	
<b>*Ophthalmic Sulfonamides***</b>			
<i>sulfacetamide sodium ophthalmic ointment</i>		SP	
<i>sulfacetamide sodium ophthalmic solution</i>		T2	
<b>*Ophthalmics - Cystinosis Agents**</b>			
<b>CYSTARAN</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ophthalmics - Ep2 Receptor Agonists***</b>			
<b>OMLONTI</b>	SP		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
<b>*Prostaglandins - Ophthalmic***</b>			
<i>bimatoprost ophthalmic solution 0.03 %</i>		T3	AI (1 x 5ml bottle per month); QL (5 ML per 1 Month)
<i>latanoprost ophthalmic</i>		T2	AI (2x 2.5ml bottles per 25 days); QL (5 ML per 25 days)
<b>LUMIGAN OPHTHALMIC SOLUTION (Bimatoprost) 0.01 %</b>	T3	T3	ST (Step Therapy required: 60 day trial of bimatoprost 0.03% in the last 6 months)
<i>tafluprost (pf)</i>		SP	
<i>travoprost (bak free)</i>		T3	
<b>VYZULTA</b>	SP		AI (1x 2.5ml bottle per month); ST (Step Therapy required: through 60 days trial of either latanoprost (generic Xalatan) OR bimatoprost 0.03% in the last 6 months); QL (2.5 ML per 1 Month); AG (Min 17 Years)
<b>XELPROS</b>	SP		
<b>*Otic Agents*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
<i>acetic acid otic</i>		T2	
<b>*Otic Anti-Infectives***</b>			
<i>ciprofloxacin hcl otic</i>		T3	AI (1x 14ml bottle per 7 days); QL (14 ML per 7 days)
<i>ofloxacin otic</i>		T2	
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
<b>CIPRO HC (Ciprofloxacin-Hydrocortisone)</b>	T3	T3	
<i>ciprofloxacin-dexamethasone</i>		T3	AI (1x 7.5ml bottle per month); QL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T2	

Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-hc otic suspension</i>		T2	
<b>OTOVEL</b> ( <i>Ciprofloxacin-Fluocinolone PF</i> )	SP	SP	
<b>*Otic Steroids***</b>			
<b>ACETASOL HC</b> ( <i>Hydrocortisone-Acetic Acid</i> )	SP	T3	AI (1x 10ml bottle per month); QL (10 ML per 1 Month)
<b>FLAC</b> ( <i>Fluocinolone Acetonide</i> )	T2	T2	AI (2x 20ml bottles per month); QL (2 bottles per 1 Month)
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
<b>METHERGINE ORAL</b> ( <i>Methylergonovine Maleate</i> )	T2	T2	
<b>*Passive Immunizing And Treatment Agents*</b>			
<b>*Immune Serums***</b>			
<b>HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Penicillins*</b>			
<b>*Aminopenicillins***</b>			
<i>amoxicillin oral capsule</i>		T1	
<i>amoxicillin oral suspension reconstituted</i>		T1	
<i>amoxicillin oral tablet</i>		T2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T2	
<i>ampicillin oral capsule 500 mg</i>		T2	
<b>*Natural Penicillins***</b>			
<i>penicillin v potassium oral solution reconstituted</i>		T2	
<i>penicillin v potassium oral tablet</i>		T1	
<b>*Penicillin Combinations***</b>			
<i>amoxicillin-pot clavulanate er</i>		SP	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml, 600-42.9 mg/5ml</i>		T2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>		T2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>		T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		SP	
<b>*Penicillinase-Resistant Penicillins***</b>			
<i>dicloxacillin sodium</i>		T2	
<b>*Progestins*</b>			
<b>*Progestins***</b>			
<b>GALLIFREY</b> ( <i>Norethindrone Acetate</i> )	T2	T2	
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T3	F
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>		T2	F

Drug Name	Brand	Generic	Additional Information
<i>megestrol acetate oral suspension 625 mg/5ml</i>		SP	AI (5ml per day); QL (5 ML per 1 day)
<i>progesterone intramuscular</i>		SP	F
<i>progesterone oral</i>		T2	F
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*Agents For Opioid Withdrawal***</b>			
<i>lofexidine hcl</i>		SP	PA; AI (224 tablets per 14 days); QL (224 tablets per 14 days)
<b>*Alcohol Deterrents***</b>			
<i>acamprosate calcium</i>		T2	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>disulfiram oral tablet 250 mg</i>		T2	
<i>disulfiram oral tablet 500 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<b>*Anti-Cataleptic Agents***</b>			
<b>XYREM</b> ( <i>Sodium Oxybate</i> )	MB	MB	PA; SP; AI (18ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
<b>*Anti-Cataleptic Combinations***</b>			
<b>XYWAV</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</b>			
<b>TEGSEDI</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>WAINUA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		T3	
<b>*Cholinomimetics - Ache Inhibitors***</b>			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		T2	
<i>donepezil hcl oral tablet dispersible</i>		T2	
<i>galantamine hydrobromide er</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>galantamine hydrobromide oral solution</i>		SP	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 3 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 Copay)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>		T3	AI (1 patch per day); QL (1 patch per 1 day); AG (Min 18 Years)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>		T3	AI (1 tablet per day); QL (1 patch per 1 day); AG (Min 18 Years)
<b>*Fibromyalgia Agent - Snris***</b>			
<b>SAVELLA</b> ( <i>Milnacipran HCl</i> )	SP	SP	
<b>SAVELLA TITRATION PACK</b> ( <i>Milnacipran HCl</i> )	SP	SP	
<b>*Movement Disorder Drug Therapy***</b>			
<b>XENAZINE</b> ( <i>Tetrabenazine</i> )	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>			
<b>AUBAGIO</b> ( <i>Teriflunomide</i> )	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Interferons***</b>			
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PLEGRIDY INTRAMUSCULAR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>			
<b>KESIMPTA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
<b>BAFIERTAM</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>		MB	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>		MB	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>		MB	PA; SP; AI (Only Civica NDCs 82249074514, 82249074760 are covered @ Sort Pak. Call 877-570-7787); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>		MB	PA; SP; AI (2 capsules per day Only Civica NDCs 82249074514, 82249074760 are covered @ Sort Pak. Call 877-570-7787); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>		MB	PA; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>VUMERITY</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>		MB	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); N (Only Civica NDC 82249070260 is covered @ Sort Pak with no PA.Call 877-570-7787. ); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>		MB	AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>*Multiple Sclerosis Agents***</b>			
<b>GLATOPA</b> ( <i>Glatiramer Acetate</i> )	MB	MB	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
<i>memantine hcl er</i>		T3	
<i>memantine hcl oral solution 2 mg/ml</i>		T2	AI (1x 360ml bottle per month); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>		T2	
<i>memantine hcl oral tablet 5 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 12 Years)
<b>*Phenothiazines &amp; Tricyclic Agents***</b>			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T3	
<b>*Pseudobulbar Affect Agent Combinations***</b>			
<b>NUEDEXTA</b>	SP		PA
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
<i>ergoloid mesylates oral</i>		T2	PA
<i>pimozide</i>		T3	

