

Blue Cross Blue Shield of Arizona’s Prescription Medication

Formulary for EverydayHealth, TrueHealth, and AdvanceHealth

Effective 1/1/21

Your prescription medications fall into one of six categories or “tiers.” Each tier has different copay or out of pocket expense. Medications are categorized by tier based on their quality, value and effectiveness—not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs. If you purchase a brand name medication when a generic equivalent is available, you will pay the Level 1 copay plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed.

|  |  |
| --- | --- |
| **Six Tier Drug Benefit** | **Description** |
| **Tier 1** | **Low Cost Share** |
| **Tier 2** | **Moderate Cost Share** |
| **Tier 3** | **Highest Cost Share** |
| **Tier 4** | **Specialty Drugs\*Limited to a 30 day supply at the In-Network Specialty or Retail Pharmacy** |
| **Tier 5** | **Certain generic preventive drugs will have a very low or no cost share** |
| **Tier 6** | **Medical Benefit\*When covered these medications would apply under medical benefit** |

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

* + Precertification Guidelines and Forms
  + Step Therapy
  + Mail Order Enrollment Forms
  + Claim Forms

# Additional Information About Your Prescription Benefits

**What if my medications is not found on this formulary document?**

**Non-Formulary Exception Process:**

* Non-Formulary medications are not covered unless an exception is made.  A medication is considered non-formulary if it is not included on this formulary document below.  If a provider feels there are no suitable formulary alternatives available, they may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form along with appropriate documentation supporting the request.
* You can find the non-formulary request form, along with other prior authorization request forms, at azblue.com. Click on the “Resource Center” tab, select “Pharmacy” and select the “View resources for QHP Pharmacy Plans”. A non-formulary exception request does not guarantee approval. Drugs that are not on the formulary and have specific plan benefit exclusions will not be covered, such as weight loss products.
* Formulary exception requests are reviewed within 72hours from the time that the complete request has been received via fax or over the phone.  If a request is marked as having exigent circumstances the exception request will be reviewed within 24hours.  An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

**What if my medication requires Prior Authorization?**

**Medications Requiring Prior Authorization:**

* Certain medications may be considered formulary however they require approval prior to being obtained through your pharmacy benefits.  This process is called prior authorization.  Medications are noted below if prior authorization is required. This is found in the “Additional Information” section and is noted with “PA” for 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 the “View resources for QHP Pharmacy Plans”. Forms are listed at the bottom of the page by medication name under “Retail and Mail Order Prescription Drug Precertification Forms”.  If the medication being requested is not listed under the specific forms section please utilize 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 as urgent are reviewed within 72 hours.  If a request is marked as having exigent circumstances the exception request will be reviewed within 24hours.  An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

**For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services**

|  |  |
| --- | --- |
| **Pharmacy Member Services** | |
| Phone Number: (866) 325-1794 | Hours of Operation: 24/7 |

# **Blue Cross Blue Shield of Arizona Formulary**

## **EverydayHealth, TrueHealth, and AdvanceHealth**

## **Table of Contents**

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## **List of Abbreviations**

**$0:** Zero Cost Share

**MB:** Medical Benefit

**SP:** Specialty Medications

**T1:** Tier 1

**T2:** Tier 2

**T3:** Tier 3

**$0:** $0 cost share Prevention Drug

**AI:** Additional Information

**CI:** Cost Information

**F:** Female Only

**M:** Male Only

**MO:** Mail Only

**N:** Notes

**PA:** PA Applies

**QL:** Quantity Limit

**R&M:** Retail & Mail

**RO:** Retail Only

**SP:** Specialty Pharmacy Only

**ST:** Step Therapy

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

## **List of Patterns**

**lowercase italics:** Generic drugs

**UPPERCASE BOLD:** Brand name drugs

## **EverydayHealth, TrueHealth, and AdvanceHealth**

**CURRENT AS OF 12/31/2020**

| **Drug Name** | **Brand** | **Generic** | **Additional Information** |
| --- | --- | --- | --- |
| **\*5-Ht4 Receptor Agonists\*\*\*** |  |  |  |
| **\*5-Ht4 Receptor Agonists\*\*\*** |  |  |  |
| **MOTEGRITY** | T3 |  | PA; R&M |
| **\*Adenosine Receptor Antagonist\*\*\*** |  |  |  |
| **\*Adenosine Receptor Antagonist\*\*\*** |  |  |  |
| **NOURIANZ** | T3 |  | PA; R&M; QL (1 EA per 1 day) |
| **\*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors\*\*\*** |  |  |  |
| **\*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors\*\*\*** |  |  |  |
| **NEXLETOL** | T3 |  | ST; R&M; AI (ST: Trial of the following for at least 2 months each in last 12 months: 2 statins plus ezetimbe (generic for Zetia)) |
| **\*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants\*** |  |  |  |
| **\*Adhd Agent - Selective Alpha Adrenergic Agonists\*\*\*** |  |  |  |
| *clonidine hcl er* |  | T3 | R&M; QL (2 EA per 1 day) |
| *guanfacine hcl er oral tablet extended release 24 hour* *1 mg, 3 mg, 4 mg* |  | T1 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *guanfacine hcl er oral tablet extended release 24 hour* *2 mg* |  | T1 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| **\*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor\*\*\*** |  |  |  |
| *atomoxetine hcl oral capsule* *10 mg* |  | T1 | R&M; AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years) |
| *atomoxetine hcl oral capsule* *100 mg, 80 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years) |
| *atomoxetine hcl oral capsule* *18 mg* |  | T1 | R&M; AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years) |
| *atomoxetine hcl oral capsule* *25 mg* |  | T1 | R&M; AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years) |
| *atomoxetine hcl oral capsule* *40 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years) |
| *atomoxetine hcl oral capsule* *60 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years) |
| **\*Amphetamine Mixtures\*\*\*** |  |  |  |
| **ADDERALL XR** *(Amphetamine-Dextroamphet ER)* | T2 | T2 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| *amphetamine-dextroamphetamine* |  | T1 | R&M; QL (3 EA per 1 day); AG (Min 6 Years) |
| **\*Amphetamines\*\*\*** |  |  |  |
| **ADZENYS ER** *(Amphetamine ER)* | T3 | T3 | PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years) |
| **ADZENYS XR-ODT** | T3 |  | PA; ST; R&M |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour* *10 mg, 5 mg* |  | T1 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour* *15 mg* |  | T1 | R&M; QL (4 EA per 1 day); AG (Min 6 Years) |
| *dextroamphetamine sulfate oral solution* |  | T1 | R&M; QL (60 mg per 1 day) |
| **DYANAVEL XR** | T3 |  | PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years) |
| **EVEKEO** *(Amphetamine Sulfate)* | T3 | T3 | PA; ST; R&M |
| **EVEKEO ODT ORAL TABLET DISPERSIBLE** **5 MG** | T3 |  | PA; R&M |
| *methamphetamine hcl* |  | T1 | R&M; QL (3 EA per 1 day); AG (Min 6 Years) |
| **PROCENTRA** | T1 |  | R&M; QL (60 ML per 1 day) |
| **VYVANSE ORAL CAPSULE** **10 MG** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years) |
| **VYVANSE ORAL CAPSULE** **20 MG, 40 MG, 50 MG, 60 MG, 70 MG** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years) |
| **VYVANSE ORAL CAPSULE** **30 MG** | T2 |  | R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years) |
| **VYVANSE ORAL TABLET CHEWABLE** | T2 |  | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| **ZENZEDI ORAL TABLET** *(Dextroamphetamine Sulfate)* **10 MG, 5 MG** | T1 | T1 | R&M; QL (6 EA per 1 day) |
| **\*Anorexiants Non-Amphetamine\*\*\*** |  |  |  |
| *phendimetrazine tartrate* |  | T3 | R&M |
| *phentermine hcl oral capsule* *15 mg, 30 mg* |  | T3 | R&M |
| **\*Stimulants - Misc.\*\*\*** |  |  |  |
| **ADHANSIA XR** | T3 |  | PA; R&M |
| **APTENSIO XR** | T3 |  | PA; R&M |
| *armodafinil* |  | T3 | PA; R&M |
| **DAYTRANA** | T3 |  | PA; ST; R&M; QL (1 EA per 1 Day); AG (Min 6 Years) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour* *10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg* |  | T2 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour* *15 mg* |  | T2 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour* *5 mg* |  | T2 | R&M; QL (3 EA per 1 day); AG (Min 6 Years) |
| *dexmethylphenidate hcl oral tablet* *10 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 6 Years) |
| *dexmethylphenidate hcl oral tablet* *2.5 mg, 5 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years) |
| **METADATE ER ORAL TABLET EXTENDED RELEASE** *(Methylphenidate HCl ER)* **20 MG** | T2 | T2 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er (cd)* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour* *10 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour* *20 mg, 30 mg, 40 mg* |  | T2 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour* *60 mg* |  | T3 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er oral tablet extended release* *10 mg* |  | T2 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er oral tablet extended release* *18 mg, 27 mg, 54 mg* |  | T1 | R&M; QL (1 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl er oral tablet extended release* *36 mg* |  | T1 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl oral solution* *10 mg/5ml* |  | T2 | R&M; QL (30 ML per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl oral solution* *5 mg/5ml* |  | T3 | R&M; QL (60 ML per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl oral tablet* *10 mg* |  | T2 | R&M; QL (4 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl oral tablet* *20 mg* |  | T2 | R&M; QL (3 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl oral tablet* *5 mg* |  | T2 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| *methylphenidate hcl oral tablet chewable* |  | T3 | R&M; QL (2 EA per 1 day); AG (Min 6 Years) |
| *modafinil* |  | T2 | R&M; AG (Min 16 Years) |
| **\*Agents For Narcotic Withdrawal\*\*\*** |  |  |  |
| **\*Agents For Narcotic Withdrawal\*\*\*** |  |  |  |
| **LUCEMYRA** | T3 |  | PA; R&M; QL (224 EA per 14 days) |
| **\*Agents For Opioid Withdrawal\*\*\*** |  |  |  |
| **\*Agents For Opioid Withdrawal\*\*\*** |  |  |  |
| **LUCEMYRA** | T3 |  | PA; R&M; QL (224 EA per 14 days) |
| **\*Amebicides\*** |  |  |  |
| **\*Amebicides\*\*\*** |  |  |  |
| **SOLOSEC** | T3 |  | R&M; QL (1 EA per 6 Monthss) |
| **\*Aminoglycosides\*** |  |  |  |
| **\*Aminoglycosides\*\*\*** |  |  |  |
| **ARIKAYCE** | SP |  | PA; R&M; AI (Limited Distribution PantheRx) |
| **BETHKIS** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **KITABIS PAK** *(Tobramycin)* | SP | SP | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *neomycin sulfate oral* |  | T3 | R&M |
| *paromomycin sulfate oral* |  | T2 | RO |
| **TOBI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TOBI PODHALER** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Aminomethylcyclines\*\*\*** |  |  |  |
| **\*Aminomethylcyclines\*\*\*** |  |  |  |
| **NUZYRA ORAL TABLET** **150 MG** | T3 |  | PA; R&M |
| **\*Analgesics - Anti-Inflammatory\*** |  |  |  |
| **\*Antirheumatic - Janus Kinase (Jak) Inhibitors\*\*\*** |  |  |  |
| **OLUMIANT ORAL TABLET** **1 MG** | SP |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **OLUMIANT ORAL TABLET** **2 MG** | SP |  | PA; R&M |
| **RINVOQ** | SP |  | PA; R&M |
| **XELJANZ ORAL TABLET** **10 MG** | SP |  | PA; R&M |
| **XELJANZ ORAL TABLET** **5 MG** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR** **11 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR** **22 MG** | SP |  | PA; R&M |
| **\*Antirheumatic Antimetabolites\*\*\*** |  |  |  |
| **OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR** **10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML** | T3 |  | PA; R&M |
| **RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR** **10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML** | T3 |  | R&M |
| **\*Anti-Tnf-Alpha - Monoclonal Antibodies\*\*\*** |  |  |  |
| **HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT** **80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT** **40 MG/0.8ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT** **80 MG/0.8ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT** **40 MG/0.8ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT** **80 MG/0.8ML & 40MG/0.4ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SIMPONI ARIA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Anti-Tnf-Alpha - Monoclonoal Antibodies\*\*\*** |  |  |  |
| **HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT** **80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT** **40 MG/0.8ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT** **80 MG/0.8ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT** **40 MG/0.8ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT** **80 MG/0.8ML & 40MG/0.4ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SIMPONI ARIA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Cyclooxygenase 2 (Cox-2) Inhibitors\*\*\*** |  |  |  |
| *celecoxib oral* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| **\*Gold Compounds\*\*\*** |  |  |  |
| **RIDAURA** | T3 |  | R&M |
| **\*Interleukin-1 Receptor Antagonist (Il-1Ra)\*\*\*** |  |  |  |
| **KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Interleukin-1Beta Blockers\*\*\*** |  |  |  |
| **ILARIS SUBCUTANEOUS SOLUTION** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Interleukin-6 Receptor Inhibitors\*\*\*** |  |  |  |
| **ACTEMRA ACTPEN** | SP |  | PA; R&M |
| **ACTEMRA SUBCUTANEOUS** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR** | SP |  | PA; SP |
| **KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Nonsteroidal Anti-Inflammatory Agent Combinations\*\*\*** |  |  |  |
| *diclofenac-misoprostol oral tablet delayed release* |  | T1 | R&M |
| **\*Nonsteroidal Anti-Inflammatory Agents (Nsaids)\*\*\*** |  |  |  |
| *diclofenac potassium* |  | T1 | R&M |
| *diclofenac sodium er* |  | T1 | R&M |
| *diclofenac sodium oral* |  | T1 | R&M |
| *etodolac er oral tablet extended release 24 hour* *400 mg* |  | T1 | R&M; QL (3 EA per 1 day) |
| *etodolac er oral tablet extended release 24 hour* *500 mg, 600 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| *etodolac oral capsule* *200 mg* |  | T1 | R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| *etodolac oral capsule* *300 mg* |  | T1 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *etodolac oral tablet* *400 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *etodolac oral tablet* *500 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *fenoprofen calcium oral tablet* |  | T3 | R&M |
| *flurbiprofen oral* |  | T1 | R&M |
| *ibuprofen oral suspension* |  | T1 | R&M |
| *ibuprofen oral tablet* *400 mg, 600 mg, 800 mg* |  | T1 | R&M |
| **INDOCIN ORAL** | T3 |  | R&M |
| **INDOCIN RECTAL** | T3 |  | R&M |
| *indomethacin er* |  | T3 | R&M |
| *indomethacin oral capsule* *25 mg, 50 mg* |  | T1 | R&M |
| *ketoprofen oral* |  | T1 | R&M |
| *ketorolac tromethamine oral* |  | T1 | R&M; QL (20 EA per 5 days) |
| *meclofenamate sodium oral capsule* *100 mg* |  | T2 | R&M |
| *meclofenamate sodium oral capsule* *50 mg* |  | T3 | R&M |
| *mefenamic acid oral* |  | T3 | R&M |
| *meloxicam oral tablet* |  | T1 | R&M; QL (1 EA per 1 Day) |
| *nabumetone oral* |  | T1 | R&M |
| *naproxen dr* |  | T1 | R&M |
| *naproxen oral tablet* |  | T1 | R&M |
| *naproxen sodium oral tablet* *275 mg* |  | T1 | R&M |
| *oxaprozin* |  | T1 | R&M |
| *piroxicam oral* |  | T1 | R&M |
| *sulindac oral* |  | T1 | R&M |
| *tolmetin sodium oral capsule* |  | T1 | R&M |
| *tolmetin sodium oral tablet* *600 mg* |  | T3 | R&M |
| **\*Pyrimidine Synthesis Inhibitors\*\*\*** |  |  |  |
| *leflunomide oral* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA 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 limit applies) |
| **ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Soluble Tumor Necrosis Factor Receptor Agents\*\*\*** |  |  |  |
| **ENBREL MINI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day) |
| **ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** **25 MG/0.5ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day) |
| **ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** **50 MG/ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day) |
| **ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 EA per 1 day) |
| **ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day) |
| **\*Analgesics - Nonnarcotic\*** |  |  |  |
| **\*Analgesics-Sedatives\*\*\*** |  |  |  |
| *butalbital-acetaminophen oral tablet* *50-325 mg* |  | T1 | R&M |
| *butalbital-apap-caffeine oral capsule* |  | T1 | R&M; QL (6 EA per 1 day); AG (Min 12 Years) |
| *butalbital-apap-caffeine oral tablet* *50-325-40 mg* |  | T1 | R&M |
| *butalbital-asa-caffeine* |  | T1 | R&M |
| **\*Salicylates\*\*\*** |  |  |  |
| *aspirin 81 oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin adult low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin childrens* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin ec low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin ec low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin ec oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *aspirin ec oral tablet delayed release* *81 mg* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin low dose oral tablet chewable* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin low dose oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *aspirin low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| **ASPIR-LOW** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| **BAYER ADVANCED ASPIRIN REG ST** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| **BAYER ASPIRIN ORAL TABLET** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| **BAYER ASPIRIN ORAL TABLET DELAYED RELEASE** *(Aspirtab)* | $0 | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| **BAYER LOW DOSE** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *childrens aspirin low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *cvs aspirin adult low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *cvs aspirin adult low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *cvs aspirin ec oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *cvs aspirin ec oral tablet delayed release* *81 mg* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *cvs aspirin low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *cvs aspirin oral tablet* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *diflunisal oral* |  | T1 | R&M |
| **ECOTRIN** *(Aspirtab)* | $0 | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| **ECOTRIN LOW STRENGTH** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| **ECPIRIN** *(Aspirtab)* | $0 | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *eq adult aspirin low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *eq aspirin adult low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *eq aspirin low dose oral tablet chewable* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *eq aspirin oral tablet* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *eq aspirin oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *eq childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *eql aspirin* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *eql aspirin ec oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *eql aspirin low dose oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *gnp adult aspirin low strength oral tablet chewable* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *gnp aspirin low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *gnp aspirin oral tablet* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *gnp aspirin oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *gnp aspirin oral tablet delayed release* *81 mg* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *goodsense aspirin low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *hm aspirin ec* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *hm aspirin ec low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *hm aspirin oral tablet* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *hm aspirin oral tablet chewable* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *kls aspirin ec* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *kls aspirin low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *kp aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *meijer aspirin ec* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| **MINIPRIN LOW DOSE** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *mm aspirin* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| **NORWICH ASPIRIN ORAL TABLET** *(Aspirin)* **325 MG** | $0 | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *px aspirin oral tablet* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *px aspirin oral tablet chewable* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *px enteric aspirin oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *px enteric aspirin oral tablet delayed release* *81 mg* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *qc aspirin* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *qc aspirin low dose oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *qc childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin adult low dose* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin adult low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin childrens* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin ec adult low st* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin ec oral tablet delayed release* *325 mg* |  | $0 | R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin ec oral tablet delayed release* *81 mg* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *ra aspirin oral tablet* *325 mg* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *ra childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *salsalate oral* |  | T1 | R&M |
| *sb aspirin ec* |  | $0 | R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years) |
| *sb aspirin oral tablet* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *sb aspirin oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *sb childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *sb low dose asa ec* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *sm aspirin* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *sm aspirin adult low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *sm aspirin ec* |  | $0 | R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years) |
| *sm aspirin ec low strength* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *sm childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| **ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE** *(Aspirin)* | $0 | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *tgt aspirin ec* |  | $0 | R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years) |
| *tgt aspirin low dose oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *tgt aspirin oral tablet* |  | $0 | R&M; QL (1 EA per 1 day); AG (Min 45 Years) |
| *tgt aspirin oral tablet chewable* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *tgt aspirin oral tablet delayed release* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| *tgt childrens aspirin* |  | $0 | R&M; QL (1 EA per 1 Day); AG (Min 45 Years) |
| **\*Analgesics - Opioid\*** |  |  |  |
| **\*Codeine Combinations\*\*\*** |  |  |  |
| *acetaminophen-codeine #2* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day) |
| *acetaminophen-codeine #3* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day) |
| *acetaminophen-codeine #4* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day) |
| *acetaminophen-codeine oral solution* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (136 ML per 1 day) |
| *acetaminophen-codeine oral tablet* *300-15 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day) |
| *acetaminophen-codeine oral tablet* *300-60 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day) |
| **ASCOMP-CODEINE** *(Butalbital-ASA-Caff-Codeine)* | T1 | T1 | R&M; QL (6 EA per 1 Day) |
| *butalbital-apap-caff-cod oral capsule* *50-325-40-30 mg* |  | T1 | R&M; AI (60 tablets per copay); QL (60 EA per 1 Copay) |
| **\*Dihydrocodeine Combinations\*\*\*** |  |  |  |
| **TREZIX ORAL CAPSULE** *(APAP-Caff-Dihydrocodeine)* **320.5-30-16 MG** | T3 | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day) |
| **\*Hydrocodone Combinations\*\*\*** |  |  |  |
| *hydrocodone-acetaminophen oral solution* *10-325 mg/15ml* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (73.5 ML per 1 day) |
| *hydrocodone-acetaminophen oral solution* *2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (98 ML per 1 day) |
| *hydrocodone-acetaminophen oral tablet* *10-300 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| *hydrocodone-acetaminophen oral tablet* *5-300 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day) |
| *hydrocodone-acetaminophen oral tablet* *7.5-300 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| *hydrocodone-ibuprofen oral tablet* *10-200 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| *hydrocodone-ibuprofen oral tablet* *5-200 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day) |
| *hydrocodone-ibuprofen oral tablet* *7.5-200 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| **LORCET** *(HYDROcodone-Acetaminophen)* | T1 | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day) |
| **LORCET HD** *(HYDROcodone-Acetaminophen)* | T1 | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| **LORCET PLUS ORAL TABLET** *(HYDROcodone-Acetaminophen)* **7.5-325 MG** | T1 | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| **\*Opioid Agonists\*\*\*** |  |  |  |
| **ABSTRAL SUBLINGUAL TABLET SUBLINGUAL** **400 MCG, 600 MCG, 800 MCG** | T3 |  | PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AG (Min 18 Years) |
| **ACTIQ** | T3 |  | PA; RO; QL (3 EA per 1 day); AG (Min 16 Years) |
| *codeine sulfate oral tablet* *15 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (21 EA per 1 day) |
| *codeine sulfate oral tablet* *30 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day) |
| *codeine sulfate oral tablet* *60 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day) |
| **DOLOPHINE** *(Methadone HCl)* | T3 | T1 | PA; R&M |
| *fentanyl citrate buccal lozenge on a handle* |  | T3 | PA; RO; AI ( ); QL (3 EA per 1 day); AG (Min 16 Years) |
| *fentanyl citrate buccal tablet* |  | T3 | PA; R&M; QL (9 EA per 1 day); AG (Min 18 Years) |
| *fentanyl transdermal patch 72 hour* *100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* |  | T3 | R&M; QL (0.34 EA per 1 day) |
| **FENTORA BUCCAL TABLET** **100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG** | T3 |  | PA; ST; RO; AI ( ); QL (90 EA per 1 Copay); AG (Min 18 Years) |
| *hydrocodone bitartrate er* |  | T3 | R&M; QL (2 EA per 1 day) |
| *hydromorphone hcl er* |  | T3 | PA; ST; R&M; QL (1 EA per 1 day) |
| *hydromorphone hcl oral liquid* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.25 ML per 1 day) |
| *hydromorphone hcl oral tablet* *2 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| *hydromorphone hcl oral tablet* *4 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day) |
| *hydromorphone hcl oral tablet* *8 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day) |
| *hydromorphone hcl rectal* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| **HYSINGLA ER** | T2 |  | R&M; QL (1 EA per 1 day) |
| **KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR** **200 MG** | T3 |  | RO; AI ( ); QL (1 EA per 1 day) |
| **LAZANDA** | T3 |  | PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day) |
| *levorphanol tartrate oral tablet* *2 mg* |  | T3 | PA; R&M; QL (8 EA per 1 day) |
| *levorphanol tartrate oral tablet* *3 mg* |  | T3 | PA; R&M; QL (8 EA per 1 Day) |
| *meperidine hcl oral solution* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (49 ML per 1 day) |
| *meperidine hcl oral tablet* *100 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| *meperidine hcl oral tablet* *50 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day) |
| **METHADONE HCL INTENSOL** *(Methadone HCl)* | T1 | T1 | PA; R&M |
| *methadone hcl oral solution* *10 mg/5ml, 5 mg/5ml* |  | T3 | PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both) |
| *methadone hcl solution 10 mg/5ml oral* |  | T1 | PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both) |
| *methadone hcl solution 10 mg/5ml oral* |  | T3 | PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both) |
| *methadone hcl solution 5 mg/5ml oral* |  | T1 | PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both) |
| *methadone hcl solution 5 mg/5ml oral* |  | T3 | PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both) |
| **METHADOSE ORAL CONCENTRATE** *(Methadone HCl)* | T3 | T1 | PA; R&M |
| **METHADOSE ORAL TABLET SOLUBLE** *(Methadone HCl)* | T1 | T1 | PA; R&M |
| **METHADOSE SUGAR-FREE** *(Methadone HCl)* | T3 | T1 | PA; R&M |
| *morphine sulfate (concentrate) oral solution* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2.4 EA per 1 day) |
| *morphine sulfate er beads* |  | T3 | R&M; QL (1 EA per 1 day) |
| *morphine sulfate er oral capsule extended release 24 hour* *10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg* |  | T3 | RO; AI ( ); QL (1 EA per 1 day) |
| *morphine sulfate er oral tablet extended release* |  | T1 | R&M |
| *morphine sulfate oral solution* *10 mg/5ml* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (24.5 ML per 1 day) |
| *morphine sulfate oral solution* *20 mg/5ml* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.5 ML per 1 day) |
| *morphine sulfate oral tablet* *15 mg* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day) |
| *morphine sulfate oral tablet* *30 mg* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day) |
| *morphine sulfate rectal suppository* *10 mg* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| *morphine sulfate rectal suppository* *20 mg* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day) |
| *morphine sulfate rectal suppository* *30 mg* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day) |
| *morphine sulfate rectal suppository* *5 mg* |  | T3 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (8 EA per 1 day) |
| **NUCYNTA ER** | T3 |  | RO; QL (2 EA per 1 day) |
| **NUCYNTA ORAL TABLET** **100 MG, 75 MG** | T3 |  | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day) |
| **NUCYNTA ORAL TABLET** **50 MG** | T3 |  | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day) |
| **OXAYDO** | T3 |  | PA; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.) |
| *oxycodone hcl oral capsule* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| *oxycodone hcl oral concentrate* *10 mg/0.5ml* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 EA per 1 day) |
| *oxycodone hcl oral concentrate* *100 mg/5ml* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 ML per 1 day) |
| *oxycodone hcl oral solution* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day) |
| *oxycodone hcl oral tablet* *10 mg* |  | T2 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day) |
| *oxycodone hcl oral tablet* *15 mg, 20 mg, 30 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day) |
| *oxycodone hcl oral tablet* *5 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| **OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT** *(oxyCODONE HCl ER)* | T3 | T3 | R&M; QL (2 EA per 1 day) |
| *oxymorphone hcl er* |  | T3 | PA; RO; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| *oxymorphone hcl oral tablet* *10 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day) |
| *oxymorphone hcl oral tablet* *5 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day) |
| **SUBSYS** | T3 |  | PA; ST; RO; AI (Limited to 30 day supply); QL (2 EA per 1 day) |
| *tramadol hcl er (biphasic) oral tablet extended release 24 hour* *100 mg, 200 mg, 300 mg* |  | T3 | RO; QL (1 EA per 1 day); AG (Min 16 Years) |
| *tramadol hcl er oral tablet extended release 24 hour* |  | T3 | RO; QL (1 EA per 1 day); AG (Min 18 Years) |
| *tramadol hcl oral tablet* *50 mg* |  | T1 | R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| **XTAMPZA ER** | T3 |  | PA; R&M; AI ( ); QL (2 EA per 1 day) |
| **ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT** | T3 |  | R&M; AI ( ); QL (2 EA per 1 day) |
| **\*Opioid Combinations\*\*\*** |  |  |  |
| *benzhydrocodone-acetaminophen* |  | T3 | R&M; QL (3 EA per 1 day) |
| **ENDOCET ORAL TABLET** *(oxyCODONE-Acetaminophen)* **10-325 MG** | T1 | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day) |
| **ENDOCET ORAL TABLET** *(oxyCODONE-Acetaminophen)* **5-325 MG** | T1 | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| **ENDOCET ORAL TABLET** *(oxyCODONE-Acetaminophen)* **7.5-325 MG** | T1 | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day) |
| *oxycodone-acetaminophen oral tablet* *2.5-325 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day) |
| *oxycodone-aspirin oral tablet* *4.8355-325 mg* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| *oxycodone-ibuprofen* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day) |
| **PERCOCET ORAL TABLET** **10-325 MG** | T3 |  | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.) |
| **PROLATE ORAL TABLET** **10-300 MG** | T3 |  | R&M; QL (3 tablets per 1 day) |
| **PROLATE ORAL TABLET** **5-300 MG** | T3 |  | R&M; QL (6 tablets per 1 day) |
| **PROLATE ORAL TABLET** **7.5-300 MG** | T3 |  | R&M; QL (4 tablets per 1 day) |
| **\*Opioid Partial Agonists\*\*\*** |  |  |  |
| **BELBUCA** | T3 |  | PA; ST; R&M |
| **BUNAVAIL** | T3 |  | R&M |
| *buprenorphine hcl sublingual tablet sublingual* *2 mg* |  | T1 | R&M; QL (8 EA per 1 day) |
| *buprenorphine hcl sublingual tablet sublingual* *8 mg* |  | T1 | R&M; QL (3 EA per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual film* *12-3 mg* |  | T3 | R&M; QL (2 EA per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual film* *2-0.5 mg* |  | T3 | R&M; QL (8 EA per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual film* *4-1 mg* |  | T3 | R&M; QL (6 EA per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual film* *8-2 mg* |  | T3 | R&M; QL (3 EA per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual* *2-0.5 mg* |  | T1 | R&M; QL (6 EA per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual* *8-2 mg* |  | T1 | R&M; QL (2 EA per 1 Day) |
| *buprenorphine transdermal* |  | T1 | R&M; QL (1 EA per 1 Week); AG (Min 18 Years) |
| *butorphanol tartrate nasal* |  | T3 | R&M |
| *pentazocine-naloxone hcl* |  | T1 | R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day) |
| **ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL** **0.7-0.18 MG, 1.4-0.36 MG** | T2 |  | R&M; QL (3 EA per 1 day) |
| **ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL** **11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG** | T2 |  | R&M; QL (1 EA per 1 day) |
| **ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL** **8.6-2.1 MG** | T2 |  | R&M; QL (2 EA per 1 day) |
| **\*Tramadol Combinations\*\*\*** |  |  |  |
| *tramadol-acetaminophen* |  | T1 | R&M; QL (8 EA per 1 Day) |
| **\*Androgens-Anabolic\*** |  |  |  |
| **\*Anabolic Steroids\*\*\*** |  |  |  |
| **ANADROL-50** | T3 |  | PA; R&M |
| *oxandrolone oral* |  | T1 | R&M |
| **\*Androgens\*\*\*** |  |  |  |
| *danazol oral* |  | T3 | R&M |
| **JATENZO** | T3 |  | PA; R&M |
| *methitest* |  | T3 | PA; R&M |
| *methyltestosterone oral* |  | T3 | PA; R&M |
| *testosterone cypionate intramuscular solution* *100 mg/ml, 200 mg/ml* |  | T1 | R&M; M |
| *testosterone enanthate intramuscular solution* |  | T1 | R&M; M |
| *testosterone transdermal gel* *12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)* |  | T1 | PA; R&M; M |
| **\*Anorectal Agents\*** |  |  |  |
| **\*Intrarectal Steroids\*\*\*** |  |  |  |
| *hydrocortisone rectal enema* |  | T1 | R&M |
| **\*Nitrate Vasodilating Agents\*\*\*** |  |  |  |
| **RECTIV** | T3 |  | R&M |
| **\*Antacids\*** |  |  |  |
| **\*Antacids - Calcium Salts\*\*\*** |  |  |  |
| *calcium carbonate antacid oral tablet* *648 mg* |  | T3 | PA; R&M |
| **\*Anthelmintics\*** |  |  |  |
| **\*Anthelmintics\*\*\*** |  |  |  |
| **ALBENZA** *(Albendazole)* | T3 | T3 | PA; R&M |
| *benznidazole* |  | T3 | R&M; AI (.); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years) |
| *praziquantel oral* |  | T3 | R&M |
| **STROMECTOL** *(Ivermectin)* | T3 | T1 | PA; R&M |
| **\*Antianginal Agents\*** |  |  |  |
| **\*Antianginals-Other\*\*\*** |  |  |  |
| *ranolazine er oral tablet extended release 12 hour* *1000 mg* |  | T2 | R&M; QL (2 EA per 1 Day); AG (Min 16 Years) |
| *ranolazine er oral tablet extended release 12 hour* *500 mg* |  | T2 | R&M; QL (2 EA per 1 day); AG (Min 16 Years) |
| **\*Nitrates\*\*\*** |  |  |  |
| **DILATRATE-SR** | T3 |  | R&M |
| *isosorbide dinitrate oral tablet* *10 mg, 20 mg, 30 mg, 5 mg* |  | T1 | R&M |
| *isosorbide mononitrate er* |  | T1 | R&M |
| *isosorbide mononitrate oral tablet* *20 mg* |  | T1 | R&M |
| **NITRO-BID** | T2 |  | R&M |
| **NITRO-DUR TRANSDERMAL PATCH 24 HOUR** **0.3 MG/HR, 0.8 MG/HR** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *nitroglycerin sublingual* |  | T1 | R&M |
| *nitroglycerin transdermal patch 24 hour* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *nitroglycerin translingual solution* |  | T3 | R&M |
| **NITROMIST** | T3 |  | R&M; QL (0.6 GM per 1 day) |
| **NITRO-TIME** *(Nitroglycerin ER)* | T1 | T1 | R&M |
| **\*Antianxiety Agents\*** |  |  |  |
| **\*Antianxiety Agents - Misc.\*\*\*** |  |  |  |
| *buspirone hcl oral tablet* *10 mg* |  | T1 | R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| *buspirone hcl oral tablet* *15 mg* |  | T1 | R&M; AI (Max #120 Mail Order); QL (4 EA per 1 Day) |
| *buspirone hcl oral tablet* *30 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *buspirone hcl oral tablet* *5 mg* |  | T1 | R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| *buspirone hcl oral tablet* *7.5 mg* |  | T3 | R&M |
| *hydroxyzine hcl oral syrup* |  | T1 | R&M |
| *hydroxyzine hcl oral tablet* |  | T1 | R&M |
| *hydroxyzine pamoate oral capsule* *100 mg* |  | T2 | R&M |
| *hydroxyzine pamoate oral capsule* *25 mg, 50 mg* |  | T1 | R&M |
| *meprobamate oral tablet* *200 mg* |  | T3 | R&M |
| **\*Benzodiazepines\*\*\*** |  |  |  |
| *alprazolam er oral tablet extended release 24 hour* *0.5 mg, 3 mg* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years) |
| *alprazolam er oral tablet extended release 24 hour* *1 mg* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years) |
| *alprazolam er oral tablet extended release 24 hour* *2 mg* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 Day); AG (Min 18 Years) |
| *alprazolam oral tablet* *0.25 mg, 0.5 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years) |
| *alprazolam oral tablet* *1 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years) |
| *alprazolam oral tablet* *2 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years) |
| *alprazolam oral tablet dispersible* *0.25 mg, 0.5 mg, 1 mg* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years) |
| *alprazolam oral tablet dispersible* *2 mg* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 Day); AG (Min 18 Years) |
| *alprazolam xr* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *chlordiazepoxide hcl oral capsule* *10 mg, 5 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day) |
| *chlordiazepoxide hcl oral capsule* *25 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (8 EA per 1 day) |
| *clorazepate dipotassium oral tablet* *15 mg, 7.5 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 9 Years) |
| *clorazepate dipotassium oral tablet* *3.75 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 9 Years) |
| *diazepam oral tablet* *10 mg, 5 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day) |
| *diazepam oral tablet* *2 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day) |
| **LORAZEPAM INTENSOL** | T1 |  | RO; AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years) |
| *lorazepam oral concentrate* *2 mg/ml* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (5 ML per 1 Day) |
| *lorazepam oral tablet* *0.5 mg, 1 mg, 2 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years) |
| *oxazepam oral capsule* *10 mg, 15 mg* |  | T1 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 6 Years) |
| *oxazepam oral capsule* *30 mg* |  | T3 | RO; AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years) |
| **\*Antiarrhythmics\*** |  |  |  |
| **\*Antiarrhythmics Type I-A\*\*\*** |  |  |  |
| *disopyramide phosphate oral* |  | T1 | R&M |
| **NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR** **150 MG** | T3 |  | R&M |
| *quinidine gluconate er* |  | T2 | R&M |
| *quinidine sulfate oral* |  | T1 | R&M |
| **\*Antiarrhythmics Type I-B\*\*\*** |  |  |  |
| *mexiletine hcl oral* |  | T3 | R&M |
| **\*Antiarrhythmics Type I-C\*\*\*** |  |  |  |
| *flecainide acetate* |  | T1 | R&M |
| *propafenone hcl* |  | T1 | R&M |
| *propafenone hcl er* |  | T3 | R&M |
| **\*Antiarrhythmics Type Iii\*\*\*** |  |  |  |
| *dofetilide* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day) |
| **MULTAQ** | T2 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 16 Years) |
| **PACERONE ORAL TABLET** *(Amiodarone HCl)* **100 MG, 200 MG, 400 MG** | T1 | T1 | R&M |
| **\*Antiasthmatic And Bronchodilator Agents\*** |  |  |  |
| **\*5-Lipoxygenase Inhibitors\*\*\*** |  |  |  |
| **ZYFLO** | T3 |  | ST; R&M; AI (ST: Trial of both of the following for at least 3 months each in last 12 months: Montelukast, Zafirlukast.) |
| **ZYFLO CR** *(Zileuton ER)* | T3 | T3 | ST; R&M; AI (Max #360 Mail Order); CI (ST: Trial of both of the following for at least 3 months each in last 12 months: Montelukast, Zafirlukast.); QL (4 EA per 1 day); AG (Min 12 Years) |
| **\*Adrenergic Combinations\*\*\*** |  |  |  |
| **ADVAIR DISKUS** | T2 |  | R&M; QL (2 EA per 1 day) |
| **ADVAIR HFA** | T2 |  | R&M; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AG (Min 3 Years) |
| **AIRDUO RESPICLICK 113/14** | T3 |  | ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (0.035 EA per 1 day); AG (Min 12 Years) |
| **AIRDUO RESPICLICK 232/14** | T3 |  | ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (0.035 EA per 1 day); AG (Min 12 Years) |
| **AIRDUO RESPICLICK 55/14** | T3 |  | ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (0.035 EA per 1 day); AG (Min 12 Years) |
| **ANORO ELLIPTA** | T2 |  | R&M |
| **BEVESPI AEROSPHERE** | T3 |  | PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo) |
| **BREO ELLIPTA** | T2 |  | R&M |
| **COMBIVENT RESPIMAT** | T3 |  | R&M; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail) |
| **DUAKLIR PRESSAIR** | T3 |  | ST; R&M; AI (ST: Trial of both of the following in last 6 months: Anoro Ellipta and Symbicort) |
| **DULERA INHALATION AEROSOL** **100-5 MCG/ACT** | T3 |  | PA; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (13 GM per 30 days) |
| **DULERA INHALATION AEROSOL** **200-5 MCG/ACT** | T3 |  | ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (13 GM per 30 Days) |
| **DULERA INHALATION AEROSOL** **50-5 MCG/ACT** | T3 |  | PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (13 GM per 30 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated* *100-50 mcg/dose* |  | T2 | ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated* *113-14 mcg/act, 232-14 mcg/act* |  | T1 | R&M |
| *fluticasone-salmeterol inhalation aerosol powder breath activated* *55-14 mcg/act* |  | T2 | R&M |
| *ipratropium-albuterol* |  | T1 | R&M; AI (Max #1620ml mail order); QL (540 ML per 30 Days) |
| **STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION** **2.5-2.5 MCG/ACT** | T2 |  | R&M; QL (0.14 GM per 1 day); AG (Min 18 Years) |
| **SYMBICORT** *(Budesonide-Formoterol Fumarate)* | T2 | T2 | R&M; AI (Max #3 Inhalers (30.6gm) Mail Order) |
| **TRELEGY ELLIPTA** | T2 |  | R&M |
| **WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED** **100-50 MCG/DOSE** | T2 |  | ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 EA per 1 day) |
| **WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED** *(Fluticasone-Salmeterol)* **250-50 MCG/DOSE, 500-50 MCG/DOSE** | T2 | T2 | ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 MCG per 1 day) |
| **\*Anti-Ige Monoclonal Antibodies\*\*\*** |  |  |  |
| **XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; R&M |
| **XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Anti-Inflammatory Agents\*\*\*** |  |  |  |
| *cromolyn sodium inhalation* |  | T2 | R&M |
| **\*Beta Adrenergics\*\*\*** |  |  |  |
| *albuterol sulfate er oral tablet extended release 12 hour* *4 mg* |  | T3 | R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| *albuterol sulfate er oral tablet extended release 12 hour* *8 mg* |  | T3 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *albuterol sulfate inhalation nebulization solution* *(2.5 mg/3ml) 0.083%* |  | T1 | R&M |
| *albuterol sulfate inhalation nebulization solution* *(5 mg/ml) 0.5%* |  | T1 | R&M; AI (Max #15 Mail Order); AG (Max 13 Years) |
| *albuterol sulfate inhalation nebulization solution* *0.63 mg/3ml, 1.25 mg/3ml* |  | T1 | R&M; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AG (Max 13 Years) |
| *albuterol sulfate oral* |  | T1 | R&M |
| **ARCAPTA NEOHALER** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **BROVANA** | T3 |  | R&M; AI (Max #360ml Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years) |
| *levalbuterol hcl inhalation nebulization solution* *0.31 mg/3ml* |  | T2 | R&M; AI (Max #810ml mail order); QL (270 ML per 30 Days) |
| *levalbuterol hcl inhalation nebulization solution* *0.63 mg/3ml, 1.25 mg/3ml* |  | T2 | R&M; AI (Max #810ml Mail Order); QL (270 ML per 30 Days) |
| *levalbuterol hcl inhalation nebulization solution* *1.25 mg/0.5ml* |  | T1 | R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days) |
| *levalbuterol tartrate* |  | T3 | ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day) |
| *metaproterenol sulfate oral syrup* |  | T1 | R&M |
| **PERFOROMIST** | T3 |  | R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years) |
| **PROAIR DIGIHALER** | T2 |  | R&M |
| **PROAIR HFA** *(Albuterol Sulfate HFA)* | T2 | T3 | ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.) |
| **PROAIR RESPICLICK** | T2 |  | R&M |
| **PROVENTIL HFA** | T3 |  | PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.) |
| **SEREVENT DISKUS** | T2 |  | R&M; AI (Max #3 diskus mail order); QL (1 EA per 30 Days) |
| **STRIVERDI RESPIMAT** | T3 |  | PA; ST; R&M; AI (ST with 3 in last 12 months: Arcapta, Serevent, Anoro Ellipta, Spiriva w/ Serevent, and Spiriva w/ Arcapta.) |
| *terbutaline sulfate oral* |  | T1 | R&M |
| **VENTOLIN HFA** | T2 |  | R&M |
| **XOPENEX HFA** | T3 |  | PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day) |
| **\*Bronchodilators - Anticholinergics\*\*\*** |  |  |  |
| **ATROVENT HFA** | T2 |  | R&M; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail) |
| **INCRUSE ELLIPTA** | T2 |  | R&M |
| *ipratropium bromide inhalation* |  | T1 | R&M |
| **LONHALA MAGNAIR REFILL KIT** | T3 |  | PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years) |
| **LONHALA MAGNAIR STARTER KIT** | T3 |  | PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years) |
| **SEEBRI NEOHALER** | T3 |  | R&M |
| **SPIRIVA HANDIHALER** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION** **1.25 MCG/ACT** | T3 |  | R&M |
| **SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION** **2.5 MCG/ACT** | T3 |  | R&M; QL (4 GM per 30 days) |
| **TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED** **400 MCG/ACT** | T3 |  | R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days) |
| **YUPELRI** | T3 |  | PA; R&M |
| **\*Leukotriene Receptor Antagonists\*\*\*** |  |  |  |
| *montelukast sodium oral packet* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *montelukast sodium oral tablet* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *montelukast sodium oral tablet chewable* *4 mg* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *montelukast sodium oral tablet chewable* *5 mg* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *zafirlukast* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Selective Phosphodiesterase 4 (Pde4) Inhibitors\*\*\*** |  |  |  |
| **DALIRESP** | T3 |  | PA; ST; R&M |
| **\*Steroid Inhalants\*\*\*** |  |  |  |
| **ALVESCO INHALATION AEROSOL SOLUTION** **160 MCG/ACT** | T2 |  | R&M; AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day) |
| **ALVESCO INHALATION AEROSOL SOLUTION** **80 MCG/ACT** | T2 |  | R&M; AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day) |
| **ARNUITY ELLIPTA** | T2 |  | R&M |
| **ASMANEX (120 METERED DOSES)** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 days) |
| **ASMANEX (14 METERED DOSES)** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| **ASMANEX (30 METERED DOSES)** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| **ASMANEX (60 METERED DOSES)** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| **ASMANEX (7 METERED DOSES)** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| **ASMANEX HFA INHALATION AEROSOL** **100 MCG/ACT, 200 MCG/ACT** | T2 |  | R&M |
| **ASMANEX HFA INHALATION AEROSOL** **50 MCG/ACT** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order) |
| *budesonide inhalation suspension* *0.25 mg/2ml, 0.5 mg/2ml* |  | T2 | R&M; AI (Max #360ml Mail Order); QL (120 ML per 30 Days) |
| *budesonide inhalation suspension* *1 mg/2ml* |  | T2 | R&M; AI (Max #180ml per 90 days); QL (60 ML per 30 days) |
| **FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED** **100 MCG/BLIST, 50 MCG/BLIST** | T2 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED** **250 MCG/BLIST** | T2 |  | R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| **FLOVENT HFA INHALATION AEROSOL** **110 MCG/ACT** | T2 |  | R&M; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail) |
| **FLOVENT HFA INHALATION AEROSOL** **220 MCG/ACT** | T2 |  | R&M; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail) |
| **FLOVENT HFA INHALATION AEROSOL** **44 MCG/ACT** | T2 |  | R&M; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail) |
| **PULMICORT FLEXHALER** | T2 |  | R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| **QVAR REDIHALER** | T2 |  | R&M |
| **\*Xanthines\*\*\*** |  |  |  |
| *aminophylline anhydrous* |  | T3 | PA; R&M |
| **THEO-24** | T2 |  | R&M |
| *theophylline* |  | T1 | R&M |
| *theophylline er oral tablet extended release 12 hour* *300 mg, 450 mg* |  | T1 | R&M |
| *theophylline er oral tablet extended release 24 hour* |  | T1 | R&M |
| **\*Anticoagulants\*** |  |  |  |
| **\*Coumarin Anticoagulants\*\*\*** |  |  |  |
| **COUMADIN ORAL** *(Warfarin Sodium)* | T1 | T1 | R&M |
| **JANTOVEN** *(Warfarin Sodium)* | T1 | T1 | R&M |
| **\*Direct Factor Xa Inhibitors\*\*\*** |  |  |  |
| **BEVYXXA** | T3 |  | PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **ELIQUIS** | T2 |  | R&M |
| **ELIQUIS DVT/PE STARTER PACK** | T2 |  | R&M |
| **SAVAYSA** | T3 |  | PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **XARELTO ORAL TABLET** **10 MG, 15 MG, 20 MG** | T2 |  | R&M; AI ( ) |
| **XARELTO ORAL TABLET** **2.5 MG** | T2 |  | R&M |
| **XARELTO STARTER PACK** | T2 |  | R&M; AI ( ) |
| **\*Heparins And Heparinoid-Like Agents\*\*\*** |  |  |  |
| *heparin sodium (porcine) injection solution* *10000 unit/ml, 20000 unit/ml, 5000 unit/ml* |  | T1 | R&M |
| *heparin sodium (porcine) pf injection solution* *5000 unit/0.5ml* |  | T1 | R&M |
| **\*Low Molecular Weight Heparins\*\*\*** |  |  |  |
| *enoxaparin sodium* |  | T1 | R&M |
| **FRAGMIN SUBCUTANEOUS SOLUTION** **10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML** | T3 |  | R&M |
| **\*Synthetic Heparinoid-Like Agents\*\*\*** |  |  |  |
| *fondaparinux sodium* |  | T1 | R&M |
| **\*Thrombin Inhibitors - Selective Direct & Reversible\*\*\*** |  |  |  |
| **PRADAXA** | T2 |  | R&M |
| **\*Anticonvulsants\*** |  |  |  |
| **\*Ampa Glutamate Receptor Antagonists\*\*\*** |  |  |  |
| **FYCOMPA ORAL SUSPENSION** | T2 |  | R&M |
| **FYCOMPA ORAL TABLET** **10 MG, 12 MG, 4 MG, 6 MG, 8 MG** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| **FYCOMPA ORAL TABLET** **2 MG** | T2 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| **\*Anticonvulsants - Benzodiazepines\*\*\*** |  |  |  |
| *clobazam oral suspension* |  | T3 | R&M; QL (8 ML per 1 day) |
| *clobazam oral tablet* |  | T3 | R&M; QL (2 EA per 1 day) |
| *clonazepam oral tablet* *0.5 mg, 1 mg* |  | T1 | R&M; QL (4 EA per 1 day) |
| *clonazepam oral tablet* *2 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| *clonazepam oral tablet dispersible* *0.125 mg, 1 mg, 2 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| *clonazepam oral tablet dispersible* *0.25 mg, 0.5 mg* |  | T1 | R&M; QL (4 EA per 1 day) |
| **DIASTAT ACUDIAL** *(DiazePAM)* | T3 | T3 | R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day) |
| **DIASTAT PEDIATRIC** | T3 |  | R&M; QL (3 EA per 1 day) |
| *diazepam rectal* |  | T3 | R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day) |
| **NAYZILAM** | T3 |  | PA; R&M |
| **SYMPAZAN** | T2 |  | PA; ST; R&M; AI (ST: Step through Onfi within 3mo); QL (2 EA per 1 Day) |
| **VALTOCO 10 MG DOSE** | T3 |  | PA; R&M |
| **VALTOCO 15 MG DOSE** | T3 |  | PA; R&M |
| **VALTOCO 20 MG DOSE** | T3 |  | PA; R&M |
| **VALTOCO 5 MG DOSE** | T3 |  | PA; R&M |
| **\*Anticonvulsants - Misc.\*\*\*** |  |  |  |
| **APTIOM ORAL TABLET** **200 MG, 400 MG** | T3 |  | PA; ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide); QL (1 EA per 1 day) |
| **APTIOM ORAL TABLET** **600 MG, 800 MG** | T3 |  | PA; ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide); QL (2 EA per 1 day) |
| **BANZEL** | T3 |  | PA; R&M |
| **BRIVIACT ORAL SOLUTION** | T3 |  | PA; ST; R&M; AI (ST:Step through Levetiracetam (generic  Keppra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years) |
| **BRIVIACT ORAL TABLET** | T3 |  | PA; ST; R&M; AI (ST:Step through Levetiracetam (generic  Keppra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years) |
| *carbamazepine oral* |  | T1 | R&M |
| **CARBATROL** *(CarBAMazepine ER)* | T3 | T1 | R&M |
| **DIACOMIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **EPIDIOLEX** | T3 |  | PA; R&M |
| **EPITOL** *(carBAMazepine)* | T1 | T1 | R&M |
| **FINTEPLA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *gabapentin oral capsule* |  | T1 | R&M |
| *gabapentin oral solution* *250 mg/5ml* |  | T1 | R&M |
| *gabapentin oral tablet* |  | T1 | R&M |
| **LAMICTAL ODT ORAL KIT** | T3 |  | R&M; AG (Max 6 Years) |
| *lamotrigine er* |  | T1 | R&M |
| *lamotrigine oral tablet* |  | T1 | R&M |
| *lamotrigine oral tablet chewable* |  | T1 | R&M |
| *lamotrigine oral tablet dispersible* |  | T1 | R&M |
| *levetiracetam er oral tablet extended release 24 hour* *500 mg* |  | T1 | R&M; QL (6 EA per 1 Day); AG (Min 12 Years) |
| *levetiracetam oral* |  | T1 | R&M |
| **LYRICA ORAL CAPSULE** **100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG** | T3 |  | R&M; AI ( ); QL (3 EA per 1 Day); AG (Min 16 Years) |
| **LYRICA ORAL CAPSULE** **225 MG, 300 MG** | T3 |  | R&M; AI ( ); QL (2 EA per 1 day); AG (Min 16 Years) |
| **LYRICA ORAL SOLUTION** *(Pregabalin)* | T3 | T1 | R&M |
| *oxcarbazepine* |  | T1 | R&M |
| *pregabalin oral capsule* *100 mg, 150 mg, 200 mg, 25 mg, 75 mg* |  | T1 | R&M; QL (3 EA per 1 day); AG (Min 16 Years) |
| *pregabalin oral capsule* *225 mg, 300 mg* |  | T1 | R&M; QL (2 EA per 1 Day); AG (Min 16 Years) |
| *pregabalin oral capsule* *50 mg* |  | T1 | R&M; AI ( ); QL (3 EA per 1 day); AG (Min 16 Years) |
| *primidone oral* |  | T1 | R&M |
| **QUDEXY XR** | T3 |  | PA; ST; R&M; AI (Step: topiramate); AG (Min 3 Years) |
| **ROWEEPRA ORAL TABLET** *(LevETIRAcetam)* **750 MG** | T1 | T1 | R&M |
| **ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR** **500 MG** | T1 |  | R&M; QL (6 EA per 1 day); AG (Min 12 Years) |
| **ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR** *(LevETIRAcetam ER)* **750 MG** | T1 | T1 | R&M; AG (Min 12 Years) |
| **TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR** *(CarBAMazepine ER)* **100 MG** | T2 | T1 | R&M |
| **TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR** *(CarBAMazepine ER)* **200 MG, 400 MG** | T3 | T1 | R&M |
| *topiramate er* |  | T2 | ST; R&M; AI (Step: topiramate); AG (Min 3 Years) |
| *topiramate oral* |  | T1 | R&M |
| **TROKENDI XR** | T3 |  | ST; R&M; AI (Step: topiramate and topiramate ER); AG (Min 6 Years) |
| **VIMPAT ORAL** | T3 |  | R&M |
| *zonisamide oral capsule* *100 mg* |  | T1 | R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| *zonisamide oral capsule* *25 mg, 50 mg* |  | T1 | R&M |
| **\*Carbamates\*\*\*** |  |  |  |
| *felbamate* |  | T1 | R&M |
| **XCOPRI** | T3 |  | ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day) |
| **XCOPRI (250 MG DAILY DOSE)** | T3 |  | ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day) |
| **XCOPRI (350 MG DAILY DOSE)** | T3 |  | ST; R&M; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, Valproic acid & derivatives); QL (1 EA per 1 day) |
| **\*Gaba Modulators\*\*\*** |  |  |  |
| **SABRIL ORAL PACKET** *(Vigabatrin)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SABRIL ORAL TABLET** *(Vigabatrin)* | SP | SP | PA; R&M |
| *tiagabine hcl* |  | T3 | R&M |
| **VIGADRONE** *(Vigabatrin)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Hydantoins\*\*\*** |  |  |  |
| **DILANTIN ORAL CAPSULE** *(Phenytoin Sodium Extended)* | T3 | T1 | R&M |
| **PEGANONE** | T3 |  | R&M |
| **PHENYTEK** *(Phenytoin Sodium Extended)* | T3 | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *phenytoin oral tablet chewable* |  | T1 | R&M |
| **\*Succinimides\*\*\*** |  |  |  |
| **CELONTIN** | T3 |  | R&M |
| *ethosuximide oral* |  | T2 | R&M |
| **\*Valproic Acid\*\*\*** |  |  |  |
| *divalproex sodium er oral tablet extended release 24 hour* |  | T1 | R&M |
| *divalproex sodium oral tablet delayed release* |  | T1 | R&M |
| *valproic acid oral capsule* |  | T1 | R&M |
| *valproic acid oral solution* |  | T1 | R&M |
| **\*Antidepressants\*** |  |  |  |
| **\*Alpha-2 Receptor Antagonists (Tetracyclics)\*\*\*** |  |  |  |
| *mirtazapine oral tablet* *15 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day) |
| *mirtazapine oral tablet* *30 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *mirtazapine oral tablet* *45 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *mirtazapine oral tablet* *7.5 mg* |  | T1 | R&M |
| *mirtazapine oral tablet dispersible* *15 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *mirtazapine oral tablet dispersible* *30 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *mirtazapine oral tablet dispersible* *45 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Antidepressants - Misc.\*\*\*** |  |  |  |
| *bupropion hcl er (sr)* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour* *150 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour* *300 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| *bupropion hcl oral* |  | T1 | R&M |
| *maprotiline hcl* |  | T1 | R&M |
| **\*Modified Cyclics\*\*\*** |  |  |  |
| *nefazodone hcl* |  | T3 | R&M |
| *trazodone hcl oral tablet* *100 mg, 150 mg, 50 mg* |  | T1 | R&M |
| *trazodone hcl oral tablet* *300 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day) |
| **TRINTELLIX ORAL TABLET** **10 MG** | T3 |  | ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years) |
| **TRINTELLIX ORAL TABLET** **20 MG, 5 MG** | T3 |  | ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years) |
| **VIIBRYD ORAL TABLET** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years) |
| **VIIBRYD STARTER PACK** | T3 |  | R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years) |
| **\*Monoamine Oxidase Inhibitors (Maois)\*\*\*** |  |  |  |
| **EMSAM** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years) |
| **MARPLAN** | T3 |  | R&M |
| *phenelzine sulfate oral* |  | T1 | R&M |
| *tranylcypromine sulfate* |  | T1 | R&M |
| **\*Selective Serotonin Reuptake Inhibitors (Ssris)\*\*\*** |  |  |  |
| *citalopram hydrobromide oral solution* |  | T1 | R&M |
| *citalopram hydrobromide oral tablet* *10 mg, 20 mg* |  | T1 | R&M; AI (Max #135 Mail Order) |
| *citalopram hydrobromide oral tablet* *40 mg* |  | T1 | R&M; AI (Max #180 Mail Order) |
| *escitalopram oxalate oral solution* |  | T1 | R&M |
| *escitalopram oxalate oral tablet* *10 mg* |  | T1 | R&M; AI (Max #135 Mail Order) |
| *escitalopram oxalate oral tablet* *20 mg, 5 mg* |  | T1 | R&M; AI (Max #90 Mail Order) |
| *fluoxetine hcl oral capsule* |  | T1 | R&M |
| *fluoxetine hcl oral solution* |  | T1 | R&M |
| *fluoxetine hcl oral tablet* *10 mg, 20 mg* |  | T1 | R&M |
| *fluvoxamine maleate* |  | T2 | R&M |
| *fluvoxamine maleate er* |  | T2 | R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day) |
| *paroxetine hcl er oral tablet extended release 24 hour* *12.5 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *paroxetine hcl er oral tablet extended release 24 hour* *25 mg, 37.5 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *paroxetine hcl oral tablet* *10 mg, 40 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| *paroxetine hcl oral tablet* *20 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *paroxetine hcl oral tablet* *30 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **PAXIL ORAL SUSPENSION** | T3 |  | PA; R&M |
| *sertraline hcl oral* |  | T1 | R&M |
| **\*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)\*\*\*** |  |  |  |
| *desvenlafaxine succinate er* |  | T1 | R&M; QL (1 EA per 1 day) |
| **DRIZALMA SPRINKLE** | T3 |  | ST; R&M; AI (ST: Trial of the following for 3 months in the last 6 months brand or generic Cymbalta); QL (1 EA per 1 day); AG (Min 7 Years) |
| *duloxetine hcl oral capsule delayed release particles* *20 mg, 60 mg* |  | T1 | R&M; QL (2 EA per 1 Day) |
| *duloxetine hcl oral capsule delayed release particles* *30 mg* |  | T1 | R&M; QL (3 EA per 1 Day) |
| **FETZIMA** | T3 |  | ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)) |
| **FETZIMA TITRATION** | T3 |  | ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)) |
| *venlafaxine hcl* |  | T1 | R&M |
| *venlafaxine hcl er* |  | T1 | R&M |
| **\*Tricyclic Agents\*\*\*** |  |  |  |
| *amitriptyline hcl oral* |  | T1 | R&M |
| *amoxapine oral tablet* *100 mg* |  | T1 | R&M |
| *clomipramine hcl oral* |  | T1 | R&M |
| *desipramine hcl oral* |  | T1 | R&M |
| *doxepin hcl oral capsule* |  | T1 | R&M |
| *doxepin hcl oral concentrate* |  | T1 | R&M |
| *imipramine hcl oral* |  | T1 | R&M |
| *imipramine pamoate oral capsule* *100 mg, 125 mg, 150 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *imipramine pamoate oral capsule* *75 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *nortriptyline hcl oral capsule* |  | T1 | R&M |
| *protriptyline hcl* |  | T1 | R&M |
| *trimipramine maleate oral capsule* *50 mg* |  | T3 | R&M |
| **\*Antidiabetics\*** |  |  |  |
| **\*Alpha-Glucosidase Inhibitors\*\*\*** |  |  |  |
| *acarbose oral* |  | T1 | R&M |
| *miglitol* |  | T1 | R&M |
| **\*Antidiabetic - Amylin Analogs\*\*\*** |  |  |  |
| **SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years) |
| **SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years) |
| **\*Biguanides\*\*\*** |  |  |  |
| **FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR** **1000 MG** | T3 |  | ST; R&M; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2 EA per 1 day) |
| **FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR** **500 MG** | T3 |  | ST; R&M; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (4 EA per 1 day) |
| *metformin hcl er (osm) oral tablet extended release 24 hour* *1000 mg* |  | T1 | ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); QL (2 EA per 1 day) |
| *metformin hcl er (osm) oral tablet extended release 24 hour* *500 mg* |  | T1 | ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); QL (4 EA per 1 day) |
| *metformin hcl er oral tablet extended release 24 hour* *500 mg* |  | T1 | R&M; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| *metformin hcl er oral tablet extended release 24 hour* *750 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *metformin hcl oral tablet* |  | T1 | R&M |
| **RIOMET ER** | T3 |  | ST; R&M; AI (ST: Trial of the following in last 6 months: generic for Glucophage ER tablet 500mg); QL (20 ML per 1 day) |
| **\*Diabetic Other - Combinations\*\*\*** |  |  |  |
| **DEX4 ORAL TABLET CHEWABLE** **4-6 GM-MG** | T1 |  | R&M |
| **\*Diabetic Other\*\*\*** |  |  |  |
| **BAQSIMI ONE PACK** | T2 |  | R&M; QL (2 EA per 30 days) |
| **BAQSIMI TWO PACK** | T2 |  | R&M; QL (1 EA per 30 days) |
| **GLUCAGEN HYPOKIT** | T2 |  | R&M |
| **GLUCAGON EMERGENCY INJECTION KIT** | T2 |  | R&M; QL (2 EA per 30 days) |
| **GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED** | T2 |  | R&M; QL (2 EA per 30 days) |
| **PROGLYCEM** *(Diazoxide)* | T3 | T3 | R&M |
| **\*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors\*\*\*** |  |  |  |
| **JANUVIA** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **NESINA** *(Alogliptin Benzoate)* | T3 | T3 | PA; ST; R&M; AI (Trial of one of the following for 3 months in last 12 months: use of metformin with Onglyza OR use of metformin with Januvia.) |
| **ONGLYZA** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 16 Years) |
| **TRADJENTA** | T3 |  | PA; ST; R&M |
| **\*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations\*\*\*** |  |  |  |
| **JANUMET** | T2 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years) |
| **JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR** **100-1000 MG** | T2 |  | R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR** **50-1000 MG, 50-500 MG** | T2 |  | R&M; QL (2 EA per 1 day); AG (Min 18 Years) |
| **JENTADUETO** | T3 |  | R&M |
| **JENTADUETO XR** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **KOMBIGLYZE XR** | T2 |  | R&M |
| **\*Dopamine Receptor Agonists - Ergot Derivatives\*\*\*** |  |  |  |
| **CYCLOSET** | T3 |  | R&M |
| **\*Human Insulin\*\*\*** |  |  |  |
| **ADMELOG** | T3 |  | PA; ST; R&M; QL (2 ML per 1 day) |
| **ADMELOG SOLOSTAR** | T3 |  | PA; ST; R&M; QL (2 ML per 1 day) |
| **AFREZZA INHALATION POWDER** **12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT** | T3 |  | PA; R&M; AG (Min 18 Years) |
| **APIDRA** | T3 |  | PA; ST; R&M; QL (2 ML per 1 day) |
| **APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T3 |  | PA; ST; R&M; QL (2 ML per 1 day) |
| **FIASP** | T3 |  | PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| **FIASP FLEXTOUCH** | T3 |  | PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| **FIASP PENFILL** | T3 |  | ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.) |
| **HUMALOG** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMALOG JUNIOR KWIKPEN** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR** **100 UNIT/ML, 200 UNIT/ML** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMALOG MIX 50/50** | T1 |  | R&M; QL (2 ML per 1 day) |
| **HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMALOG MIX 75/25** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMULIN 70/30** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR** | T2 |  | R&M; $0; QL (2 ML per 1 day) |
| **HUMULIN N** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMULIN R** | T2 |  | R&M; QL (2 ML per 1 day) |
| **HUMULIN R U-500 (CONCENTRATED)** | T2 |  | ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day) |
| **HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day) |
| *insulin asp prot & asp flexpen* |  | T3 | ST; R&M; QL (2 ML per 1 day) |
| *insulin aspart prot & aspart* |  | T3 | ST; R&M; QL (2 ML per 1 day) |
| *insulin lispro (1 unit dial)* |  | T3 | PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| *insulin lispro junior kwikpen* |  | T3 | PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| *insulin lispro prot & lispro* |  | T3 | PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| *insulin lispro subcutaneous solution* |  | T3 | PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| **LANTUS** | T2 |  | R&M; AI ( ); QL (2 ML per 1 day) |
| **LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | R&M; QL (2 ML per 1 day) |
| **LEVEMIR** | T3 |  | ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day) |
| **LEVEMIR FLEXTOUCH** | T3 |  | ST; R&M; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day) |
| **LYUMJEV** | T3 |  | PA; R&M; QL (0.5 ML per 1 day) |
| **LYUMJEV KWIKPEN** | T3 |  | PA; R&M; QL (0.5 ML per 1 day) |
| **NOVOLIN 70/30** | T3 |  | PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day) |
| **NOVOLIN 70/30 FLEXPEN** | T3 |  | PA; ST; R&M; AI (ST: Humulin 70/30); $0; QL (2 ML per 1 day) |
| **NOVOLIN 70/30 FLEXPEN RELION** | T3 |  | PA; ST; R&M; AI (ST: Humulin 70/30); $0; QL (2 ML per 1 day) |
| **NOVOLIN 70/30 RELION** | T3 |  | PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day) |
| **NOVOLIN N** | T3 |  | PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day) |
| **NOVOLIN N FLEXPEN** | T2 |  | ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day) |
| **NOVOLIN N FLEXPEN RELION** | T2 |  | ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day) |
| **NOVOLIN N RELION** | T3 |  | PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day) |
| **NOVOLIN R** | T3 |  | PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day) |
| **NOVOLIN R FLEXPEN** | T3 |  | ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day) |
| **NOVOLIN R FLEXPEN RELION** | T3 |  | ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day) |
| **NOVOLIN R RELION** | T3 |  | PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day) |
| **NOVOLOG** *(Insulin Aspart)* | T3 | T3 | ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| **NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR** *(Insulin Aspart FlexPen)* | T3 | T3 | ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| **NOVOLOG MIX 70/30** | T3 |  | ST; R&M; QL (2 ML per 1 day) |
| **NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR** | T3 |  | ST; R&M; QL (2 ML per 1 day) |
| **NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE** *(Insulin Aspart PenFill)* | T3 | T3 | ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day) |
| **TOUJEO MAX SOLOSTAR** | T2 |  | R&M; QL (2 ML per 1 day) |
| **TOUJEO SOLOSTAR** | T2 |  | R&M; QL (2 ML per 1 day) |
| **TRESIBA** | T3 |  | ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years) |
| **TRESIBA FLEXTOUCH** | T3 |  | ST; R&M; AI (ST: Step through Lantus x 3 mo in last 12 mo.); AG (Min 1 Years) |
| **\*Incretin Mimetic Agents (Glp-1 Receptor Agonists)\*\*\*** |  |  |  |
| **BYDUREON BCISE** | T2 |  | R&M; QL (0.13 ML per 1 day) |
| **BYDUREON SUBCUTANEOUS PEN-INJECTOR** | T2 |  | R&M; AI ( ); QL (4 EA per 28 days); AG (Min 16 Years) |
| **BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | R&M; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AG (Min 18 Years) |
| **BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | R&M; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AG (Min 18 Years) |
| **OZEMPIC (0.25 OR 0.5 MG/DOSE)** | T3 |  | PA; ST; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.) |
| **OZEMPIC (1 MG/DOSE)** | T3 |  | PA; ST; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.) |
| **RYBELSUS** | T3 |  | PA; R&M |
| **TRULICITY** | T2 |  | R&M; QL (0.0715 ML per 1 day); AG (Min 18 Years) |
| **VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR** | T2 |  | R&M; AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 18 Years) |
| **\*Meglitinide Analogues\*\*\*** |  |  |  |
| *nateglinide* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *repaglinide* |  | T1 | R&M |
| **\*Progesterone Receptor Antagonists\*\*\*** |  |  |  |
| **KORLYM** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors\*\*\*** |  |  |  |
| **FARXIGA** | T2 |  | R&M; QL (1 EA per 1 day) |
| **INVOKANA** | T3 |  | ST; R&M; AI (EST DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy.) |
| **JARDIANCE** | T2 |  | ST; R&M; AI (EST thru any metformin for at least 2 months in last 6 months); QL (1 EA per 1 day) |
| **STEGLATRO** | T3 |  | ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day) |
| **\*Sulfonylurea-Biguanide Combinations\*\*\*** |  |  |  |
| *glipizide-metformin hcl oral tablet* *2.5-250 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *glipizide-metformin hcl oral tablet* *2.5-500 mg, 5-500 mg* |  | T1 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *glyburide-metformin oral tablet* *1.25-250 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *glyburide-metformin oral tablet* *2.5-500 mg, 5-500 mg* |  | T1 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| **\*Sulfonylureas\*\*\*** |  |  |  |
| *glimepiride oral tablet* *1 mg, 2 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *glimepiride oral tablet* *4 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *glipizide er* |  | T1 | R&M |
| *glipizide oral* |  | T1 | R&M |
| *glipizide xl* |  | T1 | R&M |
| *glyburide micronized* |  | T1 | R&M |
| *glyburide oral* |  | T1 | R&M |
| *tolbutamide* |  | T1 | R&M |
| **\*Thiazolidinedione-Biguanide Combinations\*\*\*** |  |  |  |
| *pioglitazone hcl-metformin hcl* |  | T1 | R&M; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years) |
| **\*Thiazolidinediones\*\*\*** |  |  |  |
| **AVANDIA ORAL TABLET** **2 MG, 4 MG** | T3 |  | R&M |
| *pioglitazone hcl* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **\*Antidiarrheals\*** |  |  |  |
| **\*Antidiarrheal - Chloride Channel Antagonists\*\*\*** |  |  |  |
| **MYTESI** | T3 |  | R&M |
| **\*Antiperistaltic Agents\*\*\*** |  |  |  |
| *diphenoxylate-atropine* |  | T1 | R&M |
| *loperamide hcl oral capsule* |  | T1 | R&M |
| **MOTOFEN** | T3 |  | R&M |
| *opium* |  | T3 | ST; R&M |
| **\*Antidotes And Specific Antagonists\*** |  |  |  |
| **\*Antidotes And Specific Antagonists\*\*\*** |  |  |  |
| **RADIOGARDASE** | T3 |  | R&M; QL (18 EA per 1 day); AG (Min 2 Years) |
| **\*Antidotes\*** |  |  |  |
| **\*Antidotes - Chelating Agents\*\*\*** |  |  |  |
| **CHEMET** | T3 |  | PA; R&M |
| **EXJADE** *(Deferasirox)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **FERRIPROX ORAL SOLUTION** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **FERRIPROX ORAL TABLET** **1000 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies) |
| **FERRIPROX ORAL TABLET** **500 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **FERRIPROX TWICE-A-DAY** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies) |
| **JADENU** *(Deferasirox)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **JADENU SPRINKLE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antidotes\*\*\*** |  |  |  |
| **RADIOGARDASE** | T3 |  | R&M; QL (18 EA per 1 day); AG (Min 2 Years) |
| **\*Opioid Antagonists\*\*\*** |  |  |  |
| *naloxone hcl injection solution* *0.4 mg/ml, 4 mg/10ml* |  | T1 | R&M |
| *naloxone hcl injection solution cartridge* |  | T1 | R&M |
| *naloxone hcl injection solution prefilled syringe* |  | T1 | R&M |
| *naltrexone hcl oral* |  | T1 | R&M |
| **NARCAN** | T2 |  | R&M; 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 limit applies) |
| **\*Antiemetics\*** |  |  |  |
| **\*5-Ht3 Receptor Antagonists\*\*\*** |  |  |  |
| **ANZEMET ORAL** | T3 |  | R&M; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay) |
| *granisetron hcl oral* |  | T1 | R&M; AI (#6 per copay mail or retail. Max #36.); QL (2 EA per 1 day) |
| *ondansetron hcl injection solution* *40 mg/20ml* |  | T1 | R&M |
| *ondansetron hcl oral solution* |  | T1 | R&M |
| *ondansetron hcl oral tablet* *4 mg, 8 mg* |  | T1 | R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay) |
| *ondansetron oral tablet dispersible* *4 mg* |  | T3 | R&M; AI (#15 per Copay Retail or Mail); QL (4 EA per 1 day) |
| *ondansetron oral tablet dispersible* *8 mg* |  | T3 | R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay) |
| **SANCUSO** | T3 |  | RO; AI ( ); QL (0.67 EA per 1 day) |
| **ZUPLENZ** | T3 |  | R&M; AI (#10 per copay retail or mail); QL (0.34 EA per 1 day) |
| **\*Antiemetic Combinations\*\*\*** |  |  |  |
| **AKYNZEO ORAL** | T3 |  | PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.) |
| **BONJESTA** | T3 |  | PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.) |
| **DICLEGIS** | T3 |  | PA; ST; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.) |
| *doxylamine-pyridoxine* |  | T3 | PA; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.) |
| **\*Antiemetics - Anticholinergic\*\*\*** |  |  |  |
| *meclizine hcl oral tablet* |  | T1 | R&M |
| *scopolamine* |  | T3 | R&M; QL (0.34 EA per 1 day) |
| **TIGAN INTRAMUSCULAR** | T3 |  | R&M |
| *trimethobenzamide hcl oral* |  | T2 | R&M |
| **\*Antiemetics - Miscellaneous\*\*\*** |  |  |  |
| *dronabinol oral capsule* *10 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *dronabinol oral capsule* *2.5 mg, 5 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| **SYNDROS** | T3 |  | PA; R&M |
| **\*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists\*\*\*** |  |  |  |
| *aprepitant* |  | T3 | R&M; AI ( ) |
| **CINVANTI** | MB |  | R&M |
| **EMEND ORAL SUSPENSION RECONSTITUTED** | T3 |  | R&M |
| **\*Antifungals\*** |  |  |  |
| **\*Antifungals\*\*\*** |  |  |  |
| *flucytosine oral* |  | T3 | R&M |
| *griseofulvin microsize oral* |  | T1 | R&M |
| *griseofulvin ultramicrosize* |  | T1 | R&M |
| *nystatin oral tablet* |  | T1 | R&M |
| *terbinafine hcl oral* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **\*Imidazoles\*\*\*** |  |  |  |
| *ketoconazole oral* |  | T1 | R&M |
| *miconazole* |  | T3 | R&M |
| **\*Triazoles\*\*\*** |  |  |  |
| **CRESEMBA ORAL** | T3 |  | PA; R&M |
| *fluconazole oral* |  | T1 | R&M |
| *itraconazole oral* |  | T3 | R&M |
| **NOXAFIL ORAL** | T3 |  | PA; R&M |
| *voriconazole oral* |  | T1 | R&M |
| **\*Antihistamines\*** |  |  |  |
| **\*Antihistamines - Ethanolamines\*\*\*** |  |  |  |
| *carbinoxamine maleate oral solution* |  | T1 | R&M |
| *carbinoxamine maleate oral tablet* *4 mg* |  | T1 | R&M |
| *clemastine fumarate oral tablet* *2.68 mg* |  | T3 | R&M |
| *diphenhydramine hcl oral elixir* |  | T3 | PA; R&M |
| **KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE** | T3 |  | ST; R&M; AI (EST through carbinoxamine 4 mg tablet for at least 1 month in last 60 days.); QL (120 ML per 30 days); AG (Min 2 Years) |
| **\*Antihistamines - Non-Sedating\*\*\*** |  |  |  |
| *cetirizine hcl oral solution* *1 mg/ml* |  | T1 | PA; R&M |
| *desloratadine oral tablet* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail) |
| *levocetirizine dihydrochloride oral solution* |  | T1 | R&M |
| **\*Antihistamines - Phenothiazines\*\*\*** |  |  |  |
| **PHENADOZ** *(Promethazine HCl)* | T1 | T1 | R&M |
| *promethazine hcl injection* |  | T3 | R&M |
| *promethazine hcl oral* |  | T1 | R&M |
| **PROMETHEGAN RECTAL SUPPOSITORY** *(Promethazine HCl)* **12.5 MG, 25 MG** | T1 | T1 | R&M |
| **PROMETHEGAN RECTAL SUPPOSITORY** **50 MG** | T2 |  | R&M |
| **\*Antihistamines - Piperidines\*\*\*** |  |  |  |
| *cyproheptadine hcl oral* |  | T1 | R&M |
| **\*Antihyperlipidemics\*** |  |  |  |
| **\*Antihyperlipidemics - Misc.\*\*\*** |  |  |  |
| *omega-3-acid ethyl esters* |  | T1 | R&M |
| **VASCEPA** | T3 |  | PA; R&M |
| **\*Bile Acid Sequestrants\*\*\*** |  |  |  |
| *cholestyramine oral* |  | T1 | R&M |
| *colesevelam hcl oral packet* |  | T1 | R&M; QL (1 EA per 1 day) |
| *colesevelam hcl oral tablet* |  | T1 | R&M; QL (6 EA per 1 day) |
| *colestipol hcl oral packet* |  | T1 | R&M |
| *colestipol hcl oral tablet* |  | T1 | R&M |
| **PREVALITE** *(Cholestyramine Light)* | T1 | T1 | R&M |
| **\*Fibric Acid Derivatives\*\*\*** |  |  |  |
| *fenofibrate micronized oral capsule* *130 mg, 134 mg, 200 mg, 67 mg* |  | T1 | R&M |
| *fenofibrate oral tablet* *120 mg, 40 mg* |  | T1 | R&M |
| *fenofibrate oral tablet* *145 mg, 160 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *fenofibrate oral tablet* *48 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *fenofibrate oral tablet* *54 mg* |  | T1 | R&M; AI (Max #90 Mail Order) |
| *fenofibric acid oral capsule delayed release* |  | T1 | R&M; QL (1 EA per 1 Day); AG (Min 18 Years) |
| *fenofibric acid oral tablet* *105 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *gemfibrozil oral* |  | T1 | R&M |
| **LIPOFEN** | T3 |  | R&M |
| **TRIGLIDE ORAL TABLET** **160 MG** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| **\*Hmg Coa Reductase Inhibitors\*\*\*** |  |  |  |
| *atorvastatin calcium oral tablet* *10 mg, 40 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| *atorvastatin calcium oral tablet* *20 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day) |
| *atorvastatin calcium oral tablet* *80 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1 EA per 1 day) |
| *fluvastatin sodium oral capsule* *20 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *fluvastatin sodium oral capsule* *40 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **LIVALO** | T3 |  | PA; ST; R&M |
| *lovastatin oral tablet* *10 mg, 20 mg* |  | T1 | R&M |
| *lovastatin oral tablet* *40 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *pravastatin sodium oral tablet* *10 mg, 20 mg, 80 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *pravastatin sodium oral tablet* *40 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *rosuvastatin calcium* |  | T1 | R&M; QL (1 EA per 1 day) |
| *simvastatin oral tablet* *10 mg, 20 mg, 40 mg, 5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *simvastatin oral tablet* *80 mg* |  | T2 | PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day) |
| **ZYPITAMAG** | T3 |  | ST; R&M |
| **\*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb\*\*\*** |  |  |  |
| *ezetimibe-simvastatin oral tablet* *10-10 mg, 10-20 mg, 10-40 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *ezetimibe-simvastatin oral tablet* *10-80 mg* |  | T1 | PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day) |
| **\*Intestinal Cholesterol Absorption Inhibitors\*\*\*** |  |  |  |
| *ezetimibe* |  | T1 | R&M; QL (1 EA per 1 day) |
| **\*Microsomal Triglyceride Transfer Protein Inhibitors\*\*\*** |  |  |  |
| **JUXTAPID** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Nicotinic Acid Derivatives\*\*\*** |  |  |  |
| *niacin er (antihyperlipidemic) oral tablet extended release* *1000 mg, 750 mg* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| *niacin er (antihyperlipidemic) oral tablet extended release* *500 mg* |  | T2 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day) |
| **\*Antihypertensives\*** |  |  |  |
| **\*Ace Inhibitor & Calcium Channel Blocker Combinations\*\*\*** |  |  |  |
| *amlodipine besy-benazepril hcl* |  | T1 | R&M |
| *trandolapril-verapamil hcl er oral tablet extended release* *1-240 mg* |  | T3 | R&M |
| *trandolapril-verapamil hcl er oral tablet extended release* *2-180 mg, 2-240 mg, 4-240 mg* |  | T1 | R&M |
| **\*Ace Inhibitors & Thiazide/Thiazide-Like\*\*\*** |  |  |  |
| *benazepril-hydrochlorothiazide* |  | T1 | R&M |
| *captopril-hydrochlorothiazide* |  | T3 | R&M |
| *enalapril-hydrochlorothiazide* |  | T1 | R&M |
| *fosinopril sodium-hctz* |  | T3 | R&M |
| *lisinopril-hydrochlorothiazide* |  | T1 | R&M |
| *quinapril-hydrochlorothiazide* |  | T1 | R&M |
| **\*Ace Inhibitors\*\*\*** |  |  |  |
| *benazepril hcl oral* |  | T1 | R&M |
| *captopril oral* |  | T1 | R&M |
| *enalapril maleate oral* |  | T1 | R&M |
| *fosinopril sodium* |  | T1 | R&M |
| *lisinopril oral* |  | T1 | R&M |
| *moexipril hcl* |  | T2 | R&M |
| *perindopril erbumine* |  | T2 | R&M |
| *quinapril hcl* |  | T1 | R&M |
| *ramipril* |  | T1 | R&M |
| *trandolapril* |  | T1 | R&M |
| **\*Agents For Pheochromocytoma\*\*\*** |  |  |  |
| **DIBENZYLINE** *(Phenoxybenzamine HCl)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb\*\*\*** |  |  |  |
| *amlodipine besylate-valsartan* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *amlodipine-olmesartan* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *telmisartan-amlodipine* |  | T1 | R&M |
| **\*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like\*\*\*** |  |  |  |
| *candesartan cilexetil-hctz* |  | T3 | R&M; AI ( ) |
| **EDARBYCLOR** | T3 |  | R&M |
| *irbesartan-hydrochlorothiazide oral tablet* *150-12.5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day) |
| *irbesartan-hydrochlorothiazide oral tablet* *300-12.5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *losartan potassium-hctz* |  | T1 | R&M |
| *olmesartan medoxomil-hctz oral tablet* *20-12.5 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day) |
| *olmesartan medoxomil-hctz oral tablet* *40-12.5 mg, 40-25 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *valsartan-hydrochlorothiazide oral tablet* *160-12.5 mg, 160-25 mg, 80-12.5 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *valsartan-hydrochlorothiazide oral tablet* *320-12.5 mg, 320-25 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **\*Angiotensin Ii Receptor Antagonists\*\*\*** |  |  |  |
| *candesartan cilexetil* |  | T3 | R&M; AI ( ) |
| **EDARBI** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| *irbesartan oral tablet* *150 mg, 75 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| *irbesartan oral tablet* *300 mg* |  | T1 | R&M; AI (Max #90 Mail Order) |
| *losartan potassium oral* |  | T1 | R&M |
| *olmesartan medoxomil oral tablet* *20 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day) |
| *olmesartan medoxomil oral tablet* *40 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *olmesartan medoxomil oral tablet* *5 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day) |
| *telmisartan* |  | T1 | R&M |
| *valsartan* |  | T1 | R&M; QL (2 EA per 1 day) |
| **\*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides\*\*\*** |  |  |  |
| *amlodipine-valsartan-hctz* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *olmesartan-amlodipine-hctz oral tablet* *20-5-12.5 mg* |  | T3 | R&M |
| **\*Antiadrenergics - Centrally Acting\*\*\*** |  |  |  |
| **CATAPRES-TTS-1** *(CloNIDine)* | T3 | T3 | R&M |
| **CATAPRES-TTS-2** *(CloNIDine)* | T3 | T3 | R&M |
| **CATAPRES-TTS-3** *(CloNIDine)* | T3 | T3 | R&M |
| *clonidine hcl oral* |  | T1 | R&M |
| *guanfacine hcl oral tablet* *1 mg* |  | T2 | R&M |
| *guanfacine hcl oral tablet* *2 mg* |  | T1 | R&M |
| *methyldopa oral* |  | T1 | R&M |
| **\*Antiadrenergics - Peripherally Acting\*\*\*** |  |  |  |
| *doxazosin mesylate oral* |  | T1 | R&M |
| *prazosin hcl oral* |  | T1 | R&M |
| *terazosin hcl oral* |  | T1 | R&M |
| **\*Beta Blocker & Diuretic Combinations\*\*\*** |  |  |  |
| *atenolol-chlorthalidone* |  | T1 | R&M |
| *bisoprolol-hydrochlorothiazide* |  | T1 | R&M |
| *metoprolol-hydrochlorothiazide* |  | T1 | R&M |
| *propranolol-hctz* |  | T1 | R&M |
| **\*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb\*\*\*** |  |  |  |
| **TEKTURNA HCT ORAL TABLET** **150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG** | T2 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **\*Direct Renin Inhibitors\*\*\*** |  |  |  |
| *aliskiren fumarate* |  | T2 | R&M; QL (1 EA per 1 Day); AG (Min 18 Years) |
| **\*Selective Aldosterone Receptor Antagonists (Saras)\*\*\*** |  |  |  |
| *eplerenone oral tablet* *25 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *eplerenone oral tablet* *50 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Vasodilators\*\*\*** |  |  |  |
| *hydralazine hcl oral* |  | T1 | R&M |
| *minoxidil oral* |  | T1 | R&M |
| **\*Anti-Infective Agents - Misc.\*** |  |  |  |
| **\*Anti-Infective Agents - Misc.\*\*\*** |  |  |  |
| **AEMCOLO** | T3 |  | R&M; AI (Limited to two fills per year); QL (12 EA per 3 Dayss) |
| *metronidazole oral tablet* |  | T1 | R&M |
| **NEBUPENT** *(Pentamidine Isethionate)* | SP | SP | R&M |
| *tinidazole oral* |  | T1 | R&M |
| *trimethoprim oral* |  | T1 | R&M |
| **XIFAXAN** | T3 |  | PA; R&M; AI ( ) |
| **\*Anti-Infective Misc. - Combinations\*\*\*** |  |  |  |
| *sulfamethoxazole-trimethoprim oral suspension* *200-40 mg/5ml* |  | T1 | R&M |
| *sulfamethoxazole-trimethoprim oral tablet* *400-80 mg* |  | T1 | R&M |
| **\*Antiprotozoal Agents\*\*\*** |  |  |  |
| **ALINIA ORAL SUSPENSION RECONSTITUTED** | T3 |  | R&M; AI (30 days must pass before able to refill); QL (60 ML per 3 days) |
| **ALINIA ORAL TABLET** | T3 |  | R&M; AI (30 days must pass before able to refill); QL (6 EA per 3 days) |
| *atovaquone oral* |  | T2 | R&M |
| **\*Carbapenem Combinations\*\*\*** |  |  |  |
| **VABOMERE** | MB |  | R&M |
| **\*Leprostatics\*\*\*** |  |  |  |
| *dapsone oral* |  | T2 | R&M |
| **\*Lincosamides\*\*\*** |  |  |  |
| *clindamycin hcl oral* |  | T1 | R&M |
| *clindamycin palmitate hcl* |  | T3 | R&M |
| **\*Oxazolidinones\*\*\*** |  |  |  |
| *linezolid oral suspension reconstituted* |  | T1 | R&M |
| *linezolid oral tablet* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| **SIVEXTRO ORAL** | T3 |  | PA; RO; AI (Limited to 30 day supply) |
| **\*Polymyxins\*\*\*** |  |  |  |
| *polymyxin b sulfate injection* |  | MB | SP |
| **\*Antimalarials\*** |  |  |  |
| **\*Antimalarial Combinations\*\*\*** |  |  |  |
| *atovaquone-proguanil hcl oral tablet* *250-100 mg* |  | T3 | R&M |
| *atovaquone-proguanil hcl oral tablet* *62.5-25 mg* |  | T2 | R&M |
| **COARTEM** | T3 |  | R&M |
| **\*Antimalarials\*\*\*** |  |  |  |
| *chloroquine phosphate oral* |  | T1 | ST; R&M; AI (New fills limited to #30 in 6 months) |
| **DARAPRIM** *(Pyrimethamine)* | T3 | T3 | PA; ST; R&M |
| *hydroxychloroquine sulfate oral* |  | T1 | ST; R&M; AI (New fills limited to #30 in 6 months) |
| *mefloquine hcl* |  | T3 | R&M; AI (Max #15 per 90 days); QL (5 EA per 30 Days) |
| *primaquine phosphate oral* |  | T3 | PA; R&M |
| *quinine sulfate oral* |  | T1 | R&M |
| **\*Antimyasthenic Agents\*** |  |  |  |
| **\*Antimyasthenic Agents\*\*\*** |  |  |  |
| **FIRDAPSE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *guanidine hcl oral* |  | T3 | R&M |
| *pyridostigmine bromide oral solution* |  | T3 | R&M |
| *pyridostigmine bromide oral tablet* *60 mg* |  | T1 | R&M |
| **RUZURGI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **\*Antimyasthenic/Cholinergic Agents\*\*\*** |  |  |  |
| **FIRDAPSE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *guanidine hcl oral* |  | T3 | R&M |
| *pyridostigmine bromide oral solution* |  | T3 | R&M |
| *pyridostigmine bromide oral tablet* *60 mg* |  | T1 | R&M |
| **RUZURGI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **\*Antimyasthenic/Cholinergic Agents\*** |  |  |  |
| **FIRDAPSE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *guanidine hcl oral* |  | T3 | R&M |
| *pyridostigmine bromide oral solution* |  | T3 | R&M |
| *pyridostigmine bromide oral tablet* *60 mg* |  | T1 | R&M |
| **RUZURGI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **\*Antimycobacterial Agents\*** |  |  |  |
| **\*Anti Tb Combinations\*\*\*** |  |  |  |
| **RIFAMATE** | T3 |  | R&M |
| **RIFATER** | T3 |  | R&M |
| **\*Antimycobacterial Agents\*\*\*** |  |  |  |
| *cycloserine oral* |  | T3 | R&M |
| *ethambutol hcl oral tablet* *100 mg* |  | T1 | R&M |
| *ethambutol hcl oral tablet* *400 mg* |  | T2 | R&M |
| *isoniazid oral syrup* |  | T1 | R&M |
| *isoniazid oral tablet* *100 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *isoniazid oral tablet* *300 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **PASER** | T3 |  | PA; ST; R&M |
| **PRIFTIN** | T2 |  | R&M |
| *pyrazinamide oral* |  | T2 | R&M |
| *rifabutin* |  | T1 | R&M |
| *rifampin oral* |  | T1 | R&M |
| **SIRTURO ORAL TABLET** **100 MG** | SP |  | PA; R&M; AI (Limited to 30 day supply.) |
| **SIRTURO ORAL TABLET** **20 MG** | SP |  | PA; R&M |
| **TRECATOR** | T3 |  | R&M |
| **\*Antineoplastic - Bcl-2 Inhibitors\*\*\*** |  |  |  |
| **\*Antineoplastic - Bcl-2 Inhibitors\*\*\*** |  |  |  |
| **VENCLEXTA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **VENCLEXTA STARTING PACK** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic - Fgfr Kinase Inhibitors\*\*\*** |  |  |  |
| **\*Antineoplastic - Fgfr Kinase Inhibitors\*\*\*** |  |  |  |
| **BALVERSA ORAL TABLET** **3 MG** | T1 |  | PA; R&M |
| **PEMAZYRE** | T1 |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies) |
| **\*Antineoplastic - Methyltransferase Inhibitors\*\*\*** |  |  |  |
| **\*Antineoplastic - Methyltransferase Inhibitors\*\*\*** |  |  |  |
| **TAZVERIK** | T1 |  | PA; R&M; AI (Limited Distribution Onco360) |
| **\*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors\*\*\*** |  |  |  |
| **\*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors\*\*\*** |  |  |  |
| **ROZLYTREK** | T1 |  | PA; R&M |
| **\*Antineoplastic - Xpo1 Inhibitors\*\*\*** |  |  |  |
| **\*Antineoplastic - Xpo1 Inhibitors\*\*\*** |  |  |  |
| **XPOVIO (80 MG TWICE WEEKLY)** | T1 |  | PA; R&M |
| **\*Antineoplastics And Adjunctive Therapies\*** |  |  |  |
| **\*Alkylating Agents\*\*\*** |  |  |  |
| **BELRAPZO** *(Bendamustine HCl)* | MB | MB | R&M |
| **BENDEKA** *(Bendamustine HCl)* | MB | MB | R&M |
| **MYLERAN** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Androgen Biosynthesis Inhibitors\*\*\*** |  |  |  |
| **YONSA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZYTIGA ORAL TABLET** *(Abiraterone Acetate)* **250 MG** | T1 | T1 | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZYTIGA ORAL TABLET** **500 MG** | T1 |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antiadrenals\*\*\*** |  |  |  |
| **LYSODREN** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antiandrogens\*\*\*** |  |  |  |
| **CASODEX** *(Bicalutamide)* | T1 | T1 | R&M |
| **ERLEADA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *flutamide* |  | T1 | R&M |
| **NILANDRON** *(Nilutamide)* | T1 | T1 | R&M; M |
| **XTANDI** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antiestrogens\*\*\*** |  |  |  |
| **FARESTON** *(Toremifene Citrate)* | T1 | T1 | R&M; QL (1 EA per 1 day) |
| **SOLTAMOX** | T1 |  | R&M |
| *tamoxifen citrate oral* |  | $0 | R&M; AI (Limited to 30 day supply) |
| **\*Antimetabolites\*\*\*** |  |  |  |
| **FOLOTYN INTRAVENOUS SOLUTION** **40 MG/2ML** | T1 |  | PA; ST; SP |
| *mercaptopurine oral* |  | T1 | R&M |
| *methotrexate oral* |  | T1 | R&M |
| *methotrexate sodium (pf) injection solution* *1 gm/40ml, 250 mg/10ml, 50 mg/2ml* |  | T1 | R&M |
| **PURIXAN** | T1 |  | R&M |
| **TABLOID** | T1 |  | R&M |
| **TREXALL** | T1 |  | R&M |
| **XATMEP** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **XELODA** *(Capecitabine)* | T1 | T1 | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*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 limit applies, distribution may be limited) |
| **TAFINLAR** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZELBORAF** | T1 |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic - Hedgehog Pathway Inhibitors\*\*\*** |  |  |  |
| **ERIVEDGE** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ODOMZO** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Antineoplastic - Histone Deacetylase Inhibitors\*\*\*** |  |  |  |
| **FARYDAK ORAL CAPSULE** **10 MG, 20 MG** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **ZOLINZA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 16 Years) |
| **\*Antineoplastic - Immunomodulators\*\*\*** |  |  |  |
| **POMALYST** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic - Mek Inhibitors\*\*\*** |  |  |  |
| **COTELLIC** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MEKINIST** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MEKTOVI** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **\*Antineoplastic - Monoclonal Antibodies\*\*\*** |  |  |  |
| **BAVENCIO** | MB |  | R&M |
| **LARTRUVO** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic - Mtor Kinase Inhibitors\*\*\*** |  |  |  |
| **AFINITOR** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **AFINITOR DISPERZ** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic - Multikinase Inhibitors\*\*\*** |  |  |  |
| **NEXAVAR** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day); AG (Min 16 Years) |
| **RYDAPT** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **STIVARGA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SUTENT** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day) |
| **\*Antineoplastic - Proteasome Inhibitors\*\*\*** |  |  |  |
| **KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED** **60 MG** | T1 |  | PA; R&M |
| **NINLARO** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic - Tyrosine Kinase Inhibitors\*\*\*** |  |  |  |
| **ALECENSA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (8 EA per 1 day); AG (Min 18 Years) |
| **ALUNBRIG ORAL TABLET** **30 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **AYVAKIT** | T1 |  | PA; R&M; AI (Limited distribution Biologics & PantheRx ) |
| **BOSULIF ORAL TABLET** **100 MG, 500 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **BRUKINSA** | T1 |  | PA; R&M; AI (LIMITED DISTRIBUTION BY DIPLOMAT, BIOLOGICS OR ONCO360 ) |
| **CABOMETYX** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **CALQUENCE** | T1 |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **CAPRELSA** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **COMETRIQ (100 MG DAILY DOSE) ORAL KIT** **1 X 80 & 1 X 20 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **COMETRIQ (140 MG DAILY DOSE) ORAL KIT** **1 X 80 & 3 X 20 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **COMETRIQ (60 MG DAILY DOSE)** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **GILOTRIF** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **GLEEVEC** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day) |
| **ICLUSIG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *imatinib mesylate oral tablet* *100 mg* |  | T1 | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day) |
| **IMBRUVICA ORAL CAPSULE** **140 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA 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 limit applies) |
| **IMBRUVICA ORAL TABLET** **140 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years) |
| **IMBRUVICA ORAL TABLET** **280 MG, 420 MG, 560 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **INLYTA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **IRESSA** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LENVIMA (10 MG DAILY DOSE)** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LENVIMA (14 MG DAILY DOSE)** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LENVIMA (18 MG DAILY DOSE)** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LENVIMA (20 MG DAILY DOSE)** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LENVIMA (24 MG DAILY DOSE)** | T1 |  | PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LENVIMA (8 MG DAILY DOSE)** | T1 |  | R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **LORBRENA** | T1 |  | PA; R&M |
| **NERLYNX** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **QINLOCK** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **RETEVMO** | T1 |  | PA; SP; AI (Limited to 30 day supply) |
| **SPRYCEL ORAL TABLET** **100 MG, 140 MG, 80 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SPRYCEL ORAL TABLET** **20 MG, 50 MG, 70 MG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day) |
| **TABRECTA** | T1 |  | PA; R&M |
| **TAGRISSO** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TARCEVA** *(Erlotinib HCl)* | T1 | T1 | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TASIGNA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TUKYSA** | T1 |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies) |
| **TURALIO** | T1 |  | PA; R&M |
| **TYKERB** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 Day) |
| **VIZIMPRO** | T1 |  | PA; R&M |
| **VOTRIENT** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **XALKORI** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AG (Min 16 Years) |
| **XOSPATA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **ZYKADIA ORAL TABLET** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day); AG (Min 16 Years) |
| **\*Antineoplastic Antibiotics\*\*\*** |  |  |  |
| *mitoxantrone hcl* |  | MB | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastic Antibody-Drug Complexes\*\*\*** |  |  |  |
| **MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED** **4.5 MG** | MB |  | R&M |
| **\*Antineoplastic Combinations\*\*\*** |  |  |  |
| **LONSURF** | T1 |  | PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years) |
| **RITUXAN HYCELA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antineoplastics Misc.\*\*\*** |  |  |  |
| **ACTIMMUNE** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HYDREA** *(Hydroxyurea)* | T1 | T1 | R&M |
| **INTRON A** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MATULANE** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SYLATRON SUBCUTANEOUS KIT** **200 MCG, 300 MCG, 600 MCG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SYNRIBO** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Aromatase Inhibitors\*\*\*** |  |  |  |
| *anastrozole oral* |  | $0 | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 Day) |
| **ARIMIDEX** | T1 |  | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 day) |
| **AROMASIN** | T1 |  | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 day) |
| *exemestane* |  | $0 | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 Day) |
| **FEMARA** | T1 |  | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 day) |
| *letrozole oral* |  | $0 | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 Day) |
| **\*Chemotherapy Adjuncts - Hyperuricemia Agents\*\*\*** |  |  |  |
| **ELITEK** | MB |  | R&M |
| **\*Estrogen Receptor Antagonist\*\*\*** |  |  |  |
| **FASLODEX INTRAMUSCULAR SOLUTION** *(Fulvestrant)* **250 MG/5ML** | T1 | T1 | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Estrogens-Antineoplastic\*\*\*** |  |  |  |
| **EMCYT** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Folic Acid Antagonists Rescue Agents\*\*\*** |  |  |  |
| *leucovorin calcium oral tablet* *10 mg, 15 mg* |  | T3 | R&M |
| *leucovorin calcium oral tablet* *25 mg, 5 mg* |  | T1 | R&M |
| **\*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 limit applies) |
| **\*Imidazotetrazines\*\*\*** |  |  |  |
| **TEMODAR ORAL** *(Temozolomide)* | T1 | T1 | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Janus Associated Kinase (Jak) Inhibitors\*\*\*** |  |  |  |
| **INREBIC** | T1 |  | PA; R&M |
| **JAKAFI** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Lhrh Analogs\*\*\*** |  |  |  |
| **ELIGARD SUBCUTANEOUS KIT** **22.5 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AG (Min 18 Years) |
| **ELIGARD SUBCUTANEOUS KIT** **30 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years) |
| **ELIGARD SUBCUTANEOUS KIT** **45 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years) |
| **ELIGARD SUBCUTANEOUS KIT** **7.5 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years) |
| **FENSOLVI** | MB |  | R&M |
| *leuprolide acetate injection* |  | T1 | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (28 mg per 28 days); AG (Min 18 Years) |
| **LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT** **3.75 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 30 days) |
| **LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT** **7.5 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years) |
| **LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT** **11.25 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 90 days) |
| **LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT** **22.5 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AG (Min 18 Years) |
| **LUPRON DEPOT (4-MONTH)** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years) |
| **LUPRON DEPOT (6-MONTH)** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 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 limit applies) |
| **VANTAS** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZOLADEX** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Mitotic Inhibitors\*\*\*** |  |  |  |
| *etoposide oral* |  | T1 | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Nitrogen Mustards\*\*\*** |  |  |  |
| **ALKERAN ORAL** *(Melphalan)* | T1 | T1 | R&M |
| *cyclophosphamide oral capsule* |  | T1 | R&M |
| **LEUKERAN** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Nitrosoureas\*\*\*** |  |  |  |
| **GLEOSTINE ORAL CAPSULE** **10 MG, 100 MG, 40 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Progestins-Antineoplastic\*\*\*** |  |  |  |
| *megestrol acetate oral suspension* *40 mg/ml, 400 mg/10ml* |  | T1 | R&M |
| *megestrol acetate oral tablet* |  | T1 | R&M |
| **\*Retinoids\*\*\*** |  |  |  |
| *tretinoin oral* |  | T1 | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Selective Retinoid X Receptor Agonists\*\*\*** |  |  |  |
| **TARGRETIN ORAL** *(Bexarotene)* | T1 | T1 | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Topoisomerase I Inhibitors\*\*\*** |  |  |  |
| **HYCAMTIN ORAL** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Urinary Tract Protective Agents\*\*\*** |  |  |  |
| **MESNEX ORAL** | SP |  | SP |
| **\*Antiparkinson Agents\*** |  |  |  |
| **\*Antiparkinson Anticholinergics\*\*\*** |  |  |  |
| *benztropine mesylate oral* |  | T1 | R&M |
| *trihexyphenidyl hcl oral tablet* |  | T1 | R&M |
| **\*Antiparkinson Dopaminergics\*\*\*** |  |  |  |
| *amantadine hcl oral capsule* |  | T1 | R&M |
| *amantadine hcl oral syrup* |  | T1 | R&M |
| *bromocriptine mesylate oral* |  | T1 | R&M |
| **GOCOVRI** | T3 |  | PA; R&M |
| **INBRIJA** | T3 |  | PA; R&M |
| **OSMOLEX ER** | T3 |  | PA; R&M |
| **\*Antiparkinson Monoamine Oxidase Inhibitors\*\*\*** |  |  |  |
| *rasagiline mesylate oral* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *selegiline hcl oral* |  | T1 | R&M |
| **XADAGO** | T3 |  | PA; R&M |
| **\*Central/Peripheral Comt Inhibitors\*\*\*** |  |  |  |
| **TASMAR ORAL TABLET** *(Tolcapone)* **100 MG** | T3 | T1 | PA; R&M |
| **\*Decarboxylase Inhibitors\*\*\*** |  |  |  |
| *carbidopa oral* |  | T1 | R&M |
| **\*Levodopa Combinations\*\*\*** |  |  |  |
| *carbidopa-levodopa* |  | T1 | R&M |
| *carbidopa-levodopa er oral tablet extended release* *25-100 mg, 50-200 mg* |  | T1 | R&M |
| **RYTARY** | T3 |  | PA; R&M |
| **STALEVO 100** *(Carbidopa-Levodopa-Entacapone)* | T3 | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| **STALEVO 125** *(Carbidopa-Levodopa-Entacapone)* | T3 | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| **STALEVO 150** *(Carbidopa-Levodopa-Entacapone)* | T3 | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| **STALEVO 200** *(Carbidopa-Levodopa-Entacapone)* | T3 | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| **STALEVO 50** *(Carbidopa-Levodopa-Entacapone)* | T3 | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| **STALEVO 75** *(Carbidopa-Levodopa-Entacapone)* | T3 | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| **\*Nonergoline Dopamine Receptor Agonists\*\*\*** |  |  |  |
| **KYNMOBI** | SP |  | PA; R&M |
| **NEUPRO** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *pramipexole dihydrochloride* |  | T1 | R&M |
| *ropinirole hcl* |  | T1 | R&M |
| *ropinirole hcl er oral tablet extended release 24 hour* *12 mg, 6 mg* |  | T3 | R&M |
| *ropinirole hcl er oral tablet extended release 24 hour* *2 mg* |  | T3 | R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| *ropinirole hcl er oral tablet extended release 24 hour* *4 mg* |  | T3 | R&M; AI (Max #540 Mail Order); QL (4 EA per 1 Day) |
| *ropinirole hcl er oral tablet extended release 24 hour* *8 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| **\*Peripheral Comt Inhibitors\*\*\*** |  |  |  |
| *entacapone* |  | T1 | R&M |
| **\*Antipsychotics/Antimanic Agents\*** |  |  |  |
| **\*Antimanic Agents\*\*\*** |  |  |  |
| *lithium* |  | T1 | R&M |
| *lithium carbonate er* |  | T1 | R&M |
| *lithium carbonate oral* |  | T1 | R&M |
| **\*Antipsychotics - Misc.\*\*\*** |  |  |  |
| **CAPLYTA** | T3 |  | PA; R&M |
| **EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR** **100 MG** | T3 |  | R&M |
| **EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR** **200 MG** | T3 |  | R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| **EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR** **300 MG** | T3 |  | R&M; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| **LATUDA** | T3 |  | R&M; QL (1 EA per 1 Day); AG (Min 10 Years) |
| *ziprasidone hcl* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Benzisoxazoles\*\*\*** |  |  |  |
| **FANAPT** | T3 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **FANAPT TITRATION PACK** | T3 |  | R&M; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days) |
| *paliperidone er oral tablet extended release 24 hour* *1.5 mg, 6 mg* |  | T3 | R&M; AI (90 tablets per copay); QL (2 EA per 1 day); AG (Min 12 Years) |
| *paliperidone er oral tablet extended release 24 hour* *3 mg, 9 mg* |  | T3 | R&M; AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years) |
| *risperidone oral solution* |  | T1 | R&M |
| *risperidone oral tablet* |  | T1 | R&M |
| *risperidone oral tablet dispersible* *1 mg* |  | T1 | R&M |
| **\*Butyrophenones\*\*\*** |  |  |  |
| *haloperidol lactate oral* |  | T1 | R&M |
| *haloperidol oral* |  | T1 | R&M |
| **\*Dibenzodiazepines\*\*\*** |  |  |  |
| *clozapine oral tablet* *100 mg, 25 mg* |  | T1 | R&M; AI (Max #810 Mail Order); QL (9 EA per 1 Day) |
| *clozapine oral tablet* *200 mg* |  | T1 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *clozapine oral tablet* *50 mg* |  | T1 | R&M; AI (Max #540 per 90days); QL (6 EA per 1 Day) |
| **\*Dibenzo-Oxepino Pyrroles\*\*\*** |  |  |  |
| **SAPHRIS SUBLINGUAL TABLET SUBLINGUAL** **10 MG, 5 MG** | T3 |  | R&M; QL (2 EA per 1 Day) |
| **SECUADO** | T3 |  | R&M; QL (1 EA per 1 day) |
| **\*Dibenzothiazepines\*\*\*** |  |  |  |
| *quetiapine fumarate er oral tablet extended release 24 hour* *150 mg, 200 mg, 50 mg* |  | T3 | R&M; QL (1 EA per 1 day); AG (Min 10 Years) |
| *quetiapine fumarate er oral tablet extended release 24 hour* *300 mg, 400 mg* |  | T3 | R&M; QL (2 EA per 1 day); AG (Min 10 Years) |
| *quetiapine fumarate oral tablet* *100 mg, 200 mg, 25 mg, 300 mg* |  | T1 | R&M |
| *quetiapine fumarate oral tablet* *400 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *quetiapine fumarate oral tablet* *50 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| **\*Dibenzoxazepines\*\*\*** |  |  |  |
| *loxapine succinate oral* |  | T1 | R&M |
| **\*Phenothiazines\*\*\*** |  |  |  |
| *chlorpromazine hcl oral* |  | T1 | R&M |
| *fluphenazine hcl oral concentrate* |  | T3 | R&M |
| *fluphenazine hcl oral elixir* |  | T3 | R&M |
| *fluphenazine hcl oral tablet* |  | T1 | R&M |
| *perphenazine oral* |  | T1 | R&M |
| *prochlorperazine* |  | T2 | R&M |
| *prochlorperazine maleate oral* |  | T2 | R&M |
| *thioridazine hcl oral* |  | T1 | R&M |
| *trifluoperazine hcl oral* |  | T1 | R&M |
| **\*Quinolinone Derivatives\*\*\*** |  |  |  |
| *aripiprazole oral solution* |  | T1 | R&M; QL (25 ML per 1 day) |
| *aripiprazole oral tablet* *10 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day) |
| *aripiprazole oral tablet* *15 mg, 20 mg, 30 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *aripiprazole oral tablet* *2 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| *aripiprazole oral tablet* *5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (3 EA per 1 day) |
| **REXULTI** | T3 |  | PA; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Thienbenzodiazepines\*\*\*** |  |  |  |
| *olanzapine oral tablet* *10 mg, 15 mg, 2.5 mg, 20 mg, 7.5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *olanzapine oral tablet* *5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (4 EA per 1 day) |
| *olanzapine oral tablet dispersible* *10 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day) |
| *olanzapine oral tablet dispersible* *15 mg, 20 mg, 5 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **\*Thioxanthenes\*\*\*** |  |  |  |
| *thiothixene oral* |  | T3 | R&M |
| **\*Antiretrovirals Adjuvants\*\*\*** |  |  |  |
| **\*Antiretrovirals Adjuvants\*\*\*** |  |  |  |
| **TYBOST** | T3 |  | R&M; AI ( ) |
| **\*Antiseptics & Disinfectants\*** |  |  |  |
| **\*Antiseptics & Disinfectants\*\*\*** |  |  |  |
| *formaldehyde external solution* *10 %* |  | T2 | R&M |
| **\*Iodine Antiseptics\*\*\*** |  |  |  |
| **IODOSORB** | T3 |  | R&M |
| **\*Antivirals\*** |  |  |  |
| **\*Antiretroviral Combinations\*\*\*** |  |  |  |
| *abacavir sulfate-lamivudine* |  | T1 | R&M |
| *abacavir-lamivudine-zidovudine* |  | T1 | R&M; AI ( ); QL (2 EA per 1 day) |
| **ATRIPLA** | T2 |  | R&M; AI ( ); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **BIKTARVY** | T3 |  | R&M; QL (1 EA per 1 day) |
| **CIMDUO** | T2 |  | R&M; QL (1 EA per 1 day) |
| **COMPLERA** | T2 |  | R&M; AI ( ) |
| **DELSTRIGO** | T3 |  | ST; R&M |
| **DESCOVY** | T3 |  | R&M; QL (1 EA per 1 day) |
| **DOVATO** | T3 |  | ST; R&M; AI ( STEP: No prior history of antiretroviral in 6 months-only approved for new starts ) |
| **EVOTAZ** | T3 |  | R&M; AI ( ) |
| **GENVOYA** | T2 |  | R&M; AI ( ) |
| **JULUCA** | T3 |  | PA; R&M |
| **KALETRA ORAL TABLET** | T2 |  | R&M; AI ( ) |
| *lamivudine-zidovudine* |  | T1 | R&M; AI ( ) |
| *lopinavir-ritonavir* |  | T2 | R&M |
| **ODEFSEY** | T2 |  | R&M; AI ( ) |
| **PREZCOBIX** | T3 |  | R&M; AI ( ) |
| **STRIBILD** | T2 |  | R&M; AI ( ) |
| **SYMFI** | T2 |  | R&M; QL (1 EA per 1 day) |
| **SYMFI LO** | T2 |  | R&M; QL (1 EA per 1 day) |
| **SYMTUZA** | T3 |  | PA; R&M |
| **TEMIXYS** | T2 |  | R&M; QL (1 EA per 1 day) |
| **TRIUMEQ** | T3 |  | R&M; AI ( ); QL (1 EA per 1 day); AG (Min 16 Years) |
| **TRUVADA ORAL TABLET** **100-150 MG, 133-200 MG, 167-250 MG** | $0 |  | R&M; AI ( ); $0; QL (1 EA per 1 day) |
| **TRUVADA ORAL TABLET** **200-300 MG** | $0 |  | R&M; AI ( ); $0; QL (1 EA per 1 Day) |
| **\*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)\*\*\*** |  |  |  |
| **SELZENTRY ORAL SOLUTION** | T2 |  | R&M |
| **SELZENTRY ORAL TABLET** **150 MG, 300 MG** | T2 |  | R&M; AI ( ) |
| **SELZENTRY ORAL TABLET** **25 MG, 75 MG** | T2 |  | R&M |
| **\*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 limit applies) |
| **\*Antiretrovirals - Integrase Inhibitors\*\*\*** |  |  |  |
| **ISENTRESS** | T2 |  | R&M; AI ( ) |
| **ISENTRESS HD** | T2 |  | R&M |
| **TIVICAY ORAL TABLET** **10 MG, 25 MG** | T2 |  | R&M |
| **TIVICAY ORAL TABLET** **50 MG** | T2 |  | R&M; AI ( ) |
| **TIVICAY PD** | T2 |  | R&M |
| **\*Antiretrovirals - Protease Inhibitors\*\*\*** |  |  |  |
| **APTIVUS** | T3 |  | R&M; AI ( ) |
| *atazanavir sulfate oral capsule* *150 mg, 200 mg* |  | T2 | R&M; QL (2 EA per 1 day) |
| *atazanavir sulfate oral capsule* *300 mg* |  | T2 | R&M; QL (1 EA per 1 day) |
| **CRIXIVAN ORAL CAPSULE** **200 MG, 400 MG** | T2 |  | R&M; AI ( ) |
| **INVIRASE ORAL TABLET** | T2 |  | R&M; AI ( ) |
| **LEXIVA ORAL SUSPENSION** | T2 |  | R&M; AI ( ) |
| **NORVIR ORAL PACKET** | T2 |  | R&M |
| **NORVIR ORAL SOLUTION** | T2 |  | R&M; AI ( ) |
| **PREZISTA ORAL SUSPENSION** | T2 |  | R&M; AI ( ) |
| **PREZISTA ORAL TABLET** **150 MG, 600 MG, 75 MG, 800 MG** | T2 |  | R&M; AI ( ) |
| **REYATAZ ORAL PACKET** | T2 |  | R&M; AI ( ) |
| *ritonavir* |  | T2 | R&M |
| **VIRACEPT ORAL TABLET** | T2 |  | R&M; AI ( ) |
| **\*Antiretrovirals - Rti-Non-Nucleoside Analogues\*\*\*** |  |  |  |
| **EDURANT** | T2 |  | R&M; AI ( ); QL (1 EA per 1 Day) |
| *efavirenz oral capsule* *200 mg* |  | T1 | R&M; QL (1 EA per 1 day) |
| *efavirenz oral capsule* *50 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| *efavirenz oral tablet* |  | T1 | R&M; QL (2 EA per 2 days) |
| **INTELENCE** | T2 |  | R&M; AI ( ) |
| *nevirapine er oral tablet extended release 24 hour* *100 mg* |  | T1 | R&M |
| *nevirapine er oral tablet extended release 24 hour* *400 mg* |  | T1 | R&M; AI ( ) |
| *nevirapine oral suspension* |  | T2 | R&M; AI ( ) |
| *nevirapine oral tablet* |  | T1 | R&M; AI ( ) |
| **PIFELTRO** | T3 |  | ST; R&M; AI ( STEP: No prior history of antiretroviral in 6 months-only approved for new starts ) |
| **\*Antiretrovirals - Rti-Nucleoside Analogues-Purines\*\*\*** |  |  |  |
| *abacavir sulfate oral solution* |  | T1 | R&M |
| *abacavir sulfate oral tablet* |  | T1 | R&M; AI ( ) |
| *didanosine oral capsule delayed release* *200 mg, 250 mg, 400 mg* |  | T1 | R&M; AI ( ) |
| **\*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines\*\*\*** |  |  |  |
| **EMTRIVA ORAL CAPSULE** | T2 |  | R&M; AI ( ); QL (1 EA per 1 Day) |
| **EMTRIVA ORAL SOLUTION** | T2 |  | R&M; AI ( ); QL (720 ML per 30 Days) |
| *lamivudine oral solution* |  | T1 | R&M; AI ( ) |
| *lamivudine oral tablet* *150 mg, 300 mg* |  | T1 | R&M; AI ( ) |
| **\*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines\*\*\*** |  |  |  |
| *stavudine oral capsule* |  | T1 | R&M; AI ( ) |
| *zidovudine* |  | T1 | R&M; AI ( ) |
| **\*Antiretrovirals - Rti-Nucleotide Analogues\*\*\*** |  |  |  |
| *tenofovir disoproxil fumarate* |  | T2 | R&M |
| **VIREAD ORAL POWDER** | T2 |  | R&M; AI ( ) |
| **VIREAD ORAL TABLET** **150 MG, 200 MG, 250 MG** | T2 |  | R&M; AI ( ); QL (1 EA per 1 day) |
| **\*Cmv Agents\*\*\*** |  |  |  |
| **PREVYMIS INTRAVENOUS** | MB |  | R&M |
| **PREVYMIS ORAL** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| *valganciclovir hcl oral solution reconstituted* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *valganciclovir hcl oral tablet* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day) |
| **\*Hepatitis B Agents\*\*\*** |  |  |  |
| *adefovir dipivoxil* |  | SP | R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **BARACLUDE ORAL SOLUTION** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (20 ML per 1 Day); AG (Min 16 Years) |
| *entecavir* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 16 Years) |
| **EPIVIR HBV ORAL SOLUTION** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *lamivudine oral tablet* *100 mg* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **VEMLIDY** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Hepatitis C Agents\*\*\*** |  |  |  |
| **PEGASYS PROCLICK SUBCUTANEOUS SOLUTION** **180 MCG/0.5ML** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PEGASYS SUBCUTANEOUS SOLUTION** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PEGINTRON SUBCUTANEOUS KIT** **50 MCG/0.5ML** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *ribavirin oral capsule* |  | SP | R&M |
| *ribavirin oral tablet* *200 mg* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day) |
| **SOVALDI ORAL PACKET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SOVALDI ORAL TABLET** **200 MG** | SP |  | PA; R&M |
| **SOVALDI ORAL TABLET** **400 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Herpes Agents - Purine Analogues\*\*\*** |  |  |  |
| *acyclovir oral* |  | T1 | R&M |
| **SITAVIG** | T3 |  | PA; R&M; AI (Max #15 tablets retail or mail order); AG (Min 16 Years) |
| *valacyclovir hcl oral tablet* *1 gm* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *valacyclovir hcl oral tablet* *500 mg* |  | T1 | R&M; QL (2 EA per 1 Day) |
| **\*Herpes Agents - Thymidine Analogues\*\*\*** |  |  |  |
| *famciclovir oral* |  | T1 | R&M |
| **\*Influenza Agents\*\*\*** |  |  |  |
| *rimantadine hcl* |  | T3 | R&M |
| **\*Neuraminidase Inhibitors\*\*\*** |  |  |  |
| *oseltamivir phosphate oral capsule* |  | T1 | RO; QL (10 EA per 5 Dayss) |
| *oseltamivir phosphate oral suspension reconstituted* |  | T1 | RO; QL (24 ML per 5 days) |
| **RELENZA DISKHALER** | T3 |  | R&M; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail) |
| **\*Anti-Von Willebrand Factor Agents\*\*\*** |  |  |  |
| **\*Anti-Von Willebrand Factor Agents\*\*\*** |  |  |  |
| **CABLIVI** | SP |  | PA; R&M |
| **\*Assorted Classes\*** |  |  |  |
| **\*Antileprotics\*\*\*** |  |  |  |
| **THALOMID** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors\*\*\*** |  |  |  |
| **BENLYSTA INTRAVENOUS** | MB |  | R&M |
| **BENLYSTA SUBCUTANEOUS** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Chelating Agents\*\*\*** |  |  |  |
| **DEPEN TITRATABS** *(penicillAMINE)* | T3 | T3 | R&M |
| *trientine hcl* |  | SP | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Cyclosporine Analogs\*\*\*** |  |  |  |
| *cyclosporine oral capsule* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **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 limit applies) |
| **GENGRAF ORAL SOLUTION** *(CycloSPORINE Modified)* | SP | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NEORAL** *(CycloSPORINE Modified)* | SP | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SANDIMMUNE INTRAVENOUS** *(CycloSPORINE)* | SP | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SANDIMMUNE ORAL SOLUTION** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Enzymes\*\*\*** |  |  |  |
| **XIAFLEX** | MB |  | R&M |
| **\*Immunomodulators For Myelodysplastic Syndromes\*\*\*** |  |  |  |
| **REVLIMID** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **\*Inosine Monophosphate Dehydrogenase Inhibitors\*\*\*** |  |  |  |
| *mycophenolate mofetil* |  | T1 | R&M |
| **\*Macrolide Immunosuppressants\*\*\*** |  |  |  |
| **ASTAGRAF XL** | T3 |  | R&M |
| **ENVARSUS XR** | T3 |  | PA; R&M |
| **PROGRAF ORAL** *(Tacrolimus)* | T3 | T1 | R&M |
| *sirolimus oral solution* |  | T3 | R&M |
| *sirolimus oral tablet* |  | T1 | R&M |
| **ZORTRESS ORAL TABLET** *(Everolimus)* **0.25 MG, 0.5 MG, 0.75 MG** | SP | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Potassium Removing Resins\*\*\*** |  |  |  |
| **KIONEX ORAL SUSPENSION** *(Sodium Polystyrene Sulfonate)* | T1 | T1 | R&M |
| **LOKELMA** | T3 |  | PA; R&M |
| *sodium polystyrene sulfonate oral* |  | T1 | R&M |
| **SPS** *(Sodium Polystyrene Sulfonate)* | T1 | T1 | R&M |
| **VELTASSA** | T3 |  | PA; R&M |
| **\*Purine Analogs\*\*\*** |  |  |  |
| *azathioprine oral* |  | T1 | R&M |
| **\*Selective T-Cell Costimulation Blockers\*\*\*** |  |  |  |
| **NULOJIX** | MB |  | R&M |
| **\*Atopic Dermatitis - Monoclonal Antibodies\*\*\*** |  |  |  |
| **\*Atopic Dermatitis - Monoclonal Antibodies\*\*\*** |  |  |  |
| **DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR** | SP |  | PA; R&M |
| **DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** **200 MG/1.14ML** | SP |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **\*Beta Blockers\*** |  |  |  |
| **\*Alpha-Beta Blockers\*\*\*** |  |  |  |
| *carvedilol* |  | T1 | R&M |
| *labetalol hcl oral* |  | T1 | R&M |
| **\*Beta Blockers Cardio-Selective\*\*\*** |  |  |  |
| *acebutolol hcl oral* |  | T1 | R&M |
| *atenolol oral* |  | T1 | R&M |
| *betaxolol hcl oral tablet* *10 mg* |  | T1 | R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| *betaxolol hcl oral tablet* *20 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *bisoprolol fumarate* |  | T1 | R&M |
| **BYSTOLIC** | T2 |  | R&M; AI ( ) |
| **KAPSPARGO SPRINKLE** | T3 |  | ST; R&M; AI (Step: metoprolol succinate er) |
| *metoprolol succinate er* |  | T1 | R&M |
| *metoprolol tartrate oral tablet* *100 mg, 25 mg, 50 mg* |  | T1 | R&M |
| *metoprolol tartrate oral tablet* *37.5 mg, 75 mg* |  | T3 | R&M |
| **\*Beta Blockers Non-Selective\*\*\*** |  |  |  |
| **HEMANGEOL** | T3 |  | R&M; AG (Max 2 Years) |
| *nadolol oral tablet* *20 mg, 40 mg, 80 mg* |  | T1 | R&M |
| *pindolol* |  | T1 | R&M |
| *propranolol hcl er* |  | T1 | R&M |
| *propranolol hcl oral solution* |  | T2 | R&M |
| *propranolol hcl oral tablet* |  | T1 | R&M |
| **SORINE** *(Sotalol HCl)* | T1 | T1 | R&M |
| *sotalol hcl (af)* |  | T1 | R&M |
| *timolol maleate oral* |  | T1 | R&M |
| **\*Bile Acid Synthesis Disorder Agents\*\*\*** |  |  |  |
| **\*Bile Acid Synthesis Disorder Agents\*\*\*** |  |  |  |
| **CHOLBAM** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Biologicals Misc\*** |  |  |  |
| **\*Allergenic Extracts\*\*\*** |  |  |  |
| **GRASTEK** | T3 |  | PA; ST; R&M |
| **PALFORZIA (12 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (120 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (160 MG DAILY DOSE)** | T3 |  | PA; R&M |
| **PALFORZIA (20 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (200 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (240 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (3 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (300 MG MAINTENANCE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (300 MG TITRATION)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (40 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (6 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA (80 MG DAILY DOSE)** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **PALFORZIA INITIAL ESCALATION** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years) |
| **RAGWITEK** | T3 |  | PA; ST; R&M |
| **\*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag\*\*\*** |  |  |  |
| **\*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag\*\*\*** |  |  |  |
| **AIMOVIG** | SP |  | PA; R&M; AI (Limited to 30 day supply.) |
| **AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Limited to 30 day supply); QL (0.05 ML per 1 day) |
| **EMGALITY** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **EMGALITY (300 MG DOSE)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)\*\*\*** |  |  |  |
| **\*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)\*\*\*** |  |  |  |
| **NURTEC** | T3 |  | PA; R&M |
| **UBRELVY** | T3 |  | PA; R&M; QL (16 EA per 30 days) |
| **\*Calcium Channel Blockers\*** |  |  |  |
| **\*Calcium Channel Blockers\*\*\*** |  |  |  |
| **AFEDITAB CR** *(NIFEdipine ER)* | T1 | T1 | R&M |
| *amlodipine besylate oral* |  | T1 | R&M |
| **CARTIA XT** *(Diltiazem HCl ER Coated Beads)* | T1 | T1 | R&M |
| *diltiazem hcl er oral capsule extended release 12 hour* |  | T1 | R&M |
| *diltiazem hcl er oral capsule extended release 24 hour* *120 mg* |  | T1 | R&M |
| *diltiazem hcl oral* |  | T1 | R&M |
| *dilt-xr* |  | T1 | R&M |
| *felodipine er* |  | T2 | R&M |
| *isradipine* |  | T1 | R&M |
| *nicardipine hcl oral* |  | T1 | R&M |
| **NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR** *(NIFEdipine ER Osmotic Release)* **60 MG** | T1 | T1 | R&M |
| *nifedipine oral* |  | T1 | R&M |
| *nimodipine oral* |  | T1 | R&M; AI (Max #756 Mail Order); QL (8.4 EA per 1 Day) |
| *nisoldipine er oral tablet extended release 24 hour* *17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *nisoldipine er oral tablet extended release 24 hour* *30 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **TAZTIA XT** *(Diltiazem HCl ER Beads)* | T1 | T1 | R&M |
| **TIADYLT ER** *(Diltiazem HCl ER Beads)* | T1 | T1 | R&M |
| *verapamil hcl er oral capsule extended release 24 hour* *100 mg, 120 mg, 180 mg, 240 mg, 300 mg* |  | T1 | R&M |
| *verapamil hcl er oral capsule extended release 24 hour* *360 mg* |  | T3 | R&M |
| *verapamil hcl er oral tablet extended release* *120 mg, 180 mg, 240 mg* |  | T1 | R&M |
| *verapamil hcl oral* |  | T1 | R&M |
| **VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR** *(Verapamil HCl ER)* **200 MG** | T1 | T1 | R&M |
| **\*Cardiotonics\*** |  |  |  |
| **\*Cardiac Glycosides\*\*\*** |  |  |  |
| **DIGITEK** *(Digoxin)* | T1 | T1 | R&M |
| **DIGOX** *(Digoxin)* | T1 | T1 | R&M |
| **LANOXIN ORAL TABLET** **62.5 MCG** | T3 |  | R&M |
| **\*Cardiovascular Agents - Misc.\*** |  |  |  |
| **\*Prostaglandin Vasodilators\*\*\*** |  |  |  |
| **ORENITRAM** | SP |  | PA; SP |
| **VENTAVIS** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)\*\*\*** |  |  |  |
| **ADEMPAS** | SP |  | PA; SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 18 Years) |
| **\*Pulmonary Hypertension - Endothelin Receptor Antagonists\*\*\*** |  |  |  |
| *ambrisentan oral tablet* *5 mg* |  | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years) |
| **LETAIRIS ORAL TABLET** *(Ambrisentan)* **10 MG** | SP | SP | PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **LETAIRIS ORAL TABLET** **5 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day) |
| **OPSUMIT** | SP |  | PA; SP |
| **TRACLEER ORAL TABLET** *(Bosentan)* **125 MG** | SP | SP | R&M; QL (2 EA per 1 day) |
| **TRACLEER ORAL TABLET** *(Bosentan)* **62.5 MG** | SP | SP | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day) |
| **TRACLEER ORAL TABLET SOLUBLE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Pulmonary Hypertension - Phosphodiesterase Inhibitors\*\*\*** |  |  |  |
| **ADCIRCA** *(Tadalafil (PAH))* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ALYQ** *(Tadalafil (PAH))* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **REVATIO INTRAVENOUS** *(Sildenafil Citrate)* | MB | MB | R&M |
| **REVATIO ORAL SUSPENSION RECONSTITUTED** *(Sildenafil Citrate)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **REVATIO ORAL TABLET** *(Sildenafil Citrate)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years) |
| **\*Selective Cgmp Phosphodiesterase Type 5 Inhibitors\*\*\*** |  |  |  |
| **CIALIS ORAL TABLET** **2.5 MG, 5 MG** | T3 |  | PA; ST; R&M; AI (ST: For BPH step thru 3 drugs for 3 mo EACH: alfuzosin ER, tamulosin, silodosin, finasteride 5mg, dutasteride, brand or generic Jalyn.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *tadalafil oral tablet* *2.5 mg, 5 mg* |  | T1 | ST; R&M; AI (ST: For BPH step thru 3 drugs for 3 mo EACH: alfuzosin ER, tamulosin, silodosin, finasteride 5mg, dutasteride, brand or generic Jalyn.); M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Cephalosporins\*** |  |  |  |
| **\*Cephalosporins - 1St Generation\*\*\*** |  |  |  |
| *cefadroxil* |  | T1 | R&M |
| *cephalexin oral capsule* *250 mg, 500 mg* |  | T1 | R&M |
| *cephalexin oral suspension reconstituted* |  | T1 | R&M |
| **\*Cephalosporins - 2Nd Generation\*\*\*** |  |  |  |
| *cefaclor er* |  | T3 | R&M |
| *cefaclor oral capsule* |  | T2 | R&M |
| *cefaclor oral suspension reconstituted* |  | T3 | R&M |
| *cefprozil* |  | T3 | R&M |
| *cefuroxime axetil oral tablet* |  | T1 | R&M |
| **\*Cephalosporins - 3Rd Generation\*\*\*** |  |  |  |
| *cefdinir oral capsule* |  | T1 | R&M |
| *cefdinir oral suspension reconstituted* |  | T3 | R&M |
| *cefditoren pivoxil* |  | T3 | R&M |
| *cefixime oral suspension reconstituted* |  | T1 | R&M |
| *cefpodoxime proxetil oral suspension reconstituted* |  | T1 | R&M |
| *cefpodoxime proxetil oral tablet* |  | T3 | R&M |
| **SUPRAX ORAL SUSPENSION RECONSTITUTED** **500 MG/5ML** | T3 |  | R&M |
| **SUPRAX ORAL TABLET CHEWABLE** | T3 |  | R&M |
| **\*Cgrp Receptor Antagonists - Monocolonal Antibodies\*\*\*** |  |  |  |
| **\*Cgrp Receptor Antagonists - Monocolonal Antibodies\*\*\*** |  |  |  |
| **AIMOVIG** | SP |  | PA; R&M; AI (Limited to 30 day supply.) |
| **AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Limited to 30 day supply); QL (0.05 ML per 1 day) |
| **EMGALITY** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **EMGALITY (300 MG DOSE)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Chemicals\*** |  |  |  |
| **\*Bulk Chemicals - Be's\*\*\*** |  |  |  |
| *belladonna* |  | T3 | R&M |
| **\*Bulk Chemicals - En\*\*\*** |  |  |  |
| *enalapril maleate* |  | T3 | R&M |
| **\*Bulk Chemicals - Va's\*\*\*** |  |  |  |
| *vancomycin hcl* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Contraceptives\*** |  |  |  |
| **\*Biphasic Contraceptives - Oral\*\*\*** |  |  |  |
| **AZURETTE** | $0 |  | R&M; AI ( ); F; QL (28 EA per 30 Days) |
| **BEKYREE** | $0 |  | R&M; F; QL (28 EA per 30 days) |
| **KARIVA** *(Viorele)* | $0 | $0 | R&M; AI ( ); F; QL (28 EA per 30 Days) |
| **LO LOESTRIN FE** | T3 |  | R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| **PIMTREA** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI ( ); F; QL (28 EA per 30 days) |
| **VOLNEA** | $0 |  | R&M; F; QL (28 EA per 30 days) |
| **\*Combination Contraceptives - Oral\*\*\*** |  |  |  |
| **ALTAVERA** *(Marlissa)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **APRI** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **AUBRA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **AUROVELA 1.5/30** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **AUROVELA 1/20** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; F; $0; QL (1.34 EA per 1 day) |
| **AUROVELA 24 FE** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; F; QL (1.34 EA per 1 day) |
| **AUROVELA FE 1.5/30** | $0 |  | R&M; F; QL (1.34 EA per 1 day) |
| **AUROVELA FE 1/20** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **AVIANE** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **BALZIVA** *(Briellyn)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **BLISOVI 24 FE** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; F; QL (1.34 EA per 1 day) |
| **BLISOVI FE 1.5/30** | $0 |  | R&M; AI ( ); F; QL (1.34 EA per 1 day) |
| **BLISOVI FE 1/20** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **CHATEAL** *(Marlissa)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **CRYSELLE-28** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **CYCLAFEM 1/35** *(Alyacen 1/35)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **CYRED** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **DASETTA 1/35** *(Alyacen 1/35)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **DELYLA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **ELINEST** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **EMOQUETTE** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **ENSKYCE ORAL TABLET** *(Desogestrel-Ethinyl Estradiol)* **0.15-30 MG-MCG** | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **ESTARYLLA** | $0 |  | R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day) |
| *ethynodiol diac-eth estradiol* |  | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **FALMINA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **FEMYNOR** *(Norgestimate-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **GIANVI** *(Drospirenone-Ethinyl Estradiol)* | T1 | T1 | R&M; F; QL (1.34 EA per 1 day) |
| **HAILEY 1.5/30** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **HAILEY 24 FE** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; F; QL (1.34 EA per 1 day) |
| **HAILEY FE 1.5/30** | $0 |  | R&M; F; QL (1.34 EA per 1 day) |
| **HAILEY FE 1/20** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **ISIBLOOM** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **JASMIEL** *(Drospirenone-Ethinyl Estradiol)* | T1 | T1 | R&M; F; QL (1.34 EA per 1 day) |
| **JULEBER** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **JUNEL 1.5/30** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **JUNEL 1/20** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; F; $0; QL (1.34 EA per 1 day) |
| **JUNEL FE 1.5/30** | $0 |  | R&M; AI ( ); F; QL (1.34 EA per 1 day) |
| **JUNEL FE 1/20** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **JUNEL FE 24** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; F; QL (1.34 EA per 1 day) |
| **KAITLIB FE** *(Norethin-Eth Estradiol-Fe)* | T3 | T3 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **KALLIGA** | $0 |  | R&M; F; QL (1.34 EA per 1 Day) |
| **KELNOR 1/35** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **KELNOR 1/50** *(Ethynodiol Diac-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **KURVELO** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **LARIN 1.5/30** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **LARIN 1/20** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; F; $0; QL (1.34 EA per 1 day) |
| **LARIN 24 FE** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; F; QL (1.34 EA per 1 day) |
| **LARIN FE 1.5/30** | $0 |  | R&M; AI ( ); F; QL (1.34 EA per 1 day) |
| **LARIN FE 1/20** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **LARISSIA** | $0 |  | R&M; F; QL (1.34 EA per 1 day) |
| **LAYOLIS FE** *(Norethin-Eth Estradiol-Fe)* | T3 | T3 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **LESSINA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **LEVORA 0.15/30 (28)** *(Marlissa)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **LILLOW** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **LOESTRIN 1.5/30 (21)** | T3 |  | R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day) |
| **LORYNA** *(Drospirenone-Ethinyl Estradiol)* | T1 | T1 | R&M; F; QL (1.34 EA per 1 day) |
| **LOW-OGESTREL** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **LO-ZUMANDIMINE** | T1 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 Day) |
| **LUTERA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **MELODETTA 24 FE** *(Norethin Ace-Eth Estrad-FE)* | T3 | T3 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **MIBELAS 24 FE** *(Norethin Ace-Eth Estrad-FE)* | T3 | T3 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **MICROGESTIN 1.5/30** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **MICROGESTIN 1/20** *(Norethindrone Acet-Ethinyl Est)* | $0 | $0 | R&M; F; $0; QL (1.34 EA per 1 day) |
| **MICROGESTIN FE 1.5/30** | $0 |  | R&M; AI ( ); F; QL (1.34 EA per 1 day) |
| **MICROGESTIN FE 1/20** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **MONO-LINYAH** *(Norgestimate-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **MONONESSA** *(Norgestimate-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **NECON 0.5/35 (28)** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **NECON 1/35 (28)** *(Alyacen 1/35)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **NIKKI** *(Drospirenone-Ethinyl Estradiol)* | T1 | T1 | R&M; F; QL (1.34 EA per 1 day) |
| *norethin ace-eth estrad-fe oral tablet* *1.5-30 mg-mcg* |  | $0 | R&M; F; $0; QL (1.34 EA per 1 day) |
| **NORTREL 0.5/35 (28)** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **NORTREL 1/35 (21)** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| **NORTREL 1/35 (28)** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| **OCELLA** *(Drospirenone-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **OGESTREL** | T3 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **ORSYTHIA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **PHILITH** *(Briellyn)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **PIRMELLA 1/35** | $0 |  | R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day) |
| **PORTIA-28** *(Marlissa)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **PREVIFEM** *(Norgestimate-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **RECLIPSEN** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **SAFYRAL** *(Drospiren-Eth Estrad-Levomefol)* | T3 | T3 | R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day) |
| **SOLIA** *(Desogestrel-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **SPRINTEC 28** *(Norgestimate-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **SRONYX** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **SYEDA** *(Drospirenone-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **TARINA 24 FE** | $0 |  | R&M; $0; QL (1.34 EA per 1 day) |
| **TARINA FE 1/20** *(Norethin Ace-Eth Estrad-FE)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **TARINA FE 1/20 EQ** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **TYDEMY** *(Drospiren-Eth Estrad-Levomefol)* | T3 | T3 | R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day) |
| **VIENVA** *(Levonorgestrel-Ethinyl Estrad)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **VYFEMLA** | $0 |  | R&M; AI (Max #112); F; QL (1.34 EA per 1 day) |
| **VYLIBRA** *(Norgestimate-Eth Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **WERA** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day) |
| **WYMZYA FE** *(Norethin-Eth Estradiol-Fe)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; $0; QL (1.34 EA per 1 day) |
| **ZARAH** *(Drospirenone-Ethinyl Estradiol)* | $0 | $0 | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **ZOVIA 1/35E (28)** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day) |
| **ZUMANDIMINE** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 Day) |
| **\*Combination Contraceptives - Transdermal\*\*\*** |  |  |  |
| **XULANE** | T3 |  | R&M; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days) |
| **\*Combination Contraceptives - Vaginal\*\*\*** |  |  |  |
| **ELURYNG** | $0 |  | R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 days) |
| **NUVARING** | $0 |  | R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days) |
| **\*Continuous Contraceptives - Oral\*\*\*** |  |  |  |
| *levonorgestrel-ethinyl estrad oral tablet* *90-20 mcg* |  | $0 | R&M; F; $0; QL (1.25 EA per 1 day) |
| **\*Emergency Contraceptives\*\*\*** |  |  |  |
| **AFTERA** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **ECONTRA EZ** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **ECONTRA ONE-STEP** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **ELLA** | T3 |  | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days) |
| **MY CHOICE** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **MY WAY** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **NEW DAY** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **OPCICON ONE-STEP** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **OPTION 2** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **PLAN B ONE-STEP** | T3 |  | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 days) |
| **PREVENTEZA** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **REACT** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **TAKE ACTION** *(Levonorgestrel)* | $0 | $0 | RO; AI (Not covered at Mail Order); F; $0; QL (3 EA per 30 days) |
| **\*Extended-Cycle Contraceptives - Oral\*\*\*** |  |  |  |
| **AMETHIA** | $0 |  | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **AMETHIA LO** *(Levonorgest-Eth Estrad 91-Day)* | $0 | $0 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |
| **ASHLYNA** *(Levonorgest-Eth Estrad 91-Day)* | $0 | $0 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **CAMRESE** | $0 |  | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **CAMRESE LO** *(Levonorgest-Eth Estrad 91-Day)* | $0 | $0 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |
| **DAYSEE** | $0 |  | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **FAYOSIM** *(Levonorgest-Eth Est & Eth Est)* | T1 | T1 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days) |
| **INTROVALE** *(Levonorgest-Eth Estrad 91-Day)* | $0 | $0 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **JAIMIESS** *(Levonorgest-Eth Estrad 91-Day)* | $0 | $0 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **JOLESSA** *(Levonorgest-Eth Estrad 91-Day)* | $0 | $0 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **LOJAIMIESS** | $0 |  | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **QUARTETTE** *(Levonorgest-Eth Est & Eth Est)* | T3 | T1 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days) |
| **RIVELSA** *(Levonorgest-Eth Est & Eth Est)* | T1 | T1 | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days) |
| **SETLAKIN** | $0 |  | R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| **\*Four Phase Contraceptives - Oral\*\*\*** |  |  |  |
| **NATAZIA** | T3 |  | R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| **\*Progestin Contraceptives - Injectable\*\*\*** |  |  |  |
| **DEPO-PROVERA INTRAMUSCULAR SUSPENSION** **150 MG/ML** | T3 |  | R&M; F; QL (1 ML per 90 days) |
| **DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE** | T3 |  | R&M; F; QL (1 ML per 90 days) |
| **DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE** | T3 |  | R&M; F; QL (1 ML per 90 days) |
| *medroxyprogesterone acetate intramuscular suspension* |  | $0 | R&M; F; $0; QL (1 ML per 90 Days) |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe* |  | $0 | R&M; F; $0; QL (1 ML per 90 days) |
| **\*Progestin Contraceptives - Oral\*\*\*** |  |  |  |
| **CAMILA** *(Norethindrone)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **DEBLITANE** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.25 EA per 1 day) |
| **ERRIN** *(Norethindrone)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **HEATHER** *(Norethindrone)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **INCASSIA** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; $0; QL (1.25 EA per 1 day) |
| **JENCYCLA** *(Norethindrone)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **LYZA** *(Norethindrone)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **NORA-BE** *(Norethindrone)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **NORLYDA** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.25 EA per 1 day) |
| **NORLYROC** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| **SHAROBEL** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (1.25 EA per 1 day) |
| **TULANA** | $0 |  | R&M; F; $0; QL (1.25 EA per 1 day) |
| **\*Triphasic Contraceptives - Oral\*\*\*** |  |  |  |
| **ARANELLE** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (28 EA per 30 Days) |
| **CAZIANT** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **CESIA** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **CYCLAFEM 7/7/7** *(Alyacen 7/7/7)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **DASETTA 7/7/7** *(Alyacen 7/7/7)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **ENPRESSE-28** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **ESTROSTEP FE** | T3 |  | R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| **LEENA** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (28 EA per 30 Days) |
| **LEVONEST** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **NORTREL 7/7/7** *(Alyacen 7/7/7)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **PIRMELLA 7/7/7** *(Alyacen 7/7/7)* | $0 | $0 | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **TILIA FE** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (28 EA per 30 Days) |
| **TRI FEMYNOR** | $0 |  | R&M; F; QL (28 EA per 30 Dayss) |
| **TRI-ESTARYLLA** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; F; QL (28 EA per 30 Days) |
| **TRI-LEGEST FE** | $0 |  | R&M; AI (Max #112 for up to 90 day supply Mail Order); F; $0; QL (28 EA per 30 Days) |
| **TRI-LINYAH** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; F; QL (28 EA per 30 Days) |
| **TRI-LO-ESTARYLLA** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days) |
| **TRI-LO-MARZIA** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days) |
| **TRI-LO-MILI** | $0 |  | R&M; F; QL (28 EA per 30 days) |
| **TRI-LO-SPRINTEC** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days) |
| **TRINESSA (28)** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; F; QL (28 EA per 30 Days) |
| **TRI-PREVIFEM** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; F; QL (28 EA per 30 Days) |
| **TRI-SPRINTEC** *(Norgestim-Eth Estrad Triphasic)* | $0 | $0 | R&M; F; QL (28 EA per 30 Days) |
| **TRIVORA (28)** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **VELIVET** | $0 |  | R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| **\*Corticosteroids\*** |  |  |  |
| **\*Glucocorticosteroids\*\*\*** |  |  |  |
| *budesonide oral* |  | T3 | R&M |
| *cortisone acetate oral* |  | T2 | R&M |
| **DEXAMETHASONE INTENSOL** | T1 |  | R&M |
| *dexamethasone oral elixir* |  | T1 | R&M |
| *dexamethasone oral solution* |  | T1 | R&M |
| *dexamethasone oral tablet* *0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg* |  | T1 | R&M |
| *dexamethasone oral tablet* *1 mg, 2 mg* |  | T3 | R&M |
| **DEXPAK 6 DAY ORAL TABLET THERAPY PACK** *(Dexamethasone)* | T1 | T1 | R&M |
| **EMFLAZA** | T3 |  | PA; R&M; AG (Min 5 Years) |
| **HIDEX 6-DAY** *(Dexamethasone)* | T1 | T1 | R&M |
| *hydrocortisone oral* |  | T1 | R&M |
| **MEDROL ORAL TABLET** **2 MG** | T3 |  | R&M |
| *methylprednisolone oral tablet* |  | T1 | R&M |
| *prednisolone oral solution* |  | T3 | R&M |
| *prednisolone oral syrup* *15 mg/5ml* |  | T3 | R&M |
| *prednisolone sodium phosphate oral solution* *10 mg/5ml* |  | T3 | R&M |
| *prednisolone sodium phosphate oral solution* *15 mg/5ml, 6.7 (5 base) mg/5ml* |  | T1 | R&M |
| *prednisolone sodium phosphate oral tablet dispersible* |  | T2 | R&M |
| **PREDNISONE INTENSOL** | T2 |  | R&M |
| *prednisone oral* |  | T1 | R&M |
| **TAPERDEX 6-DAY** *(Dexamethasone)* | T1 | T1 | R&M |
| **\*Mineralocorticoids\*\*\*** |  |  |  |
| *fludrocortisone acetate oral* |  | T1 | R&M |
| **\*Cough/Cold/Allergy\*** |  |  |  |
| **\*Antitussive - Nonnarcotic\*\*\*** |  |  |  |
| *benzonatate oral capsule* *100 mg, 200 mg* |  | T1 | R&M |
| **\*Antitussive - Opioid\*\*\*** |  |  |  |
| *hydrocodone-homatropine* |  | T1 | R&M |
| *hydromet* |  | T1 | R&M |
| **\*Antitussive-Expectorant\*\*\*** |  |  |  |
| *cheratussin ac* |  | T2 | RO; QL (240 ML per 10 days) |
| *g tussin ac* |  | T2 | RO; QL (240 ML per 10 days) |
| *guaiatussin ac* |  | T2 | RO; QL (240 ML per 10 days) |
| *guaifenesin ac* |  | T2 | RO; QL (240 ML per 10 days) |
| *guaifenesin-codeine oral solution* |  | T2 | RO; QL (240 ML per 10 days) |
| *guaifenesin-codeine oral syrup* |  | T2 | RO; QL (240 ML per 10 days) |
| *virtussin a/c* |  | T2 | RO; QL (240 ML per 10 days) |
| **\*Decongestant & Antihistamine\*\*\*** |  |  |  |
| **CLARINEX-D 12 HOUR** | T3 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *promethazine vc* |  | T1 | R&M |
| *promethazine-phenylephrine* |  | T1 | R&M |
| **\*Expectorants\*\*\*** |  |  |  |
| *guaifenesin oral tablet* *200 mg* |  | T1 | R&M |
| **\*Iodine Expectorants\*\*\*** |  |  |  |
| **SSKI** | T2 |  | R&M |
| **\*Misc. Respiratory Inhalants\*\*\*** |  |  |  |
| *sodium chloride inhalation nebulization solution* *0.9 %, 7 %* |  | T1 | R&M |
| **\*Mucolytics\*\*\*** |  |  |  |
| *acetylcysteine inhalation solution* *10 %* |  | T1 | R&M |
| *acetylcysteine inhalation solution* *20 %* |  | T2 | R&M |
| **\*Non-Narc Antitussive-Antihistamine\*\*\*** |  |  |  |
| *promethazine-dm oral syrup* |  | T1 | R&M |
| **\*Non-Narc Antitussive-Decongestant-Antihistamine\*\*\*** |  |  |  |
| **BROMFED DM** | T1 |  | R&M |
| **\*Opioid Antitussive-Antihistamine\*\*\*** |  |  |  |
| *promethazine-codeine oral syrup* |  | T1 | R&M |
| **\*Opioid Antitussive-Decongestant-Antihistamine\*\*\*** |  |  |  |
| **M-END PE** | T1 |  | R&M |
| *promethazine vc/codeine* |  | T1 | R&M |
| *promethazine-phenyleph-codeine* |  | T1 | R&M |
| **\*Cyclin-Dependent Kinases (Cdk) Inhