

Prescription Medication Formulary

AZ Blue HSA Prosano Saver, Portfolio

Effective 1/1/27

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

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

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.

What Is Not Covered (Benefit Exclusion)?

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

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

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

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

How Much Will My Medications Cost?

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

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

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

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

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

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

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

Mandatory Generics

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

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

Legal Disclaimer

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

Abbreviations Quick Reference

AL: Age Limit

DS: Days' Supply Limit

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

SP: Specialty Pharmacy Distribution

ST: Step Therapy

Utilization Management & Limitation Abbreviations with Explanations

AL: Age Limit

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

DS: Days' Supply Limit

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

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

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

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

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. A prior authorization request must be submitted and signed by your provider. Request forms are found at azblue.com. 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.

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Drug Name	Brand	Generic Status	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er oral tablet extended release 12 hour</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>guanfacine hcl er</i>		T1	AG (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
*Amphetamine Mixtures***			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
*Amphetamines***			
<i>amphetamine sulfate</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T1	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate oral capsule</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG	T1	T1	AI (6 tablets per day); QL (6 tablets per 1 day)
*Anorexiants Non-Amphetamine***			
<i>phendimetrazine tartrate</i>		T1	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		T1	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	T1		PA

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Drug Name	Brand	Generic Status	Additional Information
*Stimulants - Misc.***			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>armodafinil oral tablet 50 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>dexmethylphenidate hcl</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>methylphenidate</i>		T1	AI (1 patch per day); QL (1 patch per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la)</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>		T1	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (xr)</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>		T1	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T1	AI (30ml per day); QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T1	AI (60ml per day); QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 5 mg</i>		\$0	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>methylphenidate hcl oral tablet chewable</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
<i>modafinil oral</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T1		PA
*Mixed Allergenic Extracts***			
ODACTRA	T1		PA
Amebicides			
*Amebicides***			
SOLOSEC	T1		AI (1 packet per 6 months); QL (1 packet per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
<i>gentamicin sulfate injection</i>		MB	
<i>neomycin sulfate oral</i>		T1	
<i>tobramycin inhalation</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
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)
<i>tofacitinib citrate oral solution</i>		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)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
<i>adalimumab-adbm (2 pen)</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm (2 syringe)</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit 40 mg/0.4ml</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(ps/uv starter)</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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 (2 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)

Drug Name	Brand	Generic Status	Additional Information
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
*Gold Compounds***			
RIDAURA (<i>Auranofin</i>)	T1	T1	
*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
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T1	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
<i>diclofenac potassium oral tablet 50 mg</i>		T1	
<i>diclofenac sodium er</i>		T1	
<i>diclofenac sodium oral</i>		T1	
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1	AI (6 capsules per day); QL (6 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>		T1	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>etodolac oral tablet 400 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>etodolac oral tablet 500 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>flurbiprofen oral</i>		T1	
<i>ibuprofen oral suspension 100 mg/5ml</i>		T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	
<i>indomethacin er</i>		T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1	
<i>ketorolac tromethamine oral</i>		T1	AI (20 tablets per 5 days); QL (20 tablets per 5 days)
<i>meclofenamate sodium oral</i>		T1	
<i>mefenamic acid oral</i>		T1	
<i>meloxicam oral tablet 15 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
<i>nabumetone oral</i>		T1	
<i>naproxen oral tablet</i>		T1	
<i>naproxen sodium oral tablet 275 mg</i>		T1	
<i>oxaprozin oral tablet</i>		T1	
<i>piroxicam oral</i>		T1	
<i>sulindac oral</i>		T1	
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral</i>		T1	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)
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)	T1	T1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>butalbital-apap-cafeine oral capsule</i>		T1	AI (6 capsules per day); QL (6 capsules per 1 day); AG (Min 12 Years)
*Salicylates***			
<i>aspirin 81 oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin regimen</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
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)
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)
<i>childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Last revision date:10/15/2026 To search for a drug use control + f

Drug Name	Brand	Generic Status	Additional Information
<i>cvs aspirin low strength oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs genuine aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>diflunisal oral</i>		T1	
ECOTRIN LOW STRENGTH (Aspirin)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin ec oral tablet delayed release 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft enteric coated aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>genuine aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>goodsense aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>h-e-b aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>kp aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>mm aspirin oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (4 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra pain relief aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb aspirin ec</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm aspirin ec</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>)	\$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 (<i>Aspirin</i>)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		T1	AI (26 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (26 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		T1	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 (<i>Butalbital-ASA-Caff-Codeine</i>)	T1	T1	AI (12 capsules per day); QL (12 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1	AI (12 capsules per day); QL (12 capsules per 1 day)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		T1	AI (196ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (196 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>		T1	AI (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>		T1	AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		T1	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>		T1	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>		T1	AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		T1	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)

Drug Name	Brand	Generic Status	Additional Information
*Opioid Agonists***			
<i>codeine sulfate oral tablet 15 mg</i>		T1	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T1	AI (20 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (20 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		T1	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	T1	T1	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	T1	T1	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	T1	T1	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		T1	PA; AI (20 patches per month: PA applies for new starts only); QL (20 patches per 30 Months)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		T1	PA; AI (4 capsules per day); QL (4 capsules per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>		T1	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg</i>		T1	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg</i>		T1	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day); AG (Min 4 Years)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
<i>hydromorphone hcl rectal</i>		T1	AI (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 suppositories per 1 day)
<i>meperidine hcl oral solution</i>		T1	PA; AI (98ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (98 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		T1	PA; AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>methadone hcl oral tablet</i>		T1	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T1	AI (4.8ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4.8 ML per 1 day)
<i>morphine sulfate er beads</i>		T1	PA; AI (1 capsule per day); QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		T1	PA; AI (2 capsules per day); QL (2 capsules per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>		T1	AI (49ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (49 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T1	AI (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T1	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>		T1	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
<i>morphine sulfate rectal suppository 20 mg</i>		T1	AI (4 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		T1	AI (2 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 suppositories per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		T1	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 <i>(Morphine Sulfate ER) 15 MG, 30 MG, 60 MG</i>	T1	T1	PA; AI (PA applies to new starts only)
<i>oxycodone hcl oral capsule</i>		T1	AI (12 capsules per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		T1	AI (3.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (3.2 ML per 1 day)
<i>oxycodone hcl oral solution</i>		T1	AI (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (65.2 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		T1	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>		T1	AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>		T1	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>		T1	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)

Drug Name	Brand	Generic Status	Additional Information
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>		T1	AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<i>oxymorphone hcl er</i>		T1	PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>		T1	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>		T1	AI (6 tablets per day: MED dosing limits applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (6 tablets per 1 day)
<i>tapentadol hcl oral tablet 100 mg, 75 mg</i>		T1	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)
<i>tapentadol hcl oral tablet 50 mg</i>		T1	PA; AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 EA per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>		T1	AI (2 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); QL (2 tablets per 1 day); AG (Min 16 Years)
<i>tramadol hcl er</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		T1	AI (16 tablets per day); QL (16 tablets per 1 day)
XTAMPZA ER	T1		PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
XYVONA (Levorphanol Tartrate)	T1	T1	PA; AI (16 tablets per day); QL (16 tablets per 1 day)
*Opioid Combinations***			
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T1	T1	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)

Drug Name	Brand	Generic Status	Additional Information
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	T1	T1	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	T1	T1	AI (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		T1	AI (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (65.2 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T1	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	T1	T1	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***			
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1	AI (16 tablets per day); QL (16 tablets per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1	AI (8 tablets per day); QL (4 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T1	AI (4 films per day); QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T1	AI (16 films per day); QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T1	AI (12 films per day); QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T1	AI (6 films per day); QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T1	AI (12 tablets per day); QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>buprenorphine transdermal</i>		T1	PA; AI (8 patches per month: PA applies for new starts only); QL (8 patches per 1 Month); AG (Min 18 Years)
<i>butorphanol tartrate nasal</i>		T1	AI (4x 2.5ml bottles per month); QL (10 ML per 30 days)

Drug Name	Brand	Generic Status	Additional Information
<i>pentazocine-naloxone hcl</i>		T1	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	T1		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	T1		AI (2 tablets per day); QL (2 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T1		AI (4 tablets per day); QL (4 tablets per 1 day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		T1	AI (16 tablets per day); QL (16 tablets per 1 day)
Androgens-Anabolic			
*Androgens***			
<i>danazol oral</i>		T1	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>methitest</i>		T1	PA
<i>methyltestosterone oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>		T1	AI (1x 10ml vial per 28 days); QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>		T1	AI (4ml per 28 days); QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>		T1	AI (5ml per 28 days); QL (5 ML per 28 days)
<i>testosterone transdermal gel 1.62 %</i>		T1	AI (limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>		T1	PA; AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>		T1	AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>		T1	AI (5gm per day); M; QL (5 GM per 1 day)
Anorectal And Related Products			
*Intrarectal Steroids***			
<i>hydrocortisone rectal enema</i>		T1	
*Nitrate Vasodilating Agents***			
<i>nitroglycerin rectal</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
Anthelmintics			
*Anthelmintics***			
<i>albendazole oral</i>		T1	PA
<i>benznidazole</i>		T1	AI (Limited to 2 fills per 180 days); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>ivermectin oral tablet 3 mg</i>		T1	PA
<i>praziquantel oral</i>		T1	
Antianginal Agents			
*Antianginals-Other***			
<i>ranolazine er</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
*Nitrates***			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1	
<i>isosorbide mononitrate</i>		T1	
<i>isosorbide mononitrate er</i>		T1	
NITRO-BID (Nitroglycerin)	T1	T1	
<i>nitroglycerin sublingual</i>		T1	
<i>nitroglycerin transdermal patch 24 hour</i>		T1	AI (1 patch per day); QL (1 patch per 1 day)
<i>nitroglycerin translingual solution</i>		T1	
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>buspirone hcl oral tablet 15 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>buspirone hcl oral tablet 30 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>buspirone hcl oral tablet 5 mg</i>		T1	AI (12 tablets per day); QL (12 tablets per 1 day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		T1	
<i>hydroxyzine hcl oral tablet</i>		T1	
<i>hydroxyzine pamoate oral</i>		T1	
<i>meprobamate oral tablet 200 mg</i>		T1	
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>		T1	AI (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T1	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		T1	AI (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (3 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		T1	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam xr</i>		T1	AI (1 tablet per day, with a fill limitation of up to two fill of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		T1	AI (4 caspsules per day, with a fill limitations of up to two fills of any benzodiazepine per 30 days); QL (4 capsules per 1 day); AG (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		T1	AI (8 caspsules per day, with a fill limitations of up to two fills of any benzodiazepine per 30 days); QL (8 capsules per 1 day); AG (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		T1	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		T1	AI (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (3 tablets per 1 day); AG (Min 9 Years)
<i>diazepam oral solution 5 mg/5ml</i>		T1	AI (40ml per day, limitations of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
<i>diazepam oral tablet 10 mg, 5 mg</i>		T1	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day)
<i>diazepam oral tablet 2 mg</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
LORAZEPAM INTENSOL (<i>LORazepam</i>)	T1	T1	AI (1 x 30ml bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (30 ML per 30 days); AG (Min 18 Years)
<i>lorazepam oral tablet</i>		T1	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T1	AI (5 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (5 capsules per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T1	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***			
<i>disopyramide phosphate oral</i>		T1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T1		
<i>quinidine gluconate er</i>		T1	
<i>quinidine sulfate oral</i>		T1	
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		T1	
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		T1	
<i>propafenone hcl</i>		T1	
<i>propafenone hcl er</i>		T1	
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		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	T1		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
PACERONE ORAL TABLET (<i>Amiodarone HCl</i>) 100 MG, 200 MG, 400 MG	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		T1	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 (<i>Fluticasone-Salmeterol</i>)	T1	T1	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	T1		
BEVESPI AEROSPHERE	T1		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 (<i>Fluticasone Furoate-Vilanterol</i>) 100-25 MCG/ACT, 200-25 MCG/ACT	T1	T1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T1		AG (Min 5 Years)
BREYNA (<i>Budesonide-Formoterol Fumarate</i>)	T1	T1	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)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	T1		AI (1x 10.7gm inhaler per month); ST (Step Therapy required: All 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	T1		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	T1		AI (2x 4gm inhalers per month); QL (2 inhalers per 30 days)

Drug Name	Brand	Generic Status	Additional Information
DUAKLIR PRESSAIR	T1		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	T1		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	T1		AI (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act</i>		T1	AI (1 inhaler per month); QL (2 inhaler per 1 Month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1	AI (1 inhaler per month); QL (1 inhaler per 1 Month); AG (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		T1	AI (18ml per day); QL (18 ML per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T1		AI (1 carton (4gm) per month); QL (4 GM per 1 Month); AG (Min 18 Years)
SYMBICORT	T1		AI (1 fill per 20 days); QL (0.52 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T1		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	T1		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone-Salmeterol) 250-50 MCG/ACT	T1	T1	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***			
<i>cromolyn sodium inhalation</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Beta Adrenergics***			
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>		T1	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	AI (Max #1125ml Mail Order)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		T1	
<i>albuterol sulfate oral tablet</i>		T1	
<i>arformoterol tartrate</i>		T1	AI (4ml (2 vials) per day); QL (120 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		T1	AI (1 carton per month); QL (120 ML per 30 days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	AI (3 vials (9ml) per day); QL (3 vials per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	AI (3ml per day); QL (3 ML per 1 day)
<i>levalbuterol tartrate</i>		T1	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	T1		AI (1 inhaler per month); QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT	T1		AI (4 inhlaers per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva (Handihaler or Respimat)); QL (4 inhalers per 1 Month); AG (Min 18 Years)
<i>terbutaline sulfate oral</i>		T1	
VENTOLIN HFA (Albuterol Sulfate HFA)	T1	T1	
*Bronchodilators - Anticholinergics***			
ATROVENT HFA (Ipratropium Bromide HFA)	T1	T1	AI (2x 12.9gm inhalers per month); QL (2 inhalers per 1 Month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T1		ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
<i>ipratropium bromide inhalation</i>		T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T1		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
<i>umeclidinium ellipta</i>		T1	ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
*Interleukin-5 Antagonists (Ilgg1 Kappa)***			
FASENRA	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 Status	Additional Information
FASENRA PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet</i>		T1	AI (1 packet per day); QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>zafirlukast</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
<i>roflumilast</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T1		AI (2x 6.1gm inhalers per month); QL (6.1 inhalers per 1 Month)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		AI (1x 6.1gm inhaler per month); QL (6.1 inhaler per 1 Month)
ARNUITY ELLIPTA	T1		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T1		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX HFA	T1		
<i>beclomethasone diprop hfa</i>		T1	
<i>budesonide inhalation</i>		T1	
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>		T1	ST (Step Therapy required: 2 fills in the last 6 months - brand Arnuity Ellipta)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 200 mcg/act</i>		T1	ST (Step Therapy required: (2 fills in the last 6 months - brand Arnuity Ellipta))
<i>fluticasone propionate diskus</i>		T1	AI (1x 60 count inhaler per month); QL (1 inhaler per 1 Month)

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Drug Name	Brand	Generic Status	Additional Information
<i>fluticasone propionate hfa</i>		T1	
PULMICORT FLEXHALER	T1		
QVAR REDIHALER	T1		
*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***			
<i>aminophylline anhydrous</i>		T1	PA
ELIXOPHYLLIN (<i>Theophylline</i>)	T1	T1	
THEO-24	T1		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		T1	
<i>theophylline er oral tablet extended release 24 hour</i>		T1	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN (<i>Warfarin Sodium</i>)	T1	T1	
*Direct Factor Xa Inhibitors***			
ELIQUIS (1.5 MG PACK)	T1		AG (Max 12 Years)
ELIQUIS (2 MG PACK)	T1		AG (Max 12 Years)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T1		AI (74 tablets per 28 days); QL (74 tablets per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T1		AG (Max 12 Years)
ELIQUIS ORAL TABLET	T1		AI (3 tablets per day); QL (3 tablets per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	T1		AG (Max 12 Years)
<i>rivaroxaban oral suspension reconstituted</i>		T1	AI (10ml per day); QL (10 ML per 1 day)
<i>rivaroxaban oral tablet</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	T1		AI (2 tablets per day); QL (2 tablets per 1 day)
XARELTO STARTER PACK	T1		AI (51 tablets per 28 days); QL (51 tablets per 28 days)
*Heparins And Heparinoid-Like Agents***			
BD HEPARIN POSIFLUSH (<i>Heparin Na (Pork) Lock Flsh PF</i>)	T1	T1	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin na (pork) lock flsh pf</i>		T1	AI (120ml per 30 days); QL (120 ML per 30 days)

Drug Name	Brand	Generic Status	Additional Information
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>		T1	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) +rfid</i>		T1	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		T1	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution prefilled syringe</i>		T1	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) pf</i>		T1	AI (120ml per 30 days); QL (120 ML per 30 days)
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		T1	
<i>enoxaparin sodium injection solution prefilled syringe</i>		T1	AI (2 ml per day); QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T1		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T1		
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium</i>		T1	
*Thrombin Inhibitors - Selective Direct & Reversible***			
<i>dabigatran etexilate mesylate</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
<i>perampanel oral suspension</i>		T1	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>perampanel oral tablet 2 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension 2.5 mg/ml</i>		T1	AI (8ml per day); QL (8 ML per 1 day)
<i>clobazam oral tablet</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 2 Years)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>diazepam rectal gel 2.5 mg</i>		T1	AI (10 boxes per month); QL (10 boxes per 30 days)