Drug Name	Brand	Generic	Additional Information
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>ADDYI</b>	SP		AI (1 tablet per day); F; QL (1 tablet per 1 day); AG (Min 18 Years)
<b>*Smoking Deterrents***</b>			
<i>apo-varenicline</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>cvs nicotine</i>		\$0	AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine step 3</i>		\$0	AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ft nicotine</i>		\$0	AG (Min 18 Years)
<i>ft nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<b>HABITROL (Nicotine)</b>	\$0	\$0	AG (Min 18 Years)
<i>hm nicotine</i>		\$0	AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<b>KLS QUIT2 (Nicotine Polacrilex)</b>	\$0	\$0	AG (Min 18 Years)
<b>KLS QUIT4 (Nicotine Polacrilex)</b>	\$0	\$0	AG (Min 18 Years)
<b>NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	\$0	\$0	AG (Min 18 Years)
<b>NICORETTE MOUTH/THROAT GUM (Nicotine Polacrilex)</b>	\$0	\$0	AG (Min 18 Years)
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	\$0	\$0	AG (Min 18 Years)
<i>nicotine</i>		\$0	AG (Min 18 Years)
<i>nicotine mini</i>		\$0	AG (Min 18 Years)
<i>nicotine polacrilex mini</i>		\$0	AG (Min 18 Years)
<i>nicotine step 1</i>		\$0	AG (Min 18 Years)
<i>nicotine step 2</i>		\$0	AG (Min 18 Years)
<i>nicotine step 3</i>		\$0	AG (Min 18 Years)
<b>NICOTROL</b>	\$0		AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>NICOTROL NS</b>	\$0		AI (12x 10ml bottles per month); QL (4 ML per 1 day); AG (Min 18 Years)
<i>px stop smoking aid</i>		\$0	AG (Min 18 Years)
<i>qc nicotine transdermal system</i>		\$0	AG (Min 18 Years)
<i>ra mini nicotine</i>		\$0	AG (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>		\$0	AG (Min 18 Years)
<i>ra nicotine mouth/throat</i>		\$0	AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>sm nicotine</i>		\$0	AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<b>THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	\$0	\$0	AG (Min 18 Years)
<i>varenicline tartrate (starter)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>varenicline tartrate(continue)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>			
<i>fingolimod hcl</i>		T2	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day); AG (Min 10 Years)
<b>MAYZENT</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>MAYZENT STARTER PACK</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZEPOSIA</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZEPOSIA 7-DAY STARTER PACK</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG &amp; 0.92MG</b>	MB		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG 0.92MG(21)</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>*Thienbenzodiazepines &amp; SsrIs***</b>			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		SP	AI (3 dapsules per day); QL (3 capsules per 1 day)
<b>*Vasomotor Symptom Agents - SsrIs***</b>			
<i>paroxetine mesylate</i>		SP	
<b>*Respiratory Agents - Misc.*</b>			
<b>*Cystic Fibrosis Agent - Combinations***</b>			
<b>ORKAMBI ORAL PACKET</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 6 Years)
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>SYMDEKO</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 &amp; 150 MG</b>	MB		PA; SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 &amp; 75 MG</b>	MB		PA; SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day); AG (Min 1 Years)
<b>TRIKAFTA ORAL THERAPY PACK</b>	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<b>*Hydrolytic Enzymes***</b>			
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	MB		PA; SP; AI (180ml per month Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (180 ML per 30 days)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>OFEV</b>	MB		PA; SP; AI (2 capsules per day. Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 capsules per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>			
<b>ESBRIET ORAL CAPSULE (Pirfenidone)</b>	MB	MB	PA; SP; AI (9 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 capsules per 1 day)
<i>pirfenidone oral tablet 267 mg</i>		MB	PA; SP; AI (9 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>		MB	PA; SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day)
<b>*Sulfonamides*</b>			
<b>*Sulfonamides***</b>			
<i>sulfadiazine oral</i>		SP	
<b>*Tetracyclines*</b>			
<b>*Aminomethylcyclines***</b>			
<b>NUZYRA ORAL TABLET 150 MG</b>	SP		PA
<b>*Tetracyclines***</b>			
<i>demeclocycline hcl oral</i>		SP	
<i>doxycycline hyclate oral capsule 100 mg</i>		T1	
<i>doxycycline hyclate oral capsule 50 mg</i>		T2	
<i>doxycycline hyclate oral tablet 100 mg</i>		T3	
<i>doxycycline hyclate oral tablet 20 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>		T3	
<i>doxycycline monohydrate oral suspension reconstituted</i>		T2	
<i>doxycycline monohydrate oral tablet 100 mg</i>		T3	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		T2	
<i>minocycline hcl oral capsule</i>		T2	
<i>minocycline hcl oral tablet</i>		SP	
<b>MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG</b>	T2	T2	
<i>tetracycline hcl oral capsule</i>		T2	
<b>VIBRAMYCIN ORAL SYRUP</b>	SP		
<b>*Thyroid Agents*</b>			
<b>*Antithyroid Agents***</b>			
<i>methimazole oral</i>		T2	
<i>propylthiouracil oral</i>		T2	
<b>*Thyroid Hormones***</b>			
<b>ADTHYZA ORAL TABLET (Thyroid) 120 MG</b>	T2	T2	
<b>ADTHYZA ORAL TABLET (Niva Thyroid) 30 MG, 90 MG</b>	T2	T2	
<b>ARMOUR THYROID ORAL TABLET (Thyroid) 120 MG, 15 MG, 60 MG</b>	T2	T2	
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>	SP		
<b>ARMOUR THYROID ORAL TABLET (Niva Thyroid) 30 MG, 90 MG</b>	T2	T2	
<b>ERMEZA</b>	SP		
<b>EUTHYROX (Levothyroxine Sodium)</b>	T2	T2	
<b>LEVO-T (Levothyroxine Sodium)</b>	T2	T2	
<b>LEVOXYL (Levothyroxine Sodium)</b>	T2	T2	
<b>LIOMNY (Liothyronine Sodium)</b>	T2	T2	
<b>NP THYROID (Thyroid)</b>	T2	T2	
<b>SYNTHROID (Levothyroxine Sodium)</b>	T3	T2	
<b>TIROSINT (Levothyroxine Sodium)</b>	SP	SP	
<b>UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	T2	
<b>UNITHROID ORAL TABLET (Levothyroxine Sodium) 150 MCG</b>	T3	T2	
<b>*Toxoids*</b>			
<b>*Toxoid Combinations***</b>			
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)

