BlueCross BlueShield Arizona

Prescription Medication Formulary

AdvanceHealth, BlueSignature Prosano, Cultivate, EverydayHealth, and PPO PremierHealth 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	**Preventive Medications** including Women's Prevention (primarily generics)
1a	**Lower Cost Share** (select medications)
1b	**Low Cost Share**
2	**Moderate Cost Share**
3	**Highest Cost Share**
SP	**Specialty Drugs** (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	**Medical Benefit** (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℠ 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

BlueCross BlueShield Arizona

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.

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.

BlueCross BlueShield Arizona

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.

BlueCross BlueShield Arizona

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.

BlueCross BlueShield Arizona

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

BlueCross BlueShield Arizona

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. 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 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 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 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

AdvanceHealth, BlueSignatureProsano,EverydayHealth, and PPO PremierHealth Plans

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants 10
Allergenic Extracts/Biologicals Misc 12
Amebicides 13
Aminoglycosides 13
Analgesics - Anti-Inflammatory 14
Analgesics - Nonnarcotic 18
Analgesics - Opioid 21
Androgens-Anabolic 27
Anorectal And Related Products 28
Anthelmintics 28
Antianginal Agents 28
Antianxiety Agents 28
Antiarrhythmics 30
Antiasthmatic And Bronchodilator Agents 31
Anticoagulants 35
Anticonvulsants 36
Antidepressants 41
Antidiabetics 44
Antidiarrheal/Probiotic Agents 52
Antidotes And Specific Antagonists 53
Antiemetics 54
Antifungals 55
Antihistamines 55
Antihyperlipidemics 56
Antihypertensives 58
Anti-Infective Agents - Misc. 60
Antimalarials 61
Antimyasthenic/Cholinergic Agents 62
Antimycobacterial Agents 62
Antineoplastics And Adjunctive Therapies 63
Antiparkinson And Related Therapy Agents 84
Antipsychotics/Antimanic Agents 85
Antivirals 88
Beta Blockers 94
Calcium Channel Blockers 94
Cardiotonics 95
Cardiovascular Agents - Misc. 95
Cephalosporins 99
Chemicals 99
Contraceptives 100
Corticosteroids 109
Cough/Cold/Allergy 110
Dermatologicals 111
Diagnostic Products 120
Digestive Aids 141
Diuretics 141
Endocrine And Metabolic Agents - Misc. 142
Estrogens 148
Fluoroquinolones 149
Gastrointestinal Agents - Misc. 149
Genitourinary Agents - Miscellaneous 153
Gout Agents 154
Hematological Agents - Misc. 154
Hematopoietic Agents 156
Hemostatics 159
Hypnotics/Sedatives/Sleep Disorder Agents 159

Laxatives 160
Local Anesthetics-Parenteral 161
Macrolides 161
Medical Devices And Supplies 161
Migraine Products 199
Minerals & Electrolytes 201
Miscellaneous Therapeutic Classes 201
Mouth/Throat/Dental Agents 203
Multivitamins 204
Musculoskeletal Therapy Agents 204
Nasal Agents - Systemic And Topical 205
Neuromuscular Agents 206
Ophthalmic Agents 206
Otic Agents 209
Oxytocics 210
Passive Immunizing And Treatment Agents 210
Penicillins 210
Progestins 211
Psychotherapeutic And Neurological Agents - Misc. 211
Respiratory Agents - Misc. 217
Sulfonamides 219
Tetracyclines 219
Thyroid Agents 219
Toxoids 220
Ulcer Drugs/Antispasmodics/Anticholinergics 220
Urinary Antispasmodics 221
Vaccines 222
Vaginal And Related Products 226
Vasopressors 227
Vitamins 228

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
Adhd Agent - Selective Alpha Adrenergic Agonists**			
clonidine hcl er oral tablet extended release 12 hour		T3	AI (4 tablets per day); QL (4 tablets per 1 day)
guanfacine hcl er		T1b	AG (Min 6 Years)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**			
atomoxetine hcl oral capsule 10 mg		T1b	AI (3 caspsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg		T1b	AI (2 caspsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	T3		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)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T3		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)
Amphetamine Mixtures**			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
Amphetamines**			
amphetamine sulfate		T1b	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg		T1b	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg		T1b	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 6 Years)
lisdexamfetamine dimesylate oral capsule		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
lisdexamfetamine dimesylate oral tablet chewable		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
methamphetamine hcl		T3	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET *(Dextroamphetamine Sulfate)* **10 MG, 5 MG**	T1b	T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
Anorexiants Non-Amphetamine**			
phendimetrazine tartrate		T3	
phentermine hcl oral capsule 15 mg, 30 mg		T3	
Anti-Obesity - Gip & Glp-1 Receptor Agonists**			
ZEPBOUND KWIKPEN	T3		PA; QL (1 pen per 1 Month)
ZEPBOUND SUBCUTANEOUS SOLUTION	T3		PA; QL (4 vials per 1 Month)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3		PA; QL (4 pens per 1 Month)
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**			
SUNOSI	T3		PA
Stimulant Combinations**			
AZSTARYS	T3		PA; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
Stimulants - Misc.**			
armodafinil oral tablet 150 mg, 200 mg, 250 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
armodafinil oral tablet 50 mg		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
dexmethylphenidate hcl		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 27 mg		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
methylphenidate hcl er (osm) oral tablet extended release 36 mg		T2	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 30 mg, 40 mg, 50 mg, 60 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg		T3	PA; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
methylphenidate hcl er(diffus) oral tablet extended release 36 mg		T2	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T2	AI (30ml per day); QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T3	AI (60ml per day); QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg		T2	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 20 mg		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
modafinil oral		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK	T3		PA
PALFORZIA (1 MG DAILY DOSE)	T3		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)
PALFORZIA (12 MG DAILY DOSE)	T3		AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T3		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T3		AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		AI (4 capsiules per day); QL (4 capsules per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
PALFORZIA (3 MG DAILY DOSE)	T3		AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T3		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T3		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T3		AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		AI (6 capsules per day); QL (6 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T3		AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL DOSE 1-3YRS	T3		AI (7 capsules per 4 days); QL (7 capsules per 4 days); AG (Min 1 Years and Max 3 Years)
PALFORZIA INITIAL DOSE 4-17YRS	T3		AI (13 capsules is the initial starting dose); QL (13 capsules per 1 dose); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		AI (13 capsules is the initial starting dose); QL (13 capsules per 1 dose); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T3		PA
Mixed Allergenic Extracts**			
ODACTRA	T3		PA
ORALAIR	T3		PA
Amebicides			
Amebicides**			
SOLOSEC	T3		AI (1 packet per 6 months); QL (1 packet per 6 Monthss)
Aminoglycosides			
Aminoglycosides**			
ARIKAYCE	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
gentamicin sulfate injection		MB	
neomycin sulfate oral		T3	
tobramycin inhalation		SP	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
Analgesics - Anti-Inflammatory			
Antirheumatic - Janus Kinase (Jak) Inhibitors**			
OLUMIANT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RINVOQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RINVOQ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
tofacitinib citrate oral solution		SP	PA; 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 (Min 18 Years)
XELJANZ ORAL SOLUTION	SP		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)
XELJANZ ORAL TABLET *(Tofacitinib Citrate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XELJANZ XR *(Tofacitinib Citrate ER)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Anti-Tnf-Alpha - Monoclonal Antibodies**			
adalimumab-adbm (2 pen)		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
adalimumab-adbm (2 syringe)		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
adalimumab-adbm(ps/uv starter)		SP	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
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HADLIMA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HADLIMA PUSHTOUCH	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (1 PEN) *(Adalimumab-ryvk (1 Pen))*	SP	SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (1 SYRINGE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (2 PEN) *(Adalimumab-ryvk (2 Pen))*	SP	SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (2 SYRINGE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cyclooxygenase 2 (Cox-2) Inhibitors**			
celecoxib oral		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
Gold Compounds**			
RIDAURA *(Auranofin)*	T3	T3	

Drug Name	Brand	Generic	Additional Information
Interleukin-1Beta Blockers**			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Interleukin-6 Receptor Inhibitors**			
ACTEMRA ACTPEN	SP		PA; SP
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AVTOZMA SUBCUTANEOUS	SP		PA
KEVZARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nonsteroidal Anti-Inflammatory Agent Combinations**			
diclofenac-misoprostol oral tablet delayed release		T1b	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
diclofenac potassium oral tablet 50 mg		T1b	
diclofenac sodium er		T1b	
diclofenac sodium oral		T1b	
etodolac er oral tablet extended release 24 hour 400 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
etodolac oral capsule 200 mg		T1b	AI (6 capsules per day); QL (6 capsules per 1 day)
etodolac oral capsule 300 mg		T1b	AI (4 capsules per day); QL (4 capsules per 1 day)
etodolac oral tablet 400 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
etodolac oral tablet 500 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
flurbiprofen oral tablet 100 mg		T3	
flurbiprofen oral tablet 50 mg		T1b	
ibuprofen oral suspension 100 mg/5ml		T1b	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		T1b	
indomethacin er		T3	
indomethacin oral capsule 25 mg, 50 mg		T1b	
ketorolac tromethamine oral		T1b	AI (20 tablets per 5 days); QL (20 tablets per 5 days)
meclofenamate sodium oral capsule 100 mg		T2	
meclofenamate sodium oral capsule 50 mg		T3	
mefenamic acid oral		T3	

Drug Name	Brand	Generic	Additional Information
meloxicam oral tablet 15 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
meloxicam oral tablet 7.5 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
nabumetone oral		T1b	
naproxen oral tablet		T1b	
naproxen sodium oral tablet 275 mg		T1b	
oxaprozin oral tablet		T1b	
piroxicam oral		T1b	
sulindac oral		T1b	
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OTEZLA ORAL TABLET THERAPY PACK	SP		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)
Pyrimidine Synthesis Inhibitors**			
leflunomide oral		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Selective Costimulation Modulators**			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Soluble Tumor Necrosis Factor Receptor Agents**			
ENBREL MINI	SP		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)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		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
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		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)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		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)
Analgesics - Nonnarcotic			
Analgesics-Sedatives**			
BAC (BUTALBITAL-ACETAMIN-CAFF) *(Butalbital-APAP-Caffeine)*	T1b	T1b	
butalbital-acetaminophen oral tablet 50-325 mg		T1b	
butalbital-apap-caffeine oral capsule		T1b	AI (6 capsules per day); QL (6 capsules per 1 day); AG (Min 12 Years)
Salicylates**			
aspirin 81 oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin adult low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin adult low strength oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin childrens		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin ec adult low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin ec low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin ec low strength		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin ec oral tablet delayed release 81 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin low dose oral tablet chewable		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin low dose oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin low strength		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin regimen		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
BAYER ASPIRIN ORAL TABLET *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE *(Meijer Aspirin EC)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER LOW DOSE *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
childrens aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin adult low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin adult low strength		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 81 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin low strength oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin oral tablet 325 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
cvs genuine aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
diflunisal oral		T1b	
ECOTRIN LOW STRENGTH *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
eq aspirin adult low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
eq aspirin low dose oral tablet chewable		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
eq aspirin low dose oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
eq aspirin oral tablet		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
eql aspirin low dose oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ft aspirin adult low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ft aspirin low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ft aspirin oral tablet		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ft enteric coated aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
genuine aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
gnp adult aspirin low strength oral tablet chewable		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
gnp aspirin low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
gnp aspirin oral tablet 325 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
gnp aspirin oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
goodsense aspirin low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
h-e-b aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
kls aspirin low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
kp aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
mm aspirin oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
qc aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
qc aspirin low dose oral tablet chewable		$0	AI (1 tablet per day); QL (4 tablet per 1 day); AG (Min 45 Years)
qc aspirin low dose oral tablet delayed release		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
qc childrens aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra aspirin adult low dose		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra aspirin adult low strength oral tablet chewable		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra aspirin childrens		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra aspirin ec adult low st		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 325 mg		$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 81 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra aspirin oral tablet 325 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ra pain relief aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
sb aspirin ec		$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
sb aspirin oral tablet		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
sb childrens aspirin		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
sb low dose asa ec		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
sm aspirin ec		$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE *(Aspirin)*	$0	$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
Analgesics - Opioid			
Codeine Combinations**			
acetaminophen-codeine oral solution 120-12 mg/5ml		T2	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)
acetaminophen-codeine oral tablet 300-15 mg		T1b	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)
acetaminophen-codeine oral tablet 300-60 mg		T1b	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)
ASCOMP-CODEINE *(Butalbital-ASA-Caff-Codeine)*	T1b	T1b	AI (12 capsules per day); QL (12 capeules per 1 day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		T1b	AI (12 capsules per day); QL (12 capsules per 1 day)
Dihydrocodeine Combinations**			
TREZIX ORAL CAPSULE *(APAP-Caff-Dihydrocodeine)* **320.5-30-16 MG**	T3	T3	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)
Hydrocodone Combinations**			
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		T1b	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)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg		T1b	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)
hydrocodone-acetaminophen oral tablet 5-300 mg		T1b	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)

Drug Name	Brand	Generic	Additional Information
hydrocodone-acetaminophen oral tablet 5-325 mg		T1b	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)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg		T1b	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)
hydrocodone-ibuprofen oral tablet 5-200 mg		T1b	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)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		T1b	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)
Opioid Agonists**			
codeine sulfate oral tablet 15 mg		T1b	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)
codeine sulfate oral tablet 30 mg		T1b	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)
codeine sulfate oral tablet 60 mg		T1b	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)
DILAUDID ORAL TABLET *(HYDROmorphone HCl)* **2 MG**	T3	T1b	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)
DILAUDID ORAL TABLET *(HYDROmorphone HCl)* **4 MG**	T3	T1b	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)
DILAUDID ORAL TABLET *(HYDROmorphone HCl)* **8 MG**	T3	T1b	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)

Drug Name	Brand	Generic	Additional Information
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		T1b	PA; AI (20 patches per month: PA applies for new starts only); QL (20 patches per 30 Months)
hydrocodone bitartrate er oral capsule extended release 12 hour		T3	PA; AI (4 capsules per day); QL (4 capsules per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg		T3	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg		T3	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day); AG (Min 4 Years)
hydromorphone hcl oral liquid 1 mg/ml		T1b	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)
hydromorphone hcl rectal		T3	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)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT *(HYDROcodone Bitartrate ER)* **100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG**	T2	T2	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
meperidine hcl oral solution		T1b	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)
meperidine hcl oral tablet 50 mg		T1b	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)
methadone hcl oral tablet		T3	PA
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml		T1b	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)
morphine sulfate er beads		T3	PA; AI (1 capsule per day); QL (1 capsule per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		T3	PA; AI (2 capsules per day); QL (2 capsules per 1 day)
morphine sulfate oral solution 10 mg/5ml		T1b	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)

Drug Name	Brand	Generic	Additional Information
morphine sulfate oral solution 20 mg/5ml		T1b	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)
morphine sulfate oral tablet 15 mg		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)
morphine sulfate oral tablet 30 mg		T3	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)
morphine sulfate rectal suppository 10 mg		T3	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)
morphine sulfate rectal suppository 20 mg		T3	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)
morphine sulfate rectal suppository 30 mg		T3	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)
morphine sulfate rectal suppository 5 mg		T3	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)
MS CONTIN ORAL TABLET EXTENDED RELEASE *(Morphine Sulfate ER)* **15 MG, 30 MG, 60 MG**	T3	T1b	PA; AI (PA applies to new starts only)
oxycodone hcl oral capsule		T1b	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)
oxycodone hcl oral concentrate 100 mg/5ml		T1b	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)
oxycodone hcl oral solution		T1b	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
oxycodone hcl oral tablet 10 mg		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)
oxycodone hcl oral tablet 15 mg		T1b	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)
oxycodone hcl oral tablet 20 mg, 30 mg		T1b	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)
oxycodone hcl oral tablet 5 mg		T1b	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)
oxycodone hcl oral tablet abuse-deterrent 15 mg		T1b	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)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T3		PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
oxymorphone hcl er		T3	PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg		T1b	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)
oxymorphone hcl oral tablet 5 mg		T1b	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)
tapentadol hcl oral tablet 100 mg, 75 mg		T3	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)
tapentadol hcl oral tablet 50 mg		T3	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)

Drug Name	Brand	Generic	Additional Information
tramadol hcl (er biphasic) oral tablet extended release 24 hour		T3	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)
tramadol hcl er		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
tramadol hcl oral tablet 50 mg		T1b	AI (16 tablets per day); QL (16 tablets per 1 day)
XTAMPZA ER	T3		PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
XYVONA *(Levorphanol Tartrate)*	T3	T3	PA; AI (16 tablets per day); QL (16 tablets per 1 day)
Opioid Combinations**			
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **10-325 MG**	T1b	T1b	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)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **5-325 MG**	T1b	T1b	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)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **7.5-325 MG**	T1b	T1b	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)
oxycodone-acetaminophen oral solution 5-325 mg/5ml		T3	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)
oxycodone-acetaminophen oral tablet 2.5-325 mg		T1b	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)
PERCOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **10-325 MG**	T3	T1b	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)
Opioid Partial Agonists**			
BELBUCA	T3		PA; AI (4 films per day); QL (4 films per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg		T1b	AI (16 tablets per day); QL (16 tablets per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1b	AI (8 tablets per day); QL (4 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg		T3	AI (4 films per day); QL (4 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg		T3	AI (16 films per day); QL (16 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg		T3	AI (12 films per day); QL (12 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg		T3	AI (6 films per day); QL (6 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1b	AI (12 tablets per day); QL (12 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
buprenorphine transdermal		T1b	PA; AI (8 patches per month: PA applies for new starts only); QL (8 patches per 1 Month); AG (Min 18 Years)
butorphanol tartrate nasal		T3	AI (4x 2.5ml bottles per month); QL (10 ML per 30 days)
pentazocine-naloxone hcl		T1b	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)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG	T2		AI (6 tablets per day); QL (6 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2		AI (2 tablets per day); QL (2 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		AI (4 tablets per day); QL (4 tablets per 1 day)
Tramadol Combinations**			
tramadol-acetaminophen		T1b	AI (16 tablets per day); QL (16 tablets per 1 day)
Androgens-Anabolic			
Androgens**			
danazol oral		T3	AI (4 capsules per day); QL (4 capsules per 1 day)
methitest		T3	PA
methyltestosterone oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml		T1b	AI (1x 10ml vial per 28 days); QL (10 ML per 28 days)
testosterone enanthate intramuscular solution		T1b	AI (5ml per 28 days); QL (5 ML per 28 days)
testosterone transdermal gel 1.62 %		T2	AI (limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
testosterone transdermal gel 12.5 mg/act (1%)		T3	PA; AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
testosterone transdermal gel 20.25 mg/act (1.62%)		T2	AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)		T2	AI (5gm per day); M; QL (5 GM per 1 day)
TLANDO	T3		PA
Anorectal And Related Products			
Intrarectal Steroids**			
hydrocortisone rectal enema		T1b	
Nitrate Vasodilating Agents**			
nitroglycerin rectal		T3	
Anthelmintics			
Anthelmintics**			
albendazole oral		T3	PA
benznidazole		T3	AI (Limited to 2 fills per 180 days); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
ivermectin oral tablet 3 mg		T1b	PA
praziquantel oral		T3	
Antianginal Agents			
Antianginals-Other**			
ranolazine er		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
Nitrates**			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		T1b	
isosorbide mononitrate		T2	
isosorbide mononitrate er		T2	
NITRO-BID *(Nitroglycerin)*	T2	T2	
nitroglycerin sublingual		T1b	
nitroglycerin transdermal patch 24 hour		T1b	AI (1 patch per day); QL (1 patch per 1 day)
nitroglycerin translingual solution		T3	
Antianxiety Agents			
Antianxiety Agents - Misc.**			
buspirone hcl oral tablet 10 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
buspirone hcl oral tablet 15 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
buspirone hcl oral tablet 30 mg		T3	AI (3 tablets per day); QL (3 tablets per 1 day)
buspirone hcl oral tablet 5 mg		T1b	AI (12 tablets per day); QL (12 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
buspirone hcl oral tablet 7.5 mg		T3	
hydroxyzine hcl oral syrup 10 mg/5ml		T1b	
hydroxyzine hcl oral tablet		T1b	
hydroxyzine pamoate oral capsule 100 mg		T2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		T1b	
meprobamate oral tablet 200 mg		T3	
Benzodiazepines**			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg		T3	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)
alprazolam er oral tablet extended release 24 hour 2 mg		T3	AI (1 tablet per day, with a limitation of up to two fills of any benzodiazipine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1b	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)
alprazolam oral tablet 1 mg		T1b	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)
alprazolam oral tablet 2 mg		T1b	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)
alprazolam xr		T3	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)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg		T1b	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)
chlordiazepoxide hcl oral capsule 25 mg		T1b	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)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1b	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)

Drug Name	Brand	Generic	Additional Information
clorazepate dipotassium oral tablet 3.75 mg		T1b	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)
diazepam oral solution 5 mg/5ml		T3	AI (40ml per day, limitations of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
diazepam oral tablet 10 mg, 5 mg		T1b	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazipine per 30 days); QL (2 tablets per 1 day)
diazepam oral tablet 2 mg		T1b	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazipine per 30 days); QL (4 tablets per 1 day)
LORAZEPAM INTENSOL *(LORazepam)*	T1b	T1b	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)
lorazepam oral tablet		T1b	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)
oxazepam oral capsule 10 mg, 15 mg		T1b	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)
oxazepam oral capsule 30 mg		T1b	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)
Antiarrhythmics			
Antiarrhythmics Type I-A**			
disopyramide phosphate oral		T1b	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T3		
quinidine gluconate er		T2	
quinidine sulfate oral		T3	
Antiarrhythmics Type I-B**			
mexiletine hcl oral		T3	
Antiarrhythmics Type I-C**			
flecainide acetate		T1b	
propafenone hcl		T1b	
propafenone hcl er		T3	

Drug Name	Brand	Generic	Additional Information
Antiarrhythmics Type Iii**			
dofetilide		SP	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)
MULTAQ	T2		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
PACERONE ORAL TABLET *(Amiodarone HCl)* **100 MG, 200 MG, 400 MG**	T1b	T1b	
Antiasthmatic And Bronchodilator Agents			
5-Lipoxygenase Inhibitors**			
zileuton er		T3	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)
Adrenergic Combinations**			
ADVAIR HFA *(Fluticasone-Salmeterol)*	T2	T2	AI (1 inhaler per month); QL (1 inhaler per 30 days); AG (Min 3 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2		
BEVESPI AEROSPHERE	T3		AI (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: 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)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone Furoate-Vilanterol)* **100-25 MCG/ACT, 200-25 MCG/ACT**	T2	T2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2		AG (Min 5 Years)
BREYNA *(Budesonide-Formoterol Fumarate)*	T3	T3	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)

Drug Name	Brand	Generic	Additional Information
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	T3		AI (1x 10.7gm inhaler per month); ST (Step Therapy required: trial of THREE (3) of the following for 3 months each in the last 12 months: Pulmicort Flexhaler, Symbicort, Arnuity Ellipta, Advair HFA, Trelegy Ellipta-for 18 and over, Breo Ellipta, Asmanex, Serevent Spiriva Respimat); QL (1 inhaler per 1 Month); AG (Min 18 Years)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	T3		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)
COMBIVENT RESPIMAT	T3		AI (2x 4gm inhalers per month); QL (2 inhalers per 30 dayss)
DUAKLIR PRESSAIR	T3		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)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	T3		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)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T3		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)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act		T2	AI (1 inhaler per month); QL (2 inhaler per 1 Month)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		T1b	AI (1 inhaler per month); QL (1 inhaler per 1 Month); AG (Min 12 Years)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		T1b	AI (18ml per day); QL (18 ML per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		AI (1 carton (4gm) per month); QL (4 GM per 1 Month); AG (Min 18 Years)
SYMBICORT	T2		AI (1 fill per 20 days); QL (0.52 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	T2		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **250-50 MCG/ACT**	T2	T2	AI (1 inhaler per month); QL (1 inhaler per 1 Month)
Anti-Ige Monoclonal Antibodies			
XOLAIR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Anti-Inflammatory Agents			
cromolyn sodium inhalation		T1b	
Beta Adrenergics			
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml		T1b	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1b	AI (Max #1125ml Mail Order)
albuterol sulfate oral syrup 2 mg/5ml		T1b	
albuterol sulfate oral tablet		T1b	
arformoterol tartrate		T3	AI (4ml (2 vials) per day); QL (120 ML per 30 days); AG (Min 18 Years)
formoterol fumarate inhalation		T3	AI (1 carton per month); QL (120 ML per 30 days); AG (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml		T2	AI (3 vials (9ml) per day); QL (3 vials per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml		T1b	AI (3ml per day); QL (3 ML per 1 day)
levalbuterol tartrate		T3	AI (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 inhaler per 1 month)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2		AI (1 inhaler per month); QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT	T3		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)
terbutaline sulfate oral		T1b	
VENTOLIN HFA *(Albuterol Sulfate HFA)*	T3	T1b	
Bronchodilators - Anticholinergics			
ATROVENT HFA *(Ipratropium Bromide HFA)*	T2	T2	AI (2x 12.9gm inhalers per month); QL (2 inhalers per 1 Month)

Drug Name	Brand	Generic	Additional Information
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3		ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
ipratropium bromide inhalation		T1b	
SPIRIVA HANDIHALER *(Tiotropium Bromide)*	T2	T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
tiotropium bromide monohydrate		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
umeclidinium ellipta		T3	ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
Interleukin-5 Antagonists (Igg1 Kappa)**			
FASENRA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASENRA PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUCALA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Leukotriene Receptor Antagonists**			
montelukast sodium oral packet		T2	AI (1 packet per day); QL (1 packet per 1 day)
montelukast sodium oral tablet		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable 4 mg		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable 5 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
zafirlukast		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
roflumilast		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
Steroid Inhalants**			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T2		AI (2x 6.1gm inhalers per month); QL (6.1 inhalers per 1 Month)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		AI (1x 6.1gm inhaler per month); QL (6.1 inhaler per 1 Month)
ARNUITY ELLIPTA	T2		

Drug Name	Brand	Generic	Additional Information
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX HFA	T2		
beclomethasone diprop hfa		T3	
budesonide inhalation		T2	
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act		T3	ST (Step Therapy required: 2 fills in the last 6 months - brand Arnuity Ellipta)
fluticasone furoate ellipta inhalation aerosol powder breath activated 200 mcg/act		T3	ST (Step Therapy required: (2 fills in the last 6 months - brand Arnuity Ellipta))
fluticasone propionate diskus		T2	AI (1x 60 count inhaler per month); QL (1 inhaler per 1 Month)
fluticasone propionate hfa		T2	
PULMICORT FLEXHALER	T2		
QVAR REDIHALER	T2		
Thymic Stromal Lymphopoietin (Tslp) Antagonists**			
TEZSPIRE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Xanthines**			
aminophylline anhydrous		T3	PA
ELIXOPHYLLIN *(Theophylline)*	T1b	T1b	
THEO-24	T3		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg		T3	AI (3 tablets per day); QL (3 tablets per 1 day)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg		T3	
theophylline er oral tablet extended release 24 hour		T1b	
Anticoagulants			
Coumarin Anticoagulants**			
JANTOVEN *(Warfarin Sodium)*	T1b	T1a	
Direct Factor Xa Inhibitors**			
ELIQUIS (1.5 MG PACK)	T2		AG (Max 12 Years)
ELIQUIS (2 MG PACK)	T2		AG (Max 12 Years)

Drug Name	Brand	Generic	Additional Information
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2		AI (74 tablets per 28 days); QL (74 tablets per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2		AG (Max 12 Years)
ELIQUIS ORAL TABLET	T2		AI (3 tablets per day); QL (3 tablets per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	T2		AG (Max 12 Years)
rivaroxaban oral suspension reconstituted		T2	AI (10ml per day); QL (10 ML per 1 day)
rivaroxaban oral tablet		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	T2		AI (2 tablets per day); QL (2 tablets per 1 day)
XARELTO STARTER PACK	T2		AI (51 tablets per 28 days); QL (51 tablets per 28 days)
Heparins And Heparinoid-Like Agents**			
BD HEPARIN POSIFLUSH *(Heparin Na (Pork) Lock Flsh PF)*	T3	T3	AI (120ml per 30 days); QL (120 ML per 30 days)
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
heparin sodium (porcine) +rfid		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
heparin sodium (porcine) injection solution prefilled syringe		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
heparin sodium (porcine) pf		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
Low Molecular Weight Heparins**			
enoxaparin sodium injection solution 300 mg/3ml		T1b	
enoxaparin sodium injection solution prefilled syringe		T1b	AI (2 ml per day); QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T3		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3		
Synthetic Heparinoid-Like Agents**			
fondaparinux sodium		T1b	
Thrombin Inhibitors - Selective Direct & Reversible**			
dabigatran etexilate mesylate		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
Anticonvulsants			
Ampa Glutamate Receptor Antagonists**			
perampanel oral suspension		T2	

Drug Name	Brand	Generic	Additional Information
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
perampanel oral tablet 2 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
Anticonvulsants - Benzodiazepines**			
clobazam oral suspension 2.5 mg/ml		T3	AI (8ml per day); QL (8 ML per 1 day)
clobazam oral tablet		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 2 Years)
clonazepam oral tablet 0.5 mg, 1 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
clonazepam oral tablet 2 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
clonazepam oral tablet dispersible 0.25 mg, 0.5 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
diazepam rectal gel 2.5 mg		T3	AI (10 boxes per month); QL (10 boxes per 30 days)
NAYZILAM	T3		PA
VALTOCO 10 MG DOSE	T3		PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3		PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3		PA
VALTOCO 5 MG DOSE	T3		PA
Anticonvulsants - Misc.**			
brivaracetam oral solution		T3	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)
brivaracetam oral tablet		T3	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)
carbamazepine er		T1b	
carbamazepine oral suspension 100 mg/5ml		T1b	
carbamazepine oral tablet chewable 100 mg		T1b	
carbamazepine oral tablet chewable 200 mg		T3	
DIACOMIT	SP		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
EPITOL *(carBAMazepine)*	T1b	T1b	
eslicarbazepine acetate oral tablet 200 mg, 400 mg		T3	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)
eslicarbazepine acetate oral tablet 600 mg, 800 mg		T3	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)
gabapentin oral capsule 100 mg		T1b	
gabapentin oral solution 250 mg/5ml		T1b	
gabapentin oral tablet 600 mg, 800 mg		T1b	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml		T3	
lacosamide oral tablet		T2	
lamotrigine er		T1b	
lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg		T1b	
lamotrigine oral tablet		T1b	
lamotrigine oral tablet chewable		T1b	
lamotrigine oral tablet dispersible		T1b	
levetiracetam er oral tablet extended release 24 hour 500 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 12 Years)
levetiracetam er oral tablet extended release 24 hour 750 mg		T1b	AG (Min 12 Years)
levetiracetam oral solution 100 mg/ml		T1b	
levetiracetam oral tablet		T1b	
oxcarbazepine		T1b	
oxcarbazepine er		T3	
pregabalin oral		T1b	
primidone oral tablet 250 mg, 50 mg		T1b	
RELGAABI ORAL CAPSULE *(Gabapentin)* **300 MG, 400 MG**	T1b	T1b	
ROWEEPRA ORAL TABLET *(levETIRAcetam)* **500 MG**	T1b	T1b	
rufinamide oral suspension 40 mg/ml		T3	PA
rufinamide oral tablet		T3	PA
SUBVENITE ORAL TABLET *(lamoTRIgine)* **100 MG**	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
topiramate er oral capsule er 24 hour sprinkle		T3	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)
topiramate er oral capsule extended release 24 hour		T3	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)
topiramate oral capsule sprinkle 15 mg, 25 mg		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
topiramate oral solution 25 mg/ml		T3	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)
topiramate oral tablet		T1b	
zonisamide oral		T1b	
ZTALMY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Carbamates**			
felbamate		T1b	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3		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)
XCOPRI (350 MG DAILY DOSE)	T3		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)

Drug Name	Brand	Generic	Additional Information
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T3		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)
XCOPRI ORAL TABLET 25 MG	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK	T3		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)
Gaba Modulators**			
tiagabine hcl		T3	
VIGADRONE *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIGPODER	SP		PA; SP
Hydantoins**			
DILANTIN ORAL CAPSULE 30 MG	T3		
PHENYTEK	T1b		AI (2 capsules per day); QL (2 capsules per 1 day)
phenytoin oral tablet chewable		T1b	
phenytoin sodium extended oral capsule 100 mg		T1b	
phenytoin sodium extended oral capsule 200 mg, 300 mg		T1b	AI (2 dapsules per day); QL (2 capsules per 1 day)
Succinimides**			
ethosuximide oral		T2	
methsuximide		T3	
Valproic Acid**			
divalproex sodium er oral tablet extended release 24 hour		T1b	
divalproex sodium oral capsule delayed release sprinkle		T3	
divalproex sodium oral tablet delayed release 125 mg		T1a	
divalproex sodium oral tablet delayed release 250 mg, 500 mg		T1b	
valproic acid oral capsule		T1b	
valproic acid oral solution 250 mg/5ml		T1b	

Drug Name	Brand	Generic	Additional Information
Antidepressants			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
mirtazapine oral tablet		T1b	
mirtazapine oral tablet dispersible		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
Antidepressants - Misc.**			
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg		T1a	AI (3 tablets per day); QL (3 tablets per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg		T1a	AI (2 tablets per day); QL (2 tablets per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
bupropion hcl oral		T1b	
Gaba Receptor Modulator - Neuroactive Steroid**			
ZURZUVAE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Monoamine Oxidase Inhibitors (Maois)**			
EMSAM	SP		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)
MARPLAN	T3		
phenelzine sulfate oral		T1b	
tranylcypromine sulfate		T1b	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
citalopram hydrobromide oral solution 10 mg/5ml		T1b	
citalopram hydrobromide oral tablet 10 mg		T1a	
citalopram hydrobromide oral tablet 20 mg, 40 mg		T1b	
escitalopram oxalate oral solution		T1b	
escitalopram oxalate oral tablet		T1b	
fluoxetine hcl oral capsule 10 mg, 20 mg		T1a	
fluoxetine hcl oral capsule 40 mg		T1b	
fluoxetine hcl oral solution		T1b	
fluoxetine hcl oral tablet 10 mg, 20 mg		T1b	
fluoxetine hcl oral tablet 60 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
fluvoxamine maleate		T2	

Drug Name	Brand	Generic	Additional Information
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg		T2	AI (2 capsules per day); QL (2 capsule per 1 day)
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
paroxetine hcl er		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
paroxetine hcl oral suspension		T3	
paroxetine hcl oral tablet 10 mg, 40 mg		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
paroxetine hcl oral tablet 20 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
paroxetine hcl oral tablet 30 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
sertraline hcl oral concentrate		T1b	
sertraline hcl oral tablet 100 mg, 50 mg		T1b	
sertraline hcl oral tablet 25 mg		T1a	
Serotonin Modulators**			
nefazodone hcl		T3	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1b	
trazodone hcl oral tablet 300 mg		T1b	AI (2 tablets per day); QL (2 tablet per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		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)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		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)
VIIBRYD STARTER PACK	T3		AI (1 box per lifetime); QL (1 box per 1 Lifetime); AG (Min 18 Years)
vilazodone hcl		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
desvenlafaxine er		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
desvenlafaxine succinate er		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
DRIZALMA SPRINKLE	T3		AI (1 capsule per day); ST (Step Therapy required: Through Cymbalta (brand or generic) for 3 months within last 6 months.); QL (1 capsule per 1 day); AG (Min 7 Years)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg		T1b	AI (3 capsules per day); QL (3 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 60 mg		T1b	AI (3 capsules per day); QL (2 capsules per 1 day)
FETZIMA	T3		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)
FETZIMA TITRATION	T3		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)
venlafaxine hcl er		T1b	
venlafaxine hcl oral tablet 100 mg, 75 mg		T1b	
venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg		T1a	
Tricyclic Agents			
amitriptyline hcl oral		T1b	
amoxapine oral tablet 100 mg		T1b	
amoxapine oral tablet 150 mg, 25 mg, 50 mg		T2	
clomipramine hcl oral		T1b	
desipramine hcl oral		T1b	
doxepin hcl oral capsule		T1b	
doxepin hcl oral concentrate		T1b	
imipramine hcl oral		T1b	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg		T3	AI (2 tablets per day); QL (2 capsules per 1 day)
imipramine pamoate oral capsule 75 mg		T3	AI (3 capsules per day); QL (3 capsules per 1 day)
nortriptyline hcl oral capsule		T1b	
protriptyline hcl		T1b	
trimipramine maleate oral capsule 50 mg		T3	

Drug Name	Brand	Generic	Additional Information
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
acarbose oral		T1b	
Antidiabetic - Amylin Analogs**			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
Biguanides**			
metformin hcl er oral tablet extended release 24 hour 500 mg		T1a	AI (5 tablets per day); QL (5 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 750 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
metformin hcl oral tablet 1000 mg, 500 mg		T1a	
metformin hcl oral tablet 850 mg		T1b	
Diabetic Other**			
BAQSIMI ONE PACK	T2		AI (2 intranasal devices per month); QL (2 boxes per 30 days)
BAQSIMI TWO PACK	T2		AI (2 intranasal devices per month); QL (1 box per 30 days)
diazoxide oral		T3	
glucagon emergency injection kit		T2	AI (2 per month); QL (2 injections per 30 days)
glucagon emergency injection solution reconstituted 1 mg		T2	AI (2 injections per 30 days supply); QL (2 injections per 30 days)
glucagon emergency injection solution reconstituted 1 mg/ml		T2	AI (2 boxes per month); QL (2 boxes per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
alogliptin benzoate		T3	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 Janvuvia AND Jentadueto/XR or Tradjenta); QL (1 tablet per 1 day); AG (Min 18 Years)
JANUVIA	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
saxagliptin hcl		T3	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 Janvuvia AND Jentadueto/XR or Tradjenta); QL (1 tablet per 1 day); AG (Min 16 Years)
sitagliptin phosphate		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
TRADJENTA	T2		

Drug Name	Brand	Generic	Additional Information
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
alogliptin-metformin hcl		T3	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 Janvuvia AND Jentadueto/XR or Tradjenta)
JANUMET	T2		AI (2 tablets per day); QL (2 tablet per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2		AI (1 tablet per day); QL (1 tablets per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR *(SITaglip Phos-metFORMIN HCl ER)* **50-1000 MG, 50-500 MG**	T2	T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
JENTADUETO	T2		
JENTADUETO XR	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
saxagliptin-metformin er		T3	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 Janvuvia AND Jentadueto/XR or Tradjenta)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
sitagliptin phos-metformin hcl oral tablet 50-1000 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
sitagliptin phos-metformin hcl oral tablet 50-500 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
ZITUVIMET *(Sitagliptin Base-Metformin HCl)*	T3	T3	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)
ZITUVIMET XR *(Sitaglipt Base-Metform HCl ER)*	T3	T3	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)
Dopamine Receptor Agonists - Ergot Derivatives**			
CYCLOSET	T3		

Drug Name	Brand	Generic	Additional Information
Dpp-4 Inhibitor-Thiazolidinedione Combinations**			
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg		T3	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 Janvuvia AND Jentadueto/XR or Tradjenta)
Human Insulin**			
ADMELOG INJECTION	T3		AI (2ml per day); QL (2 ML per 1 day)
ADMELOG SOLOSTAR	T3		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	T3		PA; AI (6 units per day); QL (6 units per 1 day); AG (Min 18 Years)
APIDRA	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T3		AI (2ml per day); QL (2 ML per 1 day)
FIASP INJECTION	T3		AI (2ml per day); QL (2 ML per 1 day)
FIASP PENFILL	T3		AI (2ml per day); QL (2 ML per 1 day)
FIASP PUMPCART	T3		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG INJECTION *(Insulin Lispro)*	T3	T1b	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN *(Insulin Lispro Junior KwikPen)*	T2	T3	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Insulin Lispro (1 Unit Dial))* **100 UNIT/ML**	T2	T3	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR *(Insulin Lispro Prot & Lispro)*	T2	T3	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T2		AI (2ml per day); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
HUMULIN 70/30	T1a		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN N	T1a		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R	T1a		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
insulin aspart flexpen		T3	AI (2ml per day); QL (2 ML per 1 day)
insulin degludec		T3	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml		T3	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
insulin glargine		T3	PA; AI (2ml per day); QL (2 ML per 1 day)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous		T1b	AI (Civica NDCs 72572042205, 72572042405 are covered with no PA, daily dose 2ml @ Sort Pak, call 877-570-7787.); QL (2 ML per 1 day)
KIRSTY	T3		AI (2ml per day); QL (2 ML per 1 day)
LANTUS	T3		AI (2ml per day); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		AI (2ml per day); QL (2 ML per 1 day)
LYUMJEV	T3		PA; AI (10ml per month); QL (10 ML per 1 Month)
LYUMJEV KWIKPEN	T3		PA; AI (15ml per month); QL (15 ML per 1 Month)
LYUMJEV TEMPO PEN	T3		PA; AI (15ml per month); QL (15 ML per 1 day)
MERILOG	T3		AI (2ml per day); QL (2 ML per 1 day)
MERILOG SOLOSTAR	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30	T3		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T2		AI (2ml per day); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30 RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG 70/30 FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG INJECTION	T3		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 *(Insulin Aspart Prot & Aspart)*	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR *(Insulin Asp Prot & Asp FlexPen)*	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE *(Insulin Aspart PenFill)*	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION *(Insulin Aspart)*	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
REZVOGLAR KWIKPEN	T2		
TRESIBA	T3		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T3		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2		PA; AI (2ml per 28days); QL (4 pens per 28 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml		T2	PA; AI (2.4ml (60 doses) per month); QL (1 pen per 1 Month); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
exenatide subcutaneous solution pen-injector 5 mcg/0.02ml		T2	PA; AI (1.2ml (60 doses) per month); QL (1 pen per 30 days)
OZEMPIC	T2		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2		PA; AI (2 pens per 28 days); QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE)	T2		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
RYBELSUS	T2		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T2		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 10 Years)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T2		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Liraglutide)*	T2	T3	PA; AI (3 pens per month); QL (3 pens per 1 Month); AG (Min 10 Years)
Insulin-Incretin Mimetic Combinations**			
SOLIQUA	T3		PA; AI (6 pens (20ml) per month); QL (6 pens per 30 days); AG (Min 18 Years)
Meglitinide Analogues**			
nateglinide		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
repaglinide		T1b	
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
QTERN	T3		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)

Drug Name	Brand	Generic	Additional Information
STEGLUJAN	T3		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)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**			
dapagliflozin propanediol oral tablet 10 mg		T3	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)
dapagliflozin propanediol oral tablet 5 mg		T3	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 ORAL TABLET 10 MG	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA ORAL TABLET *(Dapagliflozin)* **5 MG**	T2	T3	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)
INVOKANA	T3		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	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
STEGLATRO	T3		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)

Drug Name	Brand	Generic	Additional Information
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**			
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg		T3	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)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg		T3	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)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg		T3	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)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg		T3	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)
INVOKAMET	T3		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)
INVOKAMET XR	T3		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)

Drug Name	Brand	Generic	Additional Information
SEGLUROMET	T3		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)
SYNJARDY	T2		
SYNJARDY XR	T2		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	T2		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
Sulfonylurea-Biguanide Combinations**			
glipizide-metformin hcl oral tablet 2.5-250 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
glyburide-metformin oral tablet 1.25-250 mg		T1a	AI (3 tablets per day); QL (3 tablets per 1 day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg		T1a	AI (4 tablets per day); QL (4 tablets per 1 day)
Sulfonylureas**			
glimepiride oral tablet 1 mg, 2 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
glimepiride oral tablet 4 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
glipizide er		T1b	
glipizide oral tablet 10 mg, 5 mg		T1a	
glipizide oral tablet 15 mg		T3	QL (1 EA per 1 day)
glipizide oral tablet 2.5 mg		T3	QL (2 EA per 1 day)
glyburide micronized		T1b	
glyburide oral tablet 1.25 mg, 2.5 mg		T1b	
glyburide oral tablet 5 mg		T1a	
Thiazolidinedione-Biguanide Combinations**			
pioglitazone hcl-metformin hcl		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
Thiazolidinediones**			
pioglitazone hcl		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Antidiarrheal/Probiotic Agents			
Antiperistaltic Agents**			
diphenoxylate-atropine oral liquid		T1b	
diphenoxylate-atropine oral tablet 2.5-0.025 mg		T1b	
ft anti-diarrheal oral capsule		T1b	

Drug Name	Brand	Generic	Additional Information
MOTOFEN	T3		
Antidotes And Specific Antagonists			
Antidotes - Chelating Agents**			
CHEMET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
deferasirox granules		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
deferasirox oral packet		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
deferasirox oral tablet 180 mg		SP	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)
deferasirox oral tablet 360 mg		SP	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)
deferasirox oral tablet 90 mg		SP	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)
deferasirox oral tablet soluble		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
deferiprone		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antidotes And Specific Antagonists**			
RADIOGARDASE	T3		AI (18 tablets per day); QL (18 tablets per 1 day); AG (Min 2 Years)
Opioid Antagonists**			
KLOXXADO	T3		AI (1 box per 30 days); QL (1 box per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		T1b	
naloxone hcl injection solution cartridge		T1b	
naloxone hcl injection solution prefilled syringe		T1b	
naloxone hcl nasal		T2	AI (1 box per month); QL (1 box per 30 days)
naltrexone hcl oral		T1b	

Drug Name	Brand	Generic	Additional Information
REXTOVY	T2		AI (1 box per month); QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZIMHI	T3		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)
ZURNAI	T3		AI (2x 0.5 ml pens per month); QL (2 pens per 30 days); AG (Min 12 Years)
Antiemetics			
5-Ht3 Receptor Antagonists**			
ANZEMET ORAL TABLET 50 MG	T3		
granisetron hcl oral		T1b	AI (1 tablet per day); QL (2 tablet per 1 day)
ondansetron hcl oral solution 4 mg/5ml		T1b	
ondansetron hcl oral tablet 4 mg, 8 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
ondansetron oral tablet dispersible 4 mg, 8 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
SANCUSO	T3		AI (20 patches per month); QL (20 patches per 1 Month)
Antiemetic Combinations**			
AKYNZEO ORAL	T3		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	T3		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
doxylamine-pyridoxine		T3	AI (4 tablets per day); QL (4 EA per 1 day); AG (Min 18 Years)
Antiemetics - Anticholinergic**			
meclizine hcl oral tablet 12.5 mg, 25 mg		T1b	
scopolamine		T3	AI (10 patches per month); QL (10 patches per 1 Month)
trimethobenzamide hcl oral		T2	
Antiemetics - Miscellaneous**			
dronabinol oral capsule		T3	AI (3 capsules per day); QL (3 capsules per 1 day)

Drug Name	Brand	Generic	Additional Information
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**			
aprepitant		T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T3		AI (1 tablet per day)
VARUBI (180 MG DOSE)	T3		AI (Maximum of 4 tablets per 28 days); QL (4 tablets per 28 days)
Antifungals			
Antifungals**			
AMBISOME *(Amphotericin B Liposome)*	MB	MB	
flucytosine oral		T3	
griseofulvin microsize oral		T1b	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		T1b	
nystatin oral tablet		T1b	
terbinafine hcl oral		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Imidazoles**			
ketoconazole oral		T1b	
miconazole		T3	
Tetrazoles**			
VIVJOA	T3		AI (1 fill in 1 year); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (1 pack per 1 Year)
Triazoles**			
CRESEMBA ORAL	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
fluconazole oral		T1b	
itraconazole oral		T3	
posaconazole oral tablet delayed release		T3	PA
voriconazole oral		T1b	
Antihistamines			
Antihistamines - Alkylamines**			
RYCLORA ORAL SOLUTION *(Corphena)*	T3	T3	AI (1x 118ml bottle per month); QL (118 ML per 1 Month)
Antihistamines - Ethanolamines**			
carbinoxamine maleate oral solution		T3	
carbinoxamine maleate oral tablet 4 mg		T1b	
clemastine fumarate oral tablet 2.68 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
diphenhydramine hcl +rfid		T1b	
diphenhydramine hcl injection		T1b	
Antihistamines - Non-Sedating**			
desloratadine oral tablet		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
levocetirizine dihydrochloride oral solution		T1b	
QUZYTTIR	MB		
Antihistamines - Phenothiazines**			
promethazine hcl injection		T3	
promethazine hcl oral solution 6.25 mg/5ml		T1b	
promethazine hcl oral syrup		T1b	
promethazine hcl oral tablet		T1b	
PROMETHEGAN RECTAL SUPPOSITORY *(Promethazine HCl)* **12.5 MG, 25 MG**	T1b	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T2		
Antihistamines - Piperidines**			
cyproheptadine hcl oral syrup 2 mg/5ml		T1b	
cyproheptadine hcl oral tablet		T1b	
Antihyperlipidemics			
Antihyperlipidemics - Misc.**			
icosapent ethyl		T3	
omega-3-acid ethyl esters		T1b	AI (4 caspsules per day); QL (4 capsules per 1 day); AG (Min 18 Years)
VASCEPA	T3		PA
Bile Acid Sequestrants**			
cholestyramine oral		T1b	
colesevelam hcl oral packet		T1b	AI (1 packet per day); QL (1 packet per 1 day)
colesevelam hcl oral tablet		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
colestipol hcl oral packet		T1b	
colestipol hcl oral tablet		T1b	
PREVALITE *(Cholestyramine Light)*	T1b	T1b	
Fibric Acid Derivatives**			
fenofibrate micronized oral capsule 130 mg, 200 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
fenofibrate micronized oral capsule 134 mg, 67 mg		T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
fenofibrate micronized oral capsule 43 mg		T3	QL (1 EA per 1 day)
fenofibrate oral capsule 134 mg, 67 mg		T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
fenofibrate oral capsule 200 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
fenofibrate oral tablet 145 mg, 160 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
fenofibrate oral tablet 48 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
fenofibrate oral tablet 54 mg		T3	QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
fenofibric acid oral capsule delayed release 135 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
fenofibric acid oral capsule delayed release 45 mg		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
gemfibrozil oral		T1a	
TRICOR ORAL TABLET 145 MG	T3		QL (1 EA per 1 day)
TRICOR ORAL TABLET 48 MG	T3		QL (2 EA per 1 day)
Hmg Coa Reductase Inhibitors**			
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg		T1a	AI (45 tablets per month); QL (1.5 tablets per 1 day)
atorvastatin calcium oral tablet 80 mg		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
fluvastatin sodium oral capsule 20 mg		T1b	AI (3 capsules per day); QL (3 capsules per 1 day)
fluvastatin sodium oral capsule 40 mg		T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
lovastatin oral tablet 10 mg, 20 mg		T1a	
lovastatin oral tablet 40 mg		T1a	AI (2 tablets per day); QL (2 tablets per 1 day)
pitavastatin calcium		T3	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)
pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
pravastatin sodium oral tablet 40 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
rosuvastatin calcium oral		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
simvastatin oral tablet 80 mg		T1b	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)
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**			
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg		T1b	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)
Intestinal Cholesterol Absorption Inhibitors**			
ezetimibe oral		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
Nicotinic Acid Derivatives**			
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
Pcsk9 Inhibitors**			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2		PA; AI (2 pens per month); QL (2 pens per 1 Month); AG (Min 18 Years)
REPATHA	T2		PA; AI (2 syringes per month); QL (2 syringes per 1 Month); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	T2		PA; AI (1 cartridge per 28 days); QL (1 cartridge per 1 Month); AG (Min 13 Years)
REPATHA SURECLICK	T2		PA; AI (2 pens per month); QL (2 pens per 1 Month); AG (Min 13 Years)
Antihypertensives			
Ace Inhibitor & Calcium Channel Blocker Combinations**			
amlodipine besy-benazepril hcl		T1a	
trandolapril-verapamil hcl er		T3	
Ace Inhibitors & Thiazide/Thiazide-Like**			
benazepril-hydrochlorothiazide		T1b	
enalapril-hydrochlorothiazide		T1b	
fosinopril sodium-hctz		T3	
lisinopril-hydrochlorothiazide		T1a	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		T1b	
quinapril-hydrochlorothiazide oral tablet 20-25 mg		T3	
Ace Inhibitors**			
benazepril hcl oral		T1a	
captopril oral		T1b	
enalapril maleate oral tablet 10 mg		T1a	
enalapril maleate oral tablet 2.5 mg, 20 mg, 5 mg		T1b	
fosinopril sodium oral tablet 10 mg, 40 mg		T1b	
fosinopril sodium oral tablet 20 mg		T1a	
lisinopril oral		T1a	
moexipril hcl		T2	
perindopril erbumine		T2	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg		T1a	
quinapril hcl oral tablet 5 mg		T1b	
ramipril		T1b	
trandolapril		T1b	

Drug Name	Brand	Generic	Additional Information
Agents For Pheochromocytoma**			
metyrosine		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
phenoxybenzamine hcl oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**			
amlodipine besylate-valsartan		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
amlodipine-olmesartan		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
telmisartan-amlodipine		T1b	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
candesartan cilexetil-hctz		T3	
EDARBYCLOR	T3		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
losartan potassium-hctz		T1a	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Angiotensin Ii Receptor Antagonists**			
candesartan cilexetil		T3	
EDARBI *(Azilsartan Medoxomil)*	T3	T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
irbesartan oral tablet 150 mg, 75 mg		T1a	AI (45 tablets per month); QL (1.5 tablets per 1 day)
irbesartan oral tablet 300 mg		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
losartan potassium oral		T1a	
olmesartan medoxomil oral tablet 20 mg		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
olmesartan medoxomil oral tablet 40 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
olmesartan medoxomil oral tablet 5 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
telmisartan		T1b	
valsartan oral tablet 160 mg, 40 mg, 80 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
valsartan oral tablet 320 mg		T1b	AI (1 tablet per day); QL (2 tablet per 1 day)
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**			
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg		T3	
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg		T2	
Antiadrenergics - Centrally Acting**			
clonidine		T3	
clonidine hcl oral tablet 0.1 mg		T1a	
clonidine hcl oral tablet 0.2 mg, 0.3 mg		T1b	
guanfacine hcl oral		T1b	
methyldopa oral		T3	
Antiadrenergics - Peripherally Acting**			
doxazosin mesylate oral		T1b	
prazosin hcl oral		T1b	
terazosin hcl oral		T1b	
Beta Blocker & Diuretic Combinations**			
atenolol-chlorthalidone		T1b	
bisoprolol-hydrochlorothiazide		T1b	
metoprolol-hydrochlorothiazide		T1b	
Direct Renin Inhibitors**			
aliskiren fumarate		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
Selective Aldosterone Receptor Antagonists (Saras)**			
eplerenone		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
Vasodilators**			
hydralazine hcl oral		T1b	
minoxidil oral		T1b	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T2		AI (150ml per 10 days); QL (150 ML per 10 days)
metronidazole oral tablet 250 mg, 500 mg		T1b	
pentamidine isethionate inhalation		SP	SP
tinidazole oral		T1b	
XIFAXAN	T3		PA
Anti-Infective Misc. - Combinations**			
sulfamethoxazole-trimethoprim oral tablet		T1a	

Drug Name	Brand	Generic	Additional Information
SULFATRIM PEDIATRIC *(Sulfamethoxazole-Trimethoprim)*	T1b	T1b	
Antiprotozoal Agents**			
atovaquone oral		T2	
LAMPIT	T3		PA
nitazoxanide oral		T3	AI (2 tablets per day: limited to one fill per month); QL (6 tablets per 3 days)
Carbapenem Combinations**			
VABOMERE	MB		
Carbapenems**			
ertapenem sodium		MB	
Cyclic Lipopeptides**			
CUBICIN *(DAPTOmycin)*	MB	MB	
CUBICIN RF *(DAPTOmycin)*	MB	MB	
daptomycin		MB	
Glycopeptides**			
FIRVANQ *(Vancomycin HCl)*	T3	T3	AI (300ml per 10 days); QL (300 ML per 10 days)
vancomycin hcl oral capsule		T1b	
Leprostatics**			
dapsone oral		T2	
Lincosamides**			
clindamycin hcl oral capsule 150 mg		T1a	
clindamycin hcl oral capsule 300 mg, 75 mg		T1b	
clindamycin palmitate hcl		T3	
Oxazolidinones**			
linezolid oral suspension reconstituted		T1b	AI (60ml per day); QL (60 ML per 1 day)
linezolid oral tablet		T1b	AI (2 tablets per day; maximum of 28 tablets in 30 days); QL (2 tablets per 1 day)
Urinary Anti-Infectives**			
fosfomycin tromethamine		T3	
methenamine hippurate		T1b	
nitrofurantoin macrocrystal oral		T1b	
nitrofurantoin monohyd macro		T1b	
nitrofurantoin oral suspension 25 mg/5ml		T1b	
Antimalarials			
Antimalarial Combinations**			
atovaquone-proguanil hcl		T1b	
COARTEM	T3		

Drug Name	Brand	Generic	Additional Information
Antimalarials**			
chloroquine phosphate oral		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
hydroxychloroquine sulfate oral tablet 200 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
mefloquine hcl		T3	AI (15 tablets per 90 days); QL (15 tablets per 90 days)
pyrimethamine oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
quinine sulfate oral		T1b	
Antimyasthenic/Cholinergic Agents			
Antimyasthenic/Cholinergic Agents**			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pyridostigmine bromide oral solution		T3	
pyridostigmine bromide oral tablet 60 mg		T1b	
Antimycobacterial Agents			
Antimycobacterial Agents**			
cycloserine oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ethambutol hcl oral tablet 100 mg		T1b	
ethambutol hcl oral tablet 400 mg		T2	
isoniazid oral syrup		T3	
isoniazid oral tablet 100 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
isoniazid oral tablet 300 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
pretomanid		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN *(Rifapentine)*	T2	T3	
pyrazinamide oral		T3	
rifabutin		T1b	
rifampin oral		T1b	
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRECATOR	T3		

Drug Name	Brand	Generic	Additional Information
Antineoplastics And Adjunctive Therapies			
Alkylating Agents**			
MYLERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Androgen Biosynthesis Inhibitors**			
abiraterone acetate oral tablet 250 mg, 500 mg		T1b	PA; SP; AI (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.)
abiraterone acetate tablet 250 mg oral		T1b	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)
ABIRTEGA ORAL TABLET 250 MG	T1b		PA; AI (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)
ABIRTEGA TABLET 250 MG ORAL	T1b		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.)
YONSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiadrenals**			
LYSODREN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiandrogens**			
bicalutamide		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERLEADA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
nilutamide		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); M

Drug Name	Brand	Generic	Additional Information
NUBEQA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XTANDI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiestrogens			
SOLTAMOX	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
tamoxifen citrate oral		$0	
toremifene citrate		T1b	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)
Antimetabolites			
capecitabine oral tablet 150 mg, 500 mg		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30say supply max. Only Civica NDCs 82249020760 & 82249021012 are covered @ Sort Pak, call 877-570-7787)
capecitabine tablet 150 mg oral		T1b	
capecitabine tablet 500 mg oral		T1b	
JYLAMVO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
mercaptopurine oral suspension		T1b	SP; AI (1x 100ml bottle per month); QL (1 bottle per 30 days)
mercaptopurine oral tablet		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methotrexate sodium (pf) injection solution 1000 mg/40ml		T1b	
methotrexate sodium injection solution 50 mg/2ml		T1b	
methotrexate sodium oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ONUREG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TABLOID	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREXALL	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XATMEP	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Akt Inhibitors			
TRUQAP ORAL TABLET 200 MG	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Alk Inhibitors			
ALECENSA	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XALKORI ORAL CAPSULE	T1b		PA; SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYKADIA ORAL TABLET	T1b		PA; SP; AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
Antineoplastic - Anti-Her2 Agents**			
HERNEXEOS	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TUKYSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Bcl-2 Inhibitors**			
BEQALZI	T1b		PA
BEQALZI STARTER PACK	T1b		PA
VENCLEXTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENCLEXTA STARTING PACK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
BOSULIF *(Bosutinib)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAVHANZA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DANZITEN	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
dasatinib oral tablet 100 mg, 140 mg, 80 mg		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
dasatinib oral tablet 20 mg, 50 mg, 70 mg		T1b	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)
ICLUSIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
imatinib mesylate oral tablet 100 mg		T1b	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)

Drug Name	Brand	Generic	Additional Information
imatinib mesylate oral tablet 400 mg		T1b	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)
imkeldi		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
nilotinib d-tartrate		T1a	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
nilotinib hcl		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SCEMBLIX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Braf Kinase Inhibitors**			
BRAFTOVI ORAL CAPSULE 75 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL TABLET 100 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAFINLAR	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZELBORAF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Btk Inhibitors**			
BRUKINSA ORAL CAPSULE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BRUKINSA ORAL TABLET	T1b		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
CALQUENCE ORAL TABLET	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL CAPSULE 140 MG	T1b		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)
IMBRUVICA ORAL CAPSULE 70 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL SUSPENSION	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAYPIRCA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Csf1r Kinase Inhibitors**			
ROMVIMZA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Egfr Inhibitors**			
erlotinib hcl		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
gefitinib		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILOTRIF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LAZCLUZE	T1a		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
TAGRISSO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIZIMPRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEGFROVY	T1b		PA
Antineoplastic - Fgfr Kinase Inhibitors			
BALVERSA	T1b		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)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (16 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (20 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEMAZYRE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Gamma Secretase Inhibitors			
OGSIVEO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Hedgehog Pathway Inhibitors			
DAURISMO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERIVEDGE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ODOMZO	T1b		PA; SP; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Antineoplastic - Hif-2-Alpha Inhibitors**			
WELIREG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Histone Deacetylase Inhibitors**			
ZOLINZA	T1b		PA; SP; AI (4 capsules per day); QL (4 capsule per 1 day); AG (Min 16 Years)
Antineoplastic - Hormonal And Related Agent Combinations**			
AKEEGA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Immunomodulators**			
pomalidomide		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
POMALYST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZENBEXUS	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Kras Inhibitors**			
KRAZATI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LUMAKRAS	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Mek Inhibitors**			
COTELLIC	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GOMEKLI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KOSELUGO	T1b		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
MEKINIST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKTOVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Menin Inhibitors**			
KOMZIFTI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVUFORJ ORAL TABLET 110 MG, 160 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVUFORJ ORAL TABLET 25 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Met Inhibitors**			
TABRECTA	T1b		PA
TEPMETKO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Methyltransferase Inhibitors**			
TAZVERIK	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Mtor Kinase Inhibitors**			
everolimus oral tablet soluble		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TORPENZ *(Everolimus)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YULITHIRA	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX	T1b		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
CAPRELSA	T1b		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	T1b		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	T1b		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)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ENSACOVE	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FOTIVDA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYRNUO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
lapatinib ditosylate		T1b	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)
NERLYNX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pazopanib hcl oral tablet 200 mg		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pazopanib hcl oral tablet 400 mg		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
QINLOCK	T1b		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
RYDAPT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sorafenib tosylate		T1b	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)
STIVARGA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sunitinib malate oral capsule 12.5 mg		T1b	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 capsuple per 1 day)
sunitinib malate oral capsule 25 mg		T1b	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)
sunitinib malate oral capsule 37.5 mg, 50 mg		T1b	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)
TURALIO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VANFLYTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XOSPATA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Pdgfr-Alpha Inhibitors			
AYVAKIT	T1b		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
Antineoplastic - Protease Activators**			
MODEYSO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Proteasome Inhibitors**			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1b		PA
NINLARO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Ras Gtpase Inhibitors**			
RASONQUE	T1b		PA; QL (2 tablets per 1 day)
Antineoplastic - Ret Inhibitors**			
GAVRETO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RETEVMO ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**			
AUGTYRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IBTROZI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ROZLYTREK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VITRAKVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Tyrosine Kinase Inhibitors**			
imatinib mesylate oral		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JIDEYTRO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (10 MG DAILY DOSE)	T1b		PA

Drug Name	Brand	Generic	Additional Information
LENVIMA (12 MG DAILY DOSE)	T1b		PA
LENVIMA (14 MG DAILY DOSE)	T1b		PA
LENVIMA (18 MG DAILY DOSE)	T1b		PA
LENVIMA (20 MG DAILY DOSE)	T1b		PA
LENVIMA (24 MG DAILY DOSE)	T1b		PA
LENVIMA (4 MG DAILY DOSE)	T1b		PA
LENVIMA (8 MG DAILY DOSE)	T1b		PA
Antineoplastic - Xpo1 Inhibitors			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1b		PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	T1b		PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1b		PA
XPOVIO (60 MG TWICE WEEKLY)	T1b		PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	T1b		PA
XPOVIO (80 MG TWICE WEEKLY)	T1b		PA
Antineoplastic Combinations			
AVMAPKI FAKZYNJA CO-PACK	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DARZALEX FASPRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INQOVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LONSURF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
Antineoplastics Misc.			
ACTIMMUNE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI	T1b		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
BESREMI PEN	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
hydroxyurea oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MATULANE	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Aromatase Inhibitors**			
anastrozole oral		$0	AI (1 tablet per day); QL (1 tablet per 1 day)
ARIMIDEX	T1b		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)
AROMASIN	T1b		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)
exemestane		$0	AI (30 day supply max 1 tablet per day); F; QL (1 tablet per 1 day)
FEMARA	T1b		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)
letrozole oral		$0	AI (1 tablet per day); F; QL (1 tablet per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
IBRANCE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (200 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (400 MG DOSE)	T1b		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 (600 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VERZENIO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Estrogen Receptor Antagonist**			
CLIGAVYX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
fulvestrant intramuscular solution prefilled syringe		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLURIYO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Estrogens-Antineoplastic**			
EMCYT	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Folic Acid Antagonists Rescue Agents**			
LEDERLE LEUCOVORIN *(Leucovorin Calcium)*	T1b	T1b	
Glucocorticoid Receptor (Gr) Antagonists**			
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Gonadotropin Releasing Hormone (Gnrh) Antagonists**			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORGOVYX	T1b		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
Imidazotetrazines**			
temozolomide capsule 100 mg oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide capsule 140 mg oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide capsule 180 mg oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide capsule 20 mg oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide capsule 250 mg oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide capsule 5 mg oral		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**			
VORANIGO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TIBSOVO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**			
IDHIFA	T1b		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
Janus Associated Kinase (Jak) Inhibitors**			
INREBIC	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAKAFI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAKAFI XR	T1b		PA; SP
OJJAARA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VONJO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Lhrh Analogs**			
CAMCEVI	T1b		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)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1b		SP; AI (1 injection per 90 days (FDA apprived 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)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1b		SP; AI (1 injection per 120 days (FDA apprived 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)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1b		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)

Drug Name	Brand	Generic	Additional Information
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1b		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)
leuprolide acetate injection		T1b	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)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP		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)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1b		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)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (1 injection per 90 days (FDA approved only for endometriosis and Fribroids) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); F; QL (1 inj per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1b		SP; AI (1 injection per 90 days (FDA apprved 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)
LUPRON DEPOT (4-MONTH)	T1b		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)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (6-MONTH)	T1b		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)
LUTRATE DEPOT *(Leuprolide Acetate (3 Month))*	T1b	T1b	AI (1 injection per 90 days (FDA apprved 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)
TRELSTAR MIXJECT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZOLADEX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
Mitotic Inhibitors**			
etoposide oral		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nitrogen Mustards And Related Analogues**			
cyclophosphamide oral capsule		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
cyclophosphamide oral tablet		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LEUKERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nitrosoureas**			
lomustine		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ornithine Decarboxylase (Odc) Inhibitors**			
IWILFIN	T1b		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
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
COPIKTRA	T1b		PA; SP
ITOVEBI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (200 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (250 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (300 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYDELIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALZENNA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEJULA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Progestins-Antineoplastic**			
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
megestrol acetate oral tablet		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Retinoids**			
tretinoin oral		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Selective Estrogen Receptor Degraders**			
ETCAMAH	T1b		PA
ORSERDU	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VEPPANU	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Selective Retinoid X Receptor Agonists**			
bexarotene oral		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Urinary Tract Protective Agents**			
mesna oral		SP	SP
MESNEX ORAL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
FRUZAQLA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLYTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (10 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (12 MG DAILY DOSE)	T1b		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
LENVIMA (14 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (18 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (20 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (24 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (4 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (8 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiparkinson And Related Therapy Agents			
Antiparkinson Anticholinergics**			
benztropine mesylate oral		T1b	
trihexyphenidyl hcl oral tablet		T1b	
Antiparkinson Dopaminergics**			
amantadine hcl oral capsule		T1b	
amantadine hcl oral solution 50 mg/5ml		T1b	
bromocriptine mesylate oral		T1b	
Antiparkinson Monoamine Oxidase Inhibitors**			
rasagiline mesylate oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
selegiline hcl oral		T1b	
Central/Peripheral Comt Inhibitors**			
tolcapone		T1b	PA
Decarboxylase Inhibitors**			
carbidopa oral		T1b	
Levodopa Combinations**			
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		T1b	
carbidopa-levodopa oral tablet		T1b	
carbidopa-levodopa oral tablet dispersible		T2	

Drug Name	Brand	Generic	Additional Information
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		T3	AI (8 tablets per day); QL (8 tablets per 1 day)
Nonergoline Dopamine Receptor Agonists**			
apomorphine hcl subcutaneous		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pramipexole dihydrochloride		T1b	
ropinirole hcl		T1b	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg		T3	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg		T3	AI (8 tablets per day); QL (8 tablets per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg		T3	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 8 mg		T3	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
Peripheral Comt Inhibitors**			
entacapone		T1b	
ONGENTYS	T3		PA
Antipsychotics/Antimanic Agents			
Antimanic Agents**			
lithium carbonate er		T1b	
lithium carbonate oral capsule		T1a	
lithium carbonate oral tablet		T1b	
lithium oral solution 8 meq/5ml		T1b	AG (Min 7 Years)
Antipsychotics - Misc.**			
CAPLYTA	T3		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 18 Years)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		AI (8 tablets per day); QL (8 tablets per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		AI (5 tablets per day); QL (5 tablets per 1 day)
lurasidone hcl oral tablet 120 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
VRAYLAR ORAL CAPSULE	T3		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)
ziprasidone hcl		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
ziprasidone mesylate		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Benzisoxazoles**			
FANAPT	T3		AI (2 tablets per day); QL (2 tablets per 1 day)
FANAPT TITRATION PACK	T3		AI (1 pack per 180 days); QL (1 pack per 180 days)
FANAPT TITRATION PACK A	T3		AI (1 pack per 180 days); QL (1 pack per 180 days)
FANAPT TITRATION PACK B ORAL TABLET	T3		AI (12 tablets per 180 days); QL (12 tablets per 180 days)
FANAPT TITRATION PACK C ORAL TABLET	T3		AI (8 tablets per 180 days); QL (8 tablets per 180 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
risperidone microspheres er		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
risperidone oral solution 1 mg/ml		T1b	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg		T1a	
risperidone oral tablet 2 mg, 3 mg, 4 mg		T1b	
risperidone oral tablet dispersible 1 mg		T1b	
RYKINDO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
UZEDY	SP		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
Butyrophenones**			
haloperidol lactate oral concentrate 2 mg/ml		T1b	
haloperidol oral		T1b	
Dibenzodiazepines**			
clozapine oral tablet 100 mg, 25 mg		T1b	AI (9 tablets per day); QL (9 tablets per 1 day)
clozapine oral tablet 200 mg		T1b	AI (4 ablets per day); QL (4 tablets per 1 day)
clozapine oral tablet 50 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
Dibenzo-Oxepino Pyrroles**			
asenapine maleate		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
Dibenzothiazepines**			
quetiapine fumarate er		T3	AG (Min 10 Years)
quetiapine fumarate oral tablet 100 mg		T1a	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 200 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 25 mg, 50 mg		T1a	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 300 mg, 400 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
Dibenzoxazepines**			
loxapine succinate oral		T1b	
Phenothiazines**			
chlorpromazine hcl injection		T3	PA
chlorpromazine hcl oral tablet		T1b	
fluphenazine decanoate injection		T3	PA
fluphenazine hcl injection		T3	PA
fluphenazine hcl oral concentrate		T3	
fluphenazine hcl oral elixir		T3	
fluphenazine hcl oral tablet		T1b	
perphenazine oral		T1b	
prochlorperazine		T2	
prochlorperazine edisylate injection solution 10 mg/2ml		T3	PA
prochlorperazine maleate oral		T2	
thioridazine hcl oral		T1b	
trifluoperazine hcl oral		T1b	
Quinolinone Derivatives**			
aripiprazole oral solution		T1b	AI (25 tablets per day); QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 2 mg, 5 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
aripiprazole oral tablet 15 mg, 20 mg, 30 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
ARISTADA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ARISTADA INITIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REXULTI ORAL TABLET 0.25 MG	T3		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)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3		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)
Thienbenzodiazepines**			
olanzapine intramuscular		SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
olanzapine oral tablet		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
Thioxanthenes**			
thiothixene oral		T3	
Antivirals			
Antiretroviral Combinations**			
abacavir sulfate-lamivudine		T1b	
BIKTARVY	T3		AI (1 tablet per day); QL (1 tablet per 1 day)
CIMDUO	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
DELSTRIGO	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
DESCOVY	$0		AI (1 tablet per day); QL (1 tablet per 1 day)
DOVATO	T3		
efavirenz-emtricitab-tenofo df		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg		$0	AI (1 tablet per day); QL (1 tablet per 1 day)
emtricitab-rilpivir-tenofov df		T2	
EVOTAZ	T3		
GENVOYA	T2		
JULUCA	T3		PA
lamivudine-zidovudine		T1b	
lopinavir-ritonavir oral tablet		T2	
ODEFSEY	T2		
PREZCOBIX	T3		
PREZCOBIX PED	T3		
STRIBILD	T2		
SYMFI *(Efavirenz-lamiVUDine-Tenofovir)*	T2	T2	AI (1 tablet per day); QL (1 tablet per 1 day)
SYMTUZA	T3		
TRIUMEQ	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
triumeq pd		T3	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Max 10 Years)
Antiretrovirals - Capsid Inhibitors**			
SUNLENCA ORAL TABLET	SP		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	SP		PA; SP; AI (5 tablets per 30 days; with a limit of 1 fill per month); QL (5 tablets per 30 days)
SUNLENCA SUBCUTANEOUS	SP		PA; SP; AI (3ml per 6 months Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); Notes (3ml per 6 months with a minimum 167 days supply and maximum of 180 days supply); QL (3 ML per 180 days)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
maraviroc		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
SELZENTRY ORAL SOLUTION	T2		
Antiretrovirals - Fusion Inhibitors**			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		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
Antiretrovirals - Gp120-Directed Attachment Inhibitor**			
RUKOBIA	T3		PA
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS *(Raltegravir Potassium)*	T2	T2	
ISENTRESS HD *(Raltegravir Potassium)*	T2	T2	
TIVICAY ORAL TABLET 50 MG	T2		
TIVICAY PD	T2		
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE	T3		
atazanavir sulfate oral capsule 150 mg, 200 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
atazanavir sulfate oral capsule 300 mg		T2	AI (1 capsule per day); QL (1 capsule per 1 day)
darunavir		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
fosamprenavir calcium		T2	
NORVIR ORAL PACKET	T2		
PREZISTA ORAL SUSPENSION	T2		
PREZISTA ORAL TABLET 150 MG, 75 MG	T2		
REYATAZ ORAL PACKET	T2		
ritonavir		T2	
VIRACEPT ORAL TABLET	T2		
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
EDURANT PED	T2		AI (6 tablets per day); QL (6 EA per 1 day)
efavirenz oral tablet		T1b	AI (2 tablets per day); QL (2 tablets per 2 days)
etravirine		T3	
INTELENCE ORAL TABLET 25 MG	T3		
nevirapine er oral tablet extended release 24 hour 400 mg		T1b	
nevirapine oral suspension		T2	
nevirapine oral tablet		T1b	
PIFELTRO	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
rilpivirine hcl		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
abacavir sulfate oral solution		T2	
abacavir sulfate oral tablet		T1b	

Drug Name	Brand	Generic	Additional Information
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
emtricitabine		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION	T2		AI (24ml per day); QL (24 ML per 1 day)
lamivudine oral solution 10 mg/ml		T1b	
lamivudine oral tablet 150 mg, 300 mg		T1b	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**			
zidovudine oral capsule		T1b	
zidovudine oral syrup		T1b	
zidovudine oral tablet		T2	
Antiretrovirals - Rti-Nucleotide Analogues**			
tenofovir disoproxil fumarate		T2	
Antiretrovirals Adjuvants**			
TYBOST	T3		
Antiviral Combinations**			
PAXLOVID (150/100)	T3		AI (4 tablets per day); QL (4 tablets per 1 day)
PAXLOVID (300/100 & 150/100)	T3		AI (3 tablets per day); QL (3 tablets per 1 day)
PAXLOVID (300/100)	T3		AI (6 tablets per day); QL (6 tablets per 1 day)
Cmv Agents**			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PREVYMIS ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
valganciclovir hcl oral solution reconstituted		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
valganciclovir hcl oral tablet		SP	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)
Hepatitis B Agents**			
adefovir dipivoxil		SP	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
BARACLUDE ORAL SOLUTION	SP		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)
entecavir		SP	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)
lamivudine oral tablet 100 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hepatitis C Agent - Combinations**			
EPCLUSA ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	SP		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	SP		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	SP		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	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET *(Ledipasvir-Sofosbuvir)* **90-400 MG**	SP	T1b	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	SP		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
sofosbuvir-velpatasvir		SP	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	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hepatitis C Agents**			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ribavirin oral capsule		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ribavirin oral tablet 200 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOVALDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Herpes Agents - Purine Analogues**			
acyclovir oral capsule		T1b	
acyclovir oral suspension 200 mg/5ml		T1b	
acyclovir oral tablet		T1b	
valacyclovir hcl oral		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
Herpes Agents - Thymidine Analogues**			
famciclovir oral		T1b	
Influenza Agents**			
rimantadine hcl		T3	
Misc. Antivirals**			
LAGEVRIO	T2		PA; AI (Paxlovid is the preferred product (does not require PA))
Neuraminidase Inhibitors**			
oseltamivir phosphate oral capsule		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
oseltamivir phosphate oral suspension reconstituted		T1b	AI (120ml for 5 days (2x60ml)); QL (24 ML per 5 days)