Drug Name	Brand	Generic Status	Additional Information
NAYZILAM	T1		PA
VALTOCO 10 MG DOSE	T1		PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T1		PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T1		PA
VALTOCO 5 MG DOSE	T1		PA
*Anticonvulsants - Misc.***			
<i>brivaracetam oral solution</i>		T1	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)
<i>brivaracetam oral tablet</i>		T1	AI (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (2 tablets per 1 day); AG (Min 4 Years)
<i>carbamazepine er</i>		T1	
<i>carbamazepine oral suspension 100 mg/5ml</i>		T1	
<i>carbamazepine oral tablet chewable</i>		T1	
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPITOL (<i>carBAMazepine</i>)	T1	T1	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>		T1	AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (1 tablet per 1 day)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>		T1	AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (2 tablets per 1 day)
<i>gabapentin oral capsule 100 mg</i>		T1	
<i>gabapentin oral solution 250 mg/5ml</i>		T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>		T1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>lacosamide oral tablet</i>		T1	
<i>lamotrigine er</i>		T1	
<i>lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>		T1	
<i>lamotrigine oral tablet</i>		T1	
<i>lamotrigine oral tablet chewable</i>		T1	
<i>lamotrigine oral tablet dispersible</i>		T1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 12 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>		T1	AG (Min 12 Years)
<i>levetiracetam oral solution 100 mg/ml</i>		T1	
<i>levetiracetam oral tablet</i>		T1	
<i>oxcarbazepine</i>		T1	
<i>oxcarbazepine er</i>		T1	
<i>pregabalin oral</i>		T1	
<i>primidone oral tablet 250 mg, 50 mg</i>		T1	
RELGAABI ORAL CAPSULE (Gabapentin) 300 MG, 400 MG	T1	T1	
ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG	T1	T1	
<i>rufinamide oral suspension 40 mg/ml</i>		T1	PA
<i>rufinamide oral tablet</i>		T1	PA
SUBVENITE ORAL TABLET (lamoTRlgine) 100 MG	T1	T1	
<i>topiramate er oral capsule er 24 hour sprinkle</i>		T1	AI (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); QL (1 capsule per 1 day); AG (Min 3 Years)
<i>topiramate er oral capsule extended release 24 hour</i>		T1	AI (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>topiramate oral solution 25 mg/ml</i>		T1	AI (16ml per day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (16 ML per 1 day)
<i>topiramate oral tablet</i>		T1	
<i>zonisamide oral</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
*Carbamates***			
<i>felbamate</i>		T1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T1		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)	T1		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 ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T1		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	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK	T1		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***			
<i>tiagabine hcl</i>		T1	
VIGADRONE (Vigabatrin)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIGODER	SP		PA; SP
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	T1		
PHENYTEK	T1		AI (2 capsules per day); QL (2 capsules per 1 day)

Drug Name	Brand	Generic Status	Additional Information
<i>phenytoin oral tablet chewable</i>		T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>		T1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>		T1	AI (2 dapsules per day); QL (2 capsules per 1 day)
*Succinimides***			
<i>ethosuximide oral</i>		T1	
<i>methsuximide</i>		T1	
*Valproic Acid***			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>		T1	
<i>divalproex sodium oral tablet delayed release</i>		T1	
<i>valproic acid oral capsule</i>		T1	
<i>valproic acid oral solution 250 mg/5ml</i>		T1	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet</i>		T1	
<i>mirtazapine oral tablet dispersible</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>bupropion hcl oral</i>		T1	
*Monoamine Oxidase Inhibitors (Maois)***			
MARPLAN	T1		
<i>phenelzine sulfate oral</i>		T1	
<i>tranylcypromine sulfate</i>		T1	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		T1	
<i>citalopram hydrobromide oral tablet</i>		T1	
<i>escitalopram oxalate oral solution</i>		T1	
<i>escitalopram oxalate oral tablet</i>		T1	
<i>fluoxetine hcl oral capsule</i>		T1	
<i>fluoxetine hcl oral solution</i>		T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1	
<i>fluoxetine hcl oral tablet 60 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
<i>fluvoxamine maleate</i>		T1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>		T1	AI (2 capsules per day); QL (2 capsule per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>paroxetine hcl er</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>paroxetine hcl oral suspension</i>		T1	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>sertraline hcl oral concentrate</i>		T1	
<i>sertraline hcl oral tablet</i>		T1	
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	
<i>trazodone hcl oral tablet 300 mg</i>		T1	AI (2 tablets per day); QL (2 tablet per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T1		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	T1		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	T1		AI (1 box per lifetime); QL (1 box per 1 Lifetime); AG (Min 18 Years)
<i>vilazodone hcl</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine er</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
DRIZALMA SPRINKLE	T1		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)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>		T1	AI (3 capsules per day); QL (2 capsules per 1 day)
<i>venlafaxine hcl</i>		T1	
<i>venlafaxine hcl er</i>		T1	
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		T1	
<i>amoxapine</i>		T1	
<i>clomipramine hcl oral</i>		T1	
<i>desipramine hcl oral</i>		T1	
<i>doxepin hcl oral capsule</i>		T1	
<i>doxepin hcl oral concentrate</i>		T1	
<i>imipramine hcl oral</i>		T1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		T1	AI (2 tablets per day); QL (2 capsules per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule</i>		T1	
<i>protriptyline hcl</i>		T1	
<i>trimipramine maleate oral capsule 50 mg</i>		T1	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1	
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
*Biguanides***			
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1	AI (5 tablets per day); QL (5 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Diabetic Other***			
BAQSIMI ONE PACK	T1		AI (2 intranasal devices per month); QL (2 boxes per 30 days)
BAQSIMI TWO PACK	T1		AI (2 intranasal devices per month); QL (1 box per 30 days)
<i>diazoxide oral</i>		T1	
<i>glucagon emergency injection kit</i>		T1	AI (2 per month); QL (2 injections per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg</i>		T1	AI (2 injections per 30 days supply); QL (2 injections per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		T1	AI (2 boxes per month); QL (2 boxes per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
<i>alogliptin benzoate</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>saxagliptin hcl</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>sitagliptin phosphate</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
TRADJENTA	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
<i>alogliptin-metformin hcl</i>		T1	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T1		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	T1	T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
JENTADUETO	T1		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
JENTADUETO XR	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>saxagliptin-metformin er</i>		T1	
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>sitagliptin phos-metformin hcl</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	T1		
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***			
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Human Insulin***			
APIDRA	T1		PA; AI (2ml per day); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMALOG INJECTION (<i>Insulin Lispro</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN (<i>Insulin Lispro Junior KwikPen</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Lispro (1 Unit Dial)</i>) 100 UNIT/ML	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T1		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 75/25	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>Insulin Lispro Prot & Lispro</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN 70/30	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN N	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R	T1		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T1		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		PA; AI (2ml per day); QL (2 ML per 1 day)
<i>insulin aspart flexpen</i>		T1	AI (2ml per day); QL (2 ML per 1 day)
<i>insulin degludec</i>		T1	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>		T1	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<i>insulin glargine</i>		T1	PA; AI (2ml per day); QL (2 ML per 1 day)

Drug Name	Brand	Generic Status	Additional Information
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>		T1	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	T1		AI (2ml per day); QL (2 ML per 1 day)
LANTUS	T1		AI (2ml per day); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (2ml per day); QL (2 ML per 1 day)
LYUMJEV	T1		PA; AI (10ml per month); QL (10 ML per 1 Month)
LYUMJEV KWIKPEN	T1		PA; AI (15ml per month); QL (15 ML per 1 Month)
LYUMJEV TEMPO PEN	T1		PA; AI (15ml per month); QL (15 ML per 1 day)
MERILOG	T1		AI (2ml per day); QL (2 ML per 1 day)
MERILOG SOLOSTAR	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30	T1		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG 70/30 FLEXPEN RELION	T1		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN RELION	T1		AI (2ml per day); QL (2 ML per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG INJECTION	T1		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 (<i>Insulin Aspart Prot & Aspart</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>Insulin Asp Prot & Asp FlexPen</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION (<i>Insulin Aspart</i>)	T1	T1	AI (2ml per day); QL (2 ML per 1 day)
REZVOGLAR KWIKPEN	T1		
TRESIBA	T1		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T1		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	T1		PA; AI (2ml per 28days); QL (4 pens per 28 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>		T1	PA; AI (2.4ml (60 doses) per month); QL (1 pen per 1 Month); AG (Min 18 Years)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>		T1	PA; AI (1.2ml (60 doses) per month); QL (1 pen per 30 days)
OZEMPIC	T1		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	T1		PA; AI (2 pens per 28 days); QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T1		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE)	T1		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
RYBELSUS	T1		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	T1		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	T1		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Liraglutide</i>)	T1	T1	PA; AI (3 pens per month); QL (3 pens per 1 Month); AG (Min 10 Years)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T1		PA; AI (6 pens (20ml) per month); QL (6 pens per 30 days); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>repaglinide</i>		T1	
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
<i>dapagliflozin</i>		T1	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	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA ORAL TABLET (<i>Dapagliflozin</i>) 5 MG	T1	T1	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)
JARDIANCE	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
SYNJARDY	T1		
SYNJARDY XR	T1		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>Dapagliflozin-metFORMIN HCl ER</i>) 10-1000 MG, 10-500 MG	T1	T1	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	T1		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic Status	Additional Information
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR (Dapagliflozin-metFORMIN HCl ER) 5-1000 MG, 5-500 MG	T1	T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
*Sulfonylureas***			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>glipizide er</i>		T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>		T1	
<i>glipizide oral tablet 15 mg</i>		T1	QL (1 EA per 1 day)
<i>glipizide oral tablet 2.5 mg</i>		T1	QL (2 EA per 1 day)
<i>glyburide micronized</i>		T1	
<i>glyburide oral</i>		T1	
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
*Thiazolidinediones***			
<i>pioglitazone hcl</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T1	
<i>ft anti-diarrheal oral capsule</i>		T1	
MOTOFEN	T1		
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)
<i>deferasirox granules</i>		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 Status	Additional Information
<i>deferasirox oral packet</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox oral tablet 180 mg</i>		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)
<i>deferasirox oral tablet 360 mg</i>		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)
<i>deferasirox oral tablet 90 mg</i>		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)
<i>deferasirox oral tablet soluble</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferiprone</i>		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	T1		AI (18 tablets per day); QL (18 tablets per 1 day); AG (Min 2 Years)
*Opioid Antagonists***			
KLOXXADO	T1		AI (1 box per 30 days); QL (1 box per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1	
<i>naloxone hcl injection solution cartridge</i>		T1	
<i>naloxone hcl injection solution prefilled syringe</i>		T1	
<i>naloxone hcl nasal</i>		T1	AI (1 box per month); QL (1 box per 30 days)
<i>naltrexone hcl oral</i>		T1	
REXTOVY	T1		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	T1		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)

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Drug Name	Brand	Generic Status	Additional Information
ZURNAI	T1		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	T1		
<i>granisetron hcl oral</i>		T1	AI (1 tablet per day); QL (2 tablet per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
SANCUSO	T1		AI (20 patches per month); QL (20 patches per 1 Month)
*Antiemetic Combinations***			
AKYNZEO ORAL	T1		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)
<i>doxylamine-pyridoxine</i>		T1	AI (4 tablets per day); QL (4 EA per 1 day); AG (Min 18 Years)
*Antiemetics - Anticholinergic***			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T1	
<i>scopolamine</i>		T1	AI (10 patches per month); QL (10 patches per 1 Month)
<i>trimethobenzamide hcl oral</i>		T1	
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>		T1	
<i>aprepitant oral capsule therapy pack</i>		T1	
EMEND ORAL SUSPENSION RECONSTITUTED	T1		AI (1 tablet per day)
VARUBI (180 MG DOSE)	T1		AI (Maximum of 4 tablets per 28 days); QL (4 tablets per 28 days)
Antifungals			
*Antifungals***			
AMBISOME (Amphotericin B Liposome)	MB	MB	
<i>flucytosine oral</i>		T1	
<i>griseofulvin microsize oral</i>		T1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
<i>nystatin oral tablet</i>		T1	
<i>terbinafine hcl oral</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Imidazoles***			
<i>ketoconazole oral</i>		T1	
<i>miconazole</i>		T1	
*Triazoles***			
<i>fluconazole oral</i>		T1	
<i>itraconazole oral</i>		T1	
<i>posaconazole oral tablet delayed release</i>		T1	PA
<i>voriconazole oral</i>		T1	
Antihistamines			
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution</i>		T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>diphenhydramine hcl +rfd</i>		T1	
<i>diphenhydramine hcl injection</i>		T1	
*Antihistamines - Non-Sedating***			
<i>desloratadine oral tablet</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>		T1	
QUZYTIR	MB		
*Antihistamines - Phenothiazines***			
<i>promethazine hcl injection</i>		T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		T1	
<i>promethazine hcl oral syrup</i>		T1	
<i>promethazine hcl oral tablet</i>		T1	
PROMETHEGAN	T1		
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		T1	
<i>cyproheptadine hcl oral tablet</i>		T1	
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
<i>icosapent ethyl</i>		T1	
<i>omega-3-acid ethyl esters</i>		T1	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 18 Years)
VASCEPA	T1		PA
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>colesevelam hcl oral packet</i>		T1	AI (1 packet per day); QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>colestipol hcl oral packet</i>		T1	
<i>colestipol hcl oral tablet</i>		T1	
PREVALITE (Cholestyramine Light)	T1	T1	
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 43 mg</i>		T1	QL (1 EA per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>fenofibrate oral tablet 54 mg</i>		T1	QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>fenofibric acid oral capsule delayed release 45 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>gemfibrozil oral</i>		T1	
TRICOR ORAL TABLET 145 MG	T1		QL (1 EA per 1 day)
TRICOR ORAL TABLET 48 MG	T1		QL (2 EA per 1 day)
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1	
<i>lovastatin oral tablet 40 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>pitavastatin calcium</i>		T1	AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 tablet per 1 day); AG (Min 8 Years)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
<i>rosuvastatin calcium oral</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>		T1	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***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		T1	PA; AI (1 tablet per day: Covered only in patients who have been stable at this dose for at least 12 months); QL (1 tablet per 1 day)
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe oral</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
*Pcsk9 Inhibitors***			
REPATHA	T1		PA; AI (2 syringes per month); QL (2 syringes per 1 Month); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	T1		PA; AI (1 cartridge per 28 days); QL (1 cartridge per 1 Month); AG (Min 13 Years)
REPATHA SURECLICK	T1		PA; AI (2 pens per month); QL (2 pens per 1 Month); AG (Min 13 Years)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		T1	
<i>trandolapril-verapamil hcl er</i>		T1	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1	
<i>enalapril-hydrochlorothiazide</i>		T1	
<i>fosinopril sodium-hctz</i>		T1	
<i>lisinopril-hydrochlorothiazide</i>		T1	
<i>quinapril-hydrochlorothiazide</i>		T1	
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
<i>captopril oral</i>		T1	
<i>enalapril maleate oral tablet</i>		T1	
<i>fosinopril sodium</i>		T1	
<i>lisinopril oral</i>		T1	
<i>moexipril hcl</i>		T1	
<i>perindopril erbumine</i>		T1	
<i>quinapril hcl</i>		T1	
<i>ramipril</i>		T1	
<i>trandolapril</i>		T1	
*Agents For Pheochromocytoma***			
<i>metyrosine</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>phenoxybenzamine hcl oral</i>		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***			
<i>amlodipine besylate-valsartan</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>amlodipine-olmesartan</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>telmisartan-amlodipine</i>		T1	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
<i>candesartan cilexetil-hctz</i>		T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>losartan potassium-hctz</i>		T1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Angiotensin II Receptor Antagonists***			
<i>candesartan cilexetil</i>		T1	
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)

Drug Name	Brand	Generic Status	Additional Information
<i>irbesartan oral tablet 300 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>losartan potassium oral</i>		T1	
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>telmisartan</i>		T1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>		T1	AI (1 tablet per day); QL (2 tablet per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>olmesartan-amlodipine-hctz</i>		T1	
*Antiadrenergics - Centrally Acting***			
<i>clonidine</i>		T1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		T1	
<i>guanfacine hcl oral</i>		T1	
<i>methyldopa oral</i>		T1	
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral</i>		T1	
<i>prazosin hcl oral</i>		T1	
<i>terazosin hcl oral</i>		T1	
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		T1	
<i>bisoprolol-hydrochlorothiazide</i>		T1	
<i>metoprolol-hydrochlorothiazide</i>		T1	
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
*Vasodilators***			
<i>hydralazine hcl oral</i>		T1	
<i>minoxidil oral</i>		T1	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T1		AI (150ml per 10 days); QL (150 ML per 10 days)

Drug Name	Brand	Generic Status	Additional Information
<i>metronidazole oral tablet 250 mg, 500 mg</i>		T1	
<i>pentamidine isethionate inhalation</i>		SP	SP
<i>tinidazole oral</i>		T1	
XIFAXAN	T1		PA
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral tablet</i>		T1	
SULFATRIM PEDIATRIC (<i>Sulfamethoxazole-Trimethoprim</i>)	T1	T1	
*Antiprotozoal Agents***			
<i>atovaquone oral</i>		T1	
LAMPIT	T1		PA
<i>nitazoxanide oral</i>		T1	AI (2 tablets per day: limited to one fill per month); QL (6 tablets per 3 days)
*Carbapenem Combinations***			
VABOMERE	MB		
*Carbapenems***			
<i>ertapenem sodium</i>		MB	
*Cyclic Lipopeptides***			
CUBICIN (<i>DAPTOmycin</i>)	MB	MB	
CUBICIN RF (<i>DAPTOmycin</i>)	MB	MB	
*Glycopeptides***			
FIRVANQ (<i>Vancomycin HCl</i>)	T1	T1	AI (300ml per 10 days); QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1	
*Leprostatics***			
<i>dapsone oral</i>		T1	
*Lincosamides***			
<i>clindamycin hcl oral</i>		T1	
<i>clindamycin palmitate hcl</i>		T1	
*Oxazolidinones***			
<i>linezolid oral suspension reconstituted</i>		T1	AI (60ml per day); QL (60 ML per 1 day)
<i>linezolid oral tablet</i>		T1	AI (2 tablets per day; maximum of 28 tablets in 30 days); QL (2 tablets per 1 day)
*Urinary Anti-Infectives***			
<i>fosfomycin tromethamine</i>		T1	
<i>methenamine hippurate</i>		T1	
<i>nitrofurantoin macrocrystal oral</i>		T1	
<i>nitrofurantoin monohyd macro</i>		T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl</i>		T1	
COARTEM	T1		
*Antimalarials***			
<i>chloroquine phosphate oral</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>mefloquine hcl</i>		T1	AI (15 tablets per 90 days); QL (15 tablets per 90 days)
<i>pyrimethamine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>quinine sulfate oral</i>		T1	
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
<i>pyridostigmine bromide oral solution</i>		T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>		T1	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ethambutol hcl oral</i>		T1	
<i>isoniazid oral syrup</i>		T1	
<i>isoniazid oral tablet 100 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>isoniazid oral tablet 300 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN (Rifapentine)	T1	T1	
<i>pyrazinamide oral</i>		T1	
<i>rifabutin</i>		T1	
<i>rifampin oral</i>		T1	
TRECATOR	T1		

Drug Name	Brand	Generic Status	Additional Information
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
MYLERAN	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Androgen Biosynthesis Inhibitors***			
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>		T1	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.)
<i>abiraterone acetate tablet 250 mg oral</i>		T1	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	T1		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	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiadrenals***			
LYSODREN	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiandrogens***			
<i>bicalutamide</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>nilutamide</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); M
NUBEQA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XTANDI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiestrogens***			
SOLTAMOX	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tamoxifen citrate oral</i>		\$0	
<i>toremifene citrate</i>		T1	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***			
<i>capecitabine oral tablet 150 mg, 500 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max. Only Civica NDCs 82249020760 & 82249021012 are covered @ Sort Pak, call 877-570-7787)
<i>capecitabine tablet 150 mg oral</i>		T1	
<i>capecitabine tablet 500 mg oral</i>		T1	
JYLAMVO	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>mercaptopurine oral suspension</i>		T1	SP; AI (1x 100ml bottle per month); QL (1 bottle per 30 days)
<i>mercaptopurine oral tablet</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>methotrexate sodium injection solution 50 mg/2ml</i>		T1	
<i>methotrexate sodium oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ONUREG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TABLOID	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREXALL	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XATMEP	T1		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	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Alk Inhibitors***			
ALECENSA	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XALKORI ORAL CAPSULE	T1		PA; SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic Status	Additional Information
XALKORI ORAL CAPSULE SPRINKLE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYKADIA ORAL TABLET	T1		PA; SP; AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
*Antineoplastic - Anti-Her2 Agents***			
HERNEXEOS	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TUKYSA	T1		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	T1		PA
BEQALZI STARTER PACK	T1		PA
VENCLEXTA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENCLEXTA STARTING PACK	T1		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 ORAL CAPSULE 50 MG	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>bosutinib</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAVHANZA	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DANZITEN	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>		T1	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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>imatinib mesylate oral tablet 100 mg</i>		SP	PA; SP; AI (6 tablets per day. Only Civica NDCs. 82249002090 ,82249002130 are covered with no PA Specialty Tier A @ Sort Pak. Call SortPak 877-570-7787); QL (6 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>		SP	PA; SP; AI (2 tablets per day. Only Civica NDCs. 82249002090 ,82249002130 are covered with no PA Specialty Tier A @ Sort Pak. Call SortPak 877-570-7787); QL (2 EA per 1 day)
<i>imatinib mesylate tablet 100 mg oral</i>		T1	SP; QL (6 tablets per 1 day)
<i>imatinib mesylate tablet 400 mg oral</i>		T1	SP; QL (2 tablets per 1 day)
<i>imkeldi</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilotinib d-tartrate</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilotinib hcl</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SCEMBLIX	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
OJEMDA ORAL TABLET 100 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAFINLAR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZELBORAF	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BRUKINSA ORAL TABLET	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CALQUENCE ORAL TABLET	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL CAPSULE 140 MG	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL SUSPENSION	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAYPIRCA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
*Antineoplastic - Egfr Inhibitors***			
<i>erlotinib hcl</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>gefitinib</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILOTRIF	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LAZCLUZE	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAGRISSO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIZIMPRO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA	T1		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)	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (16 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (20 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEMAZYRE	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic Status	Additional Information
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERIVEDGE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ODOMZO	T1		PA; SP; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
*Antineoplastic - Hif-2-Alpha Inhibitors***			
WELIREG	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA	T1		PA; SP; AI (4 capsules per day); QL (4 capsule per 1 day); AG (Min 16 Years)
*Antineoplastic - Hormonal And Related Agent Combinations***			
AKEEGA	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Immunomodulators***			
<i>pomalidomide</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZENBEXUS	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Kras Inhibitors***			
KRAZATI	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LUMAKRAS	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Mek Inhibitors***			
COTELLIC	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
GOMEKLI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KOSELUGO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKINIST	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Menin Inhibitors***			
KOMZIFTI	T1		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	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVUFORJ ORAL TABLET 25 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Met Inhibitors***			
TABRECTA	T1		PA
TEPMETKO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Mtor Kinase Inhibitors***			
<i>everolimus oral tablet soluble</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TORPENZ (<i>Everolimus</i>)	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
YULITHIRA	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAPRELSA	T1		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	T1		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	T1		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)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ENSACOVE	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FOTIVDA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYRNUO	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>lapatinib ditosylate</i>		T1	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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pazopanib hcl oral tablet 200 mg</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>pazopanib hcl oral tablet 400 mg</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
QINLOCK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RYDAPT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sorafenib tosylate</i>		T1	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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sunitinib malate oral capsule 12.5 mg</i>		T1	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>		T1	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>		T1	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	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VANFLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XOSPATA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic Status	Additional Information
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Protease Activators***			
MODEYSO	T1		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	T1		PA
NINLARO	T1		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	T1		PA; QL (2 tablets per 1 day)
*Antineoplastic - Ret Inhibitors***			
GAVRETO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RETEVMO ORAL TABLET	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IBTROZI	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ROZLYTREK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VITRAKVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
*Antineoplastic - Tyrosine Kinase Inhibitors***			
JIDEYTRO	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1		PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	T1		PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1		PA
XPOVIO (60 MG TWICE WEEKLY)	T1		PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	T1		PA
XPOVIO (80 MG TWICE WEEKLY)	T1		PA
*Antineoplastic Combinations***			
AVMAPKI FAKZYNJA CO-PACK	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DARZALEX FASPRO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INQOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LONSURF	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI PEN	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>hydroxyurea oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MATULANE	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day)
ARIMIDEX	T1		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	T1		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 tablet per 1 day)
<i>exemestane</i>		\$0	AI (30 day supply max 1 tablet per day); F; QL (1 tablet per 1 day)
FEMARA	T1		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 tablet per 1 day)
<i>letrozole oral</i>		\$0	AI (1 tablet per day); F; QL (1 tablet per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (200 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (400 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (600 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
VERZENIO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Estrogen Receptor Antagonist***			
CLIGAVYX	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fulvestrant intramuscular solution prefilled syringe</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLURIYO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Estrogens-Antineoplastic***			
EMCYT	T1		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 (<i>Leucovorin Calcium</i>)	T1	T1	
<i>leucovorin calcium oral</i>		T1	
*Glucocorticoid Receptor (Gr) Antagonists***			
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	T1		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	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORGOVYX	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
*Imidazotetrazines***			
<i>temozolomide capsule 100 mg oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 140 mg oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 180 mg oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 20 mg oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 250 mg oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 5 mg oral</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		T1	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	T1		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	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TIBSOVO	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAKAFI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAKAFI XR	T1		PA; SP
OJJAARA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VONJO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Lhrh Analogs***			
CAMCEVI	T1		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	T1		SP; AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1		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)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1		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 Status	Additional Information
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1		SP; AI (1 injection per month (FDA approved only for Prostat Cancer) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		T1	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	T1		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	T1		SP; AI (1 injection per 90 days (FDA aprvred 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)	T1		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 Status	Additional Information
LUPRON DEPOT (6-MONTH)	T1		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 (<i>Leuprolide Acetate (3 Month)</i>)	T1	T1	AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 injection per 90 days); AG (Min 18 Years)
TRELSTAR MIXJECT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZOLADEX	T1		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***			
<i>etoposide oral</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrogen Mustards And Related Analogues***			
<i>cyclophosphamide oral capsule</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>cyclophosphamide oral tablet</i>		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrosoureas***			
<i>lomustine</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
*Ornithine Decarboxylase (Odc) Inhibitors***			
IWILFIN	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1		PA; SP
ITOVEBI	T1		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)	T1		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)	T1		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)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYDELIG	T1		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	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALZENNA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEJULA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>megestrol acetate oral tablet</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Retinoids***			
<i>tretinoin oral</i>		T1	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	T1		PA
ORSERDU	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VEPPANU	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene oral</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Topoisomerase I Inhibitors***			
HYCAMPIN ORAL	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urinary Tract Protective Agents***			
<i>mesna oral</i>		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	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLYTA	T1		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)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
LENVIMA (12 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (14 MG DAILY DOSE)	T1		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)	T1		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)	T1		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)	T1		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)	T1		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)	T1		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***			
<i>benztropine mesylate oral</i>		T1	
<i>trihexyphenidyl hcl oral tablet</i>		T1	
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		T1	
<i>amantadine hcl oral solution 50 mg/5ml</i>		T1	
<i>bromocriptine mesylate oral</i>		T1	
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>selegiline hcl oral</i>		T1	
*Central/Peripheral Comt Inhibitors***			
<i>tolcapone</i>		T1	PA
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1	
*Levodopa Combinations***			
<i>carbidopa-levodopa</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		T1	AI (8 tablets per day); QL (8 tablets per 1 day)
*Nonergoline Dopamine Receptor Agonists***			
<i>apomorphine hcl subcutaneous</i>		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)
<i>pramipexole dihydrochloride</i>		T1	
<i>ropinirole hcl</i>		T1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T1	AI (8 tablets per day); QL (8 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
*Peripheral Comt Inhibitors***			
<i>entacapone</i>		T1	
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium</i>		T1	AG (Min 7 Years)
<i>lithium carbonate er</i>		T1	
<i>lithium carbonate oral</i>		T1	
*Antipsychotics - Misc.***			
CAPLYTA	T1		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	T1		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T1		AI (8 tablets per day); QL (8 tablets per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T1		AI (5 tablets per day); QL (5 tablets per 1 day)
<i>lurasidone hcl oral tablet 120 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
VRAYLAR ORAL CAPSULE	T1		AI (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 capsule per 1 day); AG (Min 10 Years)
<i>ziprasidone hcl</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>ziprasidone mesylate</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Benzisoxazoles***			
FANAPT	T1		AI (2 tablets per day); QL (2 tablets per 1 day)
FANAPT TITRATION PACK	T1		AI (1 pack per 180 days); QL (1 pack per 180 days)
FANAPT TITRATION PACK A	T1		AI (1 pack per 180 days); QL (1 pack per 180 days)
FANAPT TITRATION PACK B ORAL TABLET	T1		AI (12 tablets per 180 days); QL (12 tablets per 180 days)
FANAPT TITRATION PACK C ORAL TABLET	T1		AI (8 tablets per 180 days); QL (8 tablets per 180 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T1	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)
<i>risperidone microspheres er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone oral solution 1 mg/ml</i>		T1	
<i>risperidone oral tablet</i>		T1	
<i>risperidone oral tablet dispersible 1 mg</i>		T1	
*Butyrophenones***			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1	
<i>haloperidol oral</i>		T1	
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1	AI (9 tablets per day); QL (9 tablets per 1 day)

Drug Name	Brand	Generic Status	Additional Information
<i>clozapine oral tablet 200 mg</i>		T1	AI (4 ablets per day); QL (4 tablets per 1 day)
<i>clozapine oral tablet 50 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
*Dibenzothiazepines***			
<i>quetiapine fumarate er</i>		T1	AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 300 mg, 400 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg, 25 mg, 50 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1	
*Phenothiazines***			
<i>chlorpromazine hcl injection</i>		T1	PA
<i>chlorpromazine hcl oral tablet</i>		T1	
<i>fluphenazine decanoate injection</i>		T1	PA
<i>fluphenazine hcl injection</i>		T1	PA
<i>fluphenazine hcl oral</i>		T1	
<i>perphenazine oral</i>		T1	
<i>prochlorperazine</i>		T1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>		T1	PA
<i>prochlorperazine maleate oral</i>		T1	
<i>thioridazine hcl oral</i>		T1	
<i>trifluoperazine hcl oral</i>		T1	
*Quinolinone Derivatives***			
<i>aripiprazole oral solution</i>		T1	AI (25 tablets per day); QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 2 mg, 5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
REXULTI ORAL TABLET 0.25 MG	T1		AI (2 tablets per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T1		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***			
<i>olanzapine intramuscular</i>		SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>olanzapine oral tablet</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Thioxanthenes***			
<i>thiothixene oral</i>		T1	
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1	
CIMDUO	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
DELSTRIGO	T1		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)
<i>efavirenz-emtricitab-tenofo df</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitab- rilpivir-tenofov df</i>		T1	
EVOTAZ	T1		
JULUCA	T1		PA
<i>lamivudine-zidovudine</i>		T1	
<i>lopinavir-ritonavir oral tablet</i>		T1	
PREZCOBIX	T1		
TRIUMEQ	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>triumeq pd</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Max 10 Years)

Drug Name	Brand	Generic Status	Additional Information
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
<i>maraviroc</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
SELZENTRY ORAL SOLUTION	T1		
*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)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA	T1		PA
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T1		
ISENTRESS HD	T1		
TIVICAY ORAL TABLET 50 MG	T1		
TIVICAY PD	T1		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE	T1		
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>darunavir</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>fosamprenavir calcium</i>		T1	
NORVIR ORAL PACKET	T1		
PREZISTA ORAL SUSPENSION	T1		
PREZISTA ORAL TABLET 150 MG, 75 MG	T1		
REYATAZ ORAL PACKET	T1		
<i>ritonavir</i>		T1	
VIRACEPT ORAL TABLET	T1		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT PED	T1		AI (6 tablets per day); QL (6 EA per 1 day)
<i>efavirenz oral tablet</i>		T1	AI (2 tablets per day); QL (2 tablets per 2 days)
<i>etravirine</i>		T1	
INTELENCE ORAL TABLET 25 MG	T1		
<i>nevirapine</i>		T1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T1	
PIFELTRO	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)

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Drug Name	Brand	Generic Status	Additional Information
<i>rilpivirine hcl</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate</i>		T1	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
<i>emtricitabine</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION	T1		AI (24ml per day); QL (24 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>		T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>zidovudine</i>		T1	
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T1	
*Antiretrovirals Adjuvants***			
TYBOST	T1		
*Antiviral Combinations***			
PAXLOVID (150/100)	T1		AI (4 tablets per day); QL (4 tablets per 1 day)
PAXLOVID (300/100 & 150/100)	T1		AI (3 tablets per day); QL (3 tablets per 1 day)
PAXLOVID (300/100)	T1		AI (6 tablets per day); QL (6 tablets per 1 day)
*Cmv Agents***			
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>valganciclovir hcl oral tablet</i>		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***			
<i>adefovir dipivoxil</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	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)
<i>entecavir</i>		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)
<i>lamivudine oral tablet 100 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hepatitis C Agent - Combinations***			
<i>ledipasvir-sofosbuvir</i>		T1	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)
<i>sofosbuvir-velpatasvir</i>		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)
*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)
<i>ribavirin oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ribavirin oral tablet 200 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral capsule</i>		T1	
<i>acyclovir oral suspension 200 mg/5ml</i>		T1	
<i>acyclovir oral tablet</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>valacyclovir hcl oral</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		T1	
*Influenza Agents***			
<i>rimantadine hcl</i>		T1	
*Misc. Antivirals***			
LAGEVRIO	T1		PA; AI (Paxlovid is the preferred product (does not require PA))
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1	AI (120ml for 5 days (2x60ml)); QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T1		AI (1 inhaler per month); QL (1 inhaler per 30 days)
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol</i>		T1	
<i>labetalol hcl oral</i>		T1	
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral</i>		T1	
<i>atenolol oral</i>		T1	
<i>betaxolol hcl oral tablet 10 mg</i>		T1	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>bisoprolol fumarate oral</i>		T1	
<i>metoprolol succinate er</i>		T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		T1	
<i>nebivolol hcl</i>		T1	
*Beta Blockers Non-Selective***			
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1	
<i>pindolol</i>		T1	
<i>propranolol hcl er</i>		T1	
<i>propranolol hcl oral</i>		T1	
<i>sotalol hcl (af)</i>		T1	
<i>sotalol hcl oral</i>		T1	
<i>timolol maleate oral</i>		T1	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
<i>amlodipine besylate oral</i>		T1	
CARTIA XT (<i>diltiazem HCl ER Coated Beads</i>)	T1	T1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		T1	
<i>diltiazem hcl oral</i>		T1	
<i>dilt-xr</i>		T1	
<i>felodipine er</i>		T1	
<i>isradipine</i>		T1	
<i>levamlodipine maleate</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>nicardipine hcl oral</i>		T1	
<i>nifedipine er osmotic release</i>		T1	
<i>nifedipine oral</i>		T1	
<i>nimodipine oral capsule</i>		T1	AI (12 capsules per day); QL (12 capsules per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>		T1	QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 40 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
TAZTIA XT (<i>Diltiazem HCl ER Beads</i>)	T1	T1	
TIADYLT ER (<i>diltiazem HCl ER Beads</i>)	T1	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>		T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T1	
<i>verapamil hcl oral</i>		T1	
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (<i>Digoxin</i>)	T1	T1	
DIGOX (<i>Digoxin</i>)	T1	T1	
Cardiovascular Agents - Misc.			
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE	T1		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)