Drug Name	Brand	Generic	Additional Information
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 day)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
<i>diphtheria-tetanus toxoids dt</i>		\$0	AI (3 doses (1.5ml) per year)
INFANRIX	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year); AG (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (.5ml) per lifetime); QL (1 dose per 1 lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 year)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
TENIVAC INTRAMUSCULAR SUSPENSION	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 year)
VAXELIS	\$0		AG (Max 5 Years)
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>			
<b>*Anticholinergic Combinations***</b>			
<i>chlordiazepoxide-clidinium</i>		T2	
<b>*Antispasmodics***</b>			
<i>dicyclomine hcl oral capsule</i>		T2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		T2	
<i>dicyclomine hcl oral tablet 20 mg</i>		T2	
<b>*H-2 Antagonists***</b>			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		SP	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T2	
<i>famotidine oral suspension reconstituted</i>		T2	
<i>nizatidine oral capsule 150 mg</i>		SP	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>		SP	AI (1 capsule per day); QL (1 capsule per 1 day)
<b>*Misc. Anti-Ulcer***</b>			
<i>sucralfate oral tablet</i>		T2	
<b>*Proton Pump Inhibitors***</b>			
<i>esomeprazole magnesium oral capsule delayed release</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<b>FIRST-LANSOPRAZOLE</b>	T3		
<b>FIRST-OMEPRAZOLE</b>	T3		
<i>lansoprazole oral capsule delayed release</i>		T2	