Drug Name	Brand	Generic	Additional Information
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3		AI (1 inhaler per month); QL (1 inhaler per 30 days)
Beta Blockers			
Alpha-Beta Blockers**			
carvedilol		T1b	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		T1b	
labetalol hcl oral tablet 400 mg		T3	
Beta Blockers Cardio-Selective**			
acebutolol hcl oral		T1b	
atenolol oral tablet 100 mg		T1b	
atenolol oral tablet 25 mg, 50 mg		T1a	
betaxolol hcl oral tablet 10 mg		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
betaxolol hcl oral tablet 20 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
bisoprolol fumarate oral tablet 10 mg, 5 mg		T1b	
bisoprolol fumarate oral tablet 2.5 mg		T3	
metoprolol succinate er		T1b	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg		T1a	
metoprolol tartrate oral tablet 37.5 mg, 75 mg		T3	
nebivolol hcl		T2	
Beta Blockers Non-Selective**			
HEMANGEOL	T3		AG (Max 2 Years)
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1b	
pindolol		T1b	
propranolol hcl er		T1b	
propranolol hcl oral solution		T2	
propranolol hcl oral tablet 10 mg		T1a	
propranolol hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg		T1b	
sotalol hcl (af)		T1b	
sotalol hcl oral		T1b	
timolol maleate oral		T2	
Calcium Channel Blockers			
Calcium Channel Blockers**			
AFEDITAB CR *(NIFEdipine ER)*	T1b	T1b	
amlodipine besylate oral		T1a	
CARTIA XT *(dilTIAZem HCl ER Coated Beads)*	T1b	T1b	
diltiazem hcl er coated beads oral capsule extended release 24 hour		T1b	
diltiazem hcl er oral capsule extended release 12 hour		T1b	
diltiazem hcl er oral capsule extended release 24 hour 120 mg		T1b	

Drug Name	Brand	Generic	Additional Information
diltiazem hcl oral		T1a	
dilt-xr		T1b	
felodipine er		T2	
isradipine		T1b	
levamlodipine maleate		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
nicardipine hcl oral		T1b	
nifedipine er osmotic release		T1b	
nifedipine oral		T1b	
nimodipine oral capsule		T1b	AI (12 capsules per day); QL (12 capsules per 1 day)
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg		T3	QL (1 tablet per 1 day)
nisoldipine er oral tablet extended release 24 hour 30 mg		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
nisoldipine er oral tablet extended release 24 hour 40 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
TAZTIA XT *(Diltiazem HCl ER Beads)*	T1b	T1b	
TIADYLT ER *(Diltiazem HCl ER Beads)*	T1b	T1b	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg		T3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg		T1b	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		T1b	
verapamil hcl oral tablet 120 mg, 80 mg		T1a	
verapamil hcl oral tablet 40 mg		T1b	
Cardiotonics			
Cardiac Glycosides**			
DIGITEK *(Digoxin)*	T1b	T1b	
DIGOX *(Digoxin)*	T1b	T1b	
digoxin oral solution		T1b	
digoxin oral tablet 62.5 mcg		T3	
Cardiovascular Agents - Misc.			
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO ORAL CAPSULE SPRINKLE	T3		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)
sacubitril-valsartan		T3	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)

Drug Name	Brand	Generic	Additional Information
Prostaglandin Vasodilators**			
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED *(Epoprostenol Sodium)* **1.5 MG**	MB	MB	
ORENITRAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 1	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 2	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 3	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI INSTITUTIONAL KIT	SP		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, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	SP		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	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI TITRATION KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO REFILL KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VELETRI *(Epoprostenol Sodium)*	MB	MB	

Drug Name	Brand	Generic	Additional Information
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**			
ADEMPAS	SP		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)
Pulmonary Hypertension - Endothelin Receptor Antagonists**			
ambrisentan		SP	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)
bosentan oral tablet		SP	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)
OPSUMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**			
ALYQ *(Tadalafil (PAH))*	SP	SP	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)
sildenafil citrate oral suspension reconstituted		SP	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)

Drug Name	Brand	Generic	Additional Information
sildenafil citrate oral tablet 20 mg		SP	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)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**			
UPTRAVI INTRAVENOUS	MB		
UPTRAVI ORAL TABLET 100 MCG	SP		PA; 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)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	SP		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)
UPTRAVI ORAL TABLET 150 MCG	SP		PA; 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)
UPTRAVI TITRATION	SP		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)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**			
tadalafil oral tablet 2.5 mg, 5 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
Sinus Node Inhibitors*			
CORLANOR ORAL SOLUTION	T3		AI (15ml per day); QL (15 ML per 1 day); AG (Min 10 Years)
ivabradine hcl		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
Transthyretin Stabilizers**			
VYNDAMAX	SP		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
VYNDAQEL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**			
VERQUVO	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
cefadroxil oral capsule		T1b	
cefadroxil oral suspension reconstituted		T1b	
cefadroxil oral tablet		T3	
cephalexin oral capsule 250 mg, 500 mg		T1a	
cephalexin oral suspension reconstituted		T1b	
Cephalosporins - 2Nd Generation**			
cefaclor er		T3	
cefaclor oral capsule 250 mg		T2	AI (3 capsules per day, 1 fill per month); QL (3 capsules per 10 days)
cefaclor oral capsule 500 mg		T2	AI (3 caspsules per day, one fill per month); QL (3 caspsules per 10 days)
cefaclor oral suspension reconstituted		T3	
cefprozil		T3	
cefuroxime axetil oral tablet		T1b	
Cephalosporins - 3Rd Generation**			
cefdinir oral capsule		T1b	
cefdinir oral suspension reconstituted		T3	
cefixime oral suspension reconstituted		T1b	
cefpodoxime proxetil oral suspension reconstituted		T1b	
cefpodoxime proxetil oral tablet		T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		
SUPRAX ORAL TABLET CHEWABLE	T3		
Chemicals			
Bulk Chemicals - Be's**			
belladonna		T3	
Bulk Chemicals - En**			
enalapril maleate		T3	
Bulk Chemicals - Va's**			
vancomycin hcl		SP	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
Contraceptives			
Biphasic Contraceptives - Oral**			
AZURETTE *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KARIVA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LO LOESTRIN FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIMTREA	$0		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
SIMLIYA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
viorele		$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VOLNEA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
Combination Contraceptives - Oral**			
AFIRMELLE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ALTAVERA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
APRI *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUBRA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUBRA EQ *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA 24 FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AVIANE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AYUNA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BALZIVA *(Briellyn)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BLISOVI 24 FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BLISOVI FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
BLISOVI FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHARLOTTE 24 FE	T3		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHATEAL *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHATEAL EQ *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CRYSELLE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CRYSELLE-28	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CYRED *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CYRED EQ *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DASETTA 1/35 (28) *(Alyacen 1/35)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DELYLA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg		T3	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ELINEST	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
EMOQUETTE *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ENSKYCE ORAL TABLET *(Desogestrel-Ethinyl Estradiol)* **0.15-30 MG-MCG**	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ESTARYLLA *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FALMINA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEIRZA 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEIRZA 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEMYNOR *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FINZALA	T3		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
GALBRIELA *(Norethin-Eth Estradiol-Fe)*	T3	T3	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY 24 FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
HAILEY FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ISIBLOOM *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JASMIEL *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JULEBER *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 24	$0		AI (28 tablets per month); F; QL (28 tablets per 30 days)
KAITLIB FE *(Norethin-Eth Estradiol-Fe)*	T3	T3	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KALLIGA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KELNOR 1/35 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KELNOR 1/50 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KURVELO *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 24 FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARISSIA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LAYOLIS FE	T3		AI (28 tablets per month); F; QL (28 tablets per 1 day)
LESSINA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LEVORA 0.15/30 (28) *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN 1.5/30 (21) *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
LOESTRIN 1/20 (21) *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LORYNA *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOW-OGESTREL	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LO-ZUMANDIMINE *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUIZZA 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUIZZA 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUTERA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
marlissa		$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 24 FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MILI *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MONO-LINYAH *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NECON 0.5/35 (28)	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NECON 1/35 (28) *(Alyacen 1/35)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NIKKI *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
norethin ace-eth estrad-fe oral tablet chewable		T3	AI (28 tablets per month); F; QL (28 tablets per 1 day)
NORTREL 0.5/35 (28)	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 1/35 (21) *(Alyacen 1/35)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 1/35 (28) *(Alyacen 1/35)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
NYLIA 1/35 *(Alyacen 1/35)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYMYO *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
OCELLA *(Drospirenone-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ORSYTHIA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PHILITH *(Briellyn)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIRMELLA 1/35 *(Alyacen 1/35)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PORTIA-28 *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
RECLIPSEN *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SOLIA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SPRINTEC 28 *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SRONYX *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SYEDA *(Drospirenone-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TARINA 24 FE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TARINA FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TARINA FE 1/20 EQ *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TURQOZ	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TYBLUME ORAL TABLET CHEWABLE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VALTYA 1/35 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VALTYA 1/50 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VESTURA *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VIENVA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VYFEMLA *(Briellyn)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VYLIBRA *(Norgestimate-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
WERA	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
WYMZYA FE *(Norethin-Eth Estradiol-Fe)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
XELRIA FE	$0		AI (28 tablets per month); F; QL (28 TABLETS per 28 days)
ZOVIA 1/35 (28) *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ZUMANDIMINE *(Drospirenone-Ethinyl Estradiol)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
Combination Contraceptives - Transdermal**			
XULANE *(Norelgestromin-Eth Estradiol)*	$0	$0	AI (3 patches per month); F; QL (3 patches per 30 days)
ZAFEMY *(Norelgestromin-Eth Estradiol)*	$0	$0	AI (3 patches per month); F; QL (3 patches per 30 days)
Combination Contraceptives - Vaginal**			
ELURYNG *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
ENILLORING *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
HALOETTE *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
NUVARING *(Etonogestrel-Ethinyl Estradiol)*	T3	$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
Continuous Contraceptives - Oral**			
AMETHYST *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DOLISHALE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
Emergency Contraceptives**			
AFTERA *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
AFTERPILL *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
CURAE *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
ECONTRA EZ	$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
ECONTRA ONE-STEP	$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
ELLA	T3		AI (3 tablets per month); F; QL (3 tablets per 30 days)
MY CHOICE *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
MY WAY *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
NEW DAY	$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
OPCICON ONE-STEP *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)

Drug Name	Brand	Generic	Additional Information
OPTION 2 *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
PLAN B ONE-STEP *(Levonorgestrel)*	T3	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
REACT *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
SHEWISE *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
TAKE ACTION *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
YOUR CHOICE *(Levonorgestrel)*	$0	$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
Extended-Cycle Contraceptives - Oral**			
AMETHIA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
ASHLYNA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
CAMRESE	$0		AI (91 tabets per 91 days); F; QL (91 tablets per 91 days)
CAMRESE LO *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
DAYSEE	$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
FAYOSIM	T1b		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
ICLEVIA	$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
INTROVALE *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
JAIMIESS	$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
JOLESSA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
levonorgest-eth est & eth est		T1b	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
LOJAIMIESS	$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
RIVELSA	T1b		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
ROSYRAH	T1b		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
SETLAKIN	$0		AI (28 tablets per month); F; QL (28 tablets per 90 Months)
SIMPESSE	$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
Four Phase Contraceptives - Oral**			
NATAZIA	T3		AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
Progestin Contraceptives - Injectable**			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		AI (1 injection per 90 days); F; QL (1 inj per 90 days)
medroxyprogesterone acetate intramuscular		$0	AI (1 injection per 90 days); F; QL (1 inj per 90 days)
Progestin Contraceptives - Oral**			
CAMILA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DEBLITANE *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
EMZAHH *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ERRIN *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HEATHER *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
INCASSIA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JENCYCLA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LYLEQ *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LYZA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MELEYA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORA-BE *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORLYDA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORLYROC *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ORQUIDEA *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SHAROBEL *(Norethindrone)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SLYND	T3		AI (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (28 tablets per 1 Month)
Triphasic Contraceptives - Oral**			
ARANELLE	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CAZIANT	$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DASETTA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

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

Drug Name	Brand	Generic	Additional Information
XARAH FE *(Norethindron-Ethinyl Estrad-Fe)*	$0	$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
Corticosteroids			
Glucocorticosteroids**			
AGAMREE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
budesonide oral		T1b	AI (3 capsules per day); QL (3 capsules per 1 day)
DEXAMETHASONE INTENSOL	T1b		
dexamethasone oral elixir		T1b	
dexamethasone oral solution		T1b	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg		T1b	
dexamethasone oral tablet 2 mg		T3	
EMFLAZA ORAL TABLET 6 MG	SP		PA; SP
hydrocortisone oral		T1b	
hydrocortisone sod suc (pf)		T3	
jaythari		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KYMBEE *(Deflazacort)*	SP	SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEDROL ORAL TABLET 2 MG	T3		
methylprednisolone oral tablet		T1b	
prednisolone oral syrup 15 mg/5ml		T2	
prednisolone sodium phosphate oral solution 10 mg/5ml		T3	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml		T1b	
prednisolone sodium phosphate oral tablet dispersible		T2	
PREDNISONE INTENSOL	T2		
prednisone oral solution		T1b	
prednisone oral tablet		T1b	
prednisone oral tablet therapy pack		T1b	
PYQUVI *(Deflazacort)*	SP	SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	T3		
Mineralocorticoids**			
fludrocortisone acetate oral		T1b	

Drug Name	Brand	Generic	Additional Information
Cough/Cold/Allergy			
Antitussive - Nonnarcotic**			
benzonatate oral capsule 100 mg, 200 mg		T1b	
Antitussive - Opioid**			
hydrocodone bit-homatrop mbr oral solution		T1b	AI (15ml per day); QL (150 ML per 10 days)
hydrocodone bit-homatrop mbr oral tablet		T1b	AI (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day suply with a max of 2 fills within a 54 day period.); QL (9 tablets per 1 day)
hydromet oral solution		T1b	AI (150ml per 10 days, 1 fill per month.); QL (150 ML per 10 days)
Antitussive-Expectorant**			
g tussin ac		T2	AI (240ml per 10 days); QL (240 ML per 10 days)
guaiatussin ac		T2	AI (240ml per 10 days); QL (240 ML per 10 days)
guaifenesin ac		T2	AI (24ml per day); QL (240 ML per 10 days)
guaifenesin-codeine oral solution 100-10 mg/5ml		T2	AI (24ml per day); QL (240 ML per 10 days)
virtussin a/c		T2	AI (240ml per 10 days); QL (240 ML per 10 days)
Decongestant & Antihistamine**			
CLARINEX-D 12 HOUR	T3		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)
promethazine vc		T1b	AI (30ml per day); QL (30 ML per 1 day)
promethazine-phenylephrine		T1b	AI (30ml per day); QL (30 ML per 1 day)
Expectorants**			
guaifenesin oral tablet 200 mg		T1b	
Misc. Respiratory Inhalants**			
HYPERSAL INHALATION NEBULIZATION SOLUTION *(Sodium Chloride)* **7 %**	T1b	T1b	
NEBUSAL INHALATION NEBULIZATION SOLUTION *(Sodium Chloride)* **3 %**	T1b	T1b	
PULMOSAL *(Sodium Chloride)*	T1b	T1b	
sodium chloride inhalation nebulization solution 0.9 %, 10 %		T1b	
Mucolytics**			
acetylcysteine inhalation solution 10 %		T1b	
acetylcysteine inhalation solution 20 %		T2	

Drug Name	Brand	Generic	Additional Information
Non-Narc Antitussive-Antihistamine**			
promethazine-dm oral syrup		T1b	
Non-Narc Antitussive-Decongestant-Antihistamine**			
bromphen-pseudoeph-dm		T1b	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml		T1b	
Opioid Antitussive-Antihistamine**			
hydrocod poli-chlorphe poli er		T3	AI (Limited to 1 fill per month 120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
hydrocod polst-cpm polst er oral suspension extended release		T3	AI (120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
promethazine-codeine oral syrup		T1b	AI (150ml per 10 days. 1 fill per month.); QL (150 ML per 10 days)
Opioid Antitussive-Decongestant-Antihistamine**			
promethazine vc/codeine		T1b	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
promethazine-phenyleph-codeine		T1b	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
Dermatologicals			
Acne Antibiotics**			
CLINDACIN *(Clindamycin Phosphate)*	T1b	T1b	AI (1x 50gm can per month); QL (50 GM per 30 days)
CLINDACIN ETZ EXTERNAL SWAB *(Clindamycin Phosphate)*	T1b	T1b	
CLINDACIN-P *(Clindamycin Phosphate)*	T1b	T1b	
clindamycin phos (once-daily)		T1b	
clindamycin phos (twice-daily)		T1b	
clindamycin phosphate external gel 1 %		T1b	
clindamycin phosphate external lotion		T1b	
clindamycin phosphate external solution		T1b	
dapsone external gel 5 %		T3	AI (60gm per month); QL (2 GM per 1 day)
ery		T3	
erythromycin external gel		T3	
erythromycin external solution		T1b	
sulfacetamide sodium (acne)		T1b	
Acne Combinations**			
clindamycin phos-benzoyl perox external gel 1-5 %		T3	
NEUAC EXTERNAL GEL *(Clindamycin Phos-Benzoyl Perox)*	T3	T3	
Acne Products**			
ACCUTANE *(ISOtretinoin)*	T3	T3	
AMNESTEEM *(ISOtretinoin)*	T3	T3	

Drug Name	Brand	Generic	Additional Information
bpo external gel 4 %		T3	
CLARAVIS *(ISOtretinoin)*	T3	T3	
MYORISAN *(ISOtretinoin)*	T3	T3	
tretinoin external cream		T1b	QL (1.5 GM per 1 day); AG (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %		T1b	
tretinoin external gel 0.05 %		T3	
tretinoin microsphere external gel 0.04 %, 0.1 %		T1b	
tretinoin microsphere pump external gel 0.04 %, 0.1 %		T1b	
WINLEVI	T3		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)
ZENATANE *(ISOtretinoin)*	T3	T3	
Agents For External Genital And Perianal Warts**			
VEREGEN	T3		AI (1x 30gm tube per month); QL (30 GM per 1 Month)
Antibiotics - Topical**			
ALTABAX	T3		AI (1 gm per day); QL (1 GM per 1 day)
gentamicin sulfate external		T2	
mupirocin calcium		T3	
mupirocin external		T1b	
XEPI	T3		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)
Antifungals - Topical Combinations**			
clotrimazole-betamethasone		T1b	
nystatin-triamcinolone external cream		T1b	
nystatin-triamcinolone external ointment		T3	
Antifungals - Topical**			
ciclopirox external gel		T2	
ciclopirox external shampoo		T1b	
ciclopirox external solution		T2	
ciclopirox olamine external		T1b	
KLAYESTA *(Nystatin)*	T1b	T1b	
MENTAX	T3		
naftifine hcl external cream 1 %		T1b	
naftifine hcl external cream 2 %		T3	
NYAMYC *(Nystatin)*	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
nystatin external		T1b	
NYSTOP *(Nystatin)*	T1b	T1b	
Antineoplastic Alkylating Agents - Topical**			
VALCHLOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
Antineoplastic Antimetabolites - Topical**			
fluorouracil external cream 0.5 %		T3	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)
fluorouracil external cream 5 %		T1b	SP; AI (1x 40gm tube per month); QL (40 GM per 30 days); AG (Min 18 Years)
fluorouracil external solution 2 %		T3	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
fluorouracil external solution 5 %		T3	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)
Antineoplastic Or Premalignant Lesions - Topical Misc.**			
PICATO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**			
diclofenac sodium external gel 3 %		T2	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)
Antipsoriatics - Systemic**			
acitretin		T3	
BIMZELX	SP		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
COSENTYX (300 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY (300 MG)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX UNOREADY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMULDOSA SUBCUTANEOUS	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methoxsalen rapid		SP	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)
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
STARJEMZA SUBCUTANEOUS SOLUTION	SP		PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	SP		PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	SP		PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP

Drug Name	Brand	Generic	Additional Information
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA ONE-PRESS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml		SP	PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
ustekinumab-aauz subcutaneous solution prefilled syringe 90 mg/ml		SP	PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
WEZLANA SUBCUTANEOUS	SP		PA; SP
YESINTEK SUBCUTANEOUS	SP		PA; SP
Antipsoriatics**			
calcipotriene external cream		T1b	AI (120GM per month); QL (120 GM per 1 Month)
calcipotriene external solution		T3	AI (1x 120ml bottle per month); QL (120 ML per 30 days)
CALCITRENE *(Calcipotriene)*	T1b	T1b	
PELLIX	T3		AI (120ml per 30 days); QL (120 ML per 30 days)
tazarotene external cream 0.05 %		T3	AI (1gm per day); QL (30 GM per 30 days)
tazarotene external cream 0.1 %		T1b	AI (1gm per day); QL (30 GM per 30 days)
tazarotene external gel 0.05 %		T3	
VTAMA	T3		PA
Antiseborrheic Products**			
selenium sulfide external lotion		T2	
Antiviral Topical Combinations**			
XERESE	T3		
Antivirals - Topical**			
acyclovir external		T3	
penciclovir		T3	

Drug Name	Brand	Generic	Additional Information
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**			
CIBINQO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Atopic Dermatitis - Monoclonal Antibodies**			
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	SP		PA; SP; AI (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Burn Products**			
SSD *(Silver sulfADIAZINE)*	T1b	T1b	
THERMAZENE *(Silver sulfADIAZINE)*	T1b	T1b	
Corticosteroids - Topical**			
ala-cort external cream 2.5 %		T1b	
alclometasone dipropionate		T1b	
amcinonide external cream		T3	
amcinonide external lotion		T3	
betamethasone dipropionate aug external cream		T1b	
betamethasone dipropionate aug external gel		T3	
betamethasone dipropionate aug external lotion		T1b	
betamethasone dipropionate aug external ointment		T1b	
betamethasone dipropionate external		T1b	
betamethasone valerate external		T1b	
clobetasol propionate e		T1b	
clobetasol propionate emulsion		T3	AI (1x 100gm can per month); QL (100 GM per 1 Month); AG (Min 12 Years)
clobetasol propionate external cream 0.05 %		T1b	
clobetasol propionate external foam		T1b	
clobetasol propionate external gel		T1b	
clobetasol propionate external liquid		T1b	
clobetasol propionate external lotion		T3	
clobetasol propionate external ointment		T1b	
clobetasol propionate external solution		T1b	
clocortolone pivalate		T3	AI (1x 45gm tube per month); QL (45 GM per 1 Month)
CLODAN EXTERNAL SHAMPOO *(Clobetasol Propionate)*	T3	T3	

Drug Name	Brand	Generic	Additional Information
desonide external cream		T1b	
desonide external lotion		T1b	
desonide external ointment		T1b	
desoximetasone external cream 0.05 %		T1b	
desoximetasone external cream 0.25 %		T2	
desoximetasone external gel		T2	
desoximetasone external liquid		T3	
desoximetasone external ointment 0.25 %		T2	
diflorasone diacetate external		T3	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)
fluocinolone acetonide body		T2	
fluocinolone acetonide external		T2	
fluocinolone acetonide scalp		T2	
fluocinonide external cream 0.05 %		T1b	
fluocinonide external cream 0.1 %		T1b	AI (120gm per month); QL (120 GM per 1 Month)
fluocinonide external gel		T1b	AI (60gm per month); QL (60 GM per 1 Month)
fluocinonide external ointment		T1b	
fluocinonide external solution		T1b	
flurandrenolide external cream		T3	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)
flurandrenolide external lotion		T3	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)
flurandrenolide external ointment		T3	AI (2gm per day); QL (2 GM per 1 day)
fluticasone propionate external cream		T1b	
fluticasone propionate external lotion		T3	
fluticasone propionate external ointment		T1b	
halcinonide external cream		T3	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
halobetasol propionate external cream		T1b	AI (1gm per day); QL (1 GM per 1 day)
halobetasol propionate external ointment		T1b	AI (1gm per day); QL (1 GM per 1 day)
hydrocortisone butyrate external cream		T3	AI (15gm with fill limit of 1 fill per month); QL (15 GM per 10 days)
hydrocortisone butyrate external ointment		T1b	
hydrocortisone butyrate external solution		T3	
hydrocortisone external cream 2.5 %		T1b	
hydrocortisone external ointment 2.5 %		T1b	
hydrocortisone valerate		T1b	
mometasone furoate external		T1b	
triamcinolone acetonide external aerosol solution		T1b	
triamcinolone acetonide external cream		T1b	
triamcinolone acetonide external lotion		T1b	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		T1b	
Enzymes - Topical**			
SANTYL	T3		
Imidazole-Related Antifungals - Topical**			
clotrimazole external solution		T1b	
econazole nitrate external cream		T1b	
EXELDERM	T3		
JUBLIA	T3		PA; AI (24ml per month); QL (24 ML per 30 days); AG (Min 18 Years)
ketoconazole external cream		T1b	
ketoconazole external shampoo 2 %		T1b	
oxiconazole nitrate		T1b	AI (1x 30gm tube per month); QL (30 GM per 30 days)
Immunomodulators Imidazoquinolinamines - Topical**			
imiquimod external cream 5 %		T1b	AI (24 packets per month); QL (24 packets per 1 Month); AG (Min 12 Years)
Interleukin-31 Receptor Antagonists - Systemic**			
NEMLUVIO	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Keratolytic/Antimitotic/Vesicant Agents**			
podofilox external gel		T3	AI (1x 3.5gm tube); QL (3.5 GM tube per 1 month)
podofilox external solution		T1b	
YCANTH	MB		

Drug Name	Brand	Generic	Additional Information
Macrolide Immunosuppressants - Topical**			
HYFTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pimecrolimus		T3	AI (1x 60GM tube per month); QL (60 GM per 1 month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
tacrolimus external ointment 0.03 %		T1b	AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
tacrolimus external ointment 0.1 %		T1b	AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
Microtubule Inhibitors - Topical**			
KLISYRI (250 MG)	T3		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)
KLISYRI (350 MG)	T3		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)
Oxaborole-Related Antifungals - Topical**			
tavaborole		T3	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**			
EUCRISA	T3		PA; AI (2gm per day); QL (60 GM per 1 Month); AG (Min 3 Months)
Rosacea Agents**			
azelaic acid external		T2	AI (1x 50gm tube per month); QL (50 GM per 30 days)
brimonidine tartrate external		T3	PA
ivermectin external cream		T3	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)
ROSADAN EXTERNAL CREAM *(metroNIDAZOLE)*	T1b	T1b	
ROSADAN EXTERNAL GEL *(metroNIDAZOLE)*	T1b	T1b	
Scabicides & Pediculicides**			
lindane external shampoo		T3	

Drug Name	Brand	Generic	Additional Information
malathion external		T1b	AI (1x 59ml bottle per month)
NATROBA *(Spinosad)*	T3	T3	PA
permethrin external cream		T1b	
Seborrheic Keratosis Products*			
ESKATA	MB		
Topical Selective Retinoid X Receptor Agonists**			
bexarotene external		SP	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)
Topical Steroid Combinations**			
ATTERO *(Calcipotriene-Betameth Diprop)*	T3	T3	AI (1x 60gm bottle per month); QL (60 GM per 1 Month); AG (Min 18 Years)
calcipotriene-betameth diprop external ointment		T3	AI (1x 60gm tube per month); QL (60 GM per 30 days); AG (Min 16 Years)
Wound Care - Growth Factor Agents**			
REGRANEX	T3		PA
Diagnostic Products			
Diagnostic Tests**			
ACCU-CHEK AVIVA PLUS IN VITRO	T1b		AI (200 per month); QL (200 test strips per 30 days)
ACCU-CHEK GUIDE TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
ACCU-CHEK SMARTVIEW	T1b		AI (200 per month); QL (200 test strips per 30 days)
ACCUTREND GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
ADVANCE INTUITION TEST *(Blood Glucose Test)*	T3	T3	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)
ADVANCE MICRO-DRAW TEST *(Blood Glucose Test)*	T3	T3	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
ADVOCATE REDI-CODE IN VITRO *(Blood Glucose Test)*	T3	T3	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)
ADVOCATE REDI-CODE+ TEST *(Blood Glucose Test)*	T3	T3	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)
ADVOCATE TEST *(Blood Glucose Test)*	T3	T3	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)
AGAMATRIX AMP TEST *(Blood Glucose Test)*	T3	T3	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)
AGAMATRIX JAZZ TEST *(Blood Glucose Test)*	T3	T3	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)
AGAMATRIX KEYNOTE TEST *(Blood Glucose Test)*	T3	T3	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)
AGAMATRIX PRESTO TEST *(Blood Glucose Test)*	T3	T3	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)
ASSURE 3 TEST *(Blood Glucose Test)*	T3	T3	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)
ASSURE 4 TEST *(Blood Glucose Test)*	T3	T3	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
ASSURE II *(Blood Glucose Test)*	T3	T3	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)
ASSURE II CHECK *(Blood Glucose Test)*	T3	T3	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)
ASSURE PLATINUM *(Blood Glucose Test)*	T3	T3	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)
ASSURE PRISM MULTI TEST *(Blood Glucose Test)*	T3	T3	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)
ASSURE PRO TEST *(Blood Glucose Test)*	T3	T3	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)
ASSURE TITANIUM *(Blood Glucose Test)*	T3	T3	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)
BIOTEL CARE TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
blood glucose test strips 333		T3	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)
BLULINK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
CAREONE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
CARESENS N GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
CARETOUCH TEST *(Blood Glucose Test)*	T3	T3	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)
CHEMSTRIP K	T1b		AI (100 per month); QL (100 strips per 30 days)
CLEVER CHEK AUTO-CODE TEST *(Blood Glucose Test)*	T3	T3	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)
CLEVER CHEK AUTO-CODE VOICE IN VITRO *(Blood Glucose Test)*	T3	T3	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)
CLEVER CHEK TEST *(Blood Glucose Test)*	T3	T3	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)
CLEVER CHOICE AUTO-CODE TEST *(Blood Glucose Test)*	T3	T3	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)
CLEVER CHOICE MICRO TEST *(Blood Glucose Test)*	T3	T3	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
CLEVER CHOICE NO CODING *(Blood Glucose Test)*	T3	T3	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)
CLEVER CHOICE TALK SYSTEM IN VITRO *(Blood Glucose Test)*	T3	T3	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)
CONTOUR NEXT TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
CONTOUR PLUS TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
CONTOUR TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
CVS ADVANCED GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
cvs glucose meter test strips		T3	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)
cvs true metrix glucose test		T3	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)
D-CARE BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
DIATHRIVE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
DIATHRIVE GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
DIATHRIVE+ GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
diatrue plus test		T3	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)
DUO-CARE TEST *(Blood Glucose Test)*	T3	T3	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)
EASY MAX BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
easy plus ii glucose test		T3	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)
EASY STEP TEST *(Blood Glucose Test)*	T3	T3	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)
easy talk blood glucose test		T3	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)
easy talk plus ii test strips		T3	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
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO *(Blood Glucose Test)*	T3	T3	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)
EASY TOUCH TEST *(Blood Glucose Test)*	T3	T3	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)
easy trak blood glucose test		T3	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)
easy trak ii glucose test		T3	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)
EASYGLUCO IN VITRO *(Blood Glucose Test)*	T3	T3	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)
EASYMAX 15 TEST *(Blood Glucose Test)*	T3	T3	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)
EASYMAX TEST *(Blood Glucose Test)*	T3	T3	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)
EASYPRO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
EASYPRO PLUS IN VITRO *(Blood Glucose Test)*	T3	T3	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
element compact test		T3	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)
ELEMENT TEST *(Blood Glucose Test)*	T3	T3	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)
EMBRACE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
EMBRACE EVO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T3		AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
eq blood glucose test		T3	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)
EVOLUTION AUTOCODE IN VITRO *(Blood Glucose Test)*	T3	T3	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
FIFTY50 GLUCOSE TEST 2.0 *(Blood Glucose Test)*	T3	T3	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)
fondcircle blood glucose test		T3	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)
FORA 6 CONNECT IN VITRO *(Blood Glucose Test)*	T3	T3	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)
FORA 6 CONNECT/GTEL TEST *(Blood Glucose Test)*	T3	T3	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)
FORA BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA D15G BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA D20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA D40/G31 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
FORA G20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
FORA G30/PREM V10 GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA GD20 TEST *(Blood Glucose Test)*	T3	T3	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)
FORA GD50 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA GTEL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA TN'G ADVANCE PRO IN VITRO *(Blood Glucose Test)*	T3	T3	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)
FORA TN'G/TN'G VOICE *(Blood Glucose Test)*	T3	T3	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)
FORA V10 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA V12 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORA V20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
FORA V30A BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
FORACARE GD40 TEST *(Blood Glucose Test)*	T3	T3	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)
FORACARE PREMIUM V10 TEST *(Blood Glucose Test)*	T3	T3	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)
FORACARE TEST N GO TEST *(Blood Glucose Test)*	T3	T3	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)
FORTISCARE G1 TEST STRIP *(Blood Glucose Test)*	T3	T3	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)
FORTISCARE TEST *(Blood Glucose Test)*	T3	T3	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)
FREESTYLE INSULINX TEST *(Blood Glucose Test)*	T3	T3	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)
FREESTYLE LITE TEST *(Blood Glucose Test)*	T3	T3	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)
FREESTYLE PRECISION NEO TEST *(Blood Glucose Test)*	T3	T3	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
FREESTYLE TEST *(Blood Glucose Test)*	T3	T3	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)
ge100 blood glucose test		T3	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)
GENULTIMATE TEST *(Blood Glucose Test)*	T3	T3	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)
ght test		T3	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)
GLUCO PERFECT 3 TEST *(Blood Glucose Test)*	T3	T3	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)
GLUCOCARD 01 SENSOR PLUS *(Blood Glucose Test)*	T3	T3	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)
GLUCOCARD EXPRESSION TEST *(Blood Glucose Test)*	T3	T3	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)
GLUCOCARD SHINE TEST *(Blood Glucose Test)*	T3	T3	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)
GLUCOCARD VITAL TEST *(Blood Glucose Test)*	T3	T3	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
GLUCOCARD X-SENSOR *(Blood Glucose Test)*	T3	T3	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)
GLUCOCOM TEST *(Blood Glucose Test)*	T3	T3	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)
GLUCONAVII BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
glucose meter test		T3	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)
gnp easy touch glucose test		T3	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)
GNP TRUE METRIX GLUCOSE STRIPS *(Blood Glucose Test)*	T3	T3	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)
GNP TRUETRACK SMART SYSTEM IN VITRO *(Blood Glucose Test)*	T3	T3	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)
GNP TRUETRACK TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
GOJJI BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
GOJJI BLOOD TEST STRIP/LANCETS *(Blood Glucose Test)*	T3	T3	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)
goodsense blood glucose in vitro		T3	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)
HW EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
HW EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
IGLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
IHEALTH BLOOD GLUCOSE TEST STR *(Blood Glucose Test)*	T3	T3	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)
IN TOUCH BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
INFINITY BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
INFINITY VOICE IN VITRO STRIP *(Blood Glucose Test)*	T3	T3	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
KETOSTIX	T2		AI (100 per month); QL (100 strips per 30 days)
kroger blood glucose test		T3	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)
KROGER HEALTHPRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
kroger premium glucose test		T3	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)
LIBERTY NEXT GENERATION TEST *(Blood Glucose Test)*	T3	T3	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)
liberty test		T3	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)
meijer blood glucose test		T3	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)
meijer essential glucose test		T3	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)
MEIJER TRUETEST TEST *(Blood Glucose Test)*	T3	T3	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
MEIJER TRUETRACK TEST *(Blood Glucose Test)*	T3	T3	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)
MICRODOT TEST *(Blood Glucose Test)*	T3	T3	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)
MM BLULINK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
MM EASY TOUCH GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
MOBI CONNECT TEST STRIPS	T3		AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MYGLUCOHEALTH TEST *(Blood Glucose Test)*	T3	T3	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)
NEUTEK 2TEK TEST *(Blood Glucose Test)*	T3	T3	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)
NOVA MAX GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
one drop test		T3	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
ONETOUCH ULTRA BLUE TEST	T3		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)
ONETOUCH ULTRA IN VITRO STRIP	T3		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)
ONETOUCH ULTRA TEST	T3		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)
ONETOUCH VERIO IN VITRO STRIP	T3		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)
OPTIUMEZ TEST *(Blood Glucose Test)*	T3	T3	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)
PHARMACIST CHOICE AUTOCODE *(Blood Glucose Test)*	T3	T3	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)
pharmacist choice no coding		T3	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)
PIP BLOOD GLUCOSE TEST STRIP *(Blood Glucose Test)*	T3	T3	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)
POCKETCHEM EZ TEST *(Blood Glucose Test)*	T3	T3	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
POGO AUTOMATIC TEST CARTRIDGES	T3		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)
PRECISION XTRA BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
premium blood glucose test		T3	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)
pro voice v8/v9 glucose		T3	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)
PRODIGY NO CODING BLOOD GLUC IN VITRO *(Blood Glucose Test)*	T3	T3	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)
PTS PANELS EGLU TEST *(Blood Glucose Test)*	T3	T3	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)
QUICK TOUCH BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
QUICKTEK TEST *(Blood Glucose Test)*	T3	T3	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)
QUINTET AC BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
QUINTET BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
REFUAH PLUS BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
RELION BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
RELION CONFIRM/MICRO TEST *(Blood Glucose Test)*	T3	T3	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)
RELION GLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
RELION PREMIER TEST *(Blood Glucose Test)*	T3	T3	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)
RELION PRIME TEST *(Blood Glucose Test)*	T3	T3	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)
RELION TRUE METRIX TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
RELION ULTIMA TEST *(Blood Glucose Test)*	T3	T3	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
REXALL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
RIGHTEST GS100 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
RIGHTEST GS300 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
RIGHTEST GS550 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO *(Blood Glucose Test)*	T3	T3	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)
RIGHTEST GT333 GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
SMART SENSE PREMIUM TEST *(Blood Glucose Test)*	T3	T3	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)
SMART SENSE VALUE TEST *(Blood Glucose Test)*	T3	T3	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)
SMARTEST BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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
SOLUS V2 TEST *(Blood Glucose Test)*	T3	T3	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)
SUPREME TEST *(Blood Glucose Test)*	T3	T3	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)
tgt blood glucose test		T3	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)
true focus blood glucose strip		T3	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)
TRUE METRIX BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	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)
TRUE METRIX PRO BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	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)
TRUENESS BLOOD GLUCOSE STRIPS	T3		AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
TRUETEST TEST *(Blood Glucose Test)*	T3	T3	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)
TRUETRACK TEST *(Blood Glucose Test)*	T3	T3	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
UNISTRIP1 GENERIC *(Blood Glucose Test)*	T3	T3	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)
verasens blood glucose test		T3	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)
VIVAGUARD INO TEST STRIPS *(Blood Glucose Test)*	T3	T3	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)
Digestive Aids			
Digestive Enzymes**			
CREON	T2		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIOKACE	T3		PA; AI (12 tablets per day); QL (12 tablets per 1 day)
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	T2		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
Diuretics			
Carbonic Anhydrase Inhibitors**			
acetazolamide er		T3	
acetazolamide oral		T1b	
methazolamide oral		T2	
Diuretic Combinations**			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		
amiloride-hydrochlorothiazide		T1b	
spironolactone-hctz		T1b	
triamterene-hctz oral capsule 37.5-25 mg		T1b	
triamterene-hctz oral tablet		T1b	
Loop Diuretics**			
bumetanide oral		T1b	
ethacrynic acid oral		T1b	
furosemide oral solution 10 mg/ml, 8 mg/ml		T1b	