Drug Name	Brand	Generic Status	Additional Information
<i>sacubitril-valsartan</i>		T1	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)
*Prostaglandin Vasodilators***			
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>Epoprostenol Sodium</i>) 1.5 MG	MB	MB	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VELETRI (<i>Epoprostenol Sodium</i>)	MB	MB	
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
<i>ambrisentan</i>		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)
<i>bosentan oral tablet</i>		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)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ (<i>Tadalafil (PAH)</i>)	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)
<i>sildenafil citrate oral suspension reconstituted</i>		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)
<i>sildenafil citrate oral tablet 20 mg</i>		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)

Drug Name	Brand	Generic Status	Additional Information
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI INTRAVENOUS	MB		
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Sinus Node Inhibitors**			
CORLANOR ORAL SOLUTION	T1		AI (15ml per day); QL (15 ML per 1 day); AG (Min 10 Years)
<i>ivabradine hcl</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO	T1		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil</i>		T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	
<i>cephalexin oral suspension reconstituted</i>		T1	
*Cephalosporins - 2Nd Generation***			
<i>cefactor er</i>		T1	
<i>cefactor oral capsule 250 mg</i>		T1	AI (3 capsules per day, 1 fill per month); QL (3 capsules per 10 days)
<i>cefactor oral capsule 500 mg</i>		T1	AI (3 capsules per day, one fill per month); QL (3 capsules per 10 days)
<i>cefactor oral suspension reconstituted</i>		T1	
<i>cefprozil</i>		T1	
<i>cefuroxime axetil oral tablet</i>		T1	
*Cephalosporins - 3Rd Generation***			
<i>cefdinir</i>		T1	
<i>cefixime oral suspension reconstituted</i>		T1	
<i>cefpodoxime proxetil</i>		T1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T1		
SUPRAX ORAL TABLET CHEWABLE	T1		
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		T1	
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		T1	

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

Drug Name	Brand	Generic Status	Additional Information
BALZIVA (<i>Briellyn</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BLISOVI FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHARLOTTE 24 FE	T1		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHATEAL (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHATEAL EQ (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CRYSSELLE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CRYSSELLE-28	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CYRED EQ (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DASETTA 1/35 (28) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DELYLA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>		T1	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 (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ESTARYLLA (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FALMINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEIRZA 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEIRZA 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEMYNOR (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FINZALA	T1		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
GALBRIELA (<i>Norethin-Eth Estradiol-Fe</i>)	T1	T1	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

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Drug Name	Brand	Generic Status	Additional Information
HAILEY 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ISIBLOOM (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JASMIEL (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JULEBER (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$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 (<i>Norethin-Eth Estradiol-Fe</i>)	T1	T1	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KALLIGA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KELNOR 1/35 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KELNOR 1/50 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARISSIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LAYOLIS FE	T1		AI (28 tablets per month); F; QL (28 tablets per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
LESSINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LEVORA 0.15/30 (28) (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN 1.5/30 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN 1/20 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	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 (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUIZZA 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUIZZA 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUTERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>marlissa</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MILI (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MONO-LINYAH (<i>Norgestimate-Eth Estradiol</i>)	\$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) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NIKKI (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>		T1	AI (28 tablets per month); F; QL (28 tablets per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
NORTREL 0.5/35 (28)	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 1/35 (21) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 1/35 (28) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYLIA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYMYO (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
OCELLA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ORSYTHIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PHILITH (<i>Briellyn</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIRMELLA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PORTIA-28 (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
RECLIPSEN (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SOLIA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SPRINTEC 28 (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SRONYX (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SYEDA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TARINA FE 1/20 EQ (<i>Norethin Ace-Eth Estrad-FE</i>)	\$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 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VALTYA 1/50 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VESTURA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VIENVA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

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Drug Name	Brand	Generic Status	Additional Information
VYFEMLA (<i>Briellyn</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VYLIBRA (<i>Norgestimate-Eth Estradiol</i>)	\$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)
WYMZYA FE (<i>Norethin-Eth Estradiol-Fe</i>)	\$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) (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ZUMANDIMINE (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Combination Contraceptives - Transdermal***			
XULANE (<i>Norelgestromin-Eth Estradiol</i>)	\$0	\$0	AI (3 patches per month); F; QL (3 patches per 30 days)
ZAFEMY (<i>Norelgestromin-Eth Estradiol</i>)	\$0	\$0	AI (3 patches per month); F; QL (3 patches per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG (<i>Etonogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
ENILLORING (<i>Etonogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
HALOETTE (<i>Etonogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
NUVARING (<i>Etonogestrel-Ethinyl Estradiol</i>)	T1	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
*Continuous Contraceptives - Oral***			
AMETHYST (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DOLISHALE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Emergency Contraceptives***			
AFTERA (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
AFTERPILL (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
CURAE (<i>Levonorgestrel</i>)	\$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	T1		AI (3 tablets per month); F; QL (3 tablets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
MY CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
MY WAY (<i>Levonorgestrel</i>)	\$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 (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
OPTION 2 (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
PLAN B ONE-STEP (<i>Levonorgestrel</i>)	T1	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
REACT (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
SHEWISE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
TAKE ACTION (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
YOUR CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
ASHLYNA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
CAMRESE	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
CAMRESE LO (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$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	T1		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 (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$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 (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
<i>levonorgest-eth est & eth est</i>		T1	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	T1		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)

Drug Name	Brand	Generic Status	Additional Information
ROSYRAH	T1		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	T1		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T1		AI (1 injection per 90 days); F; QL (1 inj per 90 days)
<i>medroxyprogesterone acetate intramuscular</i>		\$0	AI (1 injection per 90 days); F; QL (1 inj per 90 days)
*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)

Drug Name	Brand	Generic Status	Additional Information
SLYND	T1		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)
CAZANT	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DASETTA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ENPRESSE-28 (<i>Levonorg-Eth Estrad Triphasic</i>)	\$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 (<i>Levonorg-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYLIA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIRMELLA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$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 (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LEGEST FE (<i>Norethindron-Ethinyl Estrad-Fe</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LINYAH (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-MARZIA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-MILI (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-MILI (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRINESSA (28) (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic Status	Additional Information
TRI-NYMYO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRIVORA (28) (<i>Levonorg-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-VYLIBRA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-VYLIBRA LO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$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)
XARAH FE (<i>Norethindron-Ethinyl Estrad-Fe</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
Corticosteroids			
*Glucocorticosteroids***			
<i>budesonide oral</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day)
DEXAMETHASONE INTENSOL	T1		
<i>dexamethasone oral elixir</i>		T1	
<i>dexamethasone oral solution</i>		T1	
<i>dexamethasone oral tablet</i>		T1	
<i>hydrocortisone oral</i>		T1	
<i>hydrocortisone sod suc (pf)</i>		T1	
MEDROL ORAL TABLET 2 MG	T1		
<i>methylprednisolone oral tablet</i>		T1	
<i>prednisolone oral syrup 15 mg/5ml</i>		T1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 5 mg/5ml</i>		T1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T1	
PREDNISONE INTENSOL	T1		
<i>prednisone oral solution</i>		T1	
<i>prednisone oral tablet</i>		T1	
<i>prednisone oral tablet therapy pack</i>		T1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	T1		
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	
*Antitussive - Opioid***			
<i>hydrocodone bit-homatrop mbr oral solution</i>		T1	AI (15ml per day); QL (150 ML per 10 days)

Drug Name	Brand	Generic Status	Additional Information
<i>hydrocodone bit-homatrop mbr oral tablet</i>		T1	AI (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (9 tablets per 1 day)
<i>hydromet oral solution</i>		T1	AI (150ml per 10 days, 1 fill per month.); QL (150 ML per 10 days)
*Antitussive-Expectorant***			
<i>g tussin ac</i>		T1	AI (240ml per 10 days); QL (240 ML per 10 days)
<i>guaiaitussin ac</i>		T1	AI (240ml per 10 days); QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T1	AI (24ml per day); QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T1	AI (24ml per day); QL (240 ML per 10 days)
<i>virtussin a/c</i>		T1	AI (240ml per 10 days); QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
<i>promethazine vc</i>		T1	AI (30ml per day); QL (30 ML per 1 day)
<i>promethazine-phenylephrine</i>		T1	AI (30ml per day); QL (30 ML per 1 day)
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1	
*Misc. Respiratory Inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %	T1	T1	
NEBUSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 3 %	T1	T1	
PULMOSAL (Sodium Chloride)	T1	T1	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>		T1	
*Mucolytics***			
<i>acetylcysteine inhalation</i>		T1	
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		T1	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		T1	
*Opioid Antitussive-Antihistamine***			
<i>hydrocod poli-chlorphe poli er</i>		T1	AI (Limited to 1 fill per month 120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>		T1	AI (120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>promethazine-codeine oral syrup</i>		T1	AI (150ml per 10 days. 1 fill per month.); QL (150 ML per 10 days)
*Opioid Antitussive-Decongestant-Antihistamine***			
<i>promethazine vc/codeine</i>		T1	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
<i>promethazine-phenyleph-codeine</i>		T1	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
Dermatologicals			
*Acne Antibiotics***			
CLINDACIN (<i>Clindamycin Phosphate</i>)	T1	T1	AI (1x 50gm can per month); QL (50 GM per 30 days)
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	T1	T1	
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1	T1	
<i>clindamycin phos (once-daily)</i>		T1	
<i>clindamycin phos (twice-daily)</i>		T1	
<i>clindamycin phosphate external gel 1 %</i>		T1	
<i>clindamycin phosphate external lotion</i>		T1	
<i>clindamycin phosphate external solution</i>		T1	
<i>dapsone external gel 5 %</i>		T1	AI (60gm per month); QL (2 GM per 1 day)
<i>ery</i>		T1	
<i>erythromycin external gel</i>		T1	
<i>erythromycin external solution</i>		T1	
<i>sulfacetamide sodium (acne)</i>		T1	
*Acne Combinations***			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		T1	
NEUAC EXTERNAL GEL (<i>Clindamycin Phos-Benzoyl Perox</i>)	T1	T1	
*Acne Products***			
ACCUTANE (<i>ISOTretinoin</i>)	T1	T1	
AMNESTEEM (<i>ISOTretinoin</i>)	T1	T1	
<i>bpo external gel 4 %</i>		T1	
CLARAVIS (<i>ISOTretinoin</i>)	T1	T1	
MYORISAN (<i>ISOTretinoin</i>)	T1	T1	
<i>tretinoin external cream</i>		T1	QL (1.5 GM per 1 day); AG (Max 35 Years)
<i>tretinoin external gel</i>		T1	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>		T1	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>		T1	
ZENATANE (<i>ISOTretinoin</i>)	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
*Agents For External Genital And Perianal Warts***			
VEREGEN	T1		AI (1x 30gm tube per month); QL (30 GM per 1 Month)
*Antibiotics - Topical***			
ALTABAX	T1		AI (1 gm per day); QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T1	
<i>mupirocin calcium</i>		T1	
<i>mupirocin external</i>		T1	
XEPI	T1		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***			
<i>clotrimazole-betamethasone</i>		T1	
<i>nystatin-triamcinolone</i>		T1	
*Antifungals - Topical***			
<i>ciclopirox external</i>		T1	
<i>ciclopirox olamine external</i>		T1	
KLAYESTA (Nystatin)	T1	T1	
MENTAX	T1		
<i>naftifine hcl external cream</i>		T1	
NYAMYC (Nystatin)	T1	T1	
<i>nystatin external</i>		T1	
NYSTOP (Nystatin)	T1	T1	
*Antineoplastic Antimetabolites - Topical***			
<i>fluorouracil external cream 0.5 %</i>		T1	PA; AI (1gm per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 GM per 1 day); AG (Min 18 Years)
<i>fluorouracil external cream 5 %</i>		T1	SP; AI (1x 40gm tube per month); QL (40 GM per 30 days); AG (Min 18 Years)
<i>fluorouracil external solution 2 %</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fluorouracil external solution 5 %</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO	T1		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***			
<i>diclofenac sodium external gel 3 %</i>		T1	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)
*Antipsoriatrics - Systemic***			
<i>acitretin</i>		T1	
IMULDOSA SUBCUTANEOUS	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methoxsalen rapid</i>		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)
TALTZ	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 Status	Additional Information
TREMFYA ONE-PRESS 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)
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)
<i>ustekinumab-aaaz subcutaneous solution prefilled syringe 45 mg/0.5ml</i>		SP	PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
<i>ustekinumab-aaaz subcutaneous solution prefilled syringe 90 mg/ml</i>		SP	PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
WEZLANA SUBCUTANEOUS SOLUTION	SP		PA; SP
YESINTEK SUBCUTANEOUS	SP		PA; SP
*Antipsoriatics***			
<i>calcipotriene external cream</i>		T1	AI (120GM per month); QL (120 GM per 1 Month)
<i>calcipotriene external solution</i>		T1	AI (1x 120ml bottle per month); QL (120 ML per 30 days)
CALCITRENE (Calcipotriene)	T1	T1	
<i>tazarotene external cream</i>		T1	AI (1gm per day); QL (30 GM per 30 days)
<i>tazarotene external gel 0.05 %</i>		T1	
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T1	
*Antivirals - Topical***			
<i>acyclovir external</i>		T1	
<i>penciclovir</i>		T1	
*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)	T1	T1	
THERMAZENE (Silver sulfADIAZINE)	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1	
<i>alclometasone dipropionate</i>		T1	
<i>amcinonide external cream</i>		T1	
<i>amcinonide external lotion</i>		T1	
<i>betamethasone dipropionate aug</i>		T1	
<i>betamethasone dipropionate external</i>		T1	
<i>betamethasone valerate external</i>		T1	
<i>clobetasol propionate e</i>		T1	
<i>clobetasol propionate emulsion</i>		T1	AI (1x 100gm can per month); QL (100 GM per 1 Month); AG (Min 12 Years)
<i>clobetasol propionate external cream 0.05 %</i>		T1	
<i>clobetasol propionate external foam</i>		T1	
<i>clobetasol propionate external gel</i>		T1	
<i>clobetasol propionate external liquid</i>		T1	
<i>clobetasol propionate external lotion</i>		T1	
<i>clobetasol propionate external ointment</i>		T1	
<i>clobetasol propionate external solution</i>		T1	
<i>clocortolone pivalate</i>		T1	AI (1x 45gm tube per month); QL (45 GM per 1 Month)
CLODAN EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>)	T1	T1	
<i>desonide external cream</i>		T1	
<i>desonide external lotion</i>		T1	
<i>desonide external ointment</i>		T1	
<i>desoximetasone external cream</i>		T1	
<i>desoximetasone external gel</i>		T1	
<i>desoximetasone external liquid</i>		T1	
<i>desoximetasone external ointment 0.25 %</i>		T1	
<i>diflorasone diacetate external</i>		T1	AI (2gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 1 Month)
<i>fluocinolone acetonide body</i>		T1	
<i>fluocinolone acetonide external</i>		T1	
<i>fluocinolone acetonide scalp</i>		T1	
<i>fluocinonide external cream 0.05 %</i>		T1	
<i>fluocinonide external cream 0.1 %</i>		T1	AI (120gm per month); QL (120 GM per 1 Month)
<i>fluocinonide external gel</i>		T1	AI (60gm per month); QL (60 GM per 1 Month)