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Drug Name	Brand	Generic	Additional Information
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>omeprazole oral capsule delayed release</i>		T2	
<b>OMEPRAZOLE+SYRSPEND SF ALKA</b>	T3		
<i>pantoprazole sodium oral tablet delayed release</i>		T2	
<i>rabeprazole sodium oral tablet delayed release</i>		T2	
<b>*Quaternary Anticholinergics***</b>			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		T2	
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T2	AI (8 tablets per day); QL (8 tablets per 1 day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>			
<b>TALICIA</b>	SP		AI (12 capsules per day); ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); QL (12 capsules per 1 day); AG (Min 18 Years)
<b>*Ulcer Drugs - Prostaglandins***</b>			
<i>misoprostol oral</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<b>*Urinary Antispasmodics*</b>			
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
<i>darifenacin hydrobromide er</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>fesoterodine fumarate er</i>		SP	PA; AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T2	
<i>oxybutynin chloride oral solution</i>		SP	
<i>oxybutynin chloride oral syrup</i>		T2	
<i>oxybutynin chloride oral tablet 5 mg</i>		T2	
<i>solifenacin succinate</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T2	
<i>tolterodine tartrate er</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>trospium chloride</i>		T2	
<i>trospium chloride er</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>			
<i>mirabegron er</i>		SP	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	SP		PA; AI (10ml per day); QL (10 ML per 1 day); AG (Min 3 Years and Max 12 Years)
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T2	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>			
<i>flavoxate hcl</i>		T2	
<b>*Vaccines*</b>			
<b>*Bacterial Vaccines***</b>			
<b>ACTHIB</b>	\$0		
<i>bcg vaccine injection solution reconstituted</i>		\$0	
<b>BEXSERO</b>	\$0		AI (2 doses (1ml) per year); QL (2 doses per 1 Year); AG (Min 10 Years)
<b>BIOTHRAX</b>	\$0		
<b>CAPVAXIVE</b>	\$0		AI (0.5ml (1 dose) per lifetime); QL (0.5 ML per 1 lifetime); AG (Min 18 Years)
<b>HIBERIX INJECTION</b>	\$0		
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	\$0		AI (1 dose (0.5ml) per 354 days); QL (1 dose per 354 days); AG (Max 23 Years)
<b>MENVEO</b>	\$0		
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	\$0		
<b>PENBRAYA</b>	\$0		AG (Min 10 Years and Max 25 Years)
<i>penmenvy</i>		\$0	
<b>PNEUMOVAX 23 INJECTION INJECTABLE</b>	\$0		AI (2 doses (1ml) per year); QL (2 doses per 1 Year)
<b>PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE</b>	\$0		AI (1 doses (0.5ml) per year); QL (1 inj per 1 Year)
<b>PREVNAR 13</b>	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime)
<b>PREVNAR 20</b>	\$0		AI (2ml (4 doses) per lifetime); QL (2 ML per 1 Lifetime)
<b>TRUMENBA</b>	\$0		AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	\$0		
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	\$0		
<b>VAXCHORA</b>	\$0		
<b>VAXNEUVANCE</b>	\$0		AI (0.5ml (1 dose) per lifetime); QL (0.5 ML per 1 lifetime)