Drug Name	Brand	Generic	Additional Information
furosemide oral tablet 20 mg, 40 mg		T1a	
furosemide oral tablet 80 mg		T1b	
torsemide oral		T1b	
Potassium Sparing Diuretics**			
amiloride hcl oral		T3	
spironolactone oral tablet 100 mg		T1b	
spironolactone oral tablet 25 mg, 50 mg		T1a	
triamterene oral		T3	
Thiazides And Thiazide-Like Diuretics**			
chlorthalidone oral tablet 25 mg, 50 mg		T1b	
DIURIL	T2		
hydrochlorothiazide oral capsule		T1a	
hydrochlorothiazide oral tablet 12.5 mg		T1b	
hydrochlorothiazide oral tablet 25 mg, 50 mg		T1a	
indapamide oral		T1b	
metolazone		T1b	
Endocrine And Metabolic Agents - Misc.			
Bisphosphonates**			
alendronate sodium oral tablet 10 mg, 5 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg		T1b	AI (4 tablets per month); QL (4 tablets per 30 days)
ibandronate sodium oral		T2	AI (1 tablet per month); QL (1 tablet per 30 days)
risedronate sodium oral tablet 150 mg		T1b	AI (1 tablet per month); QL (1 tablet per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg		T1b	AI (4 tablets per month); QL (4 tablets per 30 days)
Calcimimetic Agents**			
cinacalcet hcl oral tablet 30 mg, 60 mg		SP	SP; AI (5 tablets per day); QL (5 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg		SP	SP; AI (4 tablets per day); QL (4 tablets per 1 day)
Calcitonins**			
calcitonin (salmon) injection		T3	
calcitonin (salmon) nasal		T2	AI (1x 3.37 bottle per month); QL (3.7 ML per 30 days); AG (Min 16 Years)
Carnitine Replenisher - Agents**			
levocarnitine oral solution		T3	
levocarnitine oral tablet		T3	

Drug Name	Brand	Generic	Additional Information
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**			
XPHOZAH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Dopamine Receptor Agonists**			
cabergoline		T3	
Fabry Disease - Agents**			
GALAFOLD	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Gaa Deficiency Treatment - Agents**			
OPFOLDA	T3		PA
Gnrh/Lhrh Antagonists**			
ORILISSA	T3		PA
Growth Hormone Receptor Antagonists**			
SOMAVERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Growth Hormones**			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NGENLA	SP		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	SP		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	SP		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	SP		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	SP		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
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**			
nitisinone		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Homocystinuria Treatment - Agents**			
betaine		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hyperparathyroid Treatment - Vitamin D Analogs**			
calcitriol oral		T2	
doxercalciferol oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
paricalcitol oral capsule 1 mcg, 2 mcg		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
paricalcitol oral capsule 4 mcg		T1b	AI (12 capsules per month); QL (12 capsules per 1 Month); AG (Min 18 Years)
Hypophosphatasia (Hpp) Agents**			
STRENSIQ	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Insulin-Like Growth Factors (Somatomedins)**			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Leptin Analogues**			
MYALEPT	SP		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
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**			
LUPRON DEPOT-PED (1-MONTH)	SP		PA; SP; AI (1 injecttion 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)
LUPRON DEPOT-PED (3-MONTH)	SP		PA; SP; AI (1 injection per 90 days (FDA approved fo Central Precosious 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)
LUPRON DEPOT-PED (6-MONTH)	SP		PA; SP; AI (1 injection per 180 days (FDA approved fo Central Precosious 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)
SYNAREL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Natriuretic Peptides**			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Non-Steroidal Mineralocorticoid Receptor Antagonists**			
KERENDIA	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
Ovulation Stimulants-Synthetic**			
CLOMID *(clomiPHENE Citrate)*	T3	T3	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)
MILOPHENE *(clomiPHENE Citrate)*	T3	T3	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)
Parathyroid Hormone And Derivatives**			
BONSITY	SP		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
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Phenylketonuria Treatment - Agents**			
JAVYGTOR *(Sapropterin Dihydrochloride)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
ZELVYSIA *(Sapropterin Dihydrochloride)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Rank Ligand (Rankl) Inhibitors**			
BILDYOS	SP		PA; SP; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
ENOBY	SP		PA; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
JUBBONTI	SP		PA; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
OSPOMYV	SP		PA; SP; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
Selective Estrogen Receptor Modulators (Serms)**			
OSPHENA	T3		PA
raloxifene hcl		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Selective Vasopressin V2-Receptor Antagonists**			
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg		SP	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
tolvaptan oral tablet		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
tolvaptan oral tablet therapy pack		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Somatostatic Agents**			
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
octreotide acetate intramuscular kit 10 mg		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
octreotide acetate subcutaneous		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Urea Cycle Disorder - Agents**			
OLPRUVA (2 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (3 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (4 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (5 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (6 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (6.67 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sod benz-sod phenylacet		MB	
sodium phenylbutyrate oral powder 3 gm/tsp		SP	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
sodium phenylbutyrate oral tablet		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Vasopressin**			
desmopressin ace spray refrig		T3	AI (3 x 5ml bottles per month); QL (15 ML per 30 days)
desmopressin acetate injection		T3	
desmopressin acetate oral tablet 0.1 mg		T3	AI (8 tablets per day); QL (8 tablets per 1 day)
desmopressin acetate oral tablet 0.2 mg		T3	AI (4 tablets per day); QL (4 tablets per 1 day)
desmopressin acetate spray		T3	AI (3x 5ml bottles per month); QL (15 ML per 1 Month)
STIMATE	T3		
vasopressin +rfid		MB	
VASOSTRICT INTRAVENOUS SOLUTION *(Vasopressin)* **20 UNIT/ML**	MB	MB	
Estrogens			
Estrogen & Progestin**			
ABIGALE *(Estradiol-Norethindrone Acet)*	T3	T3	AI (1 tablet per day); F; QL (1 tablet per 1 day)
ABIGALE LO *(Estradiol-Norethindrone Acet)*	T1b	T1b	AI (1 tablet per day); F; QL (1 tablet per 1 day)
AMABELZ ORAL TABLET *(Estradiol-Norethindrone Acet)* **0.5-0.1 MG**	T1b	T1b	AI (1 tablet per day); F; QL (1 tablet per 1 day)
AMABELZ ORAL TABLET 1-0.5 MG	T1b		F
BIJUVA ORAL CAPSULE 0.5-100 MG	T3		PA
COMBIPATCH	T3		F
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	T2		AI (1x 28 blisterpack per month); F; QL (1 tablet per 1 day); AG (Min 18 Years)
MIMVEY	T3		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg		T2	AI (1x 28 blisterpack per month); F; QL (1 pack per 1 day); AG (Min 18 Years)
PREMPHASE	T2		AI (1 tablet per day); F; QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T2		AI (1 tablet per day); F; QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T2		AI (2 tablets per day); F; QL (2 tablets per 1 day)
Estrogen-Progestin-Gnrh Antagonist**			
MYFEMBREE	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
Estrogens**			
DEPO-ESTRADIOL	T3		
DOTTI *(Estradiol)*	T1b	T1b	AI (2 patches per week); F; QL (2 patches per 1 week)
estradiol oral		T1b	F
estradiol transdermal patch weekly		T1b	AI (4 patches per month); F; QL (4 patches per 1 Month)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml		T1b	F
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY *(Estradiol)* **0.025 MG/24HR**	T1b	T1b	AI (2 patches per week); F; QL (2 patches per 1 week)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T1b		F; QL (2 patches per 1 week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3		
MENOSTAR	T3		AI (4 patches per month); F; QL (4 patches per 1 Month)
PREMARIN ORAL *(Estrogens Conjugated)*	T2	T2	
Estrogen-Selective Estrogen Receptor Modulator Comb**			
DUAVEE	T3		PA; AI (1 tablet per day); F; QL (1 tablet per 1 day); AG (Min 18 Years)
Fluoroquinolones			
Fluoroquinolones**			
ciprofloxacin hcl oral tablet 100 mg		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg		T1a	AI (2 tablets per day); QL (2 tablets per 1 day)
ciprofloxacin hcl oral tablet 750 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
levofloxacin oral solution		T3	
levofloxacin oral tablet 250 mg		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
levofloxacin oral tablet 500 mg, 750 mg		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
moxifloxacin hcl oral		T1b	
ofloxacin oral tablet 300 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
ofloxacin oral tablet 400 mg		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
Gastrointestinal Agents - Misc.			
5-Ht4 Receptor Agonists**			
prucalopride succinate		T3	PA

Drug Name	Brand	Generic	Additional Information
Bile Acid Synthesis Disorder Agents**			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**			
TRULANCE	T3		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)
Farnesoid X Receptor (Fxr) Agonists**			
OCALIVA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Gallstone Solubilizing Agents**			
ursodiol oral capsule 300 mg		T2	
ursodiol oral tablet		T3	
Gastrointestinal Antiallergy Agents**			
cromolyn sodium oral		T1b	
Gastrointestinal Chloride Channel Activators**			
lubiprostone		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
Gastrointestinal Stimulants**			
metoclopramide hcl oral solution 5 mg/5ml		T1b	
metoclopramide hcl oral tablet		T1b	
metoclopramide hcl oral tablet dispersible 5 mg		T3	
Glucagon-Like Peptide-2 (Glp-2) Analogs**			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**			
LINZESS ORAL CAPSULE 145 MCG	T2		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 7 Years)
LINZESS ORAL CAPSULE 290 MCG	T2		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T2		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 2 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**			
VIBERZI	T3		PA; AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Inflammatory Bowel Agents**			
balsalazide disodium		T1b	
DIPENTUM	T3		AI (4 capsules per day); QL (4 capsules per 1 day)
mesalamine er oral capsule extended release		T3	
mesalamine er oral capsule extended release 24 hour		T3	AI (4 capsules per day); QL (4 capsules per 1 day)
mesalamine oral capsule delayed release		T2	
mesalamine oral tablet delayed release 1.2 gm		T3	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T3	AI (6 tablets per day); QL (6 tablets per 1 day)
mesalamine rectal enema		T3	AI (60ml per day); QL (60 ML per 1 day)
mesalamine rectal suppository		T2	AI (1 suppository per day); QL (1 suppository per 1 day)
mesalamine-cleanser		T3	
PENTASA ORAL CAPSULE EXTENDED RELEASE *(Mesalamine ER)* **250 MG**	T3	T3	
sulfasalazine oral		T1b	
Interleukin Antagonists**			
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI-CD INDUCTION	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA CROHNS INDUCTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA-CD/UC INDUCTION	SP		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
Intestinal Acidifiers**			
enulose		T1b	
generlac		T1b	
lactulose encephalopathy oral solution 10 gm/15ml		T1b	
Peripheral Opioid Receptor Antagonists**			
alvimopan		MB	
MOVANTIK	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMPROIC	T3		PA
Phosphate Binder Agents**			
calcium acetate (phos binder) oral capsule		T1b	
lanthanum carbonate		SP	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)
sevelamer carbonate oral packet 0.8 gm		T3	AI (15 packets per day); QL (15 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm		T3	AI (5 packets per day); QL (5 packets per 1 day)
sevelamer carbonate oral tablet		T3	AI (15 tablets per day); QL (15 tablets per 1 day)
sevelamer hcl oral tablet 400 mg		T1b	AI (35 tablets per day); QL (35 tablets per 1 day)
sevelamer hcl oral tablet 800 mg		T1b	AI (17.5 tablets per day); QL (17.5 tablets per 1 day)
VELPHORO	T3		PA
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**			
VELSIPITY	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Tumor Necrosis Factor Alpha Blockers**			
CIMZIA (1 SYRINGE)	SP		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
CIMZIA (2 SYRINGE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA-STARTER	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Genitourinary Agents - Miscellaneous			
5-Alpha Reductase Inhibitors**			
dutasteride oral		T1b	AI (1 capsule per day); M; QL (1 capsule per 1 day)
finasteride oral tablet 5 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Alpha 1-Adrenoceptor Antagonists**			
alfuzosin hcl er		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
silodosin		T3	
tamsulosin hcl		T1b	
Citrates**			
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)		T2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)		T3	
Cystinosis Agents**			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Genitourinary Irrigants**			
acetic acid irrigation		MB	
ARGYLE STERILE SALINE *(Sodium Chloride)*	T1b	T1b	
CURITY STERILE SALINE *(Sodium Chloride)*	T1b	T1b	
RENACIDIN	T1b		
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**			
FILSPARI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Interstitial Cystitis Agents**			
ELMIRON	T3		AI (3 capsules per day); QL (3 capsules per 1 day)

Drug Name	Brand	Generic	Additional Information
Prostatic Hypertrophy Agent Combinations**			
dutasteride-tamsulosin hcl		T1b	M
Small Interfering Ribonucleic Acid Agents (Sirna)**			
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Urinary Stone Agents**			
tiopronin oral tablet		SP	PA
Gout Agents			
Gout Agent Combinations**			
colchicine-probenecid		T1b	
Gout Agents**			
allopurinol oral tablet 100 mg, 300 mg		T1b	
colchicine oral tablet		T3	
febuxostat		T3	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)
Uricosurics**			
probenecid oral		T1b	
Hematological Agents - Misc.			
C1 Esterase Inhibitors**			
RUCONEST	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Complement C3 Inhibitors**			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Complement C5a Receptor Inhibitors**			
TAVNEOS	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Complement Factor B Inhibitors**			
FABHALTA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Direct-Acting P2y12 Inhibitors**			
BRILINTA ORAL TABLET *(Ticagrelor)* **60 MG**	T2	T2	
Hematorheologic Agents**			
pentoxifylline er		T1b	

Drug Name	Brand	Generic	Additional Information
Phosphodiesterase Iii Inhibitors**			
cilostazol		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**			
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Plasma Kallikrein Inhibitors**			
ORLADEYO ORAL CAPSULE	SP		PA
ORLADEYO ORAL PACKET	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Plasma Proteins**			
ALBUKED 25 *(Albumin Human)*	MB	MB	
albumin-zlb intravenous solution 25 %		MB	
ALBURX INTRAVENOUS SOLUTION *(Albumin Human)* **25 %**	MB	MB	
ALBUTEIN INTRAVENOUS SOLUTION *(Albumin Human)* **25 %**	MB	MB	
FLEXBUMIN INTRAVENOUS SOLUTION *(Albumin Human)* **25 %**	MB	MB	
kedbumin		MB	
Platelet Aggregation Inhibitor Combinations**			
aspirin-dipyridamole er		T2	
Platelet Aggregation Inhibitors**			
dipyridamole oral		T1b	
Protease-Activated Receptor-1 (Par-1) Antagonists**			
ZONTIVITY	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
Pyruvate Kinase Activators**			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PYRUKYND TAPER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Quinazoline Agents**			
anagrelide hcl		T1b	

Drug Name	Brand	Generic	Additional Information
Spleen Tyrosine Kinase (Syk) Inhibitors**			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Thienopyridine Derivatives**			
clopidogrel bisulfate oral tablet 75 mg		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
prasugrel hcl		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
Hematopoietic Agents			
Agents For Gaucher Disease**			
CERDELGA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YARGESA *(migLUstat)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cobalamins**			
cyanocobalamin nasal		T3	
DODEX *(Cyanocobalamin)*	T1b	T1b	
Cytotoxic Agents**			
DROXIA	SP		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)
SIKLOS ORAL TABLET 100 MG	SP		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)
SIKLOS ORAL TABLET 1000 MG	SP		SP; AI (1 tablet per day Ooptum 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)
Erythropoiesis-Stimulating Agents (Esas)**			
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	MB		

Drug Name	Brand	Generic	Additional Information
PROCRIT	MB		
Folic Acid/Folates*			
folic acid oral tablet 1 mg		$0	AI (2 tablets per day); QL (2 tablets per 1 day)
Granulocyte Colony-Stimulating Factors (G-Csf)*			
FULPHILA	SP		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)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	SP		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)
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		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)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		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)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	SP		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)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	SP		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)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		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)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		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)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		

Drug Name	Brand	Generic	Additional Information
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		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)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		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)
Hemoglobin S (Hbs) Polymerization Inhibitors**			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Iron W/ Folic Acid**			
FOLIVANE-F	T2		
INTEGRA F	T2		
Iron**			
ferrous sulfate oral liquid 220 (44 fe) mg/5ml		$0	AG (Max 1 Years)
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	MB		
SPATONE PUR-ABSORB IRON ORAL SOLUTION	$0		AG (Max 1 Years)
Thrombopoietin (Tpo) Receptor Agonists**			
DOPTELET ORAL TABLET 20 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DOPTELET SPRINKLE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MULPLETA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NPLATE	SP		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
Hemostatics			
Hemostatics - Systemic**			
aminocaproic acid oral solution		T3	
tranexamic acid oral		T1b	F
Hypnotics/Sedatives/Sleep Disorder Agents			
Antihistamine Hypnotics**			
eq sleep-aid		$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
Barbiturate Hypnotics**			
phenobarbital oral tablet		T1b	
Benzodiazepine Hypnotics**			
estazolam		T1b	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)
flurazepam hcl oral capsule 15 mg		T3	AI (2 capsule per day, with a limitation of one fill of any hypnotic per 30 days); QL (2 capsule per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 30 mg		T3	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)
temazepam oral capsule 15 mg, 30 mg		T1b	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)
temazepam oral capsule 22.5 mg, 7.5 mg		T1b	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)
triazolam oral tablet 0.125 mg		T3	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)
triazolam oral tablet 0.25 mg		T1b	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)
Hypnotics - Tricyclic Agents**			
doxepin hcl oral tablet		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
Non-Benzodiazepine - Gaba-Receptor Modulators**			
eszopiclone		T1b	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)

Drug Name	Brand	Generic	Additional Information
zaleplon oral capsule 10 mg		T1b	AI (2 capsules per day, with a limitation od one fill of any hypnotic per 30 days); QL (2 capsules per 1 day)
zaleplon oral capsule 5 mg		T1b	AI (3 capsules per day, with a limitation od one fill of any hypnotic per 30 days); QL (3 capsules per 1 day)
zolpidem tartrate er		T1b	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
zolpidem tartrate oral tablet		T1b	AI (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
Orexin Receptor Antagonists**			
BELSOMRA	T3		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)
DAYVIGO	T3		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)
QUVIVIQ	T3		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)
Selective Melatonin Receptor Agonists**			
HETLIOZ *(Tasimelteon)*	SP	SP	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)
ramelteon		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
Laxatives			
Bowel Evacuant Combinations**			
GAVILYTE-G *(PEG-3350/Electrolytes)*	$0	$0	
GAVILYTE-N WITH FLAVOR PACK *(PEG 3350-KCl-Na Bicarb-NaCl)*	$0	$0	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml		T3	
peg-3350/electrolytes/ascorbat		T3	
peg-kcl-nacl-nasulf-na asc-c		T3	

Drug Name	Brand	Generic	Additional Information
Electrolyte-Based Osmotic Laxative Mixtures**			
OSMOPREP	T3		AI (32 tablets per procedure); QL (1.34 tablets per 1 day)
Laxatives - Miscellaneous**			
constulose		T1b	
lactulose oral solution		T1b	
Local Anesthetics-Parenteral			
Local Anesthetics - Amides**			
XARACOLL	MB		
Macrolides			
Azithromycin**			
azithromycin oral packet		T1b	
azithromycin oral suspension reconstituted		T1b	
azithromycin oral tablet 250 mg		T1a	
azithromycin oral tablet 500 mg		T1b	
azithromycin oral tablet 600 mg		T2	
Clarithromycin**			
clarithromycin er		T2	
clarithromycin oral suspension reconstituted		T3	AI (10ml per day); QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1b	
clarithromycin oral tablet 500 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
Erythromycins**			
E.E.S. 400 ORAL TABLET *(Erythromycin Ethylsuccinate)*	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
erythromycin base oral capsule delayed release particles		T3	AI (4 capsules per day)
erythromycin base oral tablet		T3	
erythromycin ethylsuccinate oral suspension reconstituted		T1b	
Medical Devices And Supplies			
Cervical Caps**			
FEMCAP	$0		AI (3 cervical caps per month); F; QL (3 cervical caps per 1 Month)
Condoms - Female**			
FC2 FEMALE CONDOM	$0		AI (1 box of 12 per month); F; QL (1 box per 30 days)
Condoms - Male**			
aimsco lubricated		$0	F
condoms		$0	F
DUREX EXTRA SENSITIVE THIN *(Maxx)*	$0	$0	F

Drug Name	Brand	Generic	Additional Information
DUREX REALFEEL	$0		F
DUREX TROPICAL *(Maxx)*	$0	$0	F
FANTASY LUBRICATED *(Maxx)*	$0	$0	F
FANTASY LUBRICATED/SPERMICIDE *(Maxx)*	$0	$0	F
KAMELEON LUBRICATED *(Maxx)*	$0	$0	F
kimono		$0	F
KIMONO COLORS *(Maxx)*	$0	$0	F
KIMONO MAXX-LARGE FLARE *(Maxx)*	$0	$0	F
kimono micro thin plus		$0	F
kimono plus		$0	F
kimono ps		$0	F
kimono ps plus		$0	F
kimono sensation		$0	F
kimono sensation plus		$0	F
KIMONO SPECIAL *(Maxx)*	$0	$0	F
K-Y ME & YOU EXTRA LUBRICATED *(Maxx)*	$0	$0	F
K-Y ME & YOU INTENSE *(Maxx)*	$0	$0	F
maxx plus		$0	F
REALITY LATEX CONDOMS *(Maxx)*	$0	$0	F
REALITY LATEX/ULTRA TEXTURED *(Maxx)*	$0	$0	F
REALITY LATEX/ULTRA THIN *(Maxx)*	$0	$0	F
TROJAN BARESKIN *(Maxx)*	$0	$0	F
TROJAN ENZ *(Kimono Micro Thin)*	$0	$0	F
TROJAN ULTRA RIBBED LUBRICATED *(Maxx)*	$0	$0	F
TROJAN ULTRA THIN *(Maxx)*	$0	$0	F
TROJAN ULTRA THIN/SPERMICIDAL *(Maxx)*	$0	$0	F
true cover		$0	F
TRUSTEX COLOR CONDOMS + LUBE *(Maxx)*	$0	$0	F
TRUSTEX LUB/RIBBED/STUDDED *(Maxx)*	$0	$0	F
TRUSTEX LUB/SPERMICIDE EX ST *(Maxx)*	$0	$0	F
TRUSTEX LUB/SPERMICIDE XL *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED EX LARGE *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED EXTRA ST *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED/SPERMICIDE *(Maxx)*	$0	$0	F
TRUSTEX NATURAL CONDOMS + LUBE *(Maxx)*	$0	$0	F
TRUSTEX NON-LUBRICATED *(Kimono Micro Thin)*	$0	$0	F
TRUSTEX RIA LUB/SPERMICIDE *(Maxx)*	$0	$0	F
TRUSTEX RIA LUBRICATED *(Maxx)*	$0	$0	F
TRUSTEX RIA NON-LUBRICATED *(Kimono Micro Thin)*	$0	$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD *(Maxx)*	$0	$0	F

Drug Name	Brand	Generic	Additional Information
Diaphragms**			
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
Glucose Monitoring Test Supplies**			
ACCU-CHEK FASTCLIX LANCETS *(Lancets)*	T1b	T1b	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 *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
acti-lance 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
acti-lance lite lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
acti-lance special lancets 17g		T1b	AI (204 per month); QL (204 lancets per 30 days)
acti-lance universal 23g		T1b	AI (204 per month); QL (204 lancets per 30 days)
advanced mobile lancet		T1b	AI (204 per month); QL (204 lancets per 30 days)
advantage safety lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
ADVOCATE SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
aimsco twist lancets 32g		T1b	AI (204 per month); QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
assure comfort lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS HIGH *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS LOW *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS MICRO *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS PED *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
aurora lancet super thin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
aurora lancet thin 23g		T1b	AI (204 per month); QL (204 lancets per 30 days)
AUTOLET PLATFORMS *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
BD MICROTAINER LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CAREONE LANCET SUPER THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
careone lancet thin 23g		T1b	AI (204 per month); QL (204 lancets per 30 days)
CARESENS LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
CARESENS LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CHOSEN LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CHOSEN SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEANLET LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHEK LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COAGUCHEK LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
comfort assured lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
comfort assured lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CONTOUR NEXT EZ	$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)

Drug Name	Brand	Generic	Additional Information
CONTOUR NEXT GEN MONITOR KIT	$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
CONTOUR NEXT MONITOR	$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
CONTOUR NEXT ONE KIT W/DEVICE	$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
cvs lancets 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
cvs lancets micro thin 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
cvs lancets original		T1b	AI (204 per month); QL (204 lancets per 30 days)
cvs lancets thin 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
cvs lancets ultra thin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
cvs lancets ultra-thin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
cvs ultra thin lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER	T2		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)
DEXCOM G6 SENSOR	T2		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)
DEXCOM G6 TRANSMITTER	T2		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)

Drug Name	Brand	Generic	Additional Information
DEXCOM G7 15 DAY SENSOR	T2		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)
DEXCOM G7 RECEIVER	T2		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)
DEXCOM G7 SENSOR	T2		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)
DIATHRIVE LANCET ULTRA THIN 30 *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DIATHRIVE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPLET MEDLANCE LANCET 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPLET PERSONAL LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 17G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 25G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 1.5 *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 18G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
DROPSAFE HAEMOLANCE LANCET 25G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDISAFE LANCET 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDISAFE LANCET 29G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 0.8MM *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 25G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
drug mart lancets thin 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
easy comfort lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
easy comfort lancets twist top		T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH SAFETY LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
eql color lancets 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
eql color lancets micro 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
eql super thin lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
eql thin lancets 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCET MICRO-THIN 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FINE 30 *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FINGERSTIX LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
fondcircle single use lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
FORA LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FREESTYLE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2		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)
FREESTYLE LIBRE 14 DAY SENSOR	T2		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)
FREESTYLE LIBRE 2 PLUS SENSOR	T2		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)
FREESTYLE LIBRE 2 READER	T2		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)
FREESTYLE LIBRE 2 SENSOR	T2		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)
FREESTYLE LIBRE 3 PLUS SENSOR	T2		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)
FREESTYLE LIBRE 3 READER	T2		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)
FREESTYLE LIBRE 3 SENSOR	T2		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
FREESTYLE LIBRE READER	T2		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)
FREESTYLE UNISTICK II LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (CLEAR) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (GREEN) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (ORANGE) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (VIOLET) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (YELLOW) *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL NOZZLES *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTLE-LET GP LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTLE-LET LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTLE-LET PLATFORMS *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
global inject ease lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
global inject ease lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
gnp lancets 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
gnp lancets thin 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
gnp sterile lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
gnp sterile lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
gnp sterile lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
GOJJI STERILE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
goodsense color lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
goodsense lancets 26g univ		T1b	AI (204 per month); QL (204 lancets per 30 days)
goodsense lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
goodsense lancets 30g univ		T1b	AI (204 per month); QL (204 lancets per 30 days)
goodsense lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
goodsense lancets 33g univ		T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
h-e-b incontrol lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
h-e-b incontrol lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
h-e-b incontrol lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
HY-VEE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
hy-vee thin lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
IN TOUCH STERILE LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
kinney lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
kinney thin lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
KROGER HEALTHPRO LANCET 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets micro thin 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets super thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets thin 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
kroger lancets ultrathin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets 28g thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets micro thin 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
LANCETS SUPER THIN *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets super thin 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
LANCETS ULTRA THIN *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
lancets ultra thin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
LIBERTY MEDICAL LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
lite touch lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
LITETOUCH LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
live better lancet super thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
longs lancets standard		T1b	AI (204 per month); QL (204 lancets per 30 days)
longs lancets thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
longs lancets ultra thin		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
medichoice safety lancet		T1b	AI (204 per month); QL (204 lancets per 30 days)
medichoice safety lancet extra		T1b	AI (204 per month); QL (204 lancets per 30 days)
medichoice safety lancet norm		T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE EXTRA 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE LITE 25G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE UNIVERSAL 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS THIN *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MICROLET LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MICROLET NEXT LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MM TWIST LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MOBI CONNECT TWIST LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
mobile lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
MONOLET LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
MONOLET OPD LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
mpd safety lancet 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
mpd safety lancet 23g		T1b	AI (204 per month); QL (204 lancets per 30 days)
mpd safety lancet 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
mpd safety lancet 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
MYGLUCOHEALTH LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PERFECT LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PERFECT LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
pip lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
pip lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
PRECISION THINS GP LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
preferred plus lancets colored		T1b	AI (204 per month); QL (204 lancets per 30 days)
preferred plus lancets thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
pro comfort lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
pro comfort lancets 31g		T1b	AI (204 per month); QL (204 lancets per 30 days)
pro comfort safety lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PSS SELECT GP LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PSS SELECT PLATFORMS *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
PSS SELECT SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
pure comfort lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
pure comfort safety lancet 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
px lancets microthin 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
px lancets ultra thin 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
qc lancets super thin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
qc lancets ultra thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
qc unilet lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
qc unilet lancets micro thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
reality lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
reality trigger lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION ULTRA THIN LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
RIGHTEST GL300 LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFE-T-LANCE *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFE-T-LANCE PLUS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
safety lancet 30g/pressure act		T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
safety lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
saps health plus lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
saps health twist top lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
saps twist top lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
sapscare twist top lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
sb lancets thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
sb lancets ultra thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SINGLE-LET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
sm lancets 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE COLOR LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMARTEST LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SOLUS V2 TWIST LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
STERILANCE PA *(Lancet Transporter Case)*	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
STERILANCE TL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
super thin lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
sure comfort lancets 18g		T1b	AI (204 per month); QL (204 lancets per 30 days)
sure comfort lancets 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
sure comfort lancets 23g		T1b	AI (204 per month); QL (204 lancets per 30 days)
sure comfort lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
sure comfort lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
SURELITE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE AST LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
tgt lancet micro thin 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
tgt lancet thin 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
tgt lancet ultra thin 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
THINLETS GP LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
todays health thin lancets 28g		T1b	AI (204 per month); QL (204 lancets per 30 days)
todays health thin lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
topcare lancets micro-thin 33g		T1b	AI (204 per month); QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
true comfort safety lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
true comfort twist top lancets		T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
twist top lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET CLASSIC LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ultra thin lancets 31g		T1b	AI (204 per month); QL (204 lancets per 30 days)
ultra-care lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
ultra-care safety lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET EXCELITE *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
UNILET EXCELITE II *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET G.P. LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 1	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2 COMFORT *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 EXTRA	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2 NEONATAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 NORMAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 SUPER	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 3 *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 COMFORT *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 EXTRA *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 GENTLE *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 NORMAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK CZT COMFORT *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK CZT NORMAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
UNISTIK NORMAL *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK PRO SAFETY LANCET *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
value plus lancet standard 21g		T1b	AI (204 per month); QL (204 lancets per 30 days)
value plus lancets super thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
value plus lancets thin 26g		T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
WALGREENS LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
walgreens lancets micro thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
walgreens lancets super thin		T1b	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS THIN LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS *(Lancets)*	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
zevrx twist top lancets 30g		T1b	AI (204 per month); QL (204 lancets per 30 days)
Insulin Administration Supplies**			
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T3		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.)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T3		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)
OMNIPOD 5 G7 INTRO (GEN 5)	T3		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.)
OMNIPOD 5 G7 PODS (GEN 5)	T3		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
OMNIPOD 5 LIBRE INTRO	T3		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.)
OMNIPOD 5 LIBRE PODS	T3		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.)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T3		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.)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T3		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)
OMNIPOD CLASSIC PODS (GEN 3)	T3		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)
OMNIPOD DASH PODS (GEN 4)	T3		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)
Needles & Syringes**			
1st tier unifine pentips		T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
1st tier unifine pentips plus		T1b	AI (200 per month); QL (200 pen needles per 30 days)
ABOUTTIME PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
aq insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
aqinject pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID INSULIN SAFETY SYR *(TechLITE Insulin Syringe)* **31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ASSURE ID PRO PEN NEEDLES *(Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
aum insulin safety pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
aum mini insulin pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
aum pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUM READYGARD DUO PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUM SAFETY PEN NEEDLE *(Raya Sure Pen Needle)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
aurora pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE 30G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
BD AUTOSHIELD DUO *(Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYR ULTRAFINE II *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
BD INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **27G X 1/2" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE *(Super Touch Insulin Syringe)* **27G X 5/8" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE *(Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE *(Insulin Syringe-Needle U-100)* **28G X 1/2" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE *(Kmart Valu Insulin Syringe 29G)* **U-100 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500	T1b		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	T1b		AI (200 per month); QL (200 syringesEA per 30 days)
BD PEN NEEDLE MINI U/F *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO U/F *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT *(TechLITE Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYR ULTRAFINE *(TechLITE Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F *(TechLITE Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
careone insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
careone unifine pentips plus		T1b	AI (200 per month); QL (200 pen needles per 30 days)
CARETOUCH INSULIN SYRINGE	T1b		AI (200 per month); QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ *(Kroger Pen Needles)* **29G X 12MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ *(Insupen Pen Needles)* **33G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ PLUS *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
clickfine pen needles 31g x 8 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES 32G X 4 MM	T1b		AI (204 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Pro Comfort Pen Needles)* **32G X 5 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
COMFORT EZ PEN NEEDLES *(Pure Comfort Pen Needle)* **32G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Insupen Pen Needles)* **33G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Easy Comfort Pen Needles)* **33G X 5 MM , 33G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES 33G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PRO PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
DIATHRIVE PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
DROPLET INSULIN SYRINGE *(TechLITE Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
DROPLET MICRON	T1b		AI (200 per month); QL (200 pen needles per 30 days)
DROPLET PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 Dayss)
DROPSAFE AUTOPROTECT DUO 31G X 5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
dropsafe safety pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
drug mart unifine pentips plus		T1b	AI (200 per month); QL (200 pen needles per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE *(True Comfort Pro Insulin Syr)* **32G X 5/16" 1 ML**	T1b	T1b	AI (204 per month); QL (200 syringes per 30 days)
easy comfort pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
easy glide pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN BARRELS *(Kmart Valu Insulin Syringe 29G)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH INSULIN SAFETY SYR *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES *(Easy Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
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**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA AUTOSHIELD DUO *(Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 29G X 1/2" 0.5 ML	T1b		AI (200 per month); QL (20 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE *(TechLITE Insulin Syringe)* **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-100 *(Super Touch Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-500	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE NANO *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN *(Ultra Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 32G X 6 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBRACE PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
global ease inject pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
global easy glide insulin syr		T1b	AI (200 per month); QL (200 syringes per 30 days)
global easy glide pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
global inject ease insulin syr		T1b	AI (200 per month); QL (200 syringes per 30 days)
global insulin syringes		T1b	AI (200 per month); QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp clickfine pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp insulin syringes		T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp insulin syringes 28gx1/2"		T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp insulin syringes 29gx1/2"		T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp insulin syringes 30gx5/16"		T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp insulin syringes 31gx5/16"		T1b	AI (200 per month); QL (200 syringes per 30 days)
gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 6 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
gnp pen needles 32g x 4 mm		T1b	AI (200 per month); QL (200 Pen needles per 30 days)
gnp ulticare pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
gnp ultra com insulin syringe 28g x 1/2" 1 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)
goodsense clickfine pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
GOODSENSE PEN NEEDLE PENFINE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
healthwise insulin syr/needle		T1b	AI (200 per month); QL (200 syringes per 30 days)
healthwise micron pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
healthwise short pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
h-e-b incontrol pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
HM ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
insupen pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN SENSITIVE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
kinray insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
kmart valu insulin syringe 29g		T1b	AI (200 per month); QL (200 syringes per 30 days)
kmart valu insulin syringe 30g		T1b	AI (200 per month); QL (200 syringes per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
kroger pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
leader insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
LEADER UNIFINE PENTIPS PLUS *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
longs insulin syringe 31g x 5/16" 0.5 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MAXICOMFORT II PEN NEEDLE *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE *(Easy Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
medic insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
meijer pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
MICRODOT PEN NEEDLE *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
mm insulin syringe/needle		T1b	AI (200 per month); QL (200 syringes per 30 days)
MM PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MONOJECT INSULIN SYRINGE *(Kmart Valu Insulin Syringe 29G)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe)* **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe-Needle U-100)* **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**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
NOVOFINE PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
NOVOFINE PLUS PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
pen needle/5-bevel tip 31g x 8 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
pen needle/5-bevel tip 32g x 4 mm		T1b	AI (200 per month); QL (200 pe needles per 30 days)
pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS *(Kroger Pen Needles)* **29G X 12MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM	T1b		AI (200 per month); QL (0.00001 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM	T1b		AI (200 per month); QL (200 penn needles per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Sure Comfort Pen Needles)* **32G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
pip pen needles 31g x 5mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
pip pen needles 32g x 4mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PRECISION SURE-DOSE SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
preferred plus insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
preferred plus unifine pentips 29g x 12mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PREVENT SAFETY PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 6 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PRODIGY INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
pure comfort pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
px extra short pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
px insulin syringe 30g x 1/2" 0.5 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)
px mini pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
px pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
px shortlength pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
qc pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
qc unifine pentips		T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	T1b		AI (200 per month); QL (200 pen needles per 30 Dayss)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM , 31G X 6 MM	T1b		AI (200 per month); QL (200 pen needles per 1 Month)
QUICK TOUCH INSULIN PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE *(Ultra Comfort Pen Needles)* **32G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE *(Insupen Pen Needles)* **33G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE *(Easy Comfort Pen Needles)* **33G X 5 MM , 33G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
ra insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
ra pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
reality insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
RELION INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
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**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
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**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
RELION PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
RELION SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
safety pen needles 30g x 5 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
sb insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
super touch insulin syringe 27g x 1/2" 0.5 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)
super touch insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 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" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)
super touch pen needles 31g x 5 mm , 31g x 8 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
super touch pen needles 31g x 6 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
super touch pen needles 32g x 4 mm		T1b	AI (200 per month); QL (200 pen pen needles per 30 days)
sure comfort insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES	T1b		AI (200 per month); QL (200 pen needles per 30 days)
TECHLITE PLUS PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
todays health pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
todays health short pen needle		T1b	AI (200 per month); QL (200 pen needles per 30 days)
topcare clickfine pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
topcare ultra comfort ins syr		T1b	AI (200 per month); QL (200 syringes per 30 days)
TOPFINE INSULIN PEN NEEDLE *(Ultra Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
true comfort insulin syringe 32g x 5/16" 1 ml		T1b	AI (204 per month); QL (200 syringes per 30 days)
true comfort pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
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		T1b	AI (200 per month); QL (200 syringes per 30 days)
true comfort pro pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
true comfort safety pen needle 31g x 5 mm , 32g x 4 mm		T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE INSULIN SAFETY SYR *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT	T1b		
ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE MINI PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE PEN NEEDLES *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTILET PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ultra comfort insulin syringe 30g x 5/16" 0.3 ml		T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTRA FLO INSULIN PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT *(Sure Comfort Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE *(Kroger Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ultracare insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
ultracare pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II INS SYR SHORT *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE OTC PEN NEEDLES *(Ultra Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PENTIPS *(Kroger Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PENTIPS PLUS *(Kroger Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PROTECT PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE *(Pen Needles 5/16")*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 29G X 12MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
value health insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
VERIFINE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
VERISAFE SAFETY INSULIN SYR	T1b		AI (200 per month); QL (200 syringes per 30 days)
vp insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
wegmans unifine pentips plus		T1b	AI (200 per month); QL (200 pen needles per 30 days)
zevrx insulin syringe		T1b	AI (200 per month); QL (200 syringes per 30 days)
zevrx pen needles		T1b	AI (200 per month); QL (200 pen needles per 30 days)
Spacer/Aerosol-Holding Chambers & Supplies**			
AEROCHAMBER HOLDING CHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER MINI CHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER MV *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLS FLOVU MTHPIECE *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU INTERM *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLOW VU *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER W/FLOWSIGNAL *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)