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Drug Name	Brand	Generic Status	Additional Information
<i>fluocinonide external ointment</i>		T1	
<i>fluocinonide external solution</i>		T1	
<i>flurandrenolide external cream</i>		T1	AI (120gm per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external lotion</i>		T1	AI (4gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external ointment</i>		T1	AI (2gm per day); QL (2 GM per 1 day)
<i>fluticasone propionate external</i>		T1	
<i>halcinonide external cream</i>		T1	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)
<i>halobetasol propionate external cream</i>		T1	AI (1gm per day); QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1	AI (1gm per day); QL (1 GM per 1 day)
<i>hydrocortisone butyrate external cream</i>		T1	AI (15gm with fill limit of 1 fill per month); QL (15 GM per 10 days)
<i>hydrocortisone butyrate external ointment</i>		T1	
<i>hydrocortisone butyrate external solution</i>		T1	
<i>hydrocortisone external cream 2.5 %</i>		T1	
<i>hydrocortisone external ointment 2.5 %</i>		T1	
<i>hydrocortisone valerate</i>		T1	
<i>mometasone furoate external</i>		T1	
<i>triamcinolone acetonide external aerosol solution</i>		T1	
<i>triamcinolone acetonide external cream</i>		T1	
<i>triamcinolone acetonide external lotion</i>		T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1	
*Enzymes - Topical***			
SANTYL	T1		
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1	
<i>econazole nitrate external cream</i>		T1	
EXELDERM	T1		
<i>ketoconazole external cream</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
<i>ketoconazole external shampoo 2 %</i>		T1	
<i>oxiconazole nitrate</i>		T1	AI (1x 30gm tube per month); QL (30 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		T1	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***			
<i>podofilox external</i>		T1	
YCANTH	MB		
*Macrolide Immunosuppressants - Topical***			
<i>pimecrolimus</i>		T1	AI (1x 60GM tube per month); QL (60 GM per 1 month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T1		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T1		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
<i>tacrolimus external ointment 0.03 %</i>		T1	AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T1	AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
*Oxaborole-Related Antifungals - Topical***			
<i>tavaborole</i>		T1	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T1		PA; AI (2gm per day); QL (60 GM per 1 Month); AG (Min 3 Months)
*Rosacea Agents***			
<i>azelaic acid external</i>		T1	AI (1x 50gm tube per month); QL (50 GM per 30 days)
<i>brimonidine tartrate external</i>		T1	PA
<i>ivermectin external cream</i>		T1	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)	T1	T1	
ROSADAN EXTERNAL GEL (metroNIDAZOLE)	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
*Scabicides & Pediculicides***			
<i>lindane external shampoo</i>		T1	
<i>malathion external</i>		T1	AI (1x 59ml bottle per month)
NATROBA (<i>Spinosad</i>)	T1	T1	PA
<i>permethrin external cream</i>		T1	
*Seborrheic Keratosis Products**			
ESKATA	MB		
*Topical Selective Retinoid X Receptor Agonists***			
<i>bexarotene external</i>		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 (<i>Calcipotriene-Betameth Diprop</i>)	T1	T1	AI (1x 60gm bottle per month); QL (60 GM per 1 Month); AG (Min 18 Years)
<i>calcipotriene-betameth diprop external ointment</i>		T1	AI (1x 60gm tube per month); QL (60 GM per 30 days); AG (Min 16 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	T1		PA
Diagnostic Products			
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO	T1		AI (200 per month); QL (200 test strips per 30 days)
ACCU-CHEK GUIDE TEST	T1		AI (200 per month); QL (200 test strips per 30 days)
ACCU-CHEK SMARTVIEW	T1		AI (200 per month); QL (200 test strips per 30 days)
ACCUTREND GLUCOSE (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
ADVOCATE REDI-CODE IN VITRO (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
ASSURE 4 TEST <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
<i>blood glucose test strips 333</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CAREONE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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	T1		AI (100 per month); QL (100 strips per 30 days)
CLEVER CHEK AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
CLEVER CHOICE AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 NO CODING (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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	T1		AI (200 per month); QL (200 test strips per 30 days)
CONTOUR PLUS TEST	T1		AI (200 per month); QL (200 test strips per 30 days)
CONTOUR TEST	T1		AI (200 per month); QL (200 test strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>cvs glucose meter test strips</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
<i>cvs true metrix glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>diatrue plus test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
<i>easy plus ii glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy talk blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy talk plus ii test strips</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 HEALTHPRO GLUCOSE IN VITRO (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy trak blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy trak ii glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
EASYGLUCO IN VITRO (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>element compact test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
EMBRACE EVO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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	T1		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)
<i>eq blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>fondcircle blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
FORA 6 CONNECT IN VITRO (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 G30/PREM V10 GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
FORA GD20 TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
FORA V30A BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
FREESTYLE PRECISION NEO TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>ge100 blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>ght test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
GLUCOCARD SHINE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 X-SENSOR (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>glucose meter test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>gnp easy touch glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
GNP TRUETRACK SMART SYSTEM IN VITRO (Blood Glucose Test)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 TEST STRIP/LANCETS (Blood Glucose Test)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>goodsense blood glucose in vitro</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
IHEALTH BLOOD GLUCOSE TEST STR (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
KETOSTIX	T1		AI (100 per month); QL (100 strips per 30 days)
<i>kroger blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>kroger premium glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
<i>liberty test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>meijer blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>meijer essential glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 TRUETRACK TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
MOBI CONNECT TEST STRIPS	T1		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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>one drop test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 BLUE TEST	T1		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	T1		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	T1		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	T1		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic Status	Additional Information
OPTIUMEZ TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>pharmacist choice no coding</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES	T1		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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>premium blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>pro voice v8/v9 glucose</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
PRODIGY NO CODING BLOOD GLUC IN VITRO <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 BLOOD GLUCOSE TEST <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 <i>(Blood Glucose Test)</i>	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
RELION CONFIRM/MICRO TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
REXALL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
RIGHTEST GS300 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
SOLUS V2 TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
SUPREME TEST (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>tgt blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>true focus blood glucose strip</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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	T1		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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 Status	Additional Information
UNISTRIPI1 GENERIC (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>verasens blood glucose test</i>		T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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 (<i>Blood Glucose Test</i>)	T1	T1	AI (200 per month); ST (Step Therapy required: BOTH of the following in 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	T1		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
VIOKACE	T1		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	T1		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		T1	
<i>acetazolamide oral</i>		T1	
<i>methazolamide oral</i>		T1	
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T1		
<i>amiloride-hydrochlorothiazide</i>		T1	
<i>spironolactone-hctz</i>		T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1	
<i>triamterene-hctz oral tablet</i>		T1	
*Loop Diuretics***			
<i>bumetanide oral</i>		T1	
<i>ethacrynic acid oral</i>		T1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1	
<i>furosemide oral tablet</i>		T1	
<i>torseamide oral</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		T1	
<i>spironolactone oral tablet</i>		T1	
<i>triamterene oral</i>		T1	
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1	
DIURIL	T1		
<i>hydrochlorothiazide oral</i>		T1	
<i>indapamide oral</i>		T1	
<i>metolazone</i>		T1	
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>		T1	AI (4 tablets per month); QL (4 tablets per 30 days)
<i>ibandronate sodium oral</i>		T1	AI (1 tablet per month); QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>		T1	AI (1 tablet per month); QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	AI (4 tablets per month); QL (4 tablets per 30 days)
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; AI (5 tablets per day); QL (5 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; AI (4 tablets per day); QL (4 tablets per 1 day)
*Calcitonins***			
<i>calcitonin (salmon) injection</i>		T1	
<i>calcitonin (salmon) nasal</i>		T1	AI (1x 3.37 bottle per month); QL (3.7 ML per 30 days); AG (Min 16 Years)
*Carnitine Replenisher - Agents***			
<i>levocarnitine oral solution</i>		T1	
<i>levocarnitine oral tablet</i>		T1	
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		T1	
*Gnrh/Lhrh Antagonists***			
ORILISSA	T1		PA

Drug Name	Brand	Generic Status	Additional Information
*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 MINIQUEL 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)
NORDITROPIN FLEXPEN 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)
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***			
<i>nitrosinone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Homocystinuria Treatment - Agents***			
<i>betaine</i>		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***			
<i>calcitriol oral</i>		T1	
<i>doxercalciferol oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T1	AI (12 capsules per month); QL (12 capsules per 1 Month); AG (Min 18 Years)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
SYNAREL	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	T1		PA; AI (1 tablet per day); 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)
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>		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 (<i>Sapropterin Dihydrochloride</i>)	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 (<i>Sapropterin Dihydrochloride</i>)	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)

Drug Name	Brand	Generic Status	Additional Information
ENOBV	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	T1		PA
<i>raloxifene hcl</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tolvaptan oral tablet</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tolvaptan oral tablet therapy pack</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Somatostatic Agents***			
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>octreotide acetate subcutaneous</i>		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***			
<i>sod benz-sod phenylacet</i>		MB	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sodium phenylbutyrate oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Vasopressin***			
<i>desmopressin ace spray refrig</i>		T1	AI (3 x 5ml bottles per month); QL (15 ML per 30 days)
<i>desmopressin acetate injection</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
<i>desmopressin acetate oral tablet 0.1 mg</i>		T1	AI (8 tablets per day); QL (8 tablets per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>desmopressin acetate spray</i>		T1	AI (3x 5ml bottles per month); QL (15 ML per 1 Month)
STIMATE	T1		
<i>vasopressin +rfid</i>		MB	
VASOSTRICT INTRAVENOUS SOLUTION (Vasopressin) 20 UNIT/ML	MB	MB	
Estrogens			
*Estrogen & Progestin***			
ABIGALE (<i>Estradiol-Norethindrone Acet</i>)	T1	T1	AI (1 tablet per day); F; QL (1 tablet per 1 day)
ABIGALE LO (<i>Estradiol-Norethindrone Acet</i>)	T1	T1	AI (1 tablet per day); F; QL (1 tablet per 1 day)
AMABELZ ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 0.5-0.1 MG	T1	T1	AI (1 tablet per day); F; QL (1 tablet per 1 day)
AMABELZ ORAL TABLET 1-0.5 MG	T1		F
BIJUVA ORAL CAPSULE 0.5-100 MG	T1		PA
COMBIPATCH	T1		F
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	T1		AI (1x 28 blisterpack per month); F; QL (1 tablet per 1 day); AG (Min 18 Years)
MIMVEY	T1		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>		T1	AI (1x 28 blisterpack per month); F; QL (1 pack per 1 day); AG (Min 18 Years)
PREMPHASE	T1		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	T1		AI (1 tablet per day); F; QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T1		AI (2 tablets per day); F; QL (2 tablets per 1 day)
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE	T1		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
*Estrogens***			
DEPO-ESTRADIOL	T1		
DOTTI (<i>Estradiol</i>)	T1	T1	AI (2 patches per week); F; QL (2 patches per 1 week)
<i>estradiol oral</i>		T1	F
<i>estradiol transdermal patch weekly</i>		T1	AI (4 patches per month); F; QL (4 patches per 1 Month)

Drug Name	Brand	Generic Status	Additional Information
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>		T1	F
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR	T1	T1	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	T1		F; QL (2 patches per 1 week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T1		
MENOSTAR	T1		AI (4 patches per month); F; QL (4 patches per 1 Month)
PREMARIN ORAL (Estrogens Conjugated)	T1	T1	
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE	T1		PA; AI (1 tablet per day); F; QL (1 tablet per 1 day); AG (Min 18 Years)
Fluoroquinolones			
*Fluoroquinolones***			
<i>ciprofloxacin hcl oral</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>levofloxacin oral solution</i>		T1	
<i>levofloxacin oral tablet 250 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>moxifloxacin hcl oral</i>		T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
Gastrointestinal Agents - Misc.			
*5-Ht4 Receptor Agonists***			
<i>prucalopride succinate</i>		T1	PA
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE	T1		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)
*Gallstone Solubilizing Agents***			
<i>ursodiol oral capsule 300 mg</i>		T1	
<i>ursodiol oral tablet</i>		T1	
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		T1	
*Gastrointestinal Chloride Channel Activators***			
<i>lubiprostone</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)

Last revision date:10/15/2026 To search for a drug use control + f

Drug Name	Brand	Generic Status	Additional Information
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1	
<i>metoclopramide hcl oral tablet</i>		T1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		T1	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG	T1		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 7 Years)
LINZESS ORAL CAPSULE 290 MCG	T1		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T1		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 2 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T1		PA; AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
*Inflammatory Bowel Agents***			
<i>balsalazide disodium</i>		T1	
DIPENTUM	T1		AI (4 capsules per day); QL (4 capsules per 1 day)
<i>mesalamine er oral capsule extended release</i>		T1	
<i>mesalamine er oral capsule extended release 24 hour</i>		T1	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>		T1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>mesalamine oral tablet delayed release 800 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mesalamine rectal enema</i>		T1	AI (60ml per day); QL (60 ML per 1 day)
<i>mesalamine rectal suppository</i>		T1	AI (1 suppository per day); QL (1 suppository per 1 day)
<i>mesalamine-cleanser</i>		T1	
<i>sulfasalazine oral</i>		T1	
*Interleukin Antagonists***			
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
*Intestinal Acidifiers***			
<i>enulose</i>		T1	
<i>generlac</i>		T1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		T1	
*Peripheral Opioid Receptor Antagonists***			
<i>alvimopan</i>		MB	
MOVANTIK	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	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	T1		PA
*Phosphate Binder Agents***			
<i>calcium acetate (phos binder) oral capsule</i>		T1	
<i>lanthanum carbonate</i>		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)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T1	AI (15 packets per day); QL (15 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T1	AI (5 packets per day); QL (5 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>		T1	AI (15 tablets per day); QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>		T1	AI (35 tablets per day); QL (35 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>		T1	AI (17.5 tablets per day); QL (17.5 tablets per 1 day)
VELPHORO	T1		PA

Drug Name	Brand	Generic Status	Additional Information
*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)
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***			
<i>dutasteride oral</i>		T1	AI (1 capsule per day); M; QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>silodosin</i>		T1	
<i>tamsulosin hcl</i>		T1	
*Citrates***			
<i>potassium citrate er</i>		T1	
*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***			
<i>acetic acid irrigation</i>		MB	
ARGYLE STERILE SALINE (Sodium Chloride)	T1	T1	
CURITY STERILE SALINE (Sodium Chloride)	T1	T1	
RENACIDIN	T1		
*Interstitial Cystitis Agents***			
ELMIRON	T1		AI (3 capsules per day); QL (3 capsules per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl</i>		T1	M

Drug Name	Brand	Generic Status	Additional Information
*Small Interfering Ribonucleic Acid Agents (Sirna)***			
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urinary Stone Agents***			
<i>tiopronin oral tablet</i>		SP	PA
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid</i>		T1	
*Gout Agents***			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T1	
<i>colchicine oral tablet</i>		T1	
<i>febuxostat</i>		T1	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***			
<i>probenecid oral</i>		T1	
Hematological Agents - Misc.			
*Direct-Acting P2y12 Inhibitors***			
<i>ticagrelor oral tablet 60 mg</i>		T1	
*Hematorheologic Agents***			
<i>pentoxifylline er</i>		T1	
*Phosphodiesterase lii Inhibitors***			
<i>cilostazol</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
*Plasma Proteins***			
ALBUKED 25 (Albumin Human)	MB	MB	
<i>albumin-zlb intravenous solution 25 %</i>		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	
<i>kedbumin</i>		MB	
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T1	
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T1		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
*Quinazoline Agents***			
<i>anagrelide hcl</i>		T1	
*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***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prasugrel hcl</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
Hematopoietic Agents			
*Agents For Gaucher Disease***			
YARGESA (<i>migLUstat</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cobalamins***			
<i>cyanocobalamin nasal</i>		T1	
DODEX (<i>Cyanocobalamin</i>)	T1	T1	
*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 Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 2 Years)

Drug Name	Brand	Generic Status	Additional Information
*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		
PROCRIT	MB		
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		\$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 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 Status	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)
*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	T1		
INTEGRA F	T1		
*Iron***			
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		\$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)
Hemostatics			
*Hemostatics - Systemic***			
<i>aminocaproic acid oral solution</i>		T1	
<i>tranexamic acid oral</i>		T1	F
Hypnotics/Sedatives/Sleep Disorder Agents			
*Antihistamine Hypnotics***			
<i>eq sleep-aid</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
*Barbiturate Hypnotics***			
<i>phenobarbital oral tablet</i>		T1	
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		T1	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg</i>		T1	AI (2 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (2 capsule per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 30 mg</i>		T1	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)

Drug Name	Brand	Generic Status	Additional Information
<i>temazepam oral capsule 15 mg, 30 mg</i>		T1	AI (1 capsule per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>		T1	AI (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		T1	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T1	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***			
<i>doxepin hcl oral tablet</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone</i>		T1	AI (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		T1	AI (2 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (15 capsules per 1 Copay)
<i>zaleplon oral capsule 5 mg</i>		T1	AI (3 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (15 capsules per 1 Copay)
<i>zolpidem tartrate er</i>		T1	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>		T1	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	T1		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)

Drug Name	Brand	Generic Status	Additional Information
DAYVIGO	T1		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)
*Selective Melatonin Receptor Agonists***			
ramelteon		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
tasimelteon		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)
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 gml/177ml		T1	
peg-3350/electrolytes/ascorbat		T1	
peg-kcl-nacl-nasulf-na asc-c		T1	
*Electrolyte-Based Osmotic Laxative Mixtures***			
OSMOPREP	T1		AI (32 tablets per procedure); QL (1.34 tablets per 1 day)
*Laxatives - Miscellaneous***			
constulose		T1	
lactulose oral solution		T1	
Local Anesthetics-Parenteral			
*Local Anesthetics - Amides***			
XARACOLL	MB		
Macrolides			
*Azithromycin***			
azithromycin oral packet		T1	
azithromycin oral suspension reconstituted		T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg		T1	
*Clarithromycin***			
clarithromycin er		T1	
clarithromycin oral suspension reconstituted		T1	AI (10ml per day); QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1	
clarithromycin oral tablet 500 mg		T1	AI (3 tablets per day); QL (3 tablets per 1 day)