Drug Name	Brand	Generic	Additional Information
VIVOTIF	\$0		AI (4 capsules per 5 years); QL (4 capsules per 5 Yearss); AG (Min 6 Years)
<b>*Viral Vaccine Combinations***</b>			
PRIORIX	\$0		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (3ml) per year); QL (3 doses per 1 Year); AG (Min 18 Years)
<b>*Viral Vaccines***</b>			
ABRYSSVO	\$0		AI (1 dose per lifetime); QL (1 dose per 1 Lifetime); AG (Min 50 Years)
ACAM2000	\$0		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) in 9 months); QL (1 ML per 274 days); AG (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
AREXVY	\$0		AI (1 dose per lifetime); QL (1 dose per 1 lifetime); AG (Min 50 Years)
COMIRNATY	\$0		AG (Min 12 Years)
COMIRNATY 5-11 YEARS	\$0		AI (2 Doses per year); QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
DENGVAXIA	\$0		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
FLUAD QUADRIVALENT	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) per 274 days); QL (0.5 ML per 274 days); AG (Min 9 Years)
FLUBLOK QUADRIVALENT	\$0		AI (0.5ml (1 dose) per 274 days); QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) per 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (2 doses (1ml) per year); QL (1 ML per 274 days); AG (Min 6 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUMIST	\$0		AI (2 doses per 274 days); QL (2 Doses per 274 days); AG (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT	\$0		AI (2 doses per 274 days); QL (2 Doses per 274 days); AG (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0		AI (1 dose (0.7ml) in 9 months); QL (0.7 ML per 274 days); AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) in 9 months); QL (1 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	\$0		AI (0.5ml (1 dose) per 274 days); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
GARDASIL 9	\$0		AI (3 doses (1.5ml) per lifetime); QL (1.5 ML per 1 lifetime); AG (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (4 doses per 1 lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); AG (Min 18 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
IPOL INJECTION INJECTABLE	\$0		
IPOL INJECTION SUSPENSION	\$0		
IXCHIQ	\$0		
IXIARO	\$0		
<i>janssen covid-19 vaccine</i>		\$0	

Drug Name	Brand	Generic	Additional Information
<b>JYNNEOS</b>	\$0		AI (2x 0.5 ML doses per year); QL (1 ML per 354 days); AG (Min 18 Years)
<b>MNEXSPIKE</b>	\$0		AG (Min 12 Years)
<i>moderna covid-19 bival 6m-5y</i>		\$0	
<i>moderna covid-19 bival booster</i>		\$0	
<i>moderna covid-19 bivalent</i>		\$0	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>		\$0	
<b>MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION</b>	\$0		AI (2 doses per year); QL (2 doses per 1 year); AG (Min 6 Years and Max 11 Years)
<b>MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0		AG (Min 6 Months and Max 11 Years)
<i>moderna covid-19 vacc 6m-5y</i>		\$0	
<b>MRESVIA</b>	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 60 Years)
<i>novavax covid-19 vaccine</i>		\$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
<i>nuvaxovid covid-19 vaccine</i>		\$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
<i>pfizer covid-19 bival 6mo-4yr</i>		\$0	
<i>pfizer covid-19 vac bival 5-11</i>		\$0	
<i>pfizer covid-19 vac bivalent</i>		\$0	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>		\$0	
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML</b>	\$0		AI (2 doses per year); QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>		\$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>		\$0	AI (3 doses per year); QL (2 doses per 1 Year); AG (Min 6 Years and Max 4 Years)
<i>pfizer-biontech covid-19 vacc</i>		\$0	
<b>PREHEVBRIO</b>	\$0		
<b>RABAVERT</b>	\$0		
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	\$0		
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	\$0		
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	\$0		
<b>ROTATEQ ORAL SOLUTION</b>	\$0		
<i>sanofi covid-19 vac (booster)</i>		\$0	