Drug Name	Brand	Generic	Additional Information
AEROCHAMBER Z-STAT PLUS/LARGE *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
AEROCHAMBER2GO ANTI-STATIC	T1b		AI (2 per year); QL (2 apacers per 1 Year)
AEROVENT PLUS *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
CLEVER CHOICE HOLDING CHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/LG MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/MED MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/SM MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK LARGE *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK MEDIUM *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK SMALL *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
eq space chamber anti-static		T1b	
eq space chamber anti-static l		T1b	
eq space chamber anti-static m		T1b	
eq space chamber anti-static s		T1b	
FLEXICHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T1b		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1b		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1b		AI (2 per year); QL (2 spacers per 1 Year)
INSPIREASE	T1b		AI (2 per year); QL (2 spacers per 2 Years)
INSPIREASE RESERVOIR BAGS	T1b		AI (2 per year); QL (2 boxes per 1 Year)
MICROSPACER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)

Drug Name	Brand	Generic	Additional Information
OPTICHAMBER DIAMOND-LG MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-MD MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-SM MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
POCKET CHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
POCKET SPACER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
RITEFLO *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
VORTEX VALVE CHAMBER-PEDI MASK *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
VORTEX VALVED HOLDING CHAMBER *(ProChamber VHC)*	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
Migraine Products			
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC	T2		PA
QULIPTA	T3		PA
UBRELVY	T3		PA; AI (16 tablets per 30 days); QL (16 tablets per 30 days)
ZAVZPRET	SP		PA
Cgrp Receptor Antagonists - Monocolonal Antibodies**			
AIMOVIG	SP		PA
AJOVY	SP		PA; AI (0.05ml per day); QL (0.05 ML per 1 day)
EMGALITY	SP		PA
EMGALITY (300 MG DOSE)	SP		PA
Ergot Combinations**			
MIGERGOT	T3		
Migraine Products**			
dihydroergotamine mesylate injection		SP	PA; SP; AI (30 day supply max)
dihydroergotamine mesylate nasal		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERGOMAR	T3		AI (20 tablets per month); QL (20 tablets per 1 Month)
Selective Serotonin Agonists 5-Ht(1)**			
almotriptan malate		T3	AI (25 tablets per 30 days); QL (25 tablets per 30 days)
eletriptan hydrobromide oral tablet 20 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
eletriptan hydrobromide oral tablet 40 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
frovatriptan succinate		T1b	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)
naratriptan hcl oral tablet 1 mg		T1b	AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
naratriptan hcl oral tablet 2.5 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
rizatriptan benzoate oral tablet 10 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
rizatriptan benzoate oral tablet 5 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
sumatriptan nasal solution 20 mg/act		T1b	AI (6 inhalers per month); QL (6 inhalers per 30 days)
sumatriptan nasal solution 5 mg/act		T1b	AI (12 inhalers per month); QL (12 inhalers per 30 days)
sumatriptan succinate oral tablet 100 mg		T1b	AI (10 tablets per month); QL (10 tablets per 1 month)
sumatriptan succinate oral tablet 25 mg		T1b	AI (40 tablets per month); QL (40 tablets per 1 month)
sumatriptan succinate oral tablet 50 mg		T1b	AI (20 tablets per month); QL (20 tablets per 1 month)
sumatriptan succinate refill subcutaneous solution cartridge		T1b	AI (10 cartridges per month); QL (10 cartridges per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		T1b	AI (10 vials per month); QL (10 vials per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml		T1b	AI (20 syringes per month); QL (10 ML per 30 days)
zolmitriptan nasal solution 5 mg		T3	AI (1 box of 6 per 30 days); QL (6 EA per 30 days)
zolmitriptan oral tablet 2.5 mg		T1b	AI (4 tablets per day, max 10 day supply an 1 fill per month); QL (4 tablets per 1 day)
zolmitriptan oral tablet 5 mg		T1b	AI (2 tablets per day, max 10 day supply an 1 fill per month); QL (2 tablets per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg		T1b	AI (4 tablets per day, max 10 day supply and 1 fill per month); QL (4 tablets per 1 day)
zolmitriptan oral tablet dispersible 5 mg		T1b	AI (2 tablets per day, max 10 day supply and 1 fill per month); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
Minerals & Electrolytes			
Fluoride**			
NAFRINSE *(Sodium Fluoride)*	$0	$0	AG (Max 6 Years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml		$0	AG (Max 6 Years)
sodium fluoride oral tablet		$0	AG (Max 6 Years)
sodium fluoride oral tablet chewable		$0	AG (Max 6 Years)
Magnesium**			
magnesium sulfate injection solution 50 %		MB	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml		MB	
Potassium Combinations**			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T2		
Potassium**			
KLOR-CON 10 *(Potassium Chloride ER)*	T1b	T1b	
KLOR-CON M10 *(Potassium Chloride Crys ER)*	T1b	T1b	
KLOR-CON M15 *(Potassium Chloride Crys ER)*	T1b	T1b	
KLOR-CON M20 *(Potassium Chloride Crys ER)*	T1b	T1b	
KLOR-CON ORAL PACKET *(Potassium Chloride)* **20 MEQ**	T1b	T1b	
KLOR-CON ORAL TABLET EXTENDED RELEASE *(Potassium Chloride ER)*	T1b	T1b	
potassium acetate intravenous solution 2 meq/ml		MB	
potassium chloride er oral capsule extended release		T1b	
potassium chloride er oral tablet extended release 20 meq		T3	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		T1b	
Miscellaneous Therapeutic Classes			
Antileprotics**			
THALOMID	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Chelating Agents**			
penicillamine oral tablet		T3	
trientine hcl oral capsule 500 mg		SP	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
Cyclosporine Analogs**			
cyclosporine oral capsule		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL CAPSULE *(cycloSPORINE Modified)* **100 MG, 25 MG**	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL SOLUTION *(CycloSPORINE Modified)*	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LUPKYNIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEORAL *(cycloSPORINE Modified)*	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Immunomodulators For Myelodysplastic Syndromes**			
lenalidomide		T1b	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)
Inosine Monophosphate Dehydrogenase Inhibitors**			
mycophenolate mofetil oral		T1b	
mycophenolate sodium oral tablet delayed release 180 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
mycophenolic acid oral tablet delayed release 180 mg		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
mycophenolic acid oral tablet delayed release 360 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
Macrolide Immunosuppressants**			
ASTAGRAF XL *(Tacrolimus ER)*	T3	T3	
ENVARSUS XR	T3		PA

Drug Name	Brand	Generic	Additional Information
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg		SP	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)
PROGRAF ORAL *(Tacrolimus)*	T3	T1b	
sirolimus oral solution		T3	
sirolimus oral tablet		T1b	
Monoclonal Antibodies**			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Potassium Removing Agents**			
KIONEX COMBINATION *(Sodium Polystyrene Sulfonate)*	T1b	T1b	
KIONEX ORAL SUSPENSION	T1b		
LOKELMA	T3		AI (1 packet per day); QL (1 packet per 1 day); AG (Min 18 Years)
sodium polystyrene sulfonate oral powder		T1b	
SPS (SODIUM POLYSTYRENE SULF) *(Sodium Polystyrene Sulfonate)*	T1b	T1b	
VELTASSA	T3		PA
Purine Analogs**			
azathioprine oral tablet 50 mg		T1b	
Mouth/Throat/Dental Agents			
Anesthetics Topical Oral**			
lidocaine viscous hcl		T1b	AI (100ml per 10 days); QL (100 ML per 10 days)
Anti-Infectives - Throat**			
clotrimazole mouth/throat troche		T1b	
nystatin mouth/throat suspension 100000 unit/ml		T1b	
Antiseptic Combinations - Mouth/Throat**			
DEBACTEROL	T3		
Antiseptics - Mouth/Throat**			
PERIOGARD *(Chlorhexidine Gluconate)*	T1b	T1b	
Fluoride Dental Products**			
NAFRINSE DAILY/NEUTRAL	$0		AG (Max 6 Years)
NAFRINSE WEEKLY	$0		AG (Max 6 Years)
Saliva Stimulants**			
cevimeline hcl		T3	AI (3 capsules per day); QL (3 capsules per 1 day)
pilocarpine hcl oral		T1b	

Drug Name	Brand	Generic	Additional Information
Steroids - Mouth/Throat/Dental**			
KOURZEQ *(Triamcinolone Acetonide)*	T1b	T1b	
ORALONE *(Triamcinolone Acetonide)*	T1b	T1b	
Multivitamins			
Prenatal Mv & Min W/Fe-Fa**			
ATABEX EC	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
ATABEX OB	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
completenate		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE 85-1 MG	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
INATAL GT	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
MATRIAPRO *(NatalChew)*	T1b	T1b	QL (1 tablet per 1 day)
NATALCORE *(Prenatal 19)*	T1b	T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
NUTRICHEW *(NatalChew)*	T1b	T1b	QL (1 tablet per 1 day)
NUTRIVEX *(Prenatal 19)*	T1b	T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
OBSTETRIX EC (WITH DOCUSATE)	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
pnv prenatal plus multivit+dha		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
prenatal 19 oral tablet 29-1 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
PRENATAL-U	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
thrivite rx		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
TRINATE	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
VINATE II	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**			
complete natal dha oral 29-1-200 & 200 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
wesnatal dha complete		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
baclofen oral tablet 10 mg, 20 mg		T1b	
carisoprodol oral tablet 350 mg		T1b	AI (Max #84 per 21 days); QL (84 tablets per 21 days)

Drug Name	Brand	Generic	Additional Information
chlorzoxazone oral tablet 500 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		T2	
metaxalone oral tablet 800 mg		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
methocarbamol oral tablet 500 mg, 750 mg		T1b	
orphenadrine citrate er		T1b	
tizanidine hcl oral capsule 2 mg		T1b	AI (18 tablets per day); QL (18 tablets per 1 day)
tizanidine hcl oral capsule 4 mg, 6 mg		T1b	AI (9 tablets per day); QL (9 tablets per 1 day)
tizanidine hcl oral tablet 2 mg		T1b	AI (18 tablets per day); QL (18 tablets per 1 day)
tizanidine hcl oral tablet 4 mg		T1b	AI (9 tablets per day); QL (9 tablets per 1 day)
Direct Muscle Relaxants**			
dantrolene sodium oral		T2	
Muscle Relaxant Combinations**			
carisoprodol-aspirin-codeine		T3	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)
Nasal Agents - Systemic And Topical			
Antihistamine-Steroid**			
azelastine-fluticasone		T3	AI (1x 23gm bottle per month); QL (1 bottle per 1 Month)
Nasal Anticholinergics**			
ipratropium bromide nasal solution 0.03 %		T1b	AI (3 bottles per month); QL (1.5 tablet per 1 day)
ipratropium bromide nasal solution 0.06 %		T1b	AI (3 bottles per month); QL (1.5 tablets per 1 day)
Nasal Antihistamines**			
olopatadine hcl nasal		T1b	AI (1x 30.5gm bottle per month); QL (30.5 bottle per 1 Month); AG (Min 6 Years)
Nasal Steroids**			
BECONASE AQ	T3		AI (1 inhaler per month); QL (25 inhaler per 1 Copay)
flunisolide nasal solution 25 mcg/act (0.025%)		T1b	AI (1x 25ml bottle per month); QL (25 ML per 30 days)
ZETONNA	T3		AI (1 inhaler per month); QL (6.1 inhaler per 1 Month); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
Neuromuscular Agents			
AIs Agent Combinations**			
RELYVRIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AIs Agents - Miscellaneous**			
RADICAVA ORS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RADICAVA ORS STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Benzathiazoles**			
riluzole		T1b	
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**			
SKYCLARYS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nondepolarizing Muscle Relaxants**			
atracurium besylate intravenous solution 50 mg/5ml		MB	
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**			
DAYBUE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmic Agents			
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**			
SIMBRINZA	T3		
Beta-Blockers - Ophthalmic Combinations**			
brimonidine tartrate-timolol		T2	
dorzolamide hcl-timolol mal		T1b	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %		T1b	PA
Beta-Blockers - Ophthalmic**			
carteolol hcl		T1b	
levobunolol hcl ophthalmic solution 0.5 %		T1b	
timolol maleate ophthalmic gel forming solution		T3	
timolol maleate ophthalmic solution		T1b	
Cycloplegic Mydriatics**			
cyclopentolate hcl ophthalmic solution 0.5 %		T2	

Drug Name	Brand	Generic	Additional Information
cyclopentolate hcl ophthalmic solution 1 %		T1b	
ISOPTO ATROPINE *(Atropine Sulfate)*	T2	T2	
tropicamide ophthalmic		T3	
Miotic Combinations**			
YUVEZZI	T3		QL (1 EA per 1 day)
Miotics - Direct Acting**			
pilocarpine hcl ophthalmic solution 1 %, 2 %		T1b	
pilocarpine hcl ophthalmic solution 1.25 %		T2	AI (1x 2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
Ophthalmic Antiallergic**			
ALOMIDE	T3		
azelastine hcl ophthalmic		T2	AI (1x 6ml bottle per month); QL (6 ML per 1 Month)
bepotastine besilate		T3	AI (1x 5ml bottle per 30 days); QL (5 ML per 30 days)
cromolyn sodium ophthalmic		T2	
epinastine hcl		T2	
ZERVIATE	T3		AI (1x carton of 30 containers); QL (1 ML per 1 day)
Ophthalmic Antibiotics**			
bacitracin ophthalmic		T3	
BESIVANCE *(Besifloxacin HCl)*	T3	T3	
CILOXAN OPHTHALMIC OINTMENT	T3		
ciprofloxacin hcl ophthalmic		T1b	
erythromycin ophthalmic		T1b	
gatifloxacin ophthalmic		T1b	
GENTAK OPHTHALMIC OINTMENT	T3		
gentamicin sulfate ophthalmic solution		T1b	
moxifloxacin hcl (2x day)		T3	
moxifloxacin hcl ophthalmic solution		T1b	
ofloxacin ophthalmic		T1b	
Ophthalmic Antifungal**			
NATACYN	T3		
Ophthalmic Anti-Infective Combinations**			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		T1b	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		T3	
NEO-POLYCIN *(Neomycin-Bacitracin Zn-Polymyx)*	T1b	T1b	
POLYCIN *(AK-Poly-Bac)*	T1b	T1b	
polymyxin b-trimethoprim		T1b	
Ophthalmic Antivirals**			
trifluridine ophthalmic		T3	

Drug Name	Brand	Generic	Additional Information
ZIRGAN	T2		
Ophthalmic Carbonic Anhydrase Inhibitors**			
brinzolamide		T3	
dorzolamide hcl ophthalmic		T1b	
Ophthalmic Immunomodulators**			
cyclosporine (pf)		T3	AI (2 vials per day); QL (2 vials per 1 day)
cyclosporine ophthalmic		T3	AI (2 vials per day); QL (2 vials per 1 day)
Ophthalmic Local Anesthetics**			
proparacaine hcl ophthalmic		T1b	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**			
bromfenac sodium (once-daily)		T2	
diclofenac sodium ophthalmic		T1b	
flurbiprofen sodium		T1b	
ketorolac tromethamine ophthalmic		T1b	
Ophthalmic Rho Kinase Inhibitors**			
RHOPRESSA	T3		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
Ophthalmic Selective Alpha Adrenergic Agonists**			
apraclonidine hcl		T3	
brimonidine tartrate ophthalmic solution 0.1 %		T2	AI (2x 5ml bottles per month); QL (2 bottles per 1 Month)
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %		T1b	
Ophthalmic Steroid Combinations**			
bacitra-neomycin-polymyxin-hc		T1b	
BLEPHAMIDE S.O.P.	T3		
neomycin-polymyxin-dexameth ophthalmic ointment		T1b	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1		T1b	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		T3	
PRED-G	T3		
PRED-G S.O.P.	T3		
sulfacetamide-prednisolone ophthalmic solution		T3	
TOBRADEX OPHTHALMIC OINTMENT	T2		
TOBRADEX ST	T2		
tobramycin-dexamethasone		T1b	
Ophthalmic Steroids**			
dexamethasone sodium phosphate ophthalmic		T3	
difluprednate		T3	
FLAREX	T3		

Drug Name	Brand	Generic	Additional Information
fluorometholone ophthalmic		T1b	
FML	T3		
FML FORTE	T3		
loteprednol etabonate ophthalmic gel		T3	
loteprednol etabonate ophthalmic suspension 0.5 %		T3	
MAXIDEX	T3		
PRED MILD	T3		
prednisolone acetate ophthalmic		T1b	
prednisolone acetate p-f		T1b	
prednisolone sodium phosphate ophthalmic		T3	
Ophthalmic Sulfonamides**			
sulfacetamide sodium ophthalmic ointment		T3	
sulfacetamide sodium ophthalmic solution		T1b	
Ophthalmics - Cystinosis Agents*			
CYSTARAN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmics - Ep2 Receptor Agonists**			
OMLONTI	T3		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
Prostaglandins - Ophthalmic**			
bimatoprost ophthalmic solution 0.03 %		T2	AI (1 x 5ml bottle per month); QL (5 ML per 1 Month)
latanoprost ophthalmic		T1b	AI (2x 2.5ml bottles per 25 days); QL (5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION *(Bimatoprost)* **0.01 %**	T2	T2	ST (Step Therapy required: 60 days in the last 6 months - bimatoprost 0.03%)
tafluprost (pf)		T3	
travoprost (bak free)		T2	
VYZULTA	T3		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)
XELPROS	T3		
Otic Agents			
Otic Agents - Miscellaneous**			
acetic acid otic		T1b	
Otic Anti-Infectives**			
ciprofloxacin hcl otic		T2	AI (1x 14ml bottle per 7 days); QL (14 ML per 7 days)
ofloxacin otic		T1b	

Drug Name	Brand	Generic	Additional Information
Otic Steroid-Anti-Infective Combinations**			
CIPRO HC *(Ciprofloxacin-Hydrocortisone)*	T2	T2	
ciprofloxacin-dexamethasone		T2	AI (1x 7.5ml bottle per month); QL (7.5 ML per 30 days)
neomycin-polymyxin-hc otic solution 3.5-10000-1		T1b	
neomycin-polymyxin-hc otic suspension		T1b	
OTOVEL *(Ciprofloxacin-Fluocinolone PF)*	T3	T3	
Otic Steroids**			
ACETASOL HC *(Hydrocortisone-Acetic Acid)*	T3	T2	AI (1x 10ml bottle per month); QL (10 ML per 1 Month)
FLAC *(Fluocinolone Acetonide)*	T1b	T1b	AI (2x 20ml bottles per month); QL (2 bottles per 1 Month)
Oxytocics			
Oxytocics**			
METHERGINE ORAL *(Methylergonovine Maleate)*	T1b	T1b	
oxytocin +rfid		MB	
PITOCIN *(Oxytocin)*	MB	MB	
Passive Immunizing And Treatment Agents			
Immune Serums**			
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Passive Immunizing Agents - Combinations**			
HYQVIA	MB		
Penicillins			
Aminopenicillins**			
amoxicillin oral capsule		T1a	
amoxicillin oral suspension reconstituted		T1a	
amoxicillin oral tablet		T1b	
amoxicillin oral tablet chewable 125 mg		T1b	AI (60 tabs per 10 days); QL (60 tabs per 10 days)
amoxicillin oral tablet chewable 250 mg		T1b	AI (60 tabs per 10 days); QL (60 tabs per 10 days)
amoxicillin trihydrate oral		T1a	
ampicillin oral capsule 500 mg		T1b	
Natural Penicillins**			
penicillin v potassium oral solution reconstituted		T1b	
penicillin v potassium oral tablet		T1a	
Penicillin Combinations**			
amoxicillin-pot clavulanate er		T3	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml		T1a	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml, 600-42.9 mg/5ml		T1b	

Drug Name	Brand	Generic	Additional Information
amoxicillin-pot clavulanate oral tablet 250-125 mg		T1b	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg		T1a	
amoxicillin-pot clavulanate oral tablet chewable		T3	
Penicillinase-Resistant Penicillins**			
dicloxacillin sodium		T1b	
Progestins			
Progestins**			
GALLIFREY *(Norethindrone Acetate)*	T1b	T1b	
medroxyprogesterone acetate oral tablet 10 mg		T2	F
medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg		T1b	F
megestrol acetate oral suspension 625 mg/5ml		T3	AI (5ml per day); QL (5 ML per 1 day)
progesterone intramuscular		T3	F
progesterone oral		T1b	F
Psychotherapeutic And Neurological Agents - Misc.			
Agents For Opioid Withdrawal**			
lofexidine hcl		T3	PA; AI (224 tablets per 14 days); QL (224 tablets per 14 days)
Alcohol Deterrents**			
acamprosate calcium		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
disulfiram oral tablet 250 mg		T1b	
disulfiram oral tablet 500 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Anti-Cataplectic Agents**			
XYREM *(Sodium Oxybate)*	SP	SP	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)
Anti-Cataplectic Combinations**			
XYWAV	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antisense Oligonucleotide (Aso) Inhibitor Agents**			
TEGSEDI	SP		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
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Benzodiazepines & Tricyclic Agents**			
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg		T2	
Cholinomimetics - Ache Inhibitors**			
donepezil hcl oral tablet 10 mg, 5 mg		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
donepezil hcl oral tablet 23 mg		T1b	
donepezil hcl oral tablet dispersible		T1b	
galantamine hydrobromide er		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
galantamine hydrobromide oral solution		T3	
galantamine hydrobromide oral tablet 12 mg, 8 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
galantamine hydrobromide oral tablet 4 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
rivastigmine tartrate oral capsule 1.5 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
rivastigmine tartrate oral capsule 3 mg		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1b	AI (2 capsules per day); QL (2 capsules per 1 Copay)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr		T2	AI (1 patch per day); QL (1 patch per 1 day); AG (Min 18 Years)
rivastigmine transdermal patch 24 hour 4.6 mg/24hr		T2	AI (1 tablet per day); QL (1 patch per 1 day); AG (Min 18 Years)
Fibromyalgia Agent - Snris**			
SAVELLA *(Milnacipran HCl)*	T3	T3	
SAVELLA TITRATION PACK *(Milnacipran HCl)*	T3	T3	
Movement Disorder Drug Therapy**			
XENAZINE *(Tetrabenazine)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ms Agents - Pyrimidine Synthesis Inhibitors**			
AUBAGIO *(Teriflunomide)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Interferons**			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		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
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY INTRAMUSCULAR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Monoclonal Antibodies**			
KESIMPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
dimethyl fumarate capsule delayed release 120 mg oral		SP	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
dimethyl fumarate capsule delayed release 240 mg oral		SP	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)
dimethyl fumarate capsule delayed release 240 mg oral		SP	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
dimethyl fumarate oral capsule delayed release 120 mg		SP	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)
dimethyl fumarate oral capsule delayed release 240 mg		SP	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)
dimethyl fumarate starter pack oral capsule delayed release therapy pack		SP	PA; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Potassium Channel Blockers**			
dalfampridine er oral tablet extended release 12 hour 10 mg		SP	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); Notes (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)
dalfampridine er tablet extended release 12 hour 10 mg oral		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)
Multiple Sclerosis Agents**			
GLATOPA *(Glatiramer Acetate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**			
memantine hcl er		T2	

Drug Name	Brand	Generic	Additional Information
memantine hcl oral solution 2 mg/ml		T1b	AI (1x 360ml bottle per month); QL (360 ML per 30 days); AG (Min 12 Years)
memantine hcl oral tablet 10 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg		T1b	
memantine hcl oral tablet 5 mg		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 12 Years)
Phenothiazines & Tricyclic Agents**			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg		T2	
Pseudobulbar Affect Agent Combinations**			
NUEDEXTA *(Dextromethorphan-quiNIDine)*	T3	T3	PA
Psychotherapeutic And Neurological Agents - Misc.**			
ergoloid mesylates oral		T1b	PA
pimozide		T2	
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**			
ADDYI	T3		AI (1 tablet per day); F; QL (1 tablet per 1 day); AG (Min 18 Years)
Smoking Deterrents**			
apo-varenicline		$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
bupropion hcl er (smoking det)		$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
cvs nicotine		$0	AG (Min 18 Years)
cvs nicotine polacrilex		$0	AG (Min 18 Years)
eq nicotine mouth/throat gum 4 mg		$0	AG (Min 18 Years)
eq nicotine mouth/throat lozenge		$0	AG (Min 18 Years)
eq nicotine polacrilex		$0	AG (Min 18 Years)
eq nicotine step 3		$0	AG (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AG (Min 18 Years)
eql nicotine polacrilex mouth/throat lozenge		$0	AG (Min 18 Years)
ft nicotine		$0	AG (Min 18 Years)
ft nicotine mini		$0	AG (Min 18 Years)
gnp nicotine		$0	AG (Min 18 Years)
gnp nicotine mini		$0	AG (Min 18 Years)
gnp nicotine polacrilex		$0	AG (Min 18 Years)
goodsense nicotine		$0	AG (Min 18 Years)
goodsense nicotine policrilex		$0	AG (Min 18 Years)
HABITROL *(Nicotine)*	$0	$0	AG (Min 18 Years)
hm nicotine		$0	AG (Min 18 Years)
hm nicotine polacrilex		$0	AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
KLS QUIT2 *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)
KLS QUIT4 *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
NICORETTE MOUTH/THROAT GUM *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
nicotine		$0	AG (Min 18 Years)
nicotine mini		$0	AG (Min 18 Years)
nicotine polacrilex mini		$0	AG (Min 18 Years)
nicotine step 1		$0	AG (Min 18 Years)
nicotine step 2		$0	AG (Min 18 Years)
nicotine step 3		$0	AG (Min 18 Years)
NICOTROL	$0		AG (Min 18 Years)
NICOTROL NS	$0		AI (12x 10ml bottles per month); QL (4 ML per 1 day); AG (Min 18 Years)
px stop smoking aid		$0	AG (Min 18 Years)
qc nicotine transdermal system		$0	AG (Min 18 Years)
ra mini nicotine		$0	AG (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg		$0	AG (Min 18 Years)
ra nicotine mouth/throat		$0	AG (Min 18 Years)
ra nicotine polacrilex mouth/throat lozenge		$0	AG (Min 18 Years)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AG (Min 18 Years)
sm nicotine		$0	AG (Min 18 Years)
sm nicotine polacrilex		$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
varenicline tartrate (starter)		$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
varenicline tartrate oral tablet 0.5 mg, 1 mg		$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
varenicline tartrate(continue)		$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
fingolimod hcl capsule 0.5 mg oral		T1b	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
fingolimod hcl oral capsule 0.5 mg		T1b	PA; 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)
MAYZENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAYZENT STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPOSIA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPOSIA 7-DAY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Thienbenzodiazepines & Ssris**			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T3	AI (3 dapsules per day); QL (3 capsules per 1 day)
Vasomotor Symptom Agents - Ssris**			
paroxetine mesylate		T3	
Respiratory Agents - Misc.			
Cystic Fibrosis Agent - Combinations**			
ORKAMBI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORKAMBI ORAL TABLET 100-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
ORKAMBI ORAL TABLET 200-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMDEKO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP		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)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	SP		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)
TRIKAFTA ORAL THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hydrolytic Enzymes**			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	SP		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)
Pulmonary Fibrosis Agents - Kinase Inhibitors**			
OFEV	SP		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)
Pulmonary Fibrosis Agents**			
ESBRIET ORAL CAPSULE *(Pirfenidone)*	SP	SP	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)
pirfenidone oral tablet 267 mg		SP	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)

Drug Name	Brand	Generic	Additional Information
pirfenidone oral tablet 801 mg		SP	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)
Sulfonamides			
Sulfonamides**			
sulfadiazine oral		T3	
Tetracyclines			
Aminomethylcyclines**			
NUZYRA ORAL TABLET 150 MG	T3		PA
Tetracyclines**			
demeclocycline hcl oral		T3	
doxycycline hyclate oral capsule 100 mg		T1a	
doxycycline hyclate oral capsule 50 mg		T1b	
doxycycline hyclate oral tablet 100 mg		T2	
doxycycline hyclate oral tablet 20 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
doxycycline hyclate oral tablet delayed release 100 mg		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
doxycycline hyclate oral tablet delayed release 75 mg		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
doxycycline monohydrate oral capsule 50 mg		T2	
doxycycline monohydrate oral suspension reconstituted		T1b	
doxycycline monohydrate oral tablet 100 mg		T2	
doxycycline monohydrate oral tablet 50 mg, 75 mg		T1b	
minocycline hcl oral capsule		T1b	
minocycline hcl oral tablet		T3	
MONDOXYNE NL ORAL CAPSULE *(Doxycycline Monohydrate)* **100 MG**	T1b	T1b	
tetracycline hcl oral capsule		T1b	
VIBRAMYCIN ORAL SYRUP	T3		
Thyroid Agents			
Antithyroid Agents**			
methimazole oral		T1b	
propylthiouracil oral		T1b	
Thyroid Hormones**			
ERMEZA	T3		
EUTHYROX *(Levothyroxine Sodium)*	T1b	T1b	
LEVO-T *(Levothyroxine Sodium)*	T1b	T1b	
LEVOXYL *(Levothyroxine Sodium)*	T1b	T1b	
LIOMNY *(Liothyronine Sodium)*	T1b	T1b	
SYNTHROID *(Levothyroxine Sodium)*	T2	T1b	

Drug Name	Brand	Generic	Additional Information
TIROSINT *(Levothyroxine Sodium)*	T3	T3	
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**	T1b	T1b	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **150 MCG**	T2	T1b	
Toxoids			
Toxoid Combinations**			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
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)
diphtheria-tetanus toxoids dt		$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)
Ulcer Drugs/Antispasmodics/Anticholinergics			
Anticholinergic Combinations**			
chlordiazepoxide-clidinium		T1b	
Antispasmodics**			
dicyclomine hcl oral capsule		T1b	
dicyclomine hcl oral solution 10 mg/5ml		T1b	
dicyclomine hcl oral tablet 20 mg		T1b	
H-2 Antagonists**			
cimetidine hcl oral solution 300 mg/5ml		T3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		T1b	
famotidine oral suspension reconstituted		T1b	
nizatidine oral capsule 150 mg		T3	AI (2 capsules per day); QL (2 capsules per 1 day)

Drug Name	Brand	Generic	Additional Information
nizatidine oral capsule 300 mg		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
Misc. Anti-Ulcer**			
sucralfate oral tablet		T1b	
Proton Pump Inhibitors**			
esomeprazole magnesium oral capsule delayed release		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
FIRST-LANSOPRAZOLE	T2		
FIRST-OMEPRAZOLE	T2		
lansoprazole oral capsule delayed release		T1b	
lansoprazole oral tablet delayed release dispersible 15 mg		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
omeprazole oral capsule delayed release		T1b	
OMEPRAZOLE+SYRSPEND SF ALKA	T2		
pantoprazole sodium oral tablet delayed release		T1b	
rabeprazole sodium oral tablet delayed release		T1b	
Quaternary Anticholinergics**			
glycopyrrolate oral tablet 1 mg, 2 mg		T1b	
methscopolamine bromide oral tablet 2.5 mg		T1b	AI (8 tablets per day); QL (8 tablets per 1 day)
methscopolamine bromide oral tablet 5 mg		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**			
TALICIA	T3		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)
Ulcer Drugs - Prostaglandins**			
misoprostol oral		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
Urinary Antispasmodics			
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**			
darifenacin hydrobromide er		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
fesoterodine fumarate er		T3	PA; AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
oxybutynin chloride er		T1b	
oxybutynin chloride oral solution		T3	
oxybutynin chloride oral syrup		T1b	
oxybutynin chloride oral tablet 5 mg		T1b	
solifenacin succinate		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
tolterodine tartrate		T1b	

Drug Name	Brand	Generic	Additional Information
tolterodine tartrate er		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
trospium chloride		T1b	
trospium chloride er		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**			
mirabegron er oral tablet extended release 24 hour		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER *(Mirabegron ER)*	T3	T3	PA; AI (10ml per day); QL (10 ML per 1 day); AG (Min 3 Years and Max 12 Years)
Urinary Antispasmodics - Cholinergic Agonists**			
bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg		T1b	
Urinary Antispasmodics - Direct Muscle Relaxants**			
flavoxate hcl		T1b	
Vaccines			
Bacterial Vaccines**			
ACTHIB	$0		
bcg vaccine injection solution reconstituted		$0	
BEXSERO	$0		AI (2 doses (1ml) per year); QL (2 doses per 1 Year); AG (Min 10 Years)
BIOTHRAX	$0		
CAPVAXIVE	$0		AI (0.5ml (1 dose) per lifetime); QL (0.5 ML per 1 lifetime); AG (Min 18 Years)
HIBERIX INJECTION	$0		
MENQUADFI INTRAMUSCULAR SOLUTION	$0		AI (1 dose (0.5ml) per 354 days); QL (1 dose per 354 days); AG (Max 23 Years)
MENVEO	$0		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$0		
PEDVAXHIB	$0		
PENBRAYA	$0		AG (Min 10 Years and Max 25 Years)
penmenvy		$0	
PNEUMOVAX 23 INJECTION INJECTABLE	$0		AI (2 doses (1ml) per year); QL (2 doses per 1 Year)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	$0		AI (1 doses (0.5ml) per year); QL (1 inj per 1 Year)
PREVNAR 13	$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime)
PREVNAR 20	$0		AI (2ml (4 doses) per lifetime); QL (2 ML per 1 Lifetime)

Drug Name	Brand	Generic	Additional Information
TRUMENBA	$0		AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0		
VAXCHORA	$0		
VAXNEUVANCE	$0		AI (0.5ml (1 dose) per lifetime); QL (0.5 ML per 1 lifetime)
VIVOTIF	$0		AI (4 capsules per 5 years); QL (4 capsules per 5 Yearss); AG (Min 6 Years)
Viral Vaccine Combinations			
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)
Viral Vaccines			
ABRYSVO	$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)

Drug Name	Brand	Generic	Additional Information
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)
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)

Drug Name	Brand	Generic	Additional Information
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		
janssen covid-19 vaccine		$0	
JYNNEOS	$0		AI (2x 0.5 ML doses per year); QL (1 ML per 354 days); AG (Min 18 Years)
MFLUSIVA	$0		
MNEXSPIKE	$0		AG (Min 12 Years)
moderna covid-19 bival 6m-5y		$0	
moderna covid-19 bival booster		$0	
moderna covid-19 bivalent		$0	
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml		$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	$0		AI (2 doses per year); QL (2 doses per 1 year); AG (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AG (Min 6 Months and Max 11 Years)
moderna covid-19 vacc 6m-5y		$0	
MRESVIA	$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 60 Years)
novavax covid-19 vaccine		$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
NUVAXOVID COVID-19 VACCINE *(Novavax COVID-19 Vaccine)*	$0	$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
pfizer covid-19 bival 6mo-4yr		$0	
pfizer covid-19 vac bival 5-11		$0	
pfizer covid-19 vac bivalent		$0	
pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml		$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	$0		AI (2 doses per year); QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml		$0	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml		$0	AI (3 doses per year); QL (2 doses per 1 Year); AG (Min 6 Years and Max 4 Years)
pfizer-biontech covid-19 vacc		$0	

Drug Name	Brand	Generic	Additional Information
PREHEVBRIO	$0		
RABAVERT	$0		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	$0		
ROTARIX ORAL SUSPENSION RECONSTITUTED	$0		
ROTATEQ ORAL SOLUTION	$0		
sanofi covid-19 vac (booster)		$0	
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 *(Moderna COVID-19 Vaccine)*	$0	$0	
stamaril		$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		
Vaginal And Related Products			
Imidazole-Related Antifungals**			
GYNAZOLE-1	T3		F
terconazole vaginal cream		T2	F
Spermicides**			
ENCARE VAGINAL SUPPOSITORY	$0		F
OPTIONS GYNOL II CONTRACEPTIVE	$0		F

Drug Name	Brand	Generic	Additional Information
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		
Vaginal Anti-Infectives**			
clindamycin phosphate vaginal		T1b	AI (40gm per 7 days); F; QL (40 GM per 7 days)
metronidazole vaginal		T2	AI (1x 70gm tube per month); F; QL (70 GM per 30 days)
Vaginal Estrogens**			
estradiol vaginal cream		T1b	F
FEMRING	T3		AI (1 vaginal ring per 90 days); F; QL (1 vaginal ring per 90 days)
PREMARIN VAGINAL	T2		F
YUVAFEM *(Estradiol)*	T3	T3	F
Vaginal Progestins**			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F
Vasopressors			
Anaphylaxis Therapy Agents**			
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	T3		AI (2 pens per month); QL (2 pens per 1 month); AG (Max 2 Years)
epinephrine solution auto-injector 0.15 mg/0.3ml injection		T2	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
epinephrine solution auto-injector 0.3 mg/0.3ml injection		T2	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
Neurogenic Orthostatic Hypotension (Noh) - Agents**			
droxidopa capsule 100 mg oral		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)
droxidopa capsule 200 mg oral		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)

Drug Name	Brand	Generic	Additional Information
droxidopa capsule 300 mg oral		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)
droxidopa oral capsule 100 mg		SP	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)
droxidopa oral capsule 200 mg, 300 mg		SP	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)
Vasopressors**			
epinephrine pf injection solution		T2	
midodrine hcl		T3	
Vitamins			
Paba**			
POTABA ORAL CAPSULE	T3		
Vitamin D**			
BABY DDROPS ORAL LIQUID *(Baby Super Daily D3)* **10 MCG /0.028ML**	$0	$0	AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG/0.03ML	$0		AG (Min 65 Years)
baby vitamin d3 oral liquid 10 mcg /0.028ml		$0	AG (Min 65 Years)
BABYS SUPER DAILY D3 ORAL LIQUID *(Baby Super Daily D3)* **10 MCG /0.028ML**	$0	$0	AG (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	$0		AG (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	$0		AG (Min 65 Years)
cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)		$0	AG (Min 65 Years)
cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)		$0	AG (Min 65 Years)
d 1000 oral capsule		$0	AG (Min 65 Years)
d 10000		$0	AG (Min 65 Years)
d 400 oral tablet		$0	AG (Min 65 Years)
d 5000 oral capsule		$0	AG (Min 65 Years)
d-1000		$0	AG (Min 65 Years)
d-1000 extra strength		$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
d2000 ultra strength		$0	AG (Min 65 Years)
d3 2000		$0	AG (Min 65 Years)
d3 5000		$0	AG (Min 65 Years)
d3 adult		$0	AG (Min 65 Years)
d3 baby drops		$0	AG (Min 65 Years)
d3 extra strength		$0	AG (Min 65 Years)
d3 high potency oral capsule		$0	AG (Min 65 Years)
d3 kids		$0	AG (Min 65 Years)
d3 max st oral capsule 250 mcg (10000 ut)		$0	AG (Min 65 Years)
d3 maximum strength oral capsule		$0	AG (Min 65 Years)
d3 oral capsule		$0	AG (Min 65 Years)
d3 oral tablet		$0	
d3 oral tablet chewable		$0	AG (Min 65 Years)
d3 super strength		$0	AG (Min 65 Years)
d3-1000		$0	AG (Min 65 Years)
D3-50 *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
d-400		$0	AG (Min 65 Years)
d-5000		$0	AG (Min 65 Years)
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	$0		AG (Min 65 Years)
DECARA ORAL CAPSULE *(Vitamin D3)* **1.25 MG (50000 UT)**	$0	$0	AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	$0		AG (Min 65 Years)
delta d3		$0	AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 *(D-3-5)*	$0	$0	AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX *(Vitamin D3 Ultra Potency)*	$0	$0	AG (Min 65 Years)
D-VI-SOL ORAL LIQUID *(Vitamin D3)* **10 MCG/ML**	$0	$0	AG (Min 65 Years)
eq d3 drops infants/childrens		$0	AG (Min 65 Years)
eql vitamin d3 gummies		$0	AG (Min 65 Years)
eql vitamin d3 oral capsule		$0	AG (Min 65 Years)
ergocalciferol oral capsule		T3	
finest nutrition vitamin d3		$0	AG (Min 65 Years)
ft vitamin d3		$0	AG (Min 65 Years)
ft vitamin d3 rapid release		$0	AG (Min 65 Years)
gnp d 1000		$0	AG (Min 65 Years)
gnp d 2000		$0	AG (Min 65 Years)
gnp d3		$0	AG (Min 65 Years)
gnp vitamin d maximum strength		$0	AG (Min 65 Years)
gnp vitamin d oral tablet 25 mcg (1000 ut)		$0	AG (Min 65 Years)
gnp vitamin d oral tablet chewable		$0	AG (Min 65 Years)
gnp vitamin d super strength		$0	AG (Min 65 Years)
gnp vitamin d3		$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
gnp vitamin d3 extra strength		$0	AG (Min 65 Years)
gnp vitamin d-400 oral tablet 10 mcg (400 unit)		$0	AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES *(D 1000)*	$0	$0	AG (Min 65 Years)
kls d3		$0	AG (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)		$0	AG (Min 65 Years)
kp vitamin d oral tablet chewable		$0	AG (Min 65 Years)
kp vitamin d3		$0	AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0		AG (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	$0		AG (Min 65 Years)
natural vitamin d-3		$0	
OPTIMAL D3 *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
OPURITY VITAMIN D *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
qc vitamin d3 oral capsule		$0	AG (Min 65 Years)
qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)		$0	AG (Min 65 Years)
ra vitamin d-3		$0	AG (Min 65 Years)
REPLESTA	$0		AG (Min 65 Years)
REPLESTA NX	$0		AG (Min 65 Years)
sm vitamin d		$0	AG (Min 65 Years)
sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg (2000 ut)		$0	AG (Min 65 Years)
sm vitamin d3 oral tablet 125 mcg (5000 ut)		$0	
sm vitamin d3 oral tablet 25 mcg (1000 ut)		$0	AG (Min 65 Years)
sv vitamin d3		$0	AG (Min 65 Years)
THERA-D 2000 *(Cholecalciferol)*	$0	$0	AG (Min 65 Years)
THERA-D 4000	$0		AG (Min 65 Years)
THERA-D RAPID REPLETION *(Cholecalciferol)*	$0	$0	AG (Min 65 Years)
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)		$0	AG (Min 65 Years)
true vitamin d3 oral tablet		$0	AG (Min 65 Years)
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)		$0	AG (Min 65 Years)
VITAJOY DAILY D GUMMIES *(D 1000)*	$0	$0	AG (Min 65 Years)
VITAMELTS VITAMIN D	$0		AG (Min 65 Years)
vitamin d (cholecalciferol) oral capsule		$0	AG (Min 65 Years)
vitamin d (cholecalciferol) oral tablet chewable		$0	AG (Min 65 Years)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit		T3	
vitamin d high potency		$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
vitamin d oral capsule 1.25 mg (50000 ut), 125 mcg, 50 mcg (2000 ut)		$0	AG (Min 65 Years)
vitamin d oral liquid 10 mcg/ml		$0	AG (Min 65 Years)
vitamin d oral tablet 50 mcg (2000 ut)		$0	AG (Min 65 Years)
VITAMIN D-1000 MAX ST *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
vitamin d3 adult gummies		$0	AG (Min 65 Years)
vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)		$0	AG (Min 65 Years)
vitamin d3 fast dissolve		$0	AG (Min 65 Years)
vitamin d3 gummies adult		$0	AG (Min 65 Years)
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)		$0	AG (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	$0		AG (Min 65 Years)
vitamin d3 max		$0	AG (Min 65 Years)
vitamin d3 maximum strength		$0	AG (Min 65 Years)
vitamin d-3 oral capsule		$0	AG (Min 65 Years)
vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 250 mcg (10000 ut), 50 mcg (2000 ut)		$0	AG (Min 65 Years)
vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml		$0	AG (Min 65 Years)
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)		$0	AG (Min 65 Years)
vitamin d-3 oral tablet 125 mcg (5000 ut)		$0	
vitamin d-3 oral tablet 25 mcg (1000 ut)		$0	AG (Min 65 Years)
vitamin d3 oral tablet chewable		$0	AG (Min 65 Years)
vitamin d3 oral tablet dispersible		$0	AG (Min 65 Years)
vitamin d-3 sublingual		$0	AG (Min 65 Years)
vitamin d3 super strength oral tablet		$0	AG (Min 65 Years)
vitamin d3 ultra strength		$0	AG (Min 65 Years)
WEEKLY-D *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
well vitamin d3		$0	AG (Min 65 Years)
YUMVS VITAMIN D3 *(D 1000)*	$0	$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE *(D 1000)* **25 MCG (1000 UT)**	$0	$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE *(D3)* **62.5 MCG (2500 UT)**	$0	$0	AG (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE *(D 1000)* **25 MCG (1000 UT)**	$0	$0	AG (Min 65 Years)
Vitamin K			
phytonadione oral		T3	

1st tier unifine pentips 183
1st tier unifine pentips plus 184
abacavir sulfate 90
abacavir sulfate-lamivudine 88
ABIGALE 148
ABIGALE LO 148
abiraterone acetate 63
ABIRTEGA 63
ABOUTTIME PEN NEEDLE 184
ABRYSVO 223
ACAM2000 223
acamprosate calcium 211
acarbose 44
ACCU-CHEK AVIVA PLUS 120
ACCU-CHEK FASTCLIX LANCETS 163
ACCU-CHEK GUIDE 163
ACCU-CHEK GUIDE ME 163
ACCU-CHEK GUIDE TEST 120
ACCU-CHEK SAFE-T PRO LANCETS 163
ACCU-CHEK SMARTVIEW 120
ACCU-CHEK SOFTCLIX LANCETS 163
ACCUTANE 111
ACCUTREND GLUCOSE 120
acebutolol hcl 94
acetaminophen-codeine 21
ACETASOL HC 210
acetazolamide 141
acetazolamide er 141
acetic acid 153, 209
acetylcysteine 110
acitretin 113
ACTEMRA 16
ACTEMRA ACTPEN 16
ACTHIB 222
acti-lance 28g 163
acti-lance lite lancets 28g 163
acti-lance special lancets 17g 163
acti-lance universal 23g 163
ACTIMMUNE 75
acyclovir 93, 115
ADACEL 220
adalimumab-adbm (2 pen) 14
adalimumab-adbm (2 syringe) 14
adalimumab-adbm(cd/uc/hs strt) 14
adalimumab-adbm(ps/uv starter) 14
ADDYI 215
adefovir dipivoxil 91
ADEMPAS 97
ADMELOG 46
ADMELOG SOLOSTAR 46
ADVAIR HFA 31
ADVANCE INTUITION TEST 120
ADVANCE MICRO-DRAW TEST 120
advanced mobile lancet 163
advantage safety lancets 28g 163
ADVOCATE INSULIN PEN NEEDLE 184
ADVOCATE INSULIN PEN NEEDLES 184
ADVOCATE INSULIN SYRINGE 184
ADVOCATE LANCETS 163
ADVOCATE LANCETS 30G 163
ADVOCATE REDI-CODE 121
ADVOCATE REDI-CODE+ TEST 121
ADVOCATE SAFETY LANCETS 163
ADVOCATE SAFETY LANCETS 21G 163
ADVOCATE SAFETY LANCETS 23G 163
ADVOCATE SAFETY LANCETS 26G 164
ADVOCATE SAFETY LANCETS 28G 164
ADVOCATE TEST 121
AEROCHAMBER HOLDING CHAMBER 197
AEROCHAMBER MINI CHAMBER 197
AEROCHAMBER MV 197
AEROCHAMBER PLS FLOVU MTHPIECE 197
AEROCHAMBER PLUS FLO-VU 197
AEROCHAMBER PLUS FLO-VU INTERM 197
AEROCHAMBER PLUS FLO-VU LARGE 197
AEROCHAMBER PLUS FLO-VU MEDIUM 197
AEROCHAMBER PLUS FLO-VU SMALL 197
AEROCHAMBER PLUS FLO-VU W/MASK 197
AEROCHAMBER PLUS FLOW VU 197
AEROCHAMBER W/FLOWSIGNAL 197
AEROCHAMBER Z-STAT PLUS 197
AEROCHAMBER Z-STAT PLUS CHAMBR 197
AEROCHAMBER Z-STAT PLUS/LARGE 198
AEROCHAMBER Z-STAT PLUS/MEDIUM 198
AEROCHAMBER Z-STAT PLUS/SMALL 198
AEROCHAMBER2GO ANTI-STATIC 198
AEROVENT PLUS 198
AFEDITAB CR 94
AFIRMELLE 100
AFLURIA QUADRIVALENT 223
AFREZZA 46
AFTERA 105
AFTERPILL 105
AGAMATRIX AMP TEST 121
AGAMATRIX JAZZ TEST 121
AGAMATRIX KEYNOTE TEST 121
AGAMATRIX PRESTO TEST 121
AGAMATRIX ULTRA-THIN LANCETS 164
AGAMREE 109
AIMOVIG 199
aimsco lubricated 161
aimsco twist lancets 32g 164
AIMSCO TWIST LANCETS 33G 164
AJOVY 199
AKEEGA 70
AKYNZEO 54
ala-cort 116
albendazole 28
ALBUKED 25 155
albumin-zlb 155
ALBURX 155
ALBUTEIN 155
albuterol sulfate 33
alclometasone dipropionate 116
ALDACTAZIDE 141
ALECENSA 65
alendronate sodium 142
alfuzosin hcl er 153
aliskiren fumarate 60
allopurinol 154
almotriptan malate 199
alogliptin benzoate 44
alogliptin-metformin hcl 45
alogliptin-pioglitazone 46
ALOMIDE 207
alprazolam 29
alprazolam er 29
alprazolam xr 29
ALTABAX 112
ALTAVERA 100
ALUNBRIG 65
ALVESCO 34
alvimopan 152
ALYQ 97
AMABELZ 148
amantadine hcl 84
AMBISOME 55
ambrisentan 97
amcinonide 116
AMETHIA 106
AMETHYST 105
amiloride hcl 142
amiloride-hydrochlorothiazide 141
aminocaproic acid 159
aminophylline anhydrous 35
amitriptyline hcl 43
AMJEVITA 15
AMJEVITA-PED 15KG TO <30KG 15
amlodipine besy-benazepril hcl 58
amlodipine besylate 94
amlodipine besylate-valsartan 59

amlodipine-olmesartan 59
AMNESTEEM 111
amoxapine 43
amoxicillin 210
amoxicillin trihydrate 210
amoxicillin-pot clavulanate 210, 211
amoxicillin-pot clavulanate er 210
amphetamine sulfate 10
amphetamine-dextroamphet er 10
amphetamine-dextroamphetamine .. 10
ampicillin 210
anagrelide hcl 155
anastrozole 76
ANORO ELLIPTA 31
ANZEMET 54
APIDRA 46
APIDRA SOLOSTAR 46
apomorphine hcl 85
apo-varenicline 215
apraclonidine hcl 208
aprepitant 55
APRI 100
APTIVUS 90
aq insulin syringe 184
aqinject pen needle 184
AQUALANCE LANCETS 30G 164
ARANELLE 107
AREXVY 223
arformoterol tartrate 33
ARGYLE STERILE SALINE 153
ARIKAYCE 13
ARIMIDEX 76
aripiprazole 87, 88
ARISTADA 88
ARISTADA INITIO 88
armodafinil 11
ARNUITY ELLIPTA 34
AROMASIN 76
ASCOMP-CODEINE 21
asenapine maleate 87
ASHLYNA 106
ASMANEX (120 METERED DOSES) 35
ASMANEX (14 METERED DOSES) 35
ASMANEX (30 METERED DOSES) 35
ASMANEX (60 METERED DOSES) 35
ASMANEX HFA 35
aspirin 81 18
aspirin adult low dose 18
aspirin adult low strength 18
aspirin childrens 18
aspirin ec 18
aspirin ec adult low dose 18
aspirin ec low dose 18
aspirin ec low strength 18
aspirin low dose 18
aspirin low strength 18
aspirin regimen 18
aspirin-dipyridamole er 155
ASSURE 3 TEST 121
ASSURE 4 TEST 121
assure comfort lancets 28g 164
ASSURE HAEMOLANCE PLUS HIGH 164
ASSURE HAEMOLANCE PLUS LOW 164
ASSURE HAEMOLANCE PLUS MICRO 164
ASSURE HAEMOLANCE PLUS NORMAL 164
ASSURE HAEMOLANCE PLUS PED 164
ASSURE ID DUO PRO PEN NEEDLES 184
ASSURE ID INSULIN SAFETY SYR 184
ASSURE ID PRO PEN NEEDLES 184
ASSURE ID SAFETY PEN NEEDLES 184
ASSURE II 122
ASSURE II CHECK 122
ASSURE LANCE LANCETS 164
ASSURE LANCE LANCETS 21G . 164
ASSURE LANCE PLUS SAFETY 25G 164
ASSURE LANCE PLUS SAFETY 30G 164
ASSURE LANCE SAFETY LANCET 28G 164
ASSURE PLATINUM 122
ASSURE PRISM MULTI TEST 122
ASSURE PRO TEST 122
ASSURE TITANIUM 122
ASTAGRAF XL 202
ATABEX EC 204
ATABEX OB 204
atazanavir sulfate 90
atenolol 94
atenolol-chlorthalidone 60
atomoxetine hcl 10
atorvastatin calcium 57
atovaquone 61
atovaquone-proguanil hcl 61
atracurium besylate 206
ATROVENT HFA 33
ATTERO 120
AUBAGIO 212
AUBRA 100
AUBRA EQ 100
AUGTYRO 74
aum insulin safety pen needle 184
aum mini insulin pen needle 184
aum pen needle 184
AUM READYGARD DUO PEN NEEDLE 184
AUM SAFETY PEN NEEDLE 184
aurora lancet super thin 30g 164
aurora lancet thin 23g 164
aurora pen needles 184
AUROVELA 1.5/30 100
AUROVELA 1/20 100
AUROVELA 24 FE 100
AUROVELA FE 1.5/30 100
AUROVELA FE 1/20 100
AUTOKEEPER SAFETY PEN NEEDLE 184
AUTOLET PLATFORMS 164
AUVI-Q 227
AVIANE 100
AVMAPKI FAKZYNJA CO-PACK .. 75
AVONEX PEN 212
AVONEX PREFILLED 213
AVTOZMA 16
AYUNA 100
AYVAKIT 73
azathioprine 203
azelaic acid 119
azelastine hcl 207
azelastine-fluticasone 205
azithromycin 161
AZSTARYS 11
AZURETTE 100
BABY DDROPS 228
baby vitamin d3 228
BABYS SUPER DAILY D3 228
BAC (BUTALBITAL-ACETAMIN-CAFF) 18
bacitracin 207
bacitracin-polymyxin b 207
bacitra-neomycin-polymyxin-hc 208
baclofen 204
BAFIERTAM 213
balsalazide disodium 151
BALVERSA 69
BALZIVA 100
BAQSIMI ONE PACK 44
BAQSIMI TWO PACK 44
BARACLUDE 92
BAYER ADVANCED ASPIRIN REG ST 18
BAYER ASPIRIN 19
BAYER ASPIRIN EC LOW DOSE .. 18
BAYER LOW DOSE 19
bcg vaccine 222
BD AUTOSHIELD DUO 184
BD HEPARIN POSIFLUSH 36
BD INS SYR ULTRAFINE 1/2UNIT 184
BD INSULIN SYR ULTRAFINE II .. 184
BD INSULIN SYRINGE 184, 185
BD INSULIN SYRINGE HALF-UNIT 185
BD INSULIN SYRINGE MICROFINE 185
BD INSULIN SYRINGE U/F 185
BD INSULIN SYRINGE U-500 185

BD INSULIN SYRINGE ULTRAFINE 185
BD MICROTAINER LANCETS 164
BD PEN NEEDLE MICRO ULTRAFINE 185
BD PEN NEEDLE MINI U/F 185
BD PEN NEEDLE MINI ULTRAFINE 185
BD PEN NEEDLE NANO 2ND GEN 185
BD PEN NEEDLE NANO U/F 185
BD PEN NEEDLE NANO ULTRAFINE 185
BD PEN NEEDLE ORIG ULTRAFINE 185
BD PEN NEEDLE SHORT ULTRAFINE 185
BD SAFETYGLIDE INSULIN SYRINGE 186
BD VEO INSULIN SYR U/F 1/2UNIT 186
BD VEO INSULIN SYR ULTRAFINE 186
BD VEO INSULIN SYRINGE U/F .. 186
beclomethasone diprop hfa 35
BECONASE AQ 205
BELBUCA 26
belladonna 99
BELSOMRA 160
benazepril hcl 58
benazepril-hydrochlorothiazide 58
BENLYSTA 201
benznidazole 28
benzonatate 110
benztropine mesylate 84
bepotastine besilate 207
BEQALZI 66
BEQALZI STARTER PACK 66
BESIVANCE 207
BESREMI 75
BESREMI PEN 76
betaine 144
betamethasone dipropionate 116
betamethasone dipropionate aug .. 116
betamethasone valerate 116
betaxolol hcl 94
bethanechol chloride 222
BEVESPI AEROSPHERE 31
bexarotene 83, 120
BEXSERO 222
bicalutamide 63
BIJUVA 148
BIKTARVY 88
BILDYOS 146
bimatoprost 209
BIMZELX 113
BIO-D-MULSION 228
BIO-D-MULSION FORTE 228
BIOTEL CARE TEST STRIPS 122
BIOTHRAX 222
bisoprolol fumarate 94
bisoprolol-hydrochlorothiazide 60
BLEPHAMIDE S.O.P. 208
BLISOVI 24 FE 100
BLISOVI FE 1.5/30 100
BLISOVI FE 1/20 101
blood glucose test strips 333 122
BLULINK GLUCOSE TEST 122
BONJESTA 54
BONSITY 145
BOOSTRIX 220
bosentan 97
BOSULIF 66
bpo 112
BRAFTOVI 67
BREO ELLIPTA 31
BREYNA 31
BREZTRI AEROSPHERE 32
BRILINTA 154
brimonidine tartrate 119, 208
brimonidine tartrate-timolol 206
brinzolamide 208
brivaracetam 37
bromfenac sodium (once-daily) 208
bromocriptine mesylate 84
bromphen-pseudoeph-dm 111
BRUKINSA 67
budesonide 35, 109
bumetanide 141
buprenorphine 27
buprenorphine hcl 26
buprenorphine hcl-naloxone hcl 27
bupropion hcl 41
bupropion hcl er (smoking det) 215
bupropion hcl er (sr) 41
bupropion hcl er (xl) 41
buspirone hcl 28, 29
butalbital-acetaminophen 18
butalbital-apap-caff-cod 21
butalbital-apap-caffeine 18
butorphanol tartrate 27
cabergoline 143
CABOMETYX 71
calcipotriene 115
calcipotriene-betameth diprop 120
calcitonin (salmon) 142
CALCITRENE 115
calcitriol 144
calcium acetate (phos binder) 152
CALQUENCE 68
CAMCEVI 79
CAMILA 107
CAMRESE 106
CAMRESE LO 106
candesartan cilexetil 59
candesartan cilexetil-hctz 59
capecitabine 64
CAPLYTA 85
CAPRELSA 72
captopril 58
CAPVAXIVE 222
carbamazepine 37
carbamazepine er 37
carbidopa 84
carbidopa-levodopa 84
carbidopa-levodopa er 84
carbidopa-levodopa-entacapone 85
carbinoxamine maleate 55
CAREFINE PEN NEEDLES 186
CAREONE BLOOD GLUCOSE TEST 123
careone insulin syringe 186
CAREONE LANCET SUPER THIN 30G 164
careone lancet thin 23g 164
careone unifine pentips plus 186
CARESENS LANCETS 164
CARESENS LANCETS 30G 165
CARESENS N GLUCOSE TEST .. 123
CARETOUCH INSULIN SYRINGE 186
CARETOUCH PEN NEEDLES 186
CARETOUCH SAFETY LANCETS 165
CARETOUCH SAFETY LANCETS 26G 165
CARETOUCH TEST 123
CARETOUCH TWIST LANCETS 28G 165
CARETOUCH TWIST LANCETS 30G 165
CARETOUCH TWIST LANCETS 33G 165
CARETOUCH TWIST MC LANCETS 30G 165
carisoprodol 204
carisoprodol-aspirin-codeine 205
carteolol hcl 206
CARTIA XT 94
carvedilol 94
CAVHANZA 66
CAYA 163
CAZIANT 107
cefaclor 99
cefaclor er 99
cefadroxil 99
cefdinir 99
cefixime 99
cefpodoxime proxetil 99
cefprozil 99
cefuroxime axetil 99
celecoxib 15
cephalexin 99
CERDELGA 156
cevimeline hcl 203
CHARLOTTE 24 FE 101
CHATEAL 101
CHATEAL EQ 101
CHEMET 53
CHEMSTRIP K 123
childrens aspirin 19

chlordiazepoxide hcl 29
chlordiazepoxide-amitriptyline 212
chlordiazepoxide-clidinium 220
chloroquine phosphate 62
chlorpromazine hcl 87
chlorthalidone 142
chlorzoxazone 205
CHOLBAM 150
cholestyramine 56
CHOSEN LANCETS 30G 165
CHOSEN SAFETY LANCETS 28G 165
CIBINQO 116
ciclopirox 112
ciclopirox olamine 112
cilostazol 155
CILOXAN 207
CIMDUO 88
cimetidine 220
cimetidine hcl 220
CIMZIA 153
CIMZIA (1 SYRINGE) 152
CIMZIA (2 SYRINGE) 153
CIMZIA-STARTER 153
cinacalcet hcl 142
CIPRO HC 210
ciprofloxacin hcl 149, 207, 209
ciprofloxacin-dexamethasone 210
citalopram hydrobromide 41
CLARAVIS 112
CLARINEX-D 12 HOUR 110
clarithromycin 161
clarithromycin er 161
CLEANLET LANCETS 28G 165
clemastine fumarate 55
CLEVER CHEK AUTO-CODE TEST 123
CLEVER CHEK AUTO-CODE VOICE 123
CLEVER CHEK LANCETS 165
CLEVER CHEK TEST 123
CLEVER CHOICE AUTO-CODE TEST 123
CLEVER CHOICE COMFORT EZ 165, 186
CLEVER CHOICE COMFORT EZ PLUS 186
CLEVER CHOICE HOLDING CHAMBER 198
CLEVER CHOICE LANCETS 21G 165
CLEVER CHOICE LANCETS 23G 165
CLEVER CHOICE LANCETS 28G 165
CLEVER CHOICE MICRO TEST .. 123
CLEVER CHOICE NO CODING 124
CLEVER CHOICE TALK SYSTEM 124
CLICKFINE PEN NEEDLES 186
clickfine pen needles 186
CLIGAVYX 77
CLINDACIN 111
CLINDACIN ETZ 111
CLINDACIN-P 111
clindamycin hcl 61
clindamycin palmitate hcl 61
clindamycin phos (once-daily) 111
clindamycin phos (twice-daily) 111
clindamycin phos-benzoyl perox 111
clindamycin phosphate 111, 227
clobazam 37
clobetasol propionate 116
clobetasol propionate e 116
clobetasol propionate emulsion 116
clocortolone pivalate 116
CLODAN 116
CLOMID 145
clomipramine hcl 43
clonazepam 37
clonidine 60
clonidine hcl 60
clonidine hcl er 10
clopidogrel bisulfate 156
clorazepate dipotassium 29, 30
clotrimazole 118, 203
clotrimazole-betamethasone 112
clozapine 87
COAGUCHEK LANCETS 165
COARTEM 61
codeine sulfate 22
colchicine 154
colchicine-probenecid 154
colesevelam hcl 56
colestipol hcl 56
COMBIPATCH 148
COMBIVENT RESPIMAT 32
COMETRIQ (100 MG DAILY DOSE) 72
COMETRIQ (140 MG DAILY DOSE) 72
COMETRIQ (60 MG DAILY DOSE) 72
COMFORT ASSIST INSULIN SYRINGE 186
comfort assured lancets 28g 165
comfort assured lancets 33g 165
COMFORT EZ INSULIN SYRINGE 186
COMFORT EZ MICRO PEN NEEDLES 186
COMFORT EZ PEN NEEDLES 186, 187
COMFORT EZ PRO PEN NEEDLES 187
COMFORT EZ SHORT PEN NEEDLES 187
COMFORT TOUCH INSULIN PEN NEED 187
COMFORT TOUCH LANCETS 31G 165
COMFORT TOUCH PLUS LANCETS 28G 165
COMFORT TOUCH PLUS LANCETS 30G 165
COMFORT TOUCH TWIST LANCET 30G 165
COMIRNATY 223
COMIRNATY 5-11 YEARS 223
COMPACT SPACE CHAMBER 198
COMPACT SPACE CHAMBER/LG MASK 198
COMPACT SPACE CHAMBER/MED MASK 198
COMPACT SPACE CHAMBER/SM MASK 198
complete natal dha 204
completenate 204
condoms 161
constulose 161
CONTOUR NEXT EZ 165
CONTOUR NEXT GEN MONITOR 166
CONTOUR NEXT MONITOR 166
CONTOUR NEXT ONE 166
CONTOUR NEXT TEST 124
CONTOUR PLUS TEST 124
CONTOUR TEST 124
COOL BLOOD GLUCOSE TEST STRIPS 124
COPIKTRA 82
CORLANOR 98
COSENTYX 114
COSENTYX (300 MG DOSE) 114
COSENTYX SENSOREADY (300 MG) 114
COSENTYX SENSOREADY PEN .114
COSENTYX UNOREADY 114
COTELLIC 70
CREON 141
CRESEMBA 55
CRINONE 227
cromolyn sodium 33, 150, 207
CRYSELLE 101
CRYSELLE-28 101
CUBICIN 61
CUBICIN RF 61
CURAE 105
CURITY STERILE SALINE 153
CVS ADVANCED GLUCOSE TEST 124
cvs aspirin 19
cvs aspirin adult low dose 19
cvs aspirin adult low strength 19
cvs aspirin ec 19
cvs aspirin low dose 19
cvs aspirin low strength 19
cvs d3 228
cvs genuine aspirin 19
cvs glucose meter test strips 124
cvs lancets 21g 166
cvs lancets micro thin 33g 166
cvs lancets original 166
cvs lancets thin 26g 166

cvs lancets ultra thin 30g 166
cvs lancets ultra-thin 30g 166
cvs nicotine 215
cvs nicotine polacrilex 215
cvs true metrix glucose test 124
cvs ultra thin lancets 166
cvs vitamin d3 228
cyanocobalamin 156
cyclobenzaprine hcl 205
cyclopentolate hcl 206, 207
cyclophosphamide 81
cycloserine 62
CYCLOSET 45
cyclosporine 202, 208
cyclosporine (pf) 208
cyproheptadine hcl 56
CYRED 101
CYRED EQ 101
CYSTAGON 153
CYSTARAN 209
d 1000 228
d 10000 228
d 400 228
d 5000 228
d-1000 228
d-1000 extra strength 228
d2000 ultra strength 229
d3 229
d3 2000 229
d3 5000 229
d3 adult 229
d3 baby drops 229
d3 extra strength 229
d3 high potency 229
d3 kids 229
d3 max st 229
d3 maximum strength 229
d3 super strength 229
d3-1000 229
D3-50 229
d-400 229
d-5000 229
dabigatran etexilate mesylate 36
dalfampridine er 214
danazol 27
dantrolene sodium 205
DANZITEN 66
dapagliflozin pro-metformin er 51
dapagliflozin propanediol 50
dapagliflozin-metformin hcl er 51
dapsone 61, 111
DAPTACEL 220
daptomycin 61
darifenacin hydrobromide er 221
darunavir 90
DARZALEX FASPRO 75
dasatinib 66
DASETTA 1/35 (28) 101
DASETTA 7/7/7 107
DAURISMO 69
DAYBUE 206
DAYSEE 106
DAYVIGO 160
D-CARE BLOOD GLUCOSE 124
DDROPS BOOSTER 229
DEBACTEROL 203
DEBLITANE 107
DECARA 229
deferasirox 53
deferasirox granules 53
deferiprone 53
DELSTRIGO 88
delta d3 229
DELYLA 101
demeclocycline hcl 219
DENGVAXIA 223
DEPO-ESTRADIOL 149
DEPO-SUBQ PROVERA 104 107
DESCOVY 88
desipramine hcl 43
desloratadine 55
desmopressin ace spray refrig 148
desmopressin acetate 148
desmopressin acetate spray 148
desonide 117
desoximetasone 117
desvenlafaxine er 42
desvenlafaxine succinate er 42
dexamethasone 109
DEXAMETHASONE INTENSOL 109
dexamethasone sodium phosphate 208
DEXCOM G6 RECEIVER 166
DEXCOM G6 SENSOR 166
DEXCOM G6 TRANSMITTER 166
DEXCOM G7 15 DAY SENSOR 167
DEXCOM G7 RECEIVER 167
DEXCOM G7 SENSOR 167
dexmethylphenidate hcl 11
dexmethylphenidate hcl er 11
dextroamphetamine sulfate er 10
DIACOMIT 37
DIALYVITE VITAMIN D 5000 229
DIALYVITE VITAMIN D3 MAX 229
DIATHRIVE BLOOD GLUCOSE TEST 124
DIATHRIVE GLUCOSE TEST 125
DIATHRIVE LANCET ULTRA THIN 30 167
DIATHRIVE LANCETS 167
DIATHRIVE PEN NEEDLE 187
DIATHRIVE+ GLUCOSE TEST 125
diatrue plus test 125
diazepam 30, 37
diazoxide 44
diclofenac potassium 16
diclofenac sodium 16, 113, 208
diclofenac sodium er 16
diclofenac-misoprostol 16
dicloxacillin sodium 211
dicyclomine hcl 220
diflorasone diacetate 117
diflunisal 19
difluprednate 208
DIGITEK 95
DIGOX 95
digoxin 95
dihydroergotamine mesylate 199
DILANTIN 40
DILAUDID 22
diltiazem hcl 95
diltiazem hcl er 94
diltiazem hcl er coated beads 94
dilt-xr 95
dimethyl fumarate 213, 214
dimethyl fumarate starter pack 214
DIPENTUM 151
diphenhydramine hcl 55
diphenhydramine hcl +rfid 55
diphenoxylate-atropine 52
diphtheria-tetanus toxoids dt 220
dipyridamole 155
disopyramide phosphate 30
disulfiram 211
DIURIL 142
divalproex sodium 40
divalproex sodium er 40
DODEX 156
dofetilide 31
DOLISHALE 105
donepezil hcl 212
DOPTELET 158
DOPTELET SPRINKLE 158
dorzolamide hcl 208
dorzolamide hcl-timolol mal 206
dorzolamide hcl-timolol mal pf 206
DOTTI 149
DOVATO 88
doxazosin mesylate 60
doxepin hcl 43, 159
doxercalciferol 144
doxycycline hyclate 219
doxycycline monohydrate 219
doxylamine-pyridoxine 54
DRIZALMA SPRINKLE 43
dronabinol 54
DROPLET INSULIN SYRINGE 187
DROPLET LANCETS ULTRA THIN 30G 167
DROPLET MEDLANCE LANCET 30G 167
DROPLET MICRON 187
DROPLET PEN NEEDLES 187
DROPLET PERSONAL LANCETS 30G 167
DROPSAFE ACTI-LANCE 23G 167
DROPSAFE ACTI-LANCE LANCET 17G 167
DROPSAFE ACTI-LANCE LANCET 23G 167

DROPSAFE ACTI-LANCE LANCET 28G 167
DROPSAFE AUTOPROTECT DUO 187
DROPSAFE ERGOLANCE LANCET 21G 167
DROPSAFE ERGOLANCE LANCET 25G 167
DROPSAFE ERGOLANCE LANCET 30G 167
DROPSAFE HAEMOLANCE LANCET 1.5 167
DROPSAFE HAEMOLANCE LANCET 18G 167
DROPSAFE HAEMOLANCE LANCET 21G 167
DROPSAFE HAEMOLANCE LANCET 25G 168
DROPSAFE HAEMOLANCE LANCET 28G 168
DROPSAFE MEDISAFE LANCET 23G 168
DROPSAFE MEDISAFE LANCET 29G 168
DROPSAFE MEDLANCE LANCET 0.8MM 168
DROPSAFE MEDLANCE LANCET 21G 168
DROPSAFE MEDLANCE LANCET 25G 168
dropsafe safety pen needles 187
DROPSAFE SAFETY SYRINGE/NEEDLE 187
drospiren-eth estrad-levomefol 101
DROXIA 156
droxidopa 227, 228
drug mart lancets thin 26g 168
DRUG MART ON-THE-GO LANCET 30G 168
drug mart unifine pentips 187
drug mart unifine pentips plus 187
DRUG MART UNILET LANCETS 28G 168
DRUG MART UNILET LANCETS 30G 168
DRUG MART UNILET LANCETS 33G 168
DUAKLIR PRESSAIR 32
DUAVEE 149
DULERA 32
duloxetine hcl 43
DUO-CARE TEST 125
DUPIXENT 116
DUREX EXTRA SENSITIVE THIN 161
DUREX REALFEEL 162
DUREX TROPICAL 162
dutasteride 153
dutasteride-tamsulosin hcl 154
D-VI-SOL 229
E.E.S. 400 161
EASIVENT 198
EASIVENT MASK LARGE 198
EASIVENT MASK MEDIUM 198
EASIVENT MASK SMALL 198
easy comfort insulin syringe 187
EASY COMFORT INSULIN SYRINGE 187
easy comfort lancets 168
easy comfort lancets twist top 168
easy comfort pen needles 187
easy glide pen needles 187
EASY MAX BLOOD GLUCOSE TEST 125
easy plus ii glucose test 125
EASY STEP TEST 125
easy talk blood glucose test 125
easy talk plus ii test strips 125
EASY TOUCH FLIPLOCK INSULIN SY 187
EASY TOUCH HEALTHPRO GLUCOSE 126
EASY TOUCH INSULIN BARRELS 187
EASY TOUCH INSULIN SAFETY SYR 188
EASY TOUCH INSULIN SYRINGE 188
EASY TOUCH LANCETS 21G 168
EASY TOUCH LANCETS 23G 168
EASY TOUCH LANCETS 26G 168
EASY TOUCH LANCETS 28G 168
EASY TOUCH LANCETS 28G/TWIST 168
EASY TOUCH LANCETS 30G 168
EASY TOUCH LANCETS 30G/TWIST 168
EASY TOUCH LANCETS 32G 168
EASY TOUCH LANCETS 32G/TWIST 168
EASY TOUCH LANCETS 33G/TWIST 168
EASY TOUCH PEN NEEDLES 188
EASY TOUCH SAFETY LANCETS 21G 169
EASY TOUCH SAFETY LANCETS 23G 169
EASY TOUCH SAFETY LANCETS 26G 169
EASY TOUCH SAFETY LANCETS 28G 169
EASY TOUCH SAFETY PEN NEEDLES 188
EASY TOUCH SHEATHLOCK SYRINGE 188
EASY TOUCH TEST 126
easy trak blood glucose test 126
easy trak ii glucose test 126
EASYGLUCO 126
EASYMAX 15 TEST 126
EASYMAX TEST 126
EASYPRO BLOOD GLUCOSE TEST 126
EASYPRO PLUS 126
econazole nitrate 118
ECONTRA EZ 105
ECONTRA ONE-STEP 105
ECOTRIN LOW STRENGTH 19
EDARBI 59
EDARBYCLOR 59
EDURANT PED 90
efavirenz 90
efavirenz-emtricitab-tenofo df 88
EFFER-K 201
element compact test 127
ELEMENT TEST 127
eletriptan hydrobromide 199, 200
ELIGARD 79, 80
ELINEST 101
ELIQUIS 36
ELIQUIS (1.5 MG PACK) 35
ELIQUIS (2 MG PACK) 35
ELIQUIS DVT/PE STARTER PACK 36
ELIXOPHYLLIN 35
ELLA 105
ELMIRON 153
ELURYNG 105
EMBECTA AUTOSHIELD DUO 188
EMBECTA INS SYR U/F 1/2 UNIT 188
EMBECTA INSULIN SYR ULTRAFINE 188
EMBECTA INSULIN SYRINGE 188
EMBECTA INSULIN SYRINGE U-100 188
EMBECTA INSULIN SYRINGE U-500 188
EMBECTA PEN NEEDLE NANO 188
EMBECTA PEN NEEDLE NANO 2 GEN 188
EMBECTA PEN NEEDLE ULTRAFINE 188
EMBRACE BLOOD GLUCOSE TEST 127
EMBRACE EVO BLOOD GLUCOSE TEST 127
EMBRACE LANCETS ULTRA THIN 30G 169
EMBRACE PEN NEEDLES 188
EMBRACE PRESSURE ACTIVATED 21G 169
EMBRACE PRESSURE ACTIVATED 28G 169
EMBRACE PRO GLUCOSE TEST 127
EMBRACE TALK GLUCOSE TEST 127
EMBRACE WAVE BLOOD GLUCOSE 127
EMCYT 77
EMEND 55

EMFLAZA 109
EMGALITY 199
EMGALITY (300 MG DOSE) 199
EMOQUETTE 101
EMPAVELI 154
EMSAM 41
emtricitabine 91
emtricitabine-tenofovir df 89
emtricitab-rilpivir-tenofov df 89
EMTRIVA 91
EMZAHH 107
enalapril maleate 58, 99
enalapril-hydrochlorothiazide 58
ENBREL 17, 18
ENBREL MINI 17
ENBREL SURECLICK 18
ENCARE 226
ENDOCET 26
ENGERIX-B 223
ENILLORING 105
ENOBY 146
enoxaparin sodium 36
ENPRESSE-28 108
ENSACOVE 72
ENSKYCE 101
ENSPRYNG 203
entacapone 85
entecavir 92
ENTRESTO 95
enulose 152
ENVARSUS XR 202
EPCLUSA 92
epinastine hcl 207
epinephrine 227
epinephrine pf 228
EPITOL 38
eplerenone 60
EPOGEN 156
eq aspirin 19
eq aspirin adult low dose 19
eq aspirin low dose 19
eq blood glucose test 127
eq d3 drops infants/childrens 229
eq nicotine 215
eq nicotine polacrilex 215
eq nicotine step 3 215
eq sleep-aid 159
eq space chamber anti-static 198
eq space chamber anti-static l 198
eq space chamber anti-static m 198
eq space chamber anti-static s 198
eql aspirin ec 19
eql aspirin low dose 19
eql color lancets 21g 169
eql color lancets micro 33g 169
eql insulin syringe 189
eql nicotine polacrilex 215
eql super thin lancets 30g 169
eql thin lancets 26g 169
eql vitamin d3 229
eql vitamin d3 gummies 229
EQUETRO 85
ergocalciferol 229
ergoloid mesylates 215
ERGOMAR 199
ERIVEDGE 69
ERLEADA 63
erlotinib hcl 68
ERMEZA 219
ERRIN 107
ertapenem sodium 61
ery 111
ERY-TAB 161
ERYTHROCIN STEARATE 161
erythromycin 111, 207
erythromycin base 161
erythromycin ethylsuccinate 161
ESBRIET 218
escitalopram oxalate 41
ESKATA 120
eslicarbazepine acetate 38
esomeprazole magnesium 221
ESTARYLLA 101
estazolam 159
estradiol 149, 227
estradiol valerate 149
eszopiclone 159
ETCAMAH 83
ethacrynic acid 141
ethambutol hcl 62
ethosuximide 40
etodolac 16
etodolac er 16
etoposide 81
etravirine 90
EUCRISA 119
EUTHYROX 219
everolimus 71, 203
EVOLUTION AUTOCODE 127
EVOTAZ 89
EXELDERM 118
exemestane 76
exenatide 48, 49
E-Z JECT LANCET MICRO-THIN 33G 169
E-Z JECT LANCET SUPER THIN 30G 169
E-Z JECT LANCETS 169
E-Z JECT LANCETS 21G 169
E-Z JECT LANCETS THIN 26G 169
ezetimibe 57
ezetimibe-simvastatin 57
EZ-LETS LANCETS 21G 169
EZ-LETS LANCETS 26G 169
EZ-LETS LANCETS 28G 169
EZ-LETS LANCETS 30G 169
FABHALTA 154
FALMINA 101
famciclovir 93
famotidine 220
FANAPT 86
FANAPT TITRATION PACK 86
FANAPT TITRATION PACK A 86
FANAPT TITRATION PACK B 86
FANAPT TITRATION PACK C 86
FANTASY LUBRICATED 162
FANTASY LUBRICATED/SPERMICIDE 162
FARXIGA 50
FASENRA 34
FASENRA PEN 34
FASLODEX 77
FAYOSIM 106
FC2 FEMALE CONDOM 161
febuxostat 154
FEIRZA 1.5/30 101
FEIRZA 1/20 101
felbamate 39
felodipine er 95
FEMARA 76
FEMCAP 161
FEMRING 227
FEMYNOR 101
fenofibrate 56
fenofibrate micronized 56
fenofibric acid 57
fentanyl 23
ferrous sulfate 158
fesoterodine fumarate er 221
FETZIMA 43
FETZIMA TITRATION 43
FIASP 46
FIASP FLEXTOUCH 46
FIASP PENFILL 46
FIASP PUMPCART 46
FIFTY50 GLUCOSE TEST 2.0 128
FIFTY50 PEN NEEDLES 189
FIFTY50 SAFETY SEAL LANCETS 169
FIFTY50 SUPERIOR COMFORT SYR 189
FIFTY50 UNILET LANCETS 33G 169
FILSPARI 153
finasteride 153
FINE 30 169
finest nutrition vitamin d3 229
FINGERSTIX LANCETS 169
fingolimod hcl 216, 217
FINZALA 101
FIRDAPSE 62
FIRMAGON 77
FIRST-LANSOPRAZOLE 221
FIRST-METRONIDAZOLE 60
FIRST-OMEPRAZOLE 221
FIRVANQ 61
FLAC 210
FLAREX 208
flavoxate hcl 222
flecainide acetate 30
FLEXBUMIN 155

FLEXICHAMBER 198
FLEXICHAMBER ADULT MASK/SMALL 198
FLEXICHAMBER CHILD MASK/LARGE 198
FLEXICHAMBER CHILD MASK/SMALL 198
FLOLAN 96
FLUAD QUADRIVALENT 223
FLUARIX 223
FLUARIX QUADRIVALENT 223
FLUBLOK 224
FLUBLOK QUADRIVALENT 224
FLUCELVAX 224
FLUCELVAX QUADRIVALENT 224
fluconazole 55
flucytosine 55
fludrocortisone acetate 109
FLULAVAL 224
FLULAVAL QUADRIVALENT 224
FLUMIST 224
FLUMIST QUADRIVALENT 224
flunisolide 205
fluocinolone acetonide 117
fluocinolone acetonide body 117
fluocinolone acetonide scalp 117
fluocinonide 117
fluorometholone 209
fluorouracil 113
fluoxetine hcl 41
fluphenazine decanoate 87
fluphenazine hcl 87
flurandrenolide 117
flurazepam hcl 159
flurbiprofen 16
flurbiprofen sodium 208
fluticasone furoate ellipta 35
fluticasone propionate 117
fluticasone propionate diskus 35
fluticasone propionate hfa 35
fluticasone-salmeterol 32
fluvastatin sodium 57
fluvoxamine maleate 41
fluvoxamine maleate er 42
FLUZONE HIGH-DOSE QUADRIVALENT 224
FLUZONE QUADRIVALENT 224
FML 209
FML FORTE 209
folic acid 157
FOLIVANE-F 158
FOLIVANE-OB 204
fondaparinux sodium 36
fondcircle blood glucose test 128
fondcircle single use lancets 170
FORA 6 CONNECT 128
FORA 6 CONNECT/GTEL TEST 128
FORA BLOOD GLUCOSE TEST 128
FORA D15G BLOOD GLUCOSE TEST 128
FORA D20 BLOOD GLUCOSE TEST 128
FORA D40/G31 BLOOD GLUCOSE 128
FORA G20 BLOOD GLUCOSE TEST 128
FORA G30/PREM V10 GLUCOSE TEST 129
FORA GD20 TEST 129
FORA GD50 BLOOD GLUCOSE TEST 129
FORA GTEL BLOOD GLUCOSE TEST 129
FORA LANCETS 170
FORA TN'G ADVANCE PRO 129
FORA TN'G/TN'G VOICE 129
FORA V10 BLOOD GLUCOSE TEST 129
FORA V12 BLOOD GLUCOSE TEST 129
FORA V20 BLOOD GLUCOSE TEST 129
FORA V30A BLOOD GLUCOSE TEST 130
FORACARE GD40 TEST 130
FORACARE PREMIUM V10 TEST 130
FORACARE TEST N GO TEST 130
formoterol fumarate 33
FORTISCARE G1 TEST STRIP 130
FORTISCARE TEST 130
fosamprenavir calcium 90
fosfomycin tromethamine 61
fosinopril sodium 58
fosinopril sodium-hctz 58
FOTIVDA 72
FRAGMIN 36
FREESTYLE INSULINX TEST 130
FREESTYLE LANCETS 170
FREESTYLE LIBRE 14 DAY READER 170
FREESTYLE LIBRE 14 DAY SENSOR 170
FREESTYLE LIBRE 2 PLUS SENSOR 170
FREESTYLE LIBRE 2 READER 170
FREESTYLE LIBRE 2 SENSOR 170
FREESTYLE LIBRE 3 PLUS SENSOR 170
FREESTYLE LIBRE 3 READER 170
FREESTYLE LIBRE 3 SENSOR 170
FREESTYLE LIBRE READER 171
FREESTYLE LITE TEST 130
FREESTYLE PRECISION NEO TEST 130
FREESTYLE TEST 131
FREESTYLE UNISTICK II LANCETS 171
frovatriptan succinate 200
FRUZAQLA 83
ft anti-diarrheal 52
ft aspirin 19
ft aspirin adult low dose 19
ft aspirin low dose 19
ft enteric coated aspirin 19
ft nicotine 215
ft nicotine mini 215
ft vitamin d3 229
ft vitamin d3 rapid release 229
FULPHILA 157
fulvestrant 77
furosemide 141, 142
FUZEON 89
FYAVOLV 148
g tussin ac 110
gabapentin 38
GALAFOLD 143
galantamine hydrobromide 212
galantamine hydrobromide er 212
GALBRIELA 101
GALLIFREY 211
GARDASIL 9 224
gatifloxacin 207
GATTEX 150
GAVILYTE-G 160
GAVILYTE-N WITH FLAVOR PACK 160
GAVRETO 74
ge100 blood glucose test 131
gefitinib 68
gemfibrozil 57
generlac 152
GENGRAF 202
GENOTROPIN 143
GENOTROPIN MINIQUICK 143
GENTAK 207
gentamicin sulfate 13, 112, 207
GENTEEL BUTTERFLY TOUCH LANCET 171
GENTEEL CONTACT TIPS (BLUE) 171
GENTEEL CONTACT TIPS (CLEAR) 171
GENTEEL CONTACT TIPS (GREEN) 171
GENTEEL CONTACT TIPS (ORANGE) 171
GENTEEL CONTACT TIPS (RAINBOW) 171
GENTEEL CONTACT TIPS (VIOLET) 171
GENTEEL CONTACT TIPS (YELLOW) 171
GENTEEL NOZZLES 171
GENTLE-LET GP LANCETS 171
GENTLE-LET LANCETS 171
GENTLE-LET PLATFORMS 171
genuine aspirin 19
GENULTIMATE TEST 131
GENVOYA 89

ght test 131
GILOTRIF 68
GLATOPA 214
glimepiride 52
glipizide 52
glipizide er 52
glipizide-metformin hcl 52
global ease inject pen needles 189
global easy glide insulin syr 189
global easy glide pen needles 189
global inject ease insulin syr 189
global inject ease lancets 28g 171
global inject ease lancets 30g 171
global insulin syringes 189
glucagon emergency 44
GLUCO PERFECT 3 TEST 131
GLUCOCARD 01 SENSOR PLUS 131
GLUCOCARD EXPRESSION TEST 131
GLUCOCARD SHINE TEST 131
GLUCOCARD VITAL TEST 131
GLUCOCARD X-SENSOR 132
GLUCOCOM LANCETS 28G 171
GLUCOCOM LANCETS 30G 171
GLUCOCOM LANCETS 33G 171
GLUCOCOM TEST 132
GLUCONAVII BLOOD GLUCOSE TEST 132
GLUCOPRO INSULIN SYRINGE 189
glucose meter test 132
glyburide 52
glyburide micronized 52
glyburide-metformin 52
glycopyrrolate 221
GLYXAMBI 49
gnp adult aspirin low strength 20
gnp aspirin 20
gnp aspirin low dose 20
gnp clickfine pen needles 189
gnp d 1000 229
gnp d 2000 229
gnp d3 229
gnp easy touch glucose test 132
gnp insulin syringe 189
gnp insulin syringes 189
gnp insulin syringes 28gx1/2" 189
gnp insulin syringes 29gx1/2" 189
gnp insulin syringes 30gx5/16" 189
gnp insulin syringes 31gx5/16" 189
gnp lancets 21g 171
gnp lancets thin 26g 171
gnp nicotine 215
gnp nicotine mini 215
gnp nicotine polacrilex 215
gnp pen needles 189
gnp sterile lancets 28g 171
gnp sterile lancets 30g 172
gnp sterile lancets 33g 172
GNP TRUE METRIX GLUCOSE STRIPS 132
GNP TRUETRACK SMART SYSTEM 132
GNP TRUETRACK TEST STRIPS 132
gnp ulticare pen needles 189
GNP ULTIGUARD SAFEPACK NEEDLE 189
gnp ultra com insulin syringe 189
gnp vitamin d 229
gnp vitamin d maximum strength 229
gnp vitamin d super strength 229
gnp vitamin d3 229
gnp vitamin d3 extra strength 230
gnp vitamin d-400 230
GOJJI BLOOD GLUCOSE TEST 132
GOJJI BLOOD TEST STRIP/LANCETS 133
GOJJI STERILE LANCETS 172
GOMEKLI 70
goodsense aspirin low dose 20
goodsense blood glucose 133
goodsense clickfine pen needle 189
goodsense color lancets 33g 172
goodsense lancets 26g univ 172
goodsense lancets 30g 172
goodsense lancets 30g univ 172
goodsense lancets 33g 172
goodsense lancets 33g univ 172
goodsense nicotine 215
goodsense nicotine policrilex 215
GOODSENSE PEN NEEDLE PENFINE 190
granisetron hcl 54
GRASTEK 12
griseofulvin microsize 55
griseofulvin ultramicrosize 55
guaiatussin ac 110
guaifenesin 110
guaifenesin ac 110
guaifenesin-codeine 110
guanfacine hcl 60
guanfacine hcl er 10
GYNAZOLE-1 226
HABITROL 215
HADLIMA 15
HADLIMA PUSHTOUCH 15
HAEMOLANCE 172
HAEMOLANCE LOW FLOW LANCETS 172
HAEMOLANCE PLUS 172
HAEMOLANCE PLUS HIGH FLOW 172
HAEMOLANCE PLUS LOW FLOW 172
HAEMOLANCE PLUS MAX FLOW 172
HAEMOLANCE PLUS PEDIATRIC FLOW 172
HAILEY 1.5/30 101
HAILEY 24 FE 101
HAILEY FE 1.5/30 101
HAILEY FE 1/20 102
halcinonide 117
halobetasol propionate 118
HALOETTE 105
haloperidol 87
haloperidol lactate 87
HARVONI 92
HAVRIX 224
healthwise insulin syr/needle 190
healthwise micron pen needles 190
healthwise short pen needles 190
HEALTHY KIDS VITAMIN D3 230
HEATHER 107
h-e-b aspirin 20
h-e-b incontrol lancets 28g 172
h-e-b incontrol lancets 30g 172
h-e-b incontrol lancets 33g 172
h-e-b incontrol pen needles 190
H-E-B INCONTROL UNIFINE PENTIP 190
HEMANGEOL 94
heparin sod (pork) lock flush 36
heparin sodium (porcine) 36
heparin sodium (porcine) +rfid 36
heparin sodium (porcine) pf 36
HEPLISAV-B 225
HERNEXEOS 66
HETLIOZ 160
HIBERIX 222
HIZENTRA 210
hm nicotine 215
hm nicotine polacrilex 215
HM ULTICARE INSULIN SYRINGE 190
HM ULTICARE MINI PEN NEEDLES 190
HM ULTICARE SHORT PEN NEEDLES 190
HUMALOG 46
HUMALOG JUNIOR KWIKPEN 46
HUMALOG KWIKPEN 46
HUMALOG MIX 50/50 KWIKPEN 46
HUMALOG MIX 75/25 46
HUMALOG MIX 75/25 KWIKPEN 46
HUMALOG TEMPO PEN 46
HUMULIN 70/30 47
HUMULIN 70/30 KWIKPEN 47
HUMULIN N 47
HUMULIN N KWIKPEN 47
HUMULIN R 47
HUMULIN R U-500 (CONCENTRATED) 47
HUMULIN R U-500 KWIKPEN 47
HW EMBRACE PRO GLUCOSE TEST 133
HW EMBRACE TALK GLUCOSE TEST 133
HYCAMTIN 83
hydralazine hcl 60
hydrochlorothiazide 142

hydrocod poli-chlorphe poli er 111
hydrocod polst-cpm polst er 111
hydrocodone bitartrate er 23
hydrocodone bit-homatrop mbr 110
hydrocodone-acetaminophen 21, 22
hydrocodone-ibuprofen 22
hydrocortisone 28, 109, 118
hydrocortisone butyrate 118
hydrocortisone sod suc (pf) 109
hydrocortisone valerate 118
hydromet 110
hydromorphone hcl 23
hydromorphone hcl er 23
hydroxychloroquine sulfate 62
hydroxyurea 76
hydroxyzine hcl 29
hydroxyzine pamoate 29
HYFTOR 119
HYPERSAL 110
HYQVIA 210
HYRNUO 72
HYSINGLA ER 23
HY-VEE LANCETS 172
hy-vee thin lancets 172
ibandronate sodium 142
IBRANCE 76
IBTROZI 74
ibuprofen 16
ICLEVIA 106
ICLUSIG 66
icosapent ethyl 56
IDHIFA 78
IGLUCOSE TEST STRIPS 133
IHEALTH BLOOD GLUCOSE TEST STR 133
ILARIS 16
imatinib mesylate 66, 67, 74
IMBRUVICA 68
imipramine hcl 43
imipramine pamoate 43
imiquimod 118
imkeldi 67
IMOVAX RABIES 225
IMULDOSA 114
IN TOUCH BLOOD GLUCOSE TEST 133
IN TOUCH STERILE LANCETS 30G 172
INATAL GT 204
INCASSIA 107
INCONTROL ULTICARE PEN NEEDLES 190
INCRELEX 144
INCRUSE ELLIPTA 34
indapamide 142
indomethacin 16
indomethacin er 16
INFANRIX 220
INFINITY BLOOD GLUCOSE TEST 133
INFINITY VOICE 133
INJECTAFER 158
INLURIYO 77
INLYTA 83
INQOVI 75
INREBIC 79
INSPIREASE 198
INSPIREASE RESERVOIR BAGS 198
insulin aspart flexpen 47
insulin degludec 47
insulin degludec flextouch 47
insulin glargine 47
insulin glargine-yfgn 47
insulin syringe 190
insupen pen needles 190
INSUPEN SENSITIVE 190
INSUPEN ULTRAFIN 190
INTEGRA F 158
INTELENCE 90
INTROVALE 106
INVOKAMET 51
INVOKAMET XR 51
INVOKANA 50
IPOL 225
ipratropium bromide 34, 205
ipratropium-albuterol 32
irbesartan 59
irbesartan-hydrochlorothiazide 59
ISENTRESS 90
ISENTRESS HD 90
ISIBLOOM 102
isoniazid 62
ISOPTO ATROPINE 207
isosorbide dinitrate 28
isosorbide mononitrate 28
isosorbide mononitrate er 28
isradipine 95
ITOVEBI 82
itraconazole 55
ivabradine hcl 98
ivermectin 28, 119
IWILFIN 81
IXCHIQ 225
IXIARO 225
JAIMIESS 106
JAKAFI 79
JAKAFI XR 79
janssen covid-19 vaccine 225
JANTOVEN 35
JANUMET 45
JANUMET XR 45
JANUVIA 44
JARDIANCE 50
JASMIEL 102
JAVYGTOR 146
JAYPIRCA 68
jaythari 109
JENCYCLA 107
JENTADUETO 45
JENTADUETO XR 45
JIDEYTRO 74
JOLESSA 106
JUBBONTI 146
JUBLIA 118
JULEBER 102
JULUCA 89
JUNEL 1.5/30 102
JUNEL 1/20 102
JUNEL FE 1.5/30 102
JUNEL FE 1/20 102
JUNEL FE 24 102
JYLAMVO 64
JYNNEOS 225
KAITLIB FE 102
KALLIGA 102
KAMELEON LUBRICATED 162
KARIVA 100
kedbumin 155
KELNOR 1/35 102
KELNOR 1/50 102
KERENDIA 145
KESIMPTA 213
ketoconazole 55, 118
ketorolac tromethamine 16, 208
KETOSTIX 134
KEVZARA 16
KIDS FIRST VITAMIN D3 GUMMIES 230
kimono 162
KIMONO COLORS 162
KIMONO MAXX-LARGE FLARE 162
kimono micro thin plus 162
kimono plus 162
kimono ps 162
kimono ps plus 162
kimono sensation 162
kimono sensation plus 162
KIMONO SPECIAL 162
kinney lancets 172
kinney thin lancets 172
kinray insulin syringe 190
KIONEX 203
KIRSTY 47
KISQALI (200 MG DOSE) 76
KISQALI (400 MG DOSE) 76
KISQALI (600 MG DOSE) 77
KLAYESTA 112
KLISYRI (250 MG) 119
KLISYRI (350 MG) 119
KLOR-CON 201
KLOR-CON 10 201
KLOR-CON M10 201
KLOR-CON M15 201
KLOR-CON M20 201
KLOXXADO 53
kls aspirin low dose 20
kls d3 230
KLS QUIT2 216
KLS QUIT4 216
kmart valu insulin syringe 29g 190

kmart valu insulin syringe 30g 190
KOMZIFTI 71
KOSELUGO 70
KOURZEQ 204
kp aspirin 20
kp vitamin d 230
kp vitamin d3 230
KRAZATI 70
kroger blood glucose test 134
KROGER HEALTHPRO GLUCOSE TEST 134
KROGER HEALTHPRO LANCET 26G 173
kroger insulin syringe 190
kroger lancets 173
kroger lancets 21g 173
kroger lancets micro thin 33g 173
kroger lancets super thin 173
kroger lancets thin 173
kroger lancets thin 26g 173
kroger lancets ultrathin 30g 173
kroger pen needles 190
kroger premium glucose test 134
KURVELO 102
K-Y ME & YOU EXTRA LUBRICATED 162
K-Y ME & YOU INTENSE 162
KYMBEE 109
KYPROLIS 74
labetalol hcl 94
lacosamide 38
lactulose 161
lactulose encephalopathy 152
LAGEVRIO 93
lamivudine 91, 92
lamivudine-zidovudine 89
lamotrigine 38
lamotrigine er 38
lamotrigine odt 38
LAMPIT 61
lancets 28g thin 173
lancets 30g 173
lancets 33g 173
lancets micro thin 33g 173
LANCETS SUPER THIN 173
lancets super thin 28g 173
lancets thin 173
LANCETS ULTRA THIN 173
lancets ultra thin 30g 173
lansoprazole 221
lanthanum carbonate 152
LANTUS 47
LANTUS SOLOSTAR 47
lapatinib ditosylate 72
LARIN 1.5/30 102
LARIN 1/20 102
LARIN 24 FE 102
LARIN FE 1.5/30 102
LARIN FE 1/20 102
LARISSIA 102
latanoprost 209
LAYOLIS FE 102
LAZCLUZE 68
leader insulin syringe 190
LEADER UNIFINE PENTIPS 190
LEADER UNIFINE PENTIPS PLUS 191
LEDERLE LEUCOVORIN 77
LEENA 108
leflunomide 17
lenalidomide 202
LENVIMA (10 MG DAILY DOSE) 74, 83
LENVIMA (12 MG DAILY DOSE) 75, 83
LENVIMA (14 MG DAILY DOSE) 75, 84
LENVIMA (18 MG DAILY DOSE) 75, 84
LENVIMA (20 MG DAILY DOSE) 75, 84
LENVIMA (24 MG DAILY DOSE) 75, 84
LENVIMA (4 MG DAILY DOSE) 75, 84
LENVIMA (8 MG DAILY DOSE) 75, 84
LESSINA 102
letrozole 76
LEUKERAN 81
leuprolide acetate 80
levalbuterol hcl 33
levalbuterol tartrate 33
levamlodipine maleate 95
levetiracetam 38
levetiracetam er 38
levobunolol hcl 206
levocarnitine 142
levocetirizine dihydrochloride 56
levofloxacin 149
LEVONEST 108
levonorgest-eth est & eth est 106
LEVORA 0.15/30 (28) 102
LEVO-T 219
LEVOXYL 219
LIBERTY MEDICAL LANCETS 173
LIBERTY NEXT GENERATION TEST 134
liberty test 134
lidocaine viscous hcl 203
LIFYORLI (125 MG DOSE) 77
LIFYORLI (150 MG DOSE) 77
lindane 119
linezolid 61
LINZESS 150
LIOMNY 219
lisdexamfetamine dimesylate 10
lisinopril 58
lisinopril-hydrochlorothiazide 58
lite touch lancets 173
LITETOUCH INSULIN SYRINGE 191
LITETOUCH LANCETS 173
LITETOUCH PEN NEEDLES 191
lithium 85
lithium carbonate 85
lithium carbonate er 85
live better lancet super thin 173
LIVTENCITY 91
LO LOESTRIN FE 100
LOESTRIN 1.5/30 (21) 102
LOESTRIN 1/20 (21) 103
LOESTRIN FE 1.5/30 103
LOESTRIN FE 1/20 103
lofexidine hcl 211
LOJAIMIESS 106
LOKELMA 203
lomustine 81
longs insulin syringe 191
longs lancets standard 173
longs lancets thin 173
longs lancets ultra thin 173
LONSURF 75
lopinavir-ritonavir 89
lorazepam 30
LORAZEPAM INTENSOL 30
LORBRENA 65
LORYNA 103
losartan potassium 59
losartan potassium-hctz 59
loteprednol etabonate 209
lovastatin 57
LOW-OGESTREL 103
loxapine succinate 87
LO-ZUMANDIMINE 103
lubiprostone 150
LUIZZA 1.5/30 103
LUIZZA 1/20 103
LUMAKRAS 70
LUMIGAN 209
LUPKYNIS 202
LUPRON DEPOT (1-MONTH) 80
LUPRON DEPOT (3-MONTH) 80
LUPRON DEPOT (4-MONTH) 80
LUPRON DEPOT (6-MONTH) 81
LUPRON DEPOT-PED (1-MONTH) 145
LUPRON DEPOT-PED (3-MONTH) 145
LUPRON DEPOT-PED (6-MONTH) 145
lurasidone hcl 85, 86
LUTERA 103
LUTRATE DEPOT 81
LYLEQ 107
LYLLANA 149
LYNPARZA 82
LYSODREN 63
LYTGOBI (12 MG DAILY DOSE) 69
LYTGOBI (16 MG DAILY DOSE) 69
LYTGOBI (20 MG DAILY DOSE) 69
LYUMJEV 47
LYUMJEV KWIKPEN 47

LYUMJEV TEMPO PEN 47
LYZA 107
MAGELLAN INSULIN SAFETY SYR 191
magnesium sulfate 201
malathion 120
MARATHON MEDICAL PENTIPS 191
maraviroc 89
marlissa 103
MARPLAN 41
MATRIAPRO 204
MATULANE 76
MAVYRET 92
MAXICOMFORT II PEN NEEDLE . 191
MAXI-COMFORT INSULIN SYRINGE 191
MAXI-COMFORT SAFETY PEN NEEDLE 191
MAXICOMFORT SYR 27G X 1/2" 191
MAXIDEX 209
MAXIMUM D3 230
maxx plus 162
MAYZENT 217
MAYZENT STARTER PACK 217
meclizine hcl 54
meclofenamate sodium 16
medic insulin syringe 191
medichoice safety lancet 174
medichoice safety lancet extra 174
medichoice safety lancet norm 174
medicine shoppe pen needles 191
MEDLANCE EXTRA 21G 174
MEDLANCE LITE 25G 174
MEDLANCE PLUS EXTRA 21G ... 174
MEDLANCE PLUS LANCETS 174
MEDLANCE PLUS LITE 25G 174
MEDLANCE PLUS SPECIAL 0.8MM 174
MEDLANCE PLUS SUPERLITE 30G 174
MEDLANCE PLUS UNIVERSAL 21G 174
MEDLANCE UNIVERSAL 21G 174
MEDROL 109
medroxyprogesterone acetate 107, 211
mefenamic acid 16
mefloquine hcl 62
megestrol acetate 82, 211
meijer blood glucose test 134
meijer essential glucose test 134
MEIJER LANCETS 174
MEIJER LANCETS THIN 174
MEIJER LANCETS UNIVERSAL 21G 174
MEIJER LANCETS UNIVERSAL 30G 174
MEIJER LANCETS UNIVERSAL 33G 174
meijer pen needles 191
MEIJER SUPER THIN LANCETS . 174
MEIJER TRUETEST TEST 134
MEIJER TRUETRACK TEST 135
MEKINIST 71
MEKTOVI 71
MELEYA 107
meloxicam 17
memantine hcl 215
memantine hcl er 214
MENEST 149
MENOSTAR 149
MENQUADFI 222
MENTAX 112
MENVEO 222
meperidine hcl 23
meprobamate 29
mercaptopurine 64
MERILOG 47
MERILOG SOLOSTAR 47
mesalamine 151
mesalamine er 151
mesalamine-cleanser 151
mesna 83
MESNEX 83
metaxalone 205
metformin hcl 44
metformin hcl er 44
methadone hcl 23
methamphetamine hcl 11
methazolamide 141
methenamine hippurate 61
METHERGINE 210
methimazole 219
methitest 27
methocarbamol 205
methotrexate sodium 64
methotrexate sodium (pf) 64
methoxsalen rapid 114
methscopolamine bromide 221
methsuximide 40
methyldopa 60
methylphenidate hcl 12
methylphenidate hcl er 12
methylphenidate hcl er (cd) 11
methylphenidate hcl er (la) 11
methylphenidate hcl er (osm) 11, 12
methylphenidate hcl er (xr) 12
methylphenidate hcl er(diffus) 12
methylprednisolone 109
methyltestosterone 27
metoclopramide hcl 150
metolazone 142
metoprolol succinate er 94
metoprolol tartrate 94
metoprolol-hydrochlorothiazide 60
metronidazole 60, 227
metyrosine 59
mexiletine hcl 30
MFLUSIVA 225
miconazole 55
MICRODOT PEN NEEDLE 191
MICRODOT TEST 135
MICROGESTIN 1.5/30 103
MICROGESTIN 1/20 103
MICROGESTIN 24 FE 103
MICROGESTIN FE 1.5/30 103
MICROGESTIN FE 1/20 103
MICROLET LANCETS 174
MICROLET NEXT LANCETS 174
MICROSPACER 198
midodrine hcl 228
MIGERGOT 199
MILI 103
MILOPHENE 145
MIMVEY 148
minocycline hcl 219
minoxidil 60
mirabegron er 222
mirtazapine 41
misoprostol 221
mm aspirin 20
MM BLULINK GLUCOSE TEST ... 135
MM EASY TOUCH GLUCOSE 135
mm insulin syringe/needle 191
MM PEN NEEDLES 191
MM TWIST LANCETS 174
MNEXSPIKE 225
MOBI CONNECT TEST STRIPS ... 135
MOBI CONNECT TWIST LANCETS 174
mobile lancets 30g 174
modafinil 12
moderna covid-19 bival 6m-5y 225
moderna covid-19 bival booster 225
moderna covid-19 bivalent 225
moderna covid-19 vac (booster) 225
MODERNA COVID-19 VAC 6M-11Y 225
moderna covid-19 vacc 6m-5y 225
MODEYSO 74
moexipril hcl 58
mometasone furoate 118
MOMMY'S BLISS VIT D ORGANIC 230
MONDOXYNE NL 219
MONOJECT INSULIN SYRINGE .. 191
MONOJECT ULTRA COMFORT SYRINGE 191
MONOLET LANCETS 174
MONOLET OPD LANCETS 175
MONOLETTOR SAFETY LANCETS 175
MONO-LINYAH 103
montelukast sodium 34
morphine sulfate 23, 24
morphine sulfate (concentrate) 23
morphine sulfate er 23
morphine sulfate er beads 23
MOTOFEN 53
MOUNJARO 48
MOVANTIK 152

moxifloxacin hcl 149, 207
moxifloxacin hcl (2x day) 207
mpd safety lancet 21g 175
mpd safety lancet 23g 175
mpd safety lancet 28g 175
mpd safety lancet 30g 175
MRESVIA 225
MS CONTIN 24
ms insulin syringe 191
MULPLETA 158
MULTAQ 31
mupirocin 112
mupirocin calcium 112
MY CHOICE 105
MY WAY 105
MYALEPT 144
mycophenolate mofetil 202
mycophenolate sodium 202
mycophenolic acid 202
MYFEMBREE 148
MYGLUCOHEALTH LANCETS 30G 175
MYGLUCOHEALTH TEST 135
MYLERAN 63
MYORISAN 112
MYRBETRIQ 222
na sulfate-k sulfate-mg sulf 160
nabumetone 17
nadolol 94
NAFRINSE 201
NAFRINSE DAILY/NEUTRAL 203
NAFRINSE WEEKLY 203
naftifine hcl 112
naloxone hcl 53
naltrexone hcl 53
naproxen 17
naproxen sodium 17
naratriptan hcl 200
NATACYN 207
NATALCORE 204
NATAZIA 106
nateglinide 49
NATPARA 146
NATROBA 120
natural vitamin d-3 230
NAYZILAM 37
nebivolol hcl 94
NEBUSAL 110
NECON 0.5/35 (28) 103
NECON 1/35 (28) 103
nefazodone hcl 42
NEMLUVIO 118
neomycin sulfate 13
neomycin-polymyxin-dexameth 208
neomycin-polymyxin-gramicidin 207
neomycin-polymyxin-hc 208, 210
NEO-POLYCIN 207
NEORAL 202
NERLYNX 72
NEUAC 111
NEULASTA 157
NEULASTA ONPRO 157
NEUPRO 85
NEUTEK 2TEK TEST 135
nevirapine 90
nevirapine er 90
NEW DAY 105
NGENLA 143
niacin er (antihyperlipidemic) 58
nicardipine hcl 95
NICORELIEF 216
NICORETTE 216
NICORETTE STARTER KIT 216
nicotine 216
nicotine mini 216
nicotine polacrilex mini 216
nicotine step 1 216
nicotine step 2 216
nicotine step 3 216
NICOTROL 216
NICOTROL NS 216
nifedipine 95
nifedipine er osmotic release 95
NIKKI 103
nilotinib d-tartrate 67
nilotinib hcl 67
nilutamide 63
nimodipine 95
NINLARO 74
nisoldipine er 95
nitazoxanide 61
nitisinone 144
NITRO-BID 28
nitrofurantoin 61
nitrofurantoin macrocrystal 61
nitrofurantoin monohyd macro 61
nitroglycerin 28
NIVESTYM 157
nizatidine 220, 221
NORA-BE 107
NORDITROPIN FLEXPRO 143
norethin ace-eth estrad-fe 103
norethindrone-eth estradiol 148
norgestimate-eth estradiol 108
NORLYDA 107
NORLYROC 107
NORPACE CR 30
NORTREL 0.5/35 (28) 103
NORTREL 1/35 (21) 103
NORTREL 1/35 (28) 103
NORTREL 7/7/7 108
nortriptyline hcl 43
NORVIR 90
NOVA MAX GLUCOSE TEST 135
NOVA SAFETY LANCETS 23G 175
NOVA SAFETY LANCETS 28G 175
NOVA SUREFLEX LANCETS 175
novavax covid-19 vaccine 225
NOVOFINE AUTOCOVER PEN NEEDLE 191
NOVOFINE PEN NEEDLE 191
NOVOFINE PLUS PEN NEEDLE 192
NOVOLIN 70/30 47
NOVOLIN 70/30 FLEXPEN 47
NOVOLIN 70/30 FLEXPEN RELION 47
NOVOLIN 70/30 RELION 48
NOVOLIN N 48
NOVOLIN N FLEXPEN 48
NOVOLIN N FLEXPEN RELION 48
NOVOLIN N RELION 48
NOVOLIN R 48
NOVOLIN R FLEXPEN 48
NOVOLIN R FLEXPEN RELION 48
NOVOLIN R RELION 48
NOVOLOG 48
NOVOLOG 70/30 FLEXPEN RELION 48
NOVOLOG FLEXPEN 48
NOVOLOG FLEXPEN RELION 48
NOVOLOG MIX 70/30 48
NOVOLOG MIX 70/30 FLEXPEN 48
NOVOLOG PENFILL 48
NOVOLOG RELION 48
NPLATE 158
NUBEQA 64
NUCALA 34
NUEDEXTA 215
NURTEC 199
NUTRICHEW 204
NUTRIVEX 204
NUTROPIN AQ NUSPIN 10 143
NUTROPIN AQ NUSPIN 20 143
NUTROPIN AQ NUSPIN 5 143
NUVARING 105
NUVAXOVID COVID-19 VACCINE 225
NUZYRA 219
NYAMYC 112
NYLIA 1/35 104
NYLIA 7/7/7 108
NYMYO 104
nystatin 55, 113, 203
nystatin-triamcinolone 112
NYSTOP 113
OBSTETRIX EC (WITH DOCUSATE) 204
OCALIVA 150
OCELLA 104
octreotide acetate 147
ODACTRA 13
ODEFSEY 89
ODOMZO 69
OFEV 218
ofloxacin 149, 207, 209
OGSIVEO 69
OJEMDA 67
OJJAARA 79
olanzapine 88
olanzapine-fluoxetine hcl 217