Drug Name	Brand	Generic Status	Additional Information
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>)	T1	T1	
ERY-TAB	T1		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1		
<i>erythromycin base oral capsule delayed release particles</i>		T1	AI (4 capsules per day)
<i>erythromycin base oral tablet</i>		T1	
<i>erythromycin ethylsuccinate oral</i>		T1	
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***			
<i>aimsco lubricated condoms</i>		\$0	F
		\$0	F
DUREX EXTRA SENSITIVE THIN (<i>Maxx</i>)	\$0	\$0	F
DUREX REALFEEL	\$0		F
DUREX TROPICAL (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F
KAMELEON LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
<i>kimono</i>		\$0	F
KIMONO COLORS (<i>Maxx</i>)	\$0	\$0	F
KIMONO MAXX-LARGE FLARE (<i>Maxx</i>)	\$0	\$0	F
<i>kimono micro thin plus</i>		\$0	F
<i>kimono plus</i>		\$0	F
<i>kimono ps</i>		\$0	F
<i>kimono ps plus</i>		\$0	F
<i>kimono sensation</i>		\$0	F
<i>kimono sensation plus</i>		\$0	F
KIMONO SPECIAL (<i>Maxx</i>)	\$0	\$0	F
K-Y ME & YOU EXTRA LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
K-Y ME & YOU INTENSE (<i>Maxx</i>)	\$0	\$0	F
<i>maxx plus</i>		\$0	F
REALITY LATEX CONDOMS (<i>Maxx</i>)	\$0	\$0	F
REALITY LATEX/ULTRA TEXTURED (<i>Maxx</i>)	\$0	\$0	F
REALITY LATEX/ULTRA THIN (<i>Maxx</i>)	\$0	\$0	F
TROJAN BARESKIN (<i>Maxx</i>)	\$0	\$0	F

Drug Name	Brand	Generic Status	Additional Information
TROJAN ENZ (<i>Kimono Micro Thin</i>)	\$0	\$0	F
TROJAN ULTRA RIBBED LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
TROJAN ULTRA THIN (<i>Maxx</i>)	\$0	\$0	F
TROJAN ULTRA THIN/SPERMICIDAL (<i>Maxx</i>)	\$0	\$0	F
<i>true cover</i>		\$0	F
TRUSTEX COLOR CONDOMS + LUBE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUB/RIBBED/STUDED (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE EX ST (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE XL (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED EX LARGE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED EXTRA ST (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX NATURAL CONDOMS + LUBE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX NON-LUBRICATED (<i>Kimono Micro Thin</i>)	\$0	\$0	F
TRUSTEX RIA LUB/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX RIA LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX RIA NON-LUBRICATED (<i>Kimono Micro Thin</i>)	\$0	\$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>Maxx</i>)	\$0	\$0	F
*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 (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ACCU-CHEK GUIDE	\$0		AI (Not a benefit through the retail pharmacy. For details visit Accu-Chek.com. Program limits apply.)
ACCU-CHEK GUIDE ME	\$0		AI (Not a benefit through the retail pharmacy. For details visit Accu-Chek.com. Program limits apply.)
ACCU-CHEK SAFE-T PRO LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
ACCU-CHEK SOFTCLIX LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance lite lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance special lancets 17g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance universal 23g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>advanced mobile lancet</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>advantage safety lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>aimsco twist lancets 32g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>assure comfort lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS HIGH (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS LOW (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS MICRO (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS PED (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
ASSURE LANCE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>aurora lancet super thin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>aurora lancet thin 23g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
AUTOLET PLATFORMS (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
BD MICROTAINER LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CAREONE LANCET SUPER THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>careone lancet thin 23g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
CARESENS LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARESENS LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CHOSEN SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
CLEVER CHOICE LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>comfort assured lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>comfort assured lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (<i>Lancets</i>)	T1	T1	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.)
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.)
<i>cvs lancets 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets micro thin 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets original</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets thin 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets ultra thin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>cvs lancets ultra-thin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs ultra thin lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER	T1		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	T1		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	T1		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)
DEXCOM G7 15 DAY SENSOR	T1		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	T1		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	T1		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 (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DIATHRIVE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
DROPLET MEDLANCE LANCET 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPLET PERSONAL LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 17G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 25G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 1.5 (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 18G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 25G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDISAFE LANCET 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDISAFE LANCET 29G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 0.8MM (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 25G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>drug mart lancets thin 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>easy comfort lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>easy comfort lancets twist top</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi color lancets 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi color lancets micro 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi super thin lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi thin lancets 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCET MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
E-Z JECT LANCET SUPER THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
FINE 30 (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
FINGERSTIX LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>fondcircle single use lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
FORA LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
FREESTYLE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER	T1		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	T1		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	T1		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)

Drug Name	Brand	Generic Status	Additional Information
FREESTYLE LIBRE 2 READER	T1		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	T1		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	T1		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	T1		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	T1		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 READER	T1		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 (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
GENTEEL CONTACT TIPS (VIOLET) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL NOZZLES (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
GENTLE-LET GP LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
GENTLE-LET LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
GENTLE-LET PLATFORMS (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
<i>global inject ease lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>global inject ease lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp lancets 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp lancets thin 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
GOJJI STERILE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense color lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 26g univ</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 30g univ</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 33g univ</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
HAEMOLANCE LOW FLOW LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
HY-VEE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>hy-vee thin lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
IN TOUCH STERILE LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kinney lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kinney thin lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
KROGER HEALTHPRO LANCET 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets micro thin 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets super thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets thin 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets ultrathin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 28g thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets micro thin 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
LANCETS SUPER THIN (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets super thin 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets ultra thin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
LIBERTY MEDICAL LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>lite touch lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
LITETOUCH LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>live better lancet super thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets standard</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets ultra thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet extra</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet norm</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE EXTRA 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE LITE 25G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
MEDLANCE PLUS UNIVERSAL 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE UNIVERSAL 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS THIN (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MICROLET LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MICROLET NEXT LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MM TWIST LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MOBI CONNECT TWIST LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>mobile lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
MONOLET LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MONOLET OPD LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 23g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
ONETOUCH DELICA PLUS LANCET30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PERFECT LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PERFECT LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pip lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pip lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
PRECISION THINS GP LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>preferred plus lancets colored</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>preferred plus lancets thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort lancets 31g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort safety lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PSS SELECT GP LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
PSS SELECT PLATFORMS (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
PSS SELECT SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pure comfort lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>pure comfort safety lancet 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>px lancets microthin 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>px lancets ultra thin 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>qc lancets super thin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>qc lancets ultra thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>qc unilet lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>qc unilet lancets micro thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>reality lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>reality trigger lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
RIGHTEST GL300 LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SAFE-T-LANCE (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SAFE-T-LANCE PLUS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>safety lancet 30g/pressure act</i>		T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>safety lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>saps health plus lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>saps health twist top lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>saps twist top lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sapscare twist top lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sb lancets thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sb lancets ultra thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SINGLE-LET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sm lancets 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE COLOR LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SMARTEST LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
SOLUS V2 TWIST LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
STERILANCE PA (<i>Lancet Transporter Case</i>)	T1	T1	AI (200 per month); QL (200 lancets per 30 days)
STERILANCE TL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>super thin lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 18g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 23g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
SURELITE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE AST LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet micro thin 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet thin 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet ultra thin 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
THINLETS GP LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>todays health thin lancets 28g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>todays health thin lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>topcare lancets micro-thin 33g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>true comfort twist top lancets</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
TRUEPLUS LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
ULTILET CLASSIC LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ULTILET LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra thin lancets 31g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra-care lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra-care safety lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET EXCELITE (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET EXCELITE II (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET G.P. LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 1	T1		AI (204 per month); QL (200 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
UNISTIK 2	T1		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2 COMFORT (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 EXTRA	T1		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2 NEONATAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 NORMAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 SUPER	T1		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 3 (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 COMFORT (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 EXTRA (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 GENTLE (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 NORMAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK CZT COMFORT (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK CZT NORMAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK NORMAL (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK PRO SAFETY LANCET (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
UNIVERSAL 1 LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancet standard 21g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancets super thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancets thin 26g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>walgreens lancets micro thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
<i>walgreens lancets super thin</i>		T1	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (204 per month); QL (204 lancets per 30 days)
<i>zevrx twist top lancets 30g</i>		T1	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
*Insulin Administration Supplies***			
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T1		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	T1		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)	T1		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)	T1		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 LIBRE INTRO	T1		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	T1		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.)

Drug Name	Brand	Generic Status	Additional Information
OMNIPOD CLASSIC PODS (GEN 3)	T1		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)	T1		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***			
<i>1st tier unifine pentips</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>1st tier unifine pentips plus</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
ABOUTTIME PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>aq insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>aqinject pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID INSULIN SAFETY SYR (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ASSURE ID PRO PEN NEEDLES (<i>Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>aum insulin safety pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum mini insulin pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>Raya Sure Pen Needle</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>aurora pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE (<i>Pen Needles</i>) 30G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE 30G X 8 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
BD AUTOSHIELD DUO (<i>Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	T1		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 27G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	T1		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Kmart Valu Insulin Syringe 29G</i>) U-100 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500	T1		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic Status	Additional Information
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	T1	T1	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	T1		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	T1		AI (200 per month); QL (200 syringesEA per 30 days)
BD PEN NEEDLE MINI U/F (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>TechLITE Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYR ULTRAFINE (<i>TechLITE Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>TechLITE Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>careone insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>careone unifine pentips plus</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
CARETOUCH INSULIN SYRINGE (<i>Easy Comfort Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
CLEVER CHOICE COMFORT EZ PLUS (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES 32G X 4 MM	T1		AI (204 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES 33G X 8 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PRO PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
DROPLET INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
DROPLET INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G 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	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	T1		AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
DROPLET MICRON	T1		AI (200 per month); QL (200 pen needles per 30 days)
DROPLET PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 8 MM	T1		AI (200 per month); QL (200 pen needles per 30 Dayss)
DROPSAFE AUTOPROTECT DUO 31G X 5 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
<i>dropsafe safety pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>drug mart unifine pentips plus</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (<i>True Comfort Pro Insulin Syr</i>) 32G X 5/16" 1 ML	T1	T1	AI (204 per month); QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>easy glide pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN BARRELS (<i>Kmart Valu Insulin Syringe 29G</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>Easy Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic Status	Additional Information
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA AUTOSHIELD DUO (<i>Pen Needles</i>)	T1	T1	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	T1		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 29G X 1/2" 0.5 ML	T1		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE (<i>Insulin Syringe-Needle U-100</i>) 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	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	T1		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-500	T1		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE NANO (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN (<i>Ultra Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	T1		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
EMBRACE PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>eqi insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic Status	Additional Information
FIFTY50 SUPERIOR COMFORT SYR (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>global easy glide insulin syr</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>global inject ease insulin syr</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>global insulin syringes</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 6 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp pen needles 32g x 4 mm</i>		T1	AI (200 per month); QL (200 Pen needles per 30 days)
<i>gnp ulticare pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>healthwise insulin syr/needle</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
<i>healthwise short pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>h-e-b incontrol pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>insupen pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN SENSITIVE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>kinray insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>kroger insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>leader insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM	T1	T1	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic Status	Additional Information
LITETOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>Easy Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>medic insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
MICRODOT PEN NEEDLE (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>mm insulin syringe/needle</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic Status	Additional Information
NOVOFINE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needle/5-bevel tip 31g x 8 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needle/5-bevel tip 32g x 4 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM	T1		AI (200 per month); QL (0.00001 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 32G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>pip pen needles 31g x 5mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>pip pen needles 32g x 4mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>preferred plus insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>preferred plus unifine pentips 29g x 12mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
PRO COMFORT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>pro comfort pen needles 32g x 4 mm , 32g x 6 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>px extra short pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>px mini pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>px pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>px shortlength pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>qc pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>qc unifine pentips</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	T1		AI (200 per month); QL (200 syringes per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	T1		AI (200 per month); QL (200 pen needles per 30 Days)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM , 31G X 6 MM	T1		AI (200 per month); QL (200 pen needles per 1 Month)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Ultra Comfort Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
<i>ra insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>ra pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>reality insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
RELION INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
RELION PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
RELION SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>safety pen needles 30g x 5 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>sb insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
<i>sure comfort insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>sure comfort pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>todays health pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>todays health short pen needle</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>topcare clickfine pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>topcare ultra comfort ins syr</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
TOPFINE INSULIN PEN NEEDLE (<i>Ultra Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic Status	Additional Information
<i>true comfort insulin syringe 32g x 5/16" 1 ml</i>		T1	AI (204 per month); QL (200 syringes per 30 days)
<i>true comfort pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>true comfort pro pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort safety pen needle 31g x 5 mm , 32g x 4 mm</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS INSULIN SYRINGE (Insulin Syringe)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE INSULIN SAFETY SYR (Insulin Syringe)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT	T1		
ULTICARE INSULIN SYRINGE (Insulin Syringe)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (Insupen Pen Needles)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE MINI PEN NEEDLES (Meijer Pen Needles)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE SHORT PEN NEEDLES (Pen Needles 5/16")	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (Sure Comfort Pen Needles) 29G X 12.7MM	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
ULTIGUARD SAFEPAK PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTILET PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTILET PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>Sure Comfort Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>ultracare insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>ultracare pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
UNIFINE OTC PEN NEEDLES (<i>Ultra Comfort Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PENTIPS (<i>Pen Needles 5/16"</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PROTECT PEN NEEDLE (<i>Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
UNIFINE SAFECONTROL PEN NEEDLE (<i>Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM	T1		AI (200 per month); QL (200 pen needles per 30 days)
<i>value health insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
VERIFINE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1	T1	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	T1		AI (200 per month); QL (200 ayringes per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	AI (200 per month); QL (200 pen needles per 30 days)
VERISAFE SAFETY INSULIN SYR	T1		AI (200 per month); QL (200 syringes per 30 days)
<i>vp insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
<i>zevrx insulin syringe</i>		T1	AI (200 per month); QL (200 syringes per 30 days)
<i>zevrx pen needles</i>		T1	AI (200 per month); QL (200 pen needles per 30 days)
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER HOLDING CHAMBER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER MINI CHAMBER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)

Drug Name	Brand	Generic Status	Additional Information
AEROCHAMBER MV <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLS FLOVU MTHPIECE <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU INTERM <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLOW VU <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER W/FLOWSIGNAL <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
AEROCHAMBER2GO ANTI-STATIC	T1		AI (2 per year); QL (2 apacers per 1 Year)
AEROVENT PLUS <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
CLEVER CHOICE HOLDING CHAMBER <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/LG MASK <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/MED MASK <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/SM MASK <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK LARGE <i>(ProChamber VHC)</i>	T1	T1	AI (2 per year); QL (2 spacers per 1 year)

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Drug Name	Brand	Generic Status	Additional Information
EASIVENT MASK MEDIUM (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK SMALL (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
<i>eq space chamber anti-static</i>		T1	
<i>eq space chamber anti-static l</i>		T1	
<i>eq space chamber anti-static m</i>		T1	
<i>eq space chamber anti-static s</i>		T1	
FLEXICHAMBER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T1		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1		AI (2 per year); QL (2 spacers per 1 Year)
INSPIREASE	T1		AI (2 per year); QL (2 spacers per 2 Years)
INSPIREASE RESERVOIR BAGS	T1		AI (2 per year); QL (2 boxes per 1 Year)
MICROSPACER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-LG MASK (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-MD MASK (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-SM MASK (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
POCKET CHAMBER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
POCKET SPACER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
RITEFLO (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
VORTEX VALVE CHAMBER-PEDI MASK (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 Year)
VORTEX VALVED HOLDING CHAMBER (<i>ProChamber VHC</i>)	T1	T1	AI (2 per year); QL (2 spacers per 1 year)
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC	T1		PA
QULIPTA	T1		PA
UBRELVY	T1		PA; AI (16 tablets per 30 days); QL (16 tablets per 30 days)

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Drug Name	Brand	Generic Status	Additional Information
*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	T1		
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		SP	PA; SP; AI (30 day supply max)
<i>dihydroergotamine mesylate nasal</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERGOMAR	T1		AI (20 tablets per month); QL (20 tablets per 1 Month)
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate</i>		T1	AI (25 tablets per 30 days); QL (25 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>eletriptan hydrobromide oral tablet 40 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>frovatriptan succinate</i>		T1	AI (20 tablets per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan); QL (20 tablets per 1 Month)
<i>naratriptan hcl oral tablet 1 mg</i>		T1	AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1	AI (6 inhalers per month); QL (6 inhalers per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1	AI (12 inhalers per month); QL (12 inhalers per 30 days)

Drug Name	Brand	Generic Status	Additional Information
<i>sumatriptan succinate oral tablet 100 mg</i>		T1	AI (10 tablets per month); QL (10 tablets per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T1	AI (40 tablets per month); QL (40 tablets per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1	AI (20 tablets per month); QL (20 tablets per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1	AI (10 cartridges per month); QL (10 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1	AI (10 vials per month); QL (10 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1	AI (20 syringes per month); QL (10 ML per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>		T1	AI (1 box of 6 per 30 days); QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1	AI (4 tablets per day, max 10 day supply and 1 fill per month); QL (4 tablets per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T1	AI (2 tablets per day, max 10 day supply and 1 fill per month); QL (2 tablets per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1	AI (4 tablets per day, max 10 day supply and 1 fill per month); QL (4 tablets per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T1	AI (2 tablets per day, max 10 day supply and 1 fill per month); QL (2 tablets per 1 day)
Minerals & Electrolytes			
*Fluoride***			
NAFRINSE (Sodium Fluoride)	\$0	\$0	AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet chewable</i>		\$0	AG (Max 6 Years)
*Magnesium***			
<i>magnesium sulfate injection solution 50 %</i>		MB	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>		MB	
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T1		
*Potassium***			
KLOR-CON 10 (Potassium Chloride ER)	T1	T1	
KLOR-CON M10 (Potassium Chloride Crys ER)	T1	T1	
KLOR-CON M15 (Potassium Chloride Crys ER)	T1	T1	
KLOR-CON M20 (Potassium Chloride Crys ER)	T1	T1	
KLOR-CON ORAL PACKET (Potassium Chloride) 20 MEQ	T1	T1	

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Drug Name	Brand	Generic Status	Additional Information
KLOR-CON ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER)	T1	T1	
potassium acetate intravenous solution 2 meq/ml		MB	
potassium chloride er oral capsule extended release		T1	
potassium chloride er oral tablet extended release 20 meq		T1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		T1	
Miscellaneous Therapeutic Classes			
*Antileprotics***			
THALOMID	T1		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		T1	
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)
*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)
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		T1	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		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL (<i>Tacrolimus ER</i>)	T1	T1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>		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 (<i>Tacrolimus</i>)	T1	T1	
<i>sirolimus oral</i>		T1	
*Potassium Removing Agents***			
KIONEX COMBINATION (<i>Sodium Polystyrene Sulfonate</i>)	T1	T1	
KIONEX ORAL SUSPENSION	T1		
LOKELMA	T1		AI (1 packet per day); QL (1 packet per 1 day); AG (Min 18 Years)
<i>sodium polystyrene sulfonate oral powder</i>		T1	
SPS (SODIUM POLYSTYRENE SULF)	T1		
VELTASSA	T1		PA
*Purine Analogs***			
<i>azathioprine oral tablet 50 mg</i>		T1	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous hcl</i>		T1	AI (100ml per 10 days); QL (100 ML per 10 days)
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat troche</i>		T1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		T1	
*Antiseptics - Mouth/Throat***			
PERIOGARD (<i>Chlorhexidine Gluconate</i>)	T1	T1	
*Fluoride Dental Products***			
NAFRINSE DAILY/NEUTRAL	\$0		AG (Max 6 Years)
NAFRINSE WEEKLY	\$0		AG (Max 6 Years)
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T1	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>pilocarpine hcl oral</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Steroids - Mouth/Throat/Dental***			
KOURZEQ (<i>Triamcinolone Acetonide</i>)	T1	T1	
ORALONE (<i>Triamcinolone Acetonide</i>)	T1	T1	
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX EC	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
ATABEX OB	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>completenate</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE 85-1 MG	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
INATAL GT	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
MATRIAPRO	T1		QL (1 tablet per 1 day)
OBSTETRIX EC (WITH DOCUSATE)	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
PRENATAL-U	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>thrivite rx</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
TRINATE	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
VINATE II	T1		AI (1 tablet per day); QL (1 tablet per 1 day)
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha oral 29-1-200 & 200 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>wesnata dha complete</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T1	
<i>carisoprodol oral tablet 350 mg</i>		T1	AI (Max #84 per 21 days); QL (84 tablets per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>metaxalone oral tablet 800 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		T1	
<i>orphenadrine citrate er</i>		T1	
<i>tizanidine hcl oral capsule 2 mg</i>		T1	AI (18 tablets per day); QL (18 tablets per 1 day)
<i>tizanidine hcl oral capsule 4 mg, 6 mg</i>		T1	AI (9 tablets per day); QL (9 tablets per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		T1	AI (18 tablets per day); QL (18 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		T1	AI (9 tablets per day); QL (9 tablets per 1 day)
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		T1	
*Muscle Relaxant Combinations***			
<i>carisoprodol-aspirin-codeine</i>		T1	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***			
<i>azelastine-fluticasone</i>		T1	AI (1x 23gm bottle per month); QL (1 bottle per 1 Month)
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %</i>		T1	AI (3 bottles per month); QL (1.5 tablet per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T1	AI (3 bottles per month); QL (1.5 tablets per 1 day)
*Nasal Antihistamines***			
<i>olopatadine hcl nasal</i>		T1	AI (1x 30.5gm bottle per month); QL (30.5 bottle per 1 Month); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	T1		AI (1 inhaler per month); QL (25 inhaler per 1 Copay)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T1	AI (1x 25ml bottle per month); QL (25 ML per 30 days)
ZETONNA	T1		AI (1 inhaler per month); QL (6.1 inhaler per 1 Month); AG (Min 12 Years)
Neuromuscular Agents			
*Benzathiazoles***			
<i>riluzole</i>		T1	
*Nondepolarizing Muscle Relaxants***			
<i>atracurium besylate intravenous solution 50 mg/5ml</i>		MB	

Drug Name	Brand	Generic Status	Additional Information
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T1		
*Beta-Blockers - Ophthalmic Combinations***			
<i>brimonidine tartrate-timolol</i>		T1	
<i>dorzolamide hcl-timolol mal</i>		T1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>		T1	PA
*Beta-Blockers - Ophthalmic***			
<i>carteolol hcl</i>		T1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	
<i>timolol maleate ophthalmic</i>		T1	
*Cycloplegic Mydriatics***			
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %</i>		T1	
ISOPTO ATROPINE (Atropine Sulfate)	T1	T1	
<i>tropicamide ophthalmic</i>		T1	
*Miotic Combinations***			
YUVEZZI	T1		QL (1 EA per 1 day)
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>		T1	AI (1x 2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
*Ophthalmic Antiallergic***			
ALOMIDE	T1		
<i>azelastine hcl ophthalmic</i>		T1	AI (1x 6ml bottle per month); QL (6 ML per 1 Month)
<i>bepotastine besilate</i>		T1	AI (1x 5ml bottle per 30 days); QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T1	
<i>epinastine hcl</i>		T1	
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic</i>		T1	
BESIVANCE (Besifloxacin HCl)	T1	T1	
CILOXAN OPHTHALMIC OINTMENT	T1		
<i>ciprofloxacin hcl ophthalmic</i>		T1	
<i>erythromycin ophthalmic</i>		T1	
<i>gatifloxacin ophthalmic</i>		T1	
GENTAK OPHTHALMIC OINTMENT	T1		
<i>gentamicin sulfate ophthalmic solution</i>		T1	
<i>moxifloxacin hcl (2x day)</i>		T1	
<i>moxifloxacin hcl ophthalmic solution</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
<i>ofloxacin ophthalmic</i>		T1	
*Ophthalmic Antifungal***			
NATACYN	T1		
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T1	
NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)	T1	T1	
POLYCIN (AK-Poly-Bac)	T1	T1	
<i>polymyxin b-trimethoprim</i>		T1	
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T1	
ZIRGAN	T1		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide</i>		T1	
<i>dorzolamide hcl ophthalmic</i>		T1	
*Ophthalmic Immunomodulators***			
<i>cyclosporine (pf)</i>		T1	AI (2 vials per day); QL (2 vials per 1 day)
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic</i>		T1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T1	
<i>diclofenac sodium ophthalmic</i>		T1	
<i>flurbiprofen sodium</i>		T1	
<i>ketorolac tromethamine ophthalmic</i>		T1	
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	T1		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
<i>apraclonidine hcl</i>		T1	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>		T1	AI (2x 5ml bottles per month); QL (2 bottles per 1 Month)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		T1	
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1	
BLEPHAMIDE S.O.P.	T1		
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T1	
PRED-G	T1		
PRED-G S.O.P.	T1		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T1	
TOBRADEX OPHTHALMIC OINTMENT	T1		
TOBRADEX ST	T1		
<i>tobramycin-dexamethasone</i>		T1	
*Ophthalmic Steroids***			
<i>dexamethasone sodium phosphate ophthalmic</i>		T1	
<i>difluprednate</i>		T1	
FLAREX	T1		
<i>fluorometholone ophthalmic</i>		T1	
FML	T1		
FML FORTE	T1		
<i>loteprednol etabonate ophthalmic gel</i>		T1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>		T1	
MAXIDEX	T1		
PRED MILD	T1		
<i>prednisolone acetate ophthalmic</i>		T1	
<i>prednisolone acetate p-f</i>		T1	
<i>prednisolone sodium phosphate ophthalmic</i>		T1	
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic</i>		T1	
*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	T1		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic solution 0.03 %</i>		T1	AI (1 x 5ml bottle per month); QL (5 ML per 1 Month)
<i>latanoprost ophthalmic</i>		T1	AI (2x 2.5ml bottles per 25 days); QL (5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION (Bimatoprost) 0.01 %	T1	T1	ST (Step Therapy required: 60 days in the last 6 months - bimatoprost 0.03%)
<i>tafluprost (pf)</i>		T1	
<i>travoprost (bak free)</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1	
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		T1	AI (1x 14ml bottle per 7 days); QL (14 ML per 7 days)
<i>ofloxacin otic</i>		T1	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC (<i>Ciprofloxacin-Hydrocortisone</i>)	T1	T1	
<i>ciprofloxacin-dexamethasone</i>		T1	AI (1x 7.5ml bottle per month); QL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	
<i>neomycin-polymyxin-hc otic suspension</i>		T1	
OTOVEL (<i>Ciprofloxacin-Fluocinolone PF</i>)	T1	T1	
*Otic Steroids***			
ACETASOL HC (<i>Hydrocortisone-Acetic Acid</i>)	T1	T1	AI (1x 10ml bottle per month); QL (10 ML per 1 Month)
FLAC (<i>Fluocinolone Acetonide</i>)	T1	T1	AI (2x 20ml bottles per month); QL (2 bottles per 1 Month)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (<i>Methylergonovine Maleate</i>)	T1	T1	
<i>oxytocin +rfid</i>		MB	
PITOCIN (<i>Oxytocin</i>)	MB	MB	
Passive Immunizing And Treatment Agents			
*Passive Immunizing Agents - Combinations***			
HYQVIA	MB		
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule</i>		T1	
<i>amoxicillin oral suspension reconstituted</i>		T1	
<i>amoxicillin oral tablet</i>		T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1	AI (60 tabs per 10 days); QL (60 tabs per 10 days)
<i>amoxicillin trihydrate oral</i>		T1	
<i>ampicillin oral capsule 500 mg</i>		T1	
*Natural Penicillins***			
<i>penicillin v potassium</i>		T1	
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		T1	
<i>amoxicillin-pot clavulanate oral</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		T1	
Progestins			
*Progestins***			
GALLIFREY (Norethindrone Acetate)	T1	T1	
<i>medroxyprogesterone acetate oral</i>		T1	F
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T1	AI (5ml per day); QL (5 ML per 1 day)
<i>progesterone intramuscular</i>		T1	F
<i>progesterone oral</i>		T1	F
Psychotherapeutic And Neurological Agents - Misc.			
*Agents For Opioid Withdrawal***			
<i>lofexidine hcl</i>		T1	PA; AI (224 tablets per 14 days); QL (224 tablets per 14 days)
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		T1	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>disulfiram oral tablet 250 mg</i>		T1	
<i>disulfiram oral tablet 500 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Anti-Cataleptic Agents***			
<i>sodium oxybate</i>		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)
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		T1	
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		T1	
<i>donepezil hcl oral tablet dispersible</i>		T1	
<i>galantamine hydrobromide er</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide oral solution</i>		T1	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)

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Drug Name	Brand	Generic Status	Additional Information
<i>rivastigmine tartrate oral capsule 3 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 Copay)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>		T1	AI (1 patch per day); QL (1 patch per 1 day); AG (Min 18 Years)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>		T1	AI (1 tablet per day); QL (1 patch per 1 day); AG (Min 18 Years)
*Fibromyalgia Agent - Snris***			
SAVELLA (<i>Milnacipran HCl</i>)	T1	T1	
SAVELLA TITRATION PACK (<i>Milnacipran HCl</i>)	T1	T1	
*Movement Disorder Drug Therapy***			
<i>tetrabenazine</i>		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***			
<i>teriflunomide</i>		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)
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)
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)

Drug Name	Brand	Generic Status	Additional Information
*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***			
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>		SP	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>		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)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>		SP	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>		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)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>		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)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>		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***			
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>		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); N (Only Civica NDC 82249070260 is covered @ Sort Pak with no PA.Call 877-570-7787.); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>		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 (<i>Glatiramer Acetate</i>)	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***			
<i>memantine hcl er</i>		T1	
<i>memantine hcl oral solution 2 mg/ml</i>		T1	AI (1x 360ml bottle per month); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>		T1	
<i>memantine hcl oral tablet 5 mg</i>		T1	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 12 Years)
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T1	
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		T1	PA
<i>pimozide</i>		T1	
*Smoking Deterrents***			
<i>apo-varenicline</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>cvs nicotine</i>		\$0	AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine step 3</i>		\$0	AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ft nicotine</i>		\$0	AG (Min 18 Years)
<i>ft nicotine mini</i>		\$0	AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>gnp nicotine</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine polacrilex</i>		\$0	AG (Min 18 Years)
HABITROL (Nicotine)	\$0	\$0	AG (Min 18 Years)
<i>hm nicotine</i>		\$0	AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
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)
<i>nicotine</i>		\$0	AG (Min 18 Years)
<i>nicotine mini</i>		\$0	AG (Min 18 Years)
<i>nicotine polacrilex mini</i>		\$0	AG (Min 18 Years)
<i>nicotine step 1</i>		\$0	AG (Min 18 Years)
<i>nicotine step 2</i>		\$0	AG (Min 18 Years)
<i>nicotine step 3</i>		\$0	AG (Min 18 Years)
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)
<i>px stop smoking aid</i>		\$0	AG (Min 18 Years)
<i>qc nicotine transdermal system</i>		\$0	AG (Min 18 Years)
<i>ra mini nicotine</i>		\$0	AG (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>		\$0	AG (Min 18 Years)
<i>ra nicotine mouth/throat</i>		\$0	AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>sm nicotine</i>		\$0	AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>varenicline tartrate (starter)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>varenicline tartrate(continue)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
<i>fingolimod hcl capsule 0.5 mg oral</i>		T1	AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)
<i>fingolimod hcl oral capsule 0.5 mg</i>		T1	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)
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)
*Thienbenzodiazepines & SsrIs***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		T1	AI (3 dapsules per day); QL (3 capsules per 1 day)
*Vasomotor Symptom Agents - SsrIs***			
<i>paroxetine mesylate</i>		T1	
Respiratory Agents - Misc.			
*Pulmonary Fibrosis Agents***			
<i>pirfenidone oral capsule</i>		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)
<i>pirfenidone oral tablet 267 mg</i>		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)
<i>pirfenidone oral tablet 801 mg</i>		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***			
<i>sulfadiazine oral</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
Tetracyclines			
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		T1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		T1	
<i>doxycycline hyclate oral tablet 100 mg</i>		T1	
<i>doxycycline hyclate oral tablet 20 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 75 mg</i>		T1	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>		T1	
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		T1	
<i>minocycline hcl oral</i>		T1	
MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG	T1	T1	
<i>tetracycline hcl oral capsule</i>		T1	
VIBRAMYCIN ORAL SYRUP	T1		
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1	
<i>propylthiouracil oral</i>		T1	
*Thyroid Hormones***			
EUTHYROX (Levothyroxine Sodium)	T1	T1	
LEVO-T (Levothyroxine Sodium)	T1	T1	
LEVOXYL (Levothyroxine Sodium)	T1	T1	
LIOMNY (Liothyronine Sodium)	T1	T1	
SYNTHROID (Levothyroxine Sodium)	T1	T1	
TIROSINT (Levothyroxine Sodium)	T1	T1	
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	
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)

Drug Name	Brand	Generic Status	Additional Information
<i>diphtheria-tetanus toxoids dt</i>		\$0	AI (3 doses (1.5ml) per year)
INFANRIX	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year); AG (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (.5ml) per lifetime); QL (1 dose per 1 lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 year)
TENIVAC INTRAMUSCULAR 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***			
<i>chlordiazepoxide-clidinium</i>		T1	
*Antispasmodics***			
<i>dicyclomine hcl oral capsule</i>		T1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		T1	
<i>dicyclomine hcl oral tablet 20 mg</i>		T1	
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	
<i>famotidine oral suspension reconstituted</i>		T1	
<i>nizatidine oral capsule 150 mg</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day)
*Misc. Anti-Ulcer***			
<i>sucralfate oral tablet</i>		T1	
*Proton Pump Inhibitors***			
<i>esomeprazole magnesium oral capsule delayed release</i>		T1	AI (2 capsules per day); QL (2 capsules per 1 day)
FIRST-LANSOPRAZOLE	T1		
FIRST-OMEPRAZOLE	T1		
<i>lansoprazole oral capsule delayed release</i>		T1	
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>omeprazole oral capsule delayed release</i>		T1	
OMEPRAZOLE+SYRSPEND SF ALKA	T1		
<i>pantoprazole sodium oral tablet delayed release</i>		T1	
<i>rabeprazole sodium oral tablet delayed release</i>		T1	

Drug Name	Brand	Generic Status	Additional Information
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		T1	
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1	AI (8 tablets per day); QL (8 tablets per 1 day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral</i>		T1	AI (4 tablets per day); QL (4 tablets per 1 day)
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>fesoterodine fumarate er</i>		T1	PA; AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T1	
<i>oxybutynin chloride oral solution</i>		T1	
<i>oxybutynin chloride oral syrup</i>		T1	
<i>oxybutynin chloride oral tablet 5 mg</i>		T1	
<i>solifenacin succinate</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1	
<i>tolterodine tartrate er</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>trospium chloride</i>		T1	
<i>trospium chloride er</i>		T1	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
<i>mirabegron er oral suspension reconstituted er</i>		T1	PA; AI (10ml per day); QL (10 ML per 1 day); AG (Min 3 Years and Max 12 Years)
<i>mirabegron er oral tablet extended release 24 hour</i>		T1	AI (1 tablet per day); QL (1 tablet per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		T1	
Vaccines			
*Bacterial Vaccines***			
ACTHIB	\$0		
<i>bcg vaccine injection solution reconstituted</i>		\$0	

Drug Name	Brand	Generic Status	Additional Information
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)
<i>penmenvry</i>		\$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)
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***			
ABRYSSVO	\$0		AI (1 dose per lifetime); QL (1 dose per 1 Lifetime); AG (Min 50 Years)

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Drug Name	Brand	Generic Status	Additional Information
ACAM2000	\$0		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) in 9 months); QL (1 ML per 274 days); AG (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
AREXVY	\$0		AI (1 dose per lifetime); QL (1 dose per 1 lifetime); AG (Min 50 Years)
COMIRNATY	\$0		AG (Min 12 Years)
COMIRNATY 5-11 YEARS	\$0		AI (2 Doses per year); QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
DENGVAXIA	\$0		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
FLUAD QUADRIVALENT	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) per 274 days); QL (0.5 ML per 274 days); AG (Min 9 Years)
FLUBLOK QUADRIVALENT	\$0		AI (0.5ml (1 dose) per 274 days); QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
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)

Drug Name	Brand	Generic Status	Additional Information
FLUMIST QUADRIVALENT	\$0		AI (2 doses per 274 days); QL (2 Doses per 274 days); AG (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0		AI (1 dose (0.7ml) in 9 months); QL (0.7 ML per 274 days); AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) in 9 months); QL (1 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	\$0		AI (0.5ml (1 dose) per 274 days); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
GARDASIL 9	\$0		AI (3 doses (1.5ml) per lifetime); QL (1.5 ML per 1 lifetime); AG (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (4 doses per 1 lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); AG (Min 18 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
IPOL INJECTION INJECTABLE	\$0		
IPOL INJECTION SUSPENSION	\$0		
IXCHIQ	\$0		
IXIARO	\$0		
<i>janssen covid-19 vaccine</i>		\$0	
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)
<i>moderna covid-19 bival 6m-5y</i>		\$0	
<i>moderna covid-19 bival booster</i>		\$0	
<i>moderna covid-19 bivalent</i>		\$0	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>		\$0	

Drug Name	Brand	Generic Status	Additional Information
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)
<i>moderna covid-19 vacc 6m-5y</i>		\$0	
MRESVIA	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 60 Years)
<i>novavax covid-19 vaccine</i>		\$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
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)
<i>pfizer covid-19 bival 6mo-4yr</i>		\$0	
<i>pfizer covid-19 vac bival 5-11</i>		\$0	
<i>pfizer covid-19 vac bivalent</i>		\$0	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>		\$0	
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)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>		\$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>		\$0	AI (3 doses per year); QL (2 doses per 1 Year); AG (Min 6 Years and Max 4 Years)
<i>pfizer-biontech covid-19 vacc</i>		\$0	
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		
<i>sanofi covid-19 vac (booster)</i>		\$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)

Drug Name	Brand	Generic Status	Additional Information
SPIKEVAX COVID-19 VACCINE (<i>Moderna COVID-19 Vaccine</i>)	\$0	\$0	
<i>stamaril</i>		\$0	
TICOVAC	\$0		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (2 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (2 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 ML per 1 lifetime)
VARIVAX INJECTION	\$0		AI (2 Doses per year); QL (2 inj per 1 Year)
VARIVAX SUBCUTANEOUS	\$0		AI (2 doses per year); QL (2 doses per 1 Year)
VIMKUNYA	\$0		AG (Min 12 Years)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	T1		F
<i>terconazole vaginal cream</i>		T1	F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	\$0		F
OPTIONS GYNOL II CONTRACEPTIVE	\$0		F
TODAY SPONGE	\$0		AI (12 sponges per month); F; QL (4 boxes per 1 Month)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		
*Vaginal Anti-Infectives***			
<i>clindamycin phosphate vaginal</i>		T1	AI (40gm per 7 days); F; QL (40 GM per 7 days)
<i>metronidazole vaginal</i>		T1	AI (1x 70gm tube per month); F; QL (70 GM per 30 days)
*Vaginal Estrogens***			
<i>estradiol vaginal</i>		T1	F
FEMRING	T1		AI (1 vaginal ring per 90 days); F; QL (1 vaginal ring per 90 days)
PREMARIN VAGINAL	T1		F
YUVAFEM (<i>Estradiol</i>)	T1	T1	F

Drug Name	Brand	Generic Status	Additional Information
Vasopressors			
*Anaphylaxis Therapy Agents***			
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>		T1	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>		T1	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***			
<i>droxidopa capsule 100 mg oral</i>		SP	AI (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ? are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (3 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa capsule 200 mg oral</i>		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)
<i>droxidopa capsule 300 mg oral</i>		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)
<i>droxidopa oral capsule 100 mg</i>		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)
<i>droxidopa oral capsule 200 mg, 300 mg</i>		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***			
<i>epinephrine pf injection solution</i>		T1	
<i>midodrine hcl</i>		T1	

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Drug Name	Brand	Generic Status	Additional Information
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T1		
*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)
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>		\$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)
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>d 1000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	AG (Min 65 Years)
<i>d 5000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d-1000</i>		\$0	AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	AG (Min 65 Years)
<i>d3 2000</i>		\$0	AG (Min 65 Years)
<i>d3 5000</i>		\$0	AG (Min 65 Years)
<i>d3 adult</i>		\$0	AG (Min 65 Years)
<i>d3 baby drops</i>		\$0	AG (Min 65 Years)
<i>d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>d3 high potency oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 kids</i>		\$0	AG (Min 65 Years)
<i>d3 max st oral capsule 250 mcg (10000 ut)</i>		\$0	AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral tablet</i>		\$0	
<i>d3 oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>d3 super strength</i>		\$0	AG (Min 65 Years)
<i>d3-1000</i>		\$0	AG (Min 65 Years)
D3-50 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>d-400</i>		\$0	AG (Min 65 Years)
<i>d-5000</i>		\$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)

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Drug Name	Brand	Generic Status	Additional Information
<i>delta d3</i>		\$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)
<i>eq d3 drops infants/childrens</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 gummies</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>ergocalciferol oral capsule</i>		T1	
<i>finest nutrition vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3 rapid release</i>		\$0	AG (Min 65 Years)
<i>gnp d 1000</i>		\$0	AG (Min 65 Years)
<i>gnp d 2000</i>		\$0	AG (Min 65 Years)
<i>gnp d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d maximum strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d super strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>		\$0	AG (Min 65 Years)
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)
<i>kls d3</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d3</i>		\$0	AG (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	\$0		AG (Min 65 Years)
<i>natural vitamin d-3</i>		\$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)
<i>qc vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>ra vitamin d-3</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut)</i>		\$0	

Drug Name	Brand	Generic Status	Additional Information
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>sv vitamin d3</i>		\$0	AG (Min 65 Years)
THERA-D 2000 (Cholecalciferol)	\$0	\$0	AG (Min 65 Years)
THERA-D RAPID REPLETION (Cholecalciferol)	\$0	\$0	AG (Min 65 Years)
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>true vitamin d3 oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAJoy DAILY D GUMMIES (D 1000)	\$0	\$0	AG (Min 65 Years)
VITAMELTS VITAMIN D	\$0		AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>		T1	
<i>vitamin d high potency</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral capsule 1.25 mg (50000 ut), 125 mcg, 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral liquid 10 mcg/ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral tablet 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>vitamin d3 adult gummies</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 fast dissolve</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies adult</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	\$0		AG (Min 65 Years)
<i>vitamin d3 max</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	AG (Min 65 Years)

Drug Name	Brand	Generic Status	Additional Information
<i>vitamin d-3 sublingual</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 ultra strength</i>		\$0	AG (Min 65 Years)
WEEKLY-D (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>well vitamin d3</i>		\$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)
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ASMANEX (60 METERED		<i>atracurium besylate</i>	190	BD INSULIN SYR ULTRAFINE II ..	169
DOSES)	32	ATROVENT HFA	31	BD INSULIN SYRINGE	169
ASMANEX HFA	32	ATTERO	107	BD INSULIN SYRINGE HALF-UNIT	
<i>aspirin 81</i>	16	AUBRA	89		169
<i>aspirin adult low dose</i>	16	AUBRA EQ	89	BD INSULIN SYRINGE	
<i>aspirin adult low strength</i>	16	AUGTYRO	67	MICROFINE	169
<i>aspirin childrens</i>	16	<i>aum insulin safety pen needle</i>	169	BD INSULIN SYRINGE U/F	169
<i>aspirin ec</i>	16	<i>aum mini insulin pen needle</i>	169	BD INSULIN SYRINGE U-500	169
<i>aspirin ec adult low dose</i>	16	<i>aum pen needle</i>	169	BD INSULIN SYRINGE	
<i>aspirin ec low dose</i>	16	AUM READYGARD DUO PEN		ULTRAFINE	169, 170
<i>aspirin ec low strength</i>	16	NEEDLE	169	BD MICROTAINER LANCETS	149
<i>aspirin low dose</i>	16	AUM SAFETY PEN NEEDLE	169	BD PEN NEEDLE MICRO	
<i>aspirin low strength</i>	16	<i>aurora lancet super thin 30g</i>	149	ULTRAFINE	170
<i>aspirin regimen</i>	16	<i>aurora lancet thin 23g</i>	149	BD PEN NEEDLE MINI U/F	170
<i>aspirin-dipyridamole er</i>	140	<i>aurora pen needles</i>	169	BD PEN NEEDLE MINI	
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ASSURE 4 TEST	109	AUROVELA 1/20	89	BD PEN NEEDLE NANO 2ND	
<i>assure comfort lancets 28g</i>	148	AUROVELA 24 FE	89	GEN	170
ASSURE HAEMOLANCE PLUS		AUROVELA FE 1.5/30	89	BD PEN NEEDLE NANO U/F	170
HIGH	148	AUROVELA FE 1/20	89	BD PEN NEEDLE NANO	
ASSURE HAEMOLANCE PLUS		AUTOKEEPER SAFETY PEN		ULTRAFINE	170
LOW	148	NEEDLE	169		
		AUTOLET PLATFORMS	149		

BD PEN NEEDLE ORIG		BREZTRI AEROSPHERE	29	CARETOUCH INSULIN SYRINGE	170
ULTRAFINE	170	<i>brimonidine tartrate</i>	106, 192	CARETOUCH PEN NEEDLES	170
BD PEN NEEDLE SHORT		<i>brimonidine tartrate-timolol</i>	191	CARETOUCH SAFETY LANCETS	
ULTRAFINE	170	<i>brinzolamide</i>	192		149
BD SAFETYGLIDE INSULIN		<i>brivaracetam</i>	35	CARETOUCH SAFETY LANCETS	
SYRINGE	170	<i>bromfenac sodium (once-daily)</i>	192	26G	149
BD VEO INSULIN SYR U/F		<i>bromocriptine mesylate</i>	77	CARETOUCH TEST	110
1/2UNIT	170	BRUKINSA	61	CARETOUCH TWIST LANCETS	
BD VEO INSULIN SYR		<i>budesonide</i>	32, 98	28G	149
ULTRAFINE	170	<i>bumetanide</i>	130	CARETOUCH TWIST LANCETS	
BD VEO INSULIN SYRINGE U/F ..	170	<i>buprenorphine</i>	24	30G	149
<i>beclomethasone diprop hfa</i>	32	<i>buprenorphine hcl</i>	24	CARETOUCH TWIST LANCETS	
BECONASE AQ	190	<i>buprenorphine hcl-naloxone hcl</i>	24	33G	149
<i>belladonna</i>	88	<i>bupropion hcl</i>	38	CARETOUCH TWIST MC	
BELSOMRA	144	<i>bupropion hcl er (smoking det)</i>	198	LANCETS 30G	149
<i>benazepril hcl</i>	51	<i>bupropion hcl er (sr)</i>	38	<i>carisoprodol</i>	189
<i>benazepril-hydrochlorothiazide</i>	51	<i>bupropion hcl er (xl)</i>	38	<i>carisoprodol-aspirin-codeine</i>	190
<i>benznidazole</i>	26	<i>buspirone hcl</i>	26	<i>carteolol hcl</i>	191
<i>benzonatate</i>	98	<i>butalbital-acetaminophen</i>	15	CARTIA XT	86
<i>benztropine mesylate</i>	77	<i>butalbital-apap-caff-cod</i>	19	<i>carvedilol</i>	85
<i>bepotastine besilate</i>	191	<i>butalbital-apap-caffeine</i>	16	CAVHANZA	59
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BESIVANCE	191	CABOMETYX	65	<i>cefaclor</i>	88
BESREMI	68	<i>calcipotriene</i>	103	<i>cefaclor er</i>	88
BESREMI PEN	68	<i>calcipotriene-betameth diprop</i>	107	<i>cefadroxil</i>	88
<i>betaine</i>	132	<i>calcitonin (salmon)</i>	131	<i>cefdinir</i>	88
<i>betamethasone dipropionate</i>	104	CALCITRENE	103	<i>cefixime</i>	88
<i>betamethasone dipropionate aug</i> ..	104	<i>calcitriol</i>	132	<i>cefpodoxime proxetil</i>	88
<i>betamethasone valerate</i>	104	<i>calcium acetate (phos binder)</i>	138	<i>cefprozil</i>	88
<i>betaxolol hcl</i>	85	CALQUENCE	61	<i>cefuroxime axetil</i>	88
<i>bethanechol chloride</i>	203	CAMCEVI	72	<i>celecoxib</i>	14
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<i>bicalutamide</i>	56	<i>candesartan cilexetil</i>	52	CHATEAL	90
BIJUVA	135	<i>candesartan cilexetil-hctz</i>	52	CHATEAL EQ	90
BILDYOS	133	<i>capecitabine</i>	57	CHEMET	46
<i>bimatoprost</i>	193	CAPLYTA	78	CHEMSTRIP K	110
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BIO-D-MULSION FORTE	210	<i>captopril</i>	52	<i>chlordiazepoxide hcl</i>	27
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BIOTHRAX	204	<i>carbamazepine</i>	35	<i>chlordiazepoxide-clidinium</i>	202
<i>bisoprolol fumarate</i>	85	<i>carbamazepine er</i>	35	<i>chloroquine phosphate</i>	55
<i>bisoprolol-hydrochlorothiazide</i>	53	<i>carbidopa</i>	77	<i>chlorpromazine hcl</i>	80
BLEPHAMIDE S.O.P.	192	<i>carbidopa-levodopa</i>	77	<i>chlorthalidone</i>	131
BLISOVI 24 FE	90	<i>carbidopa-levodopa er</i>	78	<i>chlorzoxazone</i>	189
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BLISOVI FE 1/20	90	<i>carbinoxamine maleate</i>	49	CHOSEN LANCETS 30G	149
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<i>bosutinib</i>	59	<i>careone lancet thin 23g</i>	149	CIMDUO	81
<i>bpo</i>	100	<i>careone unifine pentips plus</i>	170	<i>cimetidine</i>	202
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CLARAVIS	100	<i>colestipol hcl</i>	50	CUBICIN	54
<i>clarithromycin</i>	145	COMBIPATCH	135	CUBICIN RF	54
<i>clarithromycin er</i>	145	COMBIVENT RESPIMAT	29	CURAE	94
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<i>clemastine fumarate</i>	49	COMETRIQ (140 MG DAILY DOSE)	65	CVS ADVANCED GLUCOSE TEST	111
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CLEVER CHEK AUTO-CODE VOICE	110	COMFORT ASSIST INSULIN SYRINGE	171	<i>cvs aspirin adult low dose</i>	16
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CLEVER CHOICE LANCETS 21G	150	COMFORT EZ SHORT PEN NEEDLES	171	<i>cvs glucose meter test strips</i>	111
CLEVER CHOICE LANCETS 23G	150	COMFORT EZ TOUCH INSULIN PEN NEED	171	<i>cvs lancets 21g</i>	150
CLEVER CHOICE LANCETS 28G	150	COMFORT TOUCH INSULIN PEN	171	<i>cvs lancets micro thin 33g</i>	150
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CLINDACIN ETZ	100	COMPACT SPACE CHAMBER/LG MASK	183	<i>cvs ultra thin lancets</i>	151
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<i>clindamycin hcl</i>	54	COMPACT SPACE CHAMBER/SM MASK	183	<i>cyanocobalamin</i>	141
<i>clindamycin palmitate hcl</i>	54	<i>complete natal dha</i>	189	<i>cyclobenzaprine hcl</i>	189
<i>clindamycin phos (once-daily)</i>	100	<i>completenate</i>	189	<i>cyclopentolate hcl</i>	191
<i>clindamycin phos (twice-daily)</i>	100	<i>condoms</i>	146	<i>cyclophosphamide</i>	74
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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.



Un licenciario 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 yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjii' 1-877-475-4799.

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

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

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

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

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

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

Korean: 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 सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

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

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

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