Drug Name	Brand	Generic	Additional Information
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (2 doses per lifetime); QL (2 doses per 1 lifetime); AG (Min 50 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0		AI (2 doses per lifetime); QL (2 doses per 1 lifetime); AG (Min 50 Years)
SPIKEVAX	\$0		AG (Min 12 Years)
SPIKEVAX 6M-11Y	\$0		AG (Min 6 Months and Max 11 Years)
SPIKEVAX COVID-19 VACCINE ( <i>Moderna COVID-19 Vaccine</i> )	\$0	\$0	
<i>stamaril</i>		\$0	
TICOVAC	\$0		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (2 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (2 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 ML per 1 lifetime)
VARIVAX INJECTION	\$0		AI (2 Doses per year); QL (2 inj per 1 Year)
VARIVAX SUBCUTANEOUS	\$0		AI (2 doses per year); QL (2 doses per 1 Year)
VIMKUNYA	\$0		AG (Min 12 Years)
YF-VAX SUBCUTANEOUS INJECTABLE	\$0		
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		
<b>*Vaginal And Related Products*</b>			
<b>*Imidazole-Related Antifungals***</b>			
GYNAZOLE-1	SP		F
<i>terconazole vaginal cream</i>		T3	F
<b>*Spermicides***</b>			
ENCARE VAGINAL SUPPOSITORY	\$0		F
OPTIONS GYNOL II CONTRACEPTIVE	\$0		F
TODAY SPONGE	\$0		AI (12 sponges per month); F; QL (4 boxes per 1 Month)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		
<b>*Vaginal Anti-Infectives***</b>			
<i>clindamycin phosphate vaginal</i>		T2	AI (40gm per 7 days); F; QL (40 GM per 7 days)
<i>metronidazole vaginal</i>		T3	AI (1x 70gm tube per month); F; QL (70 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>*Vaginal Estrogens***</b>			
ESTRACE VAGINAL ( <i>Estradiol</i> )	T2	T2	F
FEMRING	SP		AI (1 vaginal ring per 90 days); F; QL (1 vaginal ring per 90 days)
PREMARIN VAGINAL	T3		F
YUVAFEM ( <i>Estradiol</i> )	SP	SP	F
<b>*Vaginal Progestins***</b>			
CRINONE	MB		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F
<b>*Vasopressors*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	SP		AI (2 pens per month); QL (2 pens per 1 month); AG (Max 2 Years)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>		T3	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>		T3	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>			
<i>droxidopa capsule 100 mg oral</i>		MB	AI (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ☒ are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (3 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa capsule 200 mg oral</i>		MB	AI (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ☒ are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (6 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa capsule 300 mg oral</i>		MB	AI (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ☒ are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (6 capsules per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>droxidopa oral capsule 100 mg</i>		MB	PA; SP; AI (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ☒ are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (3 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa oral capsule 200 mg, 300 mg</i>		MB	PA; SP; AI (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ☒ are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (6 capsules per 1 day); AG (Min 18 Years)
<b>*Vasopressors***</b>			
<i>epinephrine pf injection solution</i>		T3	
<i>midodrine hcl</i>		SP	
<b>*Vitamins*</b>			
<b>*Paba***</b>			
<b>POTABA ORAL CAPSULE</b>	SP		
<b>*Vitamin D***</b>			
<b>BABY DDROPS ORAL LIQUID (Baby Super Daily D3) 10 MCG /0.028ML</b>	\$0	\$0	AG (Min 65 Years)
<b>BABY DDROPS ORAL LIQUID 10 MCG/0.03ML</b>	\$0		AG (Min 65 Years)
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>		\$0	AG (Min 65 Years)
<b>BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML</b>	\$0		AG (Min 65 Years)
<b>BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML</b>	\$0		AG (Min 65 Years)
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>d 1000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d 10000</i>		\$0	AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	AG (Min 65 Years)
<i>d 5000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d-1000</i>		\$0	AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	AG (Min 65 Years)
<i>d2000 ultra strength</i>		\$0	AG (Min 65 Years)
<i>d3 2000</i>		\$0	AG (Min 65 Years)
<i>d3 5000</i>		\$0	AG (Min 65 Years)
<i>d3 adult</i>		\$0	AG (Min 65 Years)
<i>d3 baby drops</i>		\$0	AG (Min 65 Years)
<i>d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>d3 high potency oral capsule</i>		\$0	AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>d3 kids</i>		\$0	AG (Min 65 Years)
<i>d3 max st oral capsule 250 mcg (10000 ut)</i>		\$0	AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral tablet</i>		\$0	
<i>d3 oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>d3 super strength</i>		\$0	AG (Min 65 Years)
<i>d3-1000</i>		\$0	AG (Min 65 Years)
<b>D3-50 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<i>d-400</i>		\$0	AG (Min 65 Years)
<i>d-5000</i>		\$0	AG (Min 65 Years)
<b>DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML</b>	\$0		AG (Min 65 Years)
<b>DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>DECARA ORAL CAPSULE 625 MCG (25000 UT)</b>	\$0		AG (Min 65 Years)
<i>delta d3</i>		\$0	AG (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000 (D-3-5)</b>	\$0	\$0	AG (Min 65 Years)
<b>DIALYVITE VITAMIN D3 MAX (Vitamin D3 Ultra Potency)</b>	\$0	\$0	AG (Min 65 Years)
<b>D-VI-SOL ORAL LIQUID (Vitamin D3) 10 MCG/ML</b>	\$0	\$0	AG (Min 65 Years)
<i>eq d3 drops infants/childrens</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 gummies</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>ergocalciferol oral capsule</i>		SP	
<i>finest nutrition vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3 rapid release</i>		\$0	AG (Min 65 Years)
<i>gnp d 1000</i>		\$0	AG (Min 65 Years)
<i>gnp d 2000</i>		\$0	AG (Min 65 Years)
<i>gnp d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d maximum strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d super strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>		\$0	AG (Min 65 Years)
<b>HEALTHY KIDS VITAMIN D3 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>KIDS FIRST VITAMIN D3 GUMMIES (D 1000)</b>	\$0	\$0	AG (Min 65 Years)
<i>kls d3</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>kp vitamin d3</i>		\$0	AG (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)</b>	\$0		AG (Min 65 Years)
<b>MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML</b>	\$0		AG (Min 65 Years)
<i>natural vitamin d-3</i>		\$0	
<b>OPTIMAL D3 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>OPURITY VITAMIN D (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<b>PRONUTRIENTS VITAMIN D3 (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>ra vitamin d-3</i>		\$0	AG (Min 65 Years)
<b>REPLESTA</b>	\$0		AG (Min 65 Years)
<b>REPLESTA NX</b>	\$0		AG (Min 65 Years)
<i>sm vitamin d</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>sv vitamin d3</i>		\$0	AG (Min 65 Years)
<b>THERA-D 2000 (Cholecalciferol)</b>	\$0	\$0	AG (Min 65 Years)
<b>THERA-D 4000</b>	\$0		AG (Min 65 Years)
<b>THERA-D RAPID REPLETION (Cholecalciferol)</b>	\$0	\$0	AG (Min 65 Years)
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>true vitamin d3 oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<b>VITAJoy DAILY D GUMMIES (D 1000)</b>	\$0	\$0	AG (Min 65 Years)
<b>VITAMELTS VITAMIN D</b>	\$0		AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>		SP	
<i>vitamin d high potency</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral capsule 1.25 mg (50000 ut), 125 mcg, 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral liquid 10 mcg/ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral tablet 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<b>VITAMIN D-1000 MAX ST (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<i>vitamin d3 adult gummies</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>vitamin d3 fast dissolve</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies adult</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<b>VITAMIN D3 IMMUNE HEALTH</b>	\$0		AG (Min 65 Years)
<i>vitamin d3 max</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 sublingual</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 ultra strength</i>		\$0	AG (Min 65 Years)
<b>WEEKLY-D (Vitamin D3)</b>	\$0	\$0	AG (Min 65 Years)
<i>well vitamin d3</i>		\$0	AG (Min 65 Years)
<b>YUMVS VITAMIN D3 (D 1000)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D3) 62.5 MCG (2500 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (D 1000) 25 MCG (1000 UT)</b>	\$0	\$0	AG (Min 65 Years)
<b>*Vitamin K***</b>			
<i>phytonadione oral</i>		SP	

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### **Section 1557 Coordinator**

**P.O. Box 13466**

**Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711**

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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### **Section 1557 Coordinator**

**P.O. Box 13466**

**Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711**

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

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

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

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

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

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

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

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

### Arabic

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

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

### Farsi (Persian)

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

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

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