olmesartan medoxomil 59
olmesartan medoxomil-hctz 59
olmesartan-amlodipine-hctz 60
olopatadine hcl 205
OLPRUVA (2 GM DOSE) 147
OLPRUVA (3 GM DOSE) 147
OLPRUVA (4 GM DOSE) 147
OLPRUVA (5 GM DOSE) 147
OLPRUVA (6 GM DOSE) 147
OLPRUVA (6.67 GM DOSE) 147
OLUMIANT 14
omega-3-acid ethyl esters 56
omeprazole 221
OMEPRAZOLE+SYRSPEND SF ALKA 221
OMLONTI 209
OMNIFLEX DIAPHRAGM 163
OMNIPOD 5 DEXG7G6 INTRO GEN 5 182
OMNIPOD 5 DEXG7G6 PODS GEN 5 182
OMNIPOD 5 G7 INTRO (GEN 5) ... 182
OMNIPOD 5 G7 PODS (GEN 5) 182
OMNIPOD 5 LIBRE INTRO 183
OMNIPOD 5 LIBRE PODS 183
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 183
OMNIPOD 5 LIBRE2 PLUS G6 PODS 183
OMNIPOD CLASSIC PODS (GEN 3) 183
OMNIPOD DASH PODS (GEN 4) . 183
OMNITROPE 144
OMVOH 151
ondansetron 54
ondansetron hcl 54
one drop test 135
ONETOUCH DELICA PLUS LANCET30G 175
ONETOUCH DELICA PLUS LANCET33G 175
ONETOUCH ULTRA 136
ONETOUCH ULTRA BLUE TEST 136
ONETOUCH ULTRA TEST 136
ONETOUCH ULTRASOFT 2 LANCETS 175
ONETOUCH VERIO 136
ONGENTYS 85
ONUREG 65
OPCICON ONE-STEP 105
OPFOLDA 143
OPSUMIT 97
OPTICHAMBER DIAMOND 198
OPTICHAMBER DIAMOND-LG MASK 199
OPTICHAMBER DIAMOND-MD MASK 199
OPTICHAMBER DIAMOND-SM MASK 199
OPTIMAL D3 230
OPTION 2 106
OPTIONS GYNOL II CONTRACEPTIVE 226
OPTIUMEZ TEST 136
OPURITY VITAMIN D 230
ORALAIR 13
ORALONE 204
ORENCIA 17
ORENCIA CLICKJECT 17
ORENITRAM 96
ORENITRAM MONTH 1 96
ORENITRAM MONTH 2 96
ORENITRAM MONTH 3 96
ORGOVYX 77
ORILISSA 143
ORKAMBI 217, 218
ORLADEYO 155
orphenadrine citrate er 205
ORQUIDEA 107
ORSERDU 83
ORSYTHIA 104
oseltamivir phosphate 93
OSMOPREP 161
OSPHENA 146
OSPOMYV 146
OTEZLA 17
OTOVEL 210
oxaprozin 17
oxazepam 30
OXBRYTA 158
oxcarbazepine 38
oxcarbazepine er 38
oxiconazole nitrate 118
oxybutynin chloride 221
oxybutynin chloride er 221
oxycodone hcl 24, 25
oxycodone-acetaminophen 26
OXYCONTIN 25
oxymorphone hcl 25
oxymorphone hcl er 25
oxytocin +rfid 210
OZEMPIC 49
OZEMPIC (0.25 OR 0.5 MG/DOSE) 49
OZEMPIC (1 MG/DOSE) 49
OZEMPIC (2 MG/DOSE) 49
PACERONE 31
PALFORZIA (1 MG DAILY DOSE) . 12
PALFORZIA (12 MG DAILY DOSE) 12
PALFORZIA (120 MG DAILY DOSE) 12
PALFORZIA (160 MG DAILY DOSE) 12
PALFORZIA (20 MG DAILY DOSE) 12
PALFORZIA (200 MG DAILY DOSE) 12
PALFORZIA (240 MG DAILY DOSE) 12
PALFORZIA (3 MG DAILY DOSE) . 13
PALFORZIA (300 MG MAINTENANCE) 13
PALFORZIA (300 MG TITRATION) 13
PALFORZIA (40 MG DAILY DOSE) 13
PALFORZIA (6 MG DAILY DOSE) . 13
PALFORZIA (80 MG DAILY DOSE) 13
PALFORZIA INITIAL DOSE 1-3YRS 13
PALFORZIA INITIAL DOSE 4-17YRS 13
PALFORZIA INITIAL ESCALATION 13
paliperidone er 86
PALYNZIQ 146
pantoprazole sodium 221
paricalcitol 144
paroxetine hcl 42
paroxetine hcl er 42
paroxetine mesylate 217
PAXLOVID (150/100) 91
PAXLOVID (300/100 & 150/100) 91
PAXLOVID (300/100) 91
pazopanib hcl 72
pc unifine pentips 192
PEDIARIX 220
PEDVAX HIB 222
PEDVAXHIB 222
peg-3350/electrolytes/ascorbat 160
PEGASYS 93
peg-kcl-nacl-nasulf-na asc-c 160
PELLIX 115
PEMAZYRE 69
pen needle/5-bevel tip 192
pen needles 192
PENBRAYA 222
penciclovir 115
penicillamine 201
penicillin v potassium 210
penmenvy 222
PENTACEL 220
pentamidine isethionate 60
PENTASA 151
pentazocine-naloxone hcl 27
PENTIPS 192
PENTIPS GENERIC PEN NEEDLES 192
pentoxifylline er 154
perampanel 36, 37
PERCOCET 26
PERFECT LANCETS 28G 175
PERFECT LANCETS 30G 175
PERFECT POINT SAFETY LANCETS 175
perindopril erbumine 58
PERIOGARD 203
permethrin 120

perphenazine 87
perphenazine-amitriptyline 215
PERSERIS 86
pfizer covid-19 bival 6mo-4yr 225
pfizer covid-19 vac bival 5-11 225
pfizer covid-19 vac bivalent 225
pfizer covid-19 vac-tris 5-11y 225
PFIZER COVID-19 VAC-TRIS 5-11Y 225
pfizer covid-19 vac-tris 6m-4y 225
pfizer-biontech covid-19 vacc 225
PHARMACIST CHOICE AUTOCODE 136
PHARMACIST CHOICE LANCETS 175
pharmacist choice no coding 136
PHARMACY COUNTER LANCETS 175
phendimetrazine tartrate 11
phenelzine sulfate 41
phenobarbital 159
phenoxybenzamine hcl 59
phentermine hcl 11
PHENYTEK 40
phenytoin 40
phenytoin sodium extended 40
PHILITH 104
phytonadione 231
PICATO 113
PIFELTRO 90
pilocarpine hcl 203, 207
pimecrolimus 119
pimozide 215
PIMTREA 100
pindolol 94
pioglitazone hcl 52
pioglitazone hcl-metformin hcl 52
PIP BLOOD GLUCOSE TEST STRIP 136
pip lancets 28g 175
pip lancets 30g 175
pip pen needles 31g x 5mm 192
pip pen needles 32g x 4mm 192
PIQRAY (200 MG DAILY DOSE) 82
PIQRAY (250 MG DAILY DOSE) 82
PIQRAY (300 MG DAILY DOSE) 82
pirfenidone 218, 219
PIRMELLA 1/35 104
PIRMELLA 7/7/7 108
piroxicam 17
pitavastatin calcium 57
PITOCIN 210
PLAN B ONE-STEP 106
PLEGRIDY 213
PLEGRIDY STARTER PACK 213
PNEUMOVAX 23 222
pnv prenatal plus multivit+dha 204
POCKET CHAMBER 199
POCKET SPACER 199
POCKETCHEM EZ TEST 136
podofilox 118
POGO AUTOMATIC TEST CARTRIDGES 137
POLYCIN 207
polymyxin b-trimethoprim 207
pomalidomide 70
POMALYST 70
PORTIA-28 104
posaconazole 55
POTABA 228
potassium acetate 201
potassium chloride 201
potassium chloride er 201
potassium citrate er 153
PRALUENT 58
pramipexole dihydrochloride 85
prasugrel hcl 156
pravastatin sodium 57
praziquantel 28
prazosin hcl 60
PRECISION SURE-DOSE SYRINGE 192
PRECISION THINS GP LANCETS 175
PRECISION XTRA BLOOD GLUCOSE 137
PRED MILD 209
PRED-G 208
PRED-G S.O.P. 208
prednisolone 109
prednisolone acetate 209
prednisolone acetate p-f 209
prednisolone sodium phosphate 109, 209
prednisone 109
PREDNISONE INTENSOL 109
preferred plus insulin syringe 192
preferred plus lancets colored 175
preferred plus lancets thin 175
preferred plus unifine pentips 192
pregabalin 38
PREHEVBRIO 226
PREMARIN 149, 227
premium blood glucose test 137
PREMPHASE 148
PREMPRO 148
prenatal 19 204
PRENATAL-U 204
pretomanid 62
PREVALITE 56
PREVENT DROPSAFE PEN NEEDLES 192
PREVENT SAFETY PEN NEEDLES 192
PREVNAR 13 222
PREVNAR 20 222
PREVYMIS 91
PREZCOBIX 89
PREZCOBIX PED 89
PREZISTA 90
PRIFTIN 62
primidone 38
PRIORIX 223
PRO COMFORT INSULIN SYRINGE 192
pro comfort lancets 30g 175
pro comfort lancets 31g 176
pro comfort pen needles 193
pro comfort safety lancets 30g 176
pro voice v8/v9 glucose 137
probenecid 154
prochlorperazine 87
prochlorperazine edisylate 87
prochlorperazine maleate 87
PROCRIT 157
PRODIGY INSULIN SYRINGE 193
PRODIGY LANCETS 28G 176
PRODIGY NO CODING BLOOD GLUC 137
PRODIGY SAFETY LANCETS 26G 176
PRODIGY TWIST TOP LANCETS 28G 176
progesterone 211
PROGRAF 203
promethazine hcl 56
promethazine vc 110
promethazine vc/codeine 111
promethazine-codeine 111
promethazine-dm 111
promethazine-phenyleph-codeine 111
promethazine-phenylephrine 110
PROMETHEGAN 56
PRONUTRIENTS VITAMIN D3 230
propafenone hcl 30
propafenone hcl er 30
proparacaine hcl 208
propranolol hcl 94
propranolol hcl er 94
propylthiouracil 219
PROQUAD 223
PROTOPIC 119
protriptyline hcl 43
prucalopride succinate 149
pseudoeph-bromphen-dm 111
PSS SELECT GP LANCETS 176
PSS SELECT PLATFORMS 176
PSS SELECT SAFETY LANCETS 176
PTS PANELS EGLU TEST 137
PULMICORT FLEXHALER 35
PULMOSAL 110
PULMOZYME 218
pure comfort lancets 30g 176
pure comfort pen needle 193
pure comfort safety lancet 30g 176
px extra short pen needles 193
px insulin syringe 193
px lancets microthin 33g 176
px lancets ultra thin 28g 176
px mini pen needles 193
px pen needle 193

px shortlength pen needles 193
px stop smoking aid 216
PYQUVI 109
pyrazinamide 62
pyridostigmine bromide 62
pyrimethamine 62
PYRUKYND 155
PYRUKYND TAPER PACK 155
qc aspirin 20
qc aspirin low dose 20
qc childrens aspirin 20
qc lancets super thin 30g 176
qc lancets ultra thin 176
qc nicotine transdermal system 216
qc pen needles 193
qc unifine pentips 193
qc unilet lancets 28g 176
qc unilet lancets micro thin 176
qc vitamin d3 230
QELBREE 10
QINLOCK 72
QTERN 49
QUADRACEL 220
quetiapine fumarate 87
quetiapine fumarate er 87
QUICK TOUCH BLOOD GLUCOSE TEST 137
QUICK TOUCH INSULIN PEN NEEDLE 193
QUICKTEK TEST 137
quinapril hcl 58
quinapril-hydrochlorothiazide 58
quinidine gluconate er 30
quinidine sulfate 30
quinine sulfate 62
QUINTET AC BLOOD GLUCOSE TEST 137
QUINTET BLOOD GLUCOSE TEST 138
QULIPTA 199
QUVIVIQ 160
QUZYTTIR 56
QVAR REDIHALER 35
ra aspirin 20
ra aspirin adult low dose 20
ra aspirin adult low strength 20
ra aspirin childrens 20
ra aspirin ec 20
ra aspirin ec adult low st 20
RA E-ZJECT LANCETS 28G 176
RA E-ZJECT LANCETS THIN 26G 176
RA E-ZJECT LANCETS THIN 28G 176
RA E-ZJECT LANCETS ULTRA THIN 176
ra insulin syringe 193
ra mini nicotine 216
ra nicotine 216
ra nicotine gum 216
ra nicotine polacrilex 216
ra pain relief aspirin 20
ra pen needles 193
ra vitamin d-3 230
RABAVERT 226
rabeprazole sodium 221
RADICAVA ORS 206
RADICAVA ORS STARTER KIT 206
RADIOGARDASE 53
RAGWITEK 13
raloxifene hcl 146
ramelteon 160
ramipril 58
ranolazine er 28
rasagiline mesylate 84
RASONQUE 74
REACT 106
READYLANCE SAFETY LANCETS 176
reality insulin syringe 193
reality lancets 176
REALITY LATEX CONDOMS 162
REALITY LATEX/ULTRA TEXTURED 162
REALITY LATEX/ULTRA THIN 162
reality trigger lancets 176
REBIF 213
REBIF REBIDOSE 213
REBIF REBIDOSE TITRATION PACK 213
REBIF TITRATION PACK 213
RECLIPSEN 104
RECOMBIVAX HB 226
REFUAH PLUS BLOOD GLUCOSE TEST 138
REGRANEX 120
RELENZA DISKHALER 94
RELGAABI 38
RELION BLOOD GLUCOSE TEST 138
RELION CONFIRM/MICRO TEST 138
RELION GLUCOSE TEST STRIPS 138
RELION INSULIN SYRINGE . 193, 194
RELION LANCETS MICRO-THIN 33G 176
RELION LANCETS THIN 26G 177
RELION LANCETS ULTRA-THIN 30G 177
RELION MINI PEN NEEDLES 194
RELION PEN NEEDLES 194
RELION PREMIER TEST 138
RELION PRIME TEST 138
RELION SHORT PEN NEEDLES . 194
RELION TRUE METRIX TEST STRIPS 138
RELION ULTIMA TEST 138
RELION ULTRA THIN LANCETS 30G 177
RELION ULTRA THIN PLUS LANCETS 177
RELISTOR 152
RELYVRIO 206
RENACIDIN 153
repaglinide 49
REPATHA 58
REPATHA PUSHTRONEX SYSTEM 58
REPATHA SURECLICK 58
REPLESTA 230
REPLESTA NX 230
RETEVMO 74
REVUFORJ 71
REXALL BLOOD GLUCOSE TEST 139
REXALL LANCETS ULTRA THIN 30G 177
REXTOVY 54
REXULTI 88
REYATAZ 90
REZLIDHIA 78
REZVOGLAR KWIKPEN 48
RHOPRESSA 208
ribavirin 93
RIDAURA 15
rifabutin 62
rifampin 62
RIGHTEST ALTERNATE SITE ADAPT 177
RIGHTEST GL300 LANCETS 177
RIGHTEST GS100 BLOOD GLUCOSE 139
RIGHTEST GS300 BLOOD GLUCOSE 139
RIGHTEST GS550 BLOOD GLUCOSE 139
RIGHTEST GT333 BLOOD GLUCOSE 139
RIGHTEST GT333 GLUCOSE TEST 139
rilpivirine hcl 90
riluzole 206
rimantadine hcl 93
RINVOQ 14
RINVOQ LQ 14
risedronate sodium 142
risperidone 86
risperidone microspheres er 86
RITEFLO 199
ritonavir 90
rivaroxaban 36
rivastigmine 212
rivastigmine tartrate 212
RIVELSA 106
RIVFLOZA 154
rizatriptan benzoate 200
roflumilast 34
ROMVIMZA 68
ropinirole hcl 85

ropinirole hcl er ... 85
ROSADAN ... 119
rosuvastatin calcium ... 57
ROSYRAH ... 106
ROTARIX ... 226
ROTATEQ ... 226
ROWEEPRA ... 38
ROZLYTREK ... 74
RUBRACA ... 82
RUCONEST ... 154
rufinamide ... 38
RUKOBIA ... 90
RYBELSUS ... 49
RYCLORA ... 55
RYDAPT ... 73
RYKINDO ... 86
sacubitril-valsartan ... 95
SAFE-T-LANCE ... 177
SAFE-T-LANCE PLUS ... 177
safety lancet 30g|pressure act ... 177
SAFETY LANCETS ... 177
SAFETY LANCETS 21G ... 177
SAFETY LANCETS 23G ... 177
safety lancets 28g ... 177
safety pen needles ... 194
SANCUSO ... 54
SANDIMMUNE ... 202
sanofi covid-19 vac (booster) ... 226
SANTYL ... 118
saps health plus lancets ... 177
saps health twist top lancets ... 177
saps twist top lancets ... 177
sapscare twist top lancets ... 177
SAVELLA ... 212
SAVELLA TITRATION PACK ... 212
saxagliptin hcl ... 44
saxagliptin-metformin er ... 45
sb aspirin ... 20
sb aspirin ec ... 20
sb childrens aspirin ... 20
sb insulin syringe ... 194
sb lancets thin ... 177
sb lancets ultra thin ... 177
sb low dose asa ec ... 21
SCEMBLIX ... 67
scopolamine ... 54
SECURESAFE INSULIN SYRINGE ... 194
SECURESAFE SAFETY PEN NEEDLES ... 194
SEGLUROMET ... 52
selegiline hcl ... 84
selenium sulfide ... 115
SELZENTRY ... 89
SENSILANCE SAFETY LANCETS 21G ... 177
SENSILANCE SAFETY LANCETS 26G ... 177
SENSILANCE SAFETY LANCETS 28G ... 177
SEREVENT DISKUS ... 33
sertraline hcl ... 42
SETLAKIN ... 106
sevelamer carbonate ... 152
sevelamer hcl ... 152
SHAROBEL ... 107
SHEWISE ... 106
SHINGRIX ... 226
SIKLOS ... 156
sildenafil citrate ... 97, 98
silodosin ... 153
SIMBRINZA ... 206
SIMLANDI (1 PEN) ... 15
SIMLANDI (1 SYRINGE) ... 15
SIMLANDI (2 PEN) ... 15
SIMLANDI (2 SYRINGE) ... 15
SIMLIYA ... 100
SIMPESSE ... 106
SIMPONI ... 15
simvastatin ... 57
SINGLE-LET ... 177
sirolimus ... 203
SIRTURO ... 62
sitaglip phos-metformin hcl er ... 45
sitagliptin phos-metformin hcl ... 45
sitagliptin phosphate ... 44
SKYCLARYS ... 206
SKYRIZI ... 114, 151
SKYRIZI (150 MG DOSE) ... 114
SKYRIZI PEN ... 114
SKYRIZI-CD INDUCTION ... 151
SLYND ... 107
sm aspirin ec ... 21
sm lancets 33g ... 178
sm nicotine ... 216
sm nicotine polacrilex ... 216
sm vitamin d ... 230
sm vitamin d3 ... 230
SMART SENSE COLOR LANCETS 33G ... 178
SMART SENSE PREMIUM TEST ... 139
SMART SENSE STANDARD LANCETS ... 178
SMART SENSE SUPER THIN LANCETS ... 178
SMART SENSE THIN LANCETS 26G ... 178
SMART SENSE VALUE TEST ... 139
SMARTEST BLOOD GLUCOSE TEST ... 139
SMARTEST LANCETS 28G ... 178
sod benz-sod phenylacet ... 147
sodium chloride ... 110
sodium fluoride ... 201
sodium phenylbutyrate ... 147, 148
sodium polystyrene sulfonate ... 203
sofosbuvir-velpatasvir ... 93
SOLIA ... 104
solifenacin succinate ... 221
SOLIQUA ... 49
SOLOSEC ... 13
SOLTAMOX ... 64
SOLU-CORTEF ... 109
SOLUS V2 LANCETS 28G ... 178
SOLUS V2 TEST ... 140
SOLUS V2 TWIST LANCETS 30G 178
SOMAVERT ... 143
sorafenib tosylate ... 73
sotalol hcl ... 94
sotalol hcl (af) ... 94
SOVALDI ... 93
SPATONE PUR-ABSORB IRON ... 158
SPIKEVAX ... 226
SPIKEVAX 6M-11Y ... 226
SPIKEVAX COVID-19 VACCINE ... 226
SPIRIVA HANDIHALER ... 34
SPIRIVA RESPIMAT ... 34
spironolactone ... 142
spironolactone-hctz ... 141
SPRINTEC 28 ... 104
SPS (SODIUM POLYSTYRENE SULF) ... 203
SRONYX ... 104
SSD ... 116
ST JOSEPH ASPIRIN ... 21
ST JOSEPH LOW DOSE ... 21
stamaril ... 226
STARJEMZA ... 114
STEGLATRO ... 50
STEGLUJAN ... 50
STEQEYMA ... 114
STERILANCE PA ... 178
STERILANCE TL ... 178
STIMATE ... 148
STIOLTO RESPIMAT ... 32
STIVARGA ... 73
STRENSIQ ... 144
STRIBILD ... 89
STRIVERDI RESPIMAT ... 33
SUBVENITE ... 38
SUCRAID ... 141
sucralfate ... 221
sulfacetamide sodium ... 209
sulfacetamide sodium (acne) ... 111
sulfacetamide-prednisolone ... 208
sulfadiazine ... 219
sulfamethoxazole-trimethoprim ... 60
sulfasalazine ... 151
SULFATRIM PEDIATRIC ... 61
sulindac ... 17
sumatriptan ... 200
sumatriptan succinate ... 200
sumatriptan succinate refill ... 200
sunitinib malate ... 73
SUNLENCA ... 89
SUNOSI ... 11
super thin lancets ... 178
super touch insulin syringe ... 194
super touch pen needles ... 194
SUPRAX ... 99

SUPREME TEST 140
sure comfort insulin syringe 194
sure comfort lancets 18g 178
sure comfort lancets 21g 178
sure comfort lancets 23g 178
sure comfort lancets 28g 178
sure comfort lancets 30g 178
SURELITE LANCETS 178
sv vitamin d3 230
SYEDA 104
SYMBICORT 32
SYMDEKO 218
SYMFI 89
SYMLINPEN 120 44
SYMLINPEN 60 44
SYMPROIC 152
SYMTUZA 89
SYNAREL 145
SYNJARDY 52
SYNJARDY XR 52
SYNTHROID 219
TABLOID 65
TABRECTA 71
tacrolimus 119
tadalafil 98
TAFINLAR 67
tafluprost (pf) 209
TAGRISSO 69
TAKE ACTION 106
TAKHZYRO 155
TALICIA 221
TALTZ 115
TALZENNA 82
tamoxifen citrate 64
tamsulosin hcl 153
tapentadol hcl 25
TARINA 24 FE 104
TARINA FE 1/20 104
TARINA FE 1/20 EQ 104
tavaborole 119
TAVALISSE 156
TAVNEOS 154
tazarotene 115
TAZTIA XT 95
TAZVERIK 71
TDVAX 220
TECHLITE AST LANCETS 178
techlite insulin syringe 194
TECHLITE LANCETS 178
TECHLITE LANCETS 26G 178
TECHLITE LANCETS 30G 178
TECHLITE PEN NEEDLES 194
TECHLITE PLUS PEN NEEDLES 194
TEGSEDI 211
telmisartan 60
telmisartan-amlodipine 59
temazepam 159
temozolomide 78
TENIVAC 220
tenofovir disoproxil fumarate 91
TEPMETKO 71
terazosin hcl 60
terbinafine hcl 55
terbutaline sulfate 33
terconazole 226
teriparatide 146
testosterone 27, 28
testosterone cypionate 27
testosterone enanthate 27
tetracycline hcl 219
TEZSPIRE 35
tgt blood glucose test 140
tgt lancet micro thin 33g 178
tgt lancet thin 26g 178
tgt lancet ultra thin 30g 178
THALOMID 201
THEO-24 35
theophylline er 35
THERA-D 2000 230
THERA-D 4000 230
THERA-D RAPID REPLETION 230
THERMAZENE 116
THINLETS GP LANCETS 179
thioridazine hcl 87
thiothixene 88
THRIVE 216
thrivite rx 204
TIADYLT ER 95
tiagabine hcl 40
TIBSOVO 78
TICOVAC 226
TILIA FE 108
timolol maleate 94, 206
tinidazole 60
tiopronin 154
tiotropium bromide monohydrate 34
TIROSINT 220
TIVICAY 90
TIVICAY PD 90
tizanidine hcl 205
TLANDO 28
TOBRADEX 208
TOBRADEX ST 208
tobramycin 13
tobramycin-dexamethasone 208
TODAY SPONGE 227
todays health pen needles 194
todays health short pen needle 194
todays health thin lancets 28g 179
todays health thin lancets 30g 179
tofacitinib citrate 14
tolcapone 84
tolterodine tartrate 221
tolterodine tartrate er 222
tolvaptan 147
tolvaptan (hyponatremia) 146
topcare clickfine pen needles 194
topcare lancets micro-thin 33g 179
topcare ultra comfort ins syr 195
TOPFINE INSULIN PEN NEEDLE 195
topiramate 39
topiramate er 39
toremifene citrate 64
TORPENZ 71
torsemide 142
TRADJENTA 44
tramadol hcl 26
tramadol hcl (er biphasic) 26
tramadol hcl er 26
tramadol-acetaminophen 27
trandolapril 58
trandolapril-verapamil hcl er 58
tranexamic acid 159
tranylcypromine sulfate 41
TRAVEL LANCETS ADVANCED 28G 179
travoprost (bak free) 209
trazodone hcl 42
TRECATOR 62
TRELEGY ELLIPTA 33
TRELSTAR MIXJECT 81
TREMFYA 115, 151
TREMFYA CROHNS INDUCTION 151
TREMFYA ONE-PRESS 115
TREMFYA PEN 115, 151
TREMFYA-CD/UC INDUCTION 151
TRESIBA 48
TRESIBA FLEXTOUCH 48
tretinoin 83, 112
tretinoin microsphere 112
tretinoin microsphere pump 112
TREXALL 65
TREZIX 21
TRI FEMYNOR 108
triamcinolone acetonide 118
triamterene 142
triamterene-hctz 141
triazolam 159
TRICOR 57
trientine hcl 201
TRI-ESTARYLLA 108
trifluoperazine hcl 87
trifluridine 207
trihexyphenidyl hcl 84
TRIJARDY XR 49
TRIKAFTA 218
TRI-LEGEST FE 108
TRI-LINYAH 108
TRI-LO-ESTARYLLA 108
TRI-LO-MARZIA 108
TRI-LO-MILI 108
TRI-LO-SPRINTEC 108
trimethobenzamide hcl 54
TRI-MILI 108
trimipramine maleate 43
TRINATE 204
TRINESSA (28) 108
TRINTELLIX 42
TRI-NYMYO 108
TRI-SPRINTEC 108

TRIUMEQ 89
triumeq pd 89
TRIVORA (28) 108
TRI-VYLIBRA 108
TRI-VYLIBRA LO 108
TROJAN BARESKIN 162
TROJAN ENZ 162
TROJAN ULTRA RIBBED LUBRICATED 162
TROJAN ULTRA THIN 162
TROJAN ULTRA THIN/SPERMICIDAL 162
tropicamide 207
trospium chloride 222
trospium chloride er 222
true comfort insulin syringe 195
true comfort pen needles 195
true comfort pro insulin syr 195
true comfort pro pen needles 195
true comfort safety lancets 179
true comfort safety pen needle 195
true comfort twist top lancets 179
true cover 162
true focus blood glucose strip 140
TRUE METRIX BLOOD GLUCOSE TEST 140
TRUE METRIX PRO BLOOD GLUCOSE 140
true vitamin d3 230
TRUENESS BLOOD GLUCOSE STRIPS 140
TRUEPLUS 5-BEVEL PEN NEEDLES 195
TRUEPLUS INSULIN SYRINGE 195
TRUEPLUS LANCETS 26G 179
TRUEPLUS LANCETS 28G 179
TRUEPLUS LANCETS 30G 179
TRUEPLUS LANCETS 33G 179
TRUEPLUS PEN NEEDLES 195
TRUEPLUS SAFETY LANCETS 28G 179
TRUETEST TEST 140
TRUETRACK TEST 140
TRULANCE 150
TRULICITY 49
TRUMENBA 223
TRUQAP 65
TRUSTEX COLOR CONDOMS + LUBE 162
TRUSTEX LUB/RIBBED/STUDDED 162
TRUSTEX LUB/SPERMICIDE EX ST 162
TRUSTEX LUB/SPERMICIDE XL 162
TRUSTEX LUBRICATED 162
TRUSTEX LUBRICATED EX LARGE 162
TRUSTEX LUBRICATED EXTRA ST 162
TRUSTEX LUBRICATED/SPERMICIDE 162
TRUSTEX NATURAL CONDOMS + LUBE 162
TRUSTEX NON-LUBRICATED 162
TRUSTEX RIA LUB/SPERMICIDE 162
TRUSTEX RIA LUBRICATED 162
TRUSTEX RIA NON-LUBRICATED 162
TRUSTEX-NONOXYNOL-9/RIB/STUD 162
TUKYSA 66
TURALIO 73
TURQOZ 104
TWINRIX 223
twist top lancets 30g 179
TYBLUME 104
TYBOST 91
TYMLOS 146
TYPHIM VI 223
TYVASO 96
TYVASO DPI INSTITUTIONAL KIT 96
TYVASO DPI MAINTENANCE KIT 96
TYVASO DPI TITRATION KIT 96
TYVASO REFILL KIT 96
TYVASO STARTER KIT 96
UBRELVY 199
UDENYCA 157, 158
ULTICARE INSULIN SAFETY SYR 195
ULTICARE INSULIN SYR 1/2 UNIT 195
ULTICARE INSULIN SYRINGE 195
ULTICARE MICRO PEN NEEDLES 195
ULTICARE MINI PEN NEEDLES 195
ULTICARE PEN NEEDLES 195
ULTICARE SHORT PEN NEEDLES 195
ULTIGUARD SAFEPACK PEN NEEDLE 195
ULTIGUARD SAFEPACK SYR/NEEDLE 195
ULTILET CLASSIC LANCETS 179
ULTILET LANCETS 179
ULTILET PEN NEEDLE 195
ULTILET SAFETY LANCETS 179
ULTILET SAFETY LANCETS 23G 179
ultra comfort insulin syringe 195
ULTRA FLO INSULIN PEN NEEDLES 196
ULTRA FLO INSULIN SYR 1/2 UNIT 196
ULTRA FLO INSULIN SYRINGE 196
ultra thin lancets 31g 179
ULTRA THIN PEN NEEDLES 196
ultracare insulin syringe 196
ultra-care lancets 30g 179
ultracare pen needles 196
ultra-care safety lancets 30g 179
ULTRA-THIN II AUTO LANCET 179
ULTRA-THIN II INS SYR SHORT 196
ULTRA-THIN II INSULIN SYRINGE 196
ULTRA-THIN II LANCETS 179
ULTRA-THIN II MINI PEN NEEDLE 196
ULTRA-THIN II PEN NEEDLE SHORT 196
ULTRA-THIN II PEN NEEDLES 196
umeclidinium ellipta 34
UNIFINE OTC PEN NEEDLES 196
UNIFINE PENTIPS 196
UNIFINE PENTIPS PLUS 196
UNIFINE PROTECT PEN NEEDLE 196
UNIFINE SAFECONTROL PEN NEEDLE 196
UNIFINE ULTRA PEN NEEDLE 196
UNILET COMFORTOUCH LANCET 179
UNILET EXCELITE 179
UNILET EXCELITE II 180
UNILET G.P. LANCET 180
UNILET G.P. SUPERLITE LANCET 180
UNILET GP 28 ULTRA THIN 180
UNILET LANCET 180
UNILET MICRO-THIN 33G 180
UNILET SUPERLITE LANCET 180
UNILET SUPER-THIN 30G 180
UNILET ULTRA-THIN 28G 180
UNISTIK 1 180
UNISTIK 2 180
UNISTIK 2 COMFORT 180
UNISTIK 2 EXTRA 180
UNISTIK 2 NEONATAL 180
UNISTIK 2 NORMAL 180
UNISTIK 2 SUPER 180
UNISTIK 3 180
UNISTIK 3 COMFORT 180
UNISTIK 3 EXTRA 180
UNISTIK 3 GENTLE 180
UNISTIK 3 NEONATAL 180
UNISTIK 3 NORMAL 180
UNISTIK CZT COMFORT 180
UNISTIK CZT NORMAL 180
UNISTIK NORMAL 181
UNISTIK PRO SAFETY LANCET 181
UNISTIK SAFETY LANCETS 28G 181
UNISTIK SAFETY LANCETS 30G 181
UNISTIK TOUCH SAFETY LANC 21G 181
UNISTIK TOUCH SAFETY LANC 23G 181
UNISTIK TOUCH SAFETY LANC 28G 181
UNISTIK TOUCH SAFETY LANC 30G 181

UNISTRIP1 GENERIC 141
UNITHROID 220
UNIVERSAL 1 LANCETS THIN 26G 181
UNIVERSAL 1 LANCETS THIN 33G 181
UNIVERSAL 1 LANCETS ULTRA THIN 181
UPTRAVI 98
UPTRAVI TITRATION 98
ursodiol 150
ustekinumab-aauz 115
UZEDY 86
VABOMERE 61
valacyclovir hcl 93
VALCHLOR 113
valganciclovir hcl 91
valproic acid 40
valsartan 60
valsartan-hydrochlorothiazide 59
VALTOCO 10 MG DOSE 37
VALTOCO 15 MG DOSE 37
VALTOCO 20 MG DOSE 37
VALTOCO 5 MG DOSE 37
VALTYA 1/35 104
VALTYA 1/50 104
value health insulin syringe 196
value plus lancet standard 21g 181
value plus lancets super thin 181
value plus lancets thin 26g 181
vancomycin hcl 61, 99
VANFLYTA 73
VANISHPOINT INSULIN SYRINGE 197
VAQTA 226
varenicline tartrate 216
varenicline tartrate (starter) 216
varenicline tartrate(continue) 216
VARIVAX 226
VARUBI (180 MG DOSE) 55
VASCEPA 56
vasopressin +rfid 148
VASOSTRICT 148
VAXCHORA 223
VAXELIS 220
VAXNEUVANCE 223
VCF VAGINAL CONTRACEPTIVE 227
VELETRI 96
VELIVET 108
VELPHORO 152
VELSIPITY 152
VELTASSA 203
VENCLEXTA 66
VENCLEXTA STARTING PACK 66
venlafaxine hcl 43
venlafaxine hcl er 43
VENTAVIS 97
VENTOLIN HFA 33
VEPPANU 83
verapamil hcl 95
verapamil hcl er 95
verasens blood glucose test 141
VEREGEN 112
VERIFINE INSULIN PEN NEEDLE 197
VERIFINE INSULIN SYRINGE 197
VERIFINE PLUS PEN NEEDLE 197
VERIFINE SAFE LANCET MINI 21G 181
VERIFINE SAFE LANCET MINI 23G 181
VERIFINE SAFE LANCET MINI 28G 181
VERIFINE SAFE LANCET MINI 30G 181
VERIFINE UNIVERSAL LANCETS 28G 181
VERIFINE UNIVERSAL LANCETS 30G 181
VERIFINE UNIVERSAL LANCETS 33G 181
VERISAFE SAFETY INSULIN SYR 197
VERQUVO 99
VERZENIO 77
VESTURA 104
VIBERZI 150
VIBRAMYCIN 219
VICTOZA 49
VIENVA 104
VIGADRONE 40
VIGPODER 40
VIIBRYD STARTER PACK 42
vilazodone hcl 42
VIMKUNYA 226
VINATE II 204
VIOKACE 141
viorele 100
VIRACEPT 90
virtussin a/c 110
vitachew vitamin d3 230
VITAJOY DAILY D GUMMIES 230
VITAMELTS VITAMIN D 230
vitamin d 231
vitamin d (cholecalciferol) 230
vitamin d (ergocalciferol) 230
vitamin d high potency 230
VITAMIN D-1000 MAX ST 231
vitamin d3 231
vitamin d-3 231
vitamin d3 adult gummies 231
vitamin d3 extra strength 231
vitamin d3 fast dissolve 231
vitamin d3 gummies 231
vitamin d3 gummies adult 231
VITAMIN D3 IMMUNE HEALTH 231
vitamin d3 max 231
vitamin d3 maximum strength 231
vitamin d3 super strength 231
vitamin d3 ultra strength 231
VITRAKVI 74
VIVAGUARD INO TEST STRIPS 141
VIVAGUARD LANCETS 181
VIVAGUARD LANCETS 30G 181
VIVAGUARD SAFETY LANCETS 28G 181
VIVITROL 54
VIVJOA 55
VIVOTIF 223
VIZIMPRO 69
VOLNEA 100
VONJO 79
VORANIGO 78
voriconazole 55
VORTEX VALVE CHAMBER-PEDI MASK 199
VORTEX VALVED HOLDING CHAMBER 199
VOSEVI 93
VOXZOGO 145
vp insulin syringe 197
VRAYLAR 86
VTAMA 115
VUMERITY 214
VYFEMLA 104
VYLIBRA 104
VYNDAMAX 98
VYNDAQEL 99
VYZULTA 209
WAINUA 212
WALGREENS LANCETS 182
walgreens lancets micro thin 182
walgreens lancets super thin 182
WALGREENS THIN LANCETS 182
WALGREENS ULTRA THIN LANCETS 182
WEEKLY-D 231
wegmans unifine pentips plus 197
WELIREG 70
well vitamin d3 231
WERA 104
wesnatal dha complete 204
WEZLANA 115
WIDE-SEAL DIAPHRAGM 60 163
WIDE-SEAL DIAPHRAGM 65 163
WIDE-SEAL DIAPHRAGM 70 163
WIDE-SEAL DIAPHRAGM 75 163
WIDE-SEAL DIAPHRAGM 80 163
WIDE-SEAL DIAPHRAGM 85 163
WIDE-SEAL DIAPHRAGM 90 163
WIDE-SEAL DIAPHRAGM 95 163
WINLEVI 112
WIXELA INHUB 33
WYMZYA FE 105
XALKORI 65
XARACOLL 161
XARAH FE 109
XARELTO 36
XARELTO STARTER PACK 36

XATMEP 65
XCOPRI 40
XCOPRI (250 MG DAILY DOSE) 39
XCOPRI (350 MG DAILY DOSE) 39
XELJANZ 14
XELJANZ XR 14
XELPROS 209
XELRIA FE 105
XENAZINE 212
XEPI 112
XERESE 115
XIFAXAN 60
XIGDUO XR 52
XOLAIR 33
XOSPATA 73
XPHOZAH 143
XPOVIO (100 MG ONCE WEEKLY) 75
XPOVIO (40 MG ONCE WEEKLY) 75
XPOVIO (40 MG TWICE WEEKLY) 75
XPOVIO (60 MG ONCE WEEKLY) 75
XPOVIO (60 MG TWICE WEEKLY) 75
XPOVIO (80 MG ONCE WEEKLY) 75
XPOVIO (80 MG TWICE WEEKLY) 75
XTAMPZA ER 26
XTANDI 64
XULANE 105
XYREM 211
XYVONA 26
XYWAV 211
YARGESA 156
YCANTH 118
YESINTEK 115
YF-VAX 226
YONSA 63
YOUR CHOICE 106
YULITHIRA 71
YUMVS VITAMIN D3 231
YUMVS VITAMIN D3 ZERO 231
YUMVSKIDS VITAMIN D3 ZERO 231
YUVAFEM 227
YUVEZZI 207
ZAFEMY 105
zafirlukast 34
zaleplon 160
ZARXIO 158
ZAVZPRET 199
ZEGFROVY 69
ZEJULA 82
ZELBORAF 67
ZELVYSIA 146
ZENATANE 112
ZENBEXUS 70
ZENPEP 141
ZENZEDI 11
ZEPBOUND 11
ZEPBOUND KWIKPEN 11
ZEPOSIA 217
ZEPOSIA 7-DAY STARTER PACK 217
ZEPOSIA STARTER KIT 217
ZERVIATE 207
ZETONNA 205
zevrx insulin syringe 197
zevrx pen needles 197
zevrx twist top lancets 30g 182
zidovudine 91
zileuton er 31
ZIMHI 54
ziprasidone hcl 86
ziprasidone mesylate 86
ZIRGAN 208
ZITUVIMET 45
ZITUVIMET XR 45
ZOLADEX 81
ZOLINZA 70
zolmitriptan 200
zolpidem tartrate 160
zolpidem tartrate er 160
zonisamide 39
ZONTIVITY 155
ZORBTIVE 144
ZOVIA 1/35 (28) 105
ZTALMY 39
ZUBSOLV 27
ZUMANDIMINE 105
ZURNAI 54
ZURZUVAE 41
ZYDELIG 82
ZYKADIA 65

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

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

AZ Blue:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Arabic

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

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

Farsi (Persian)

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

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

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

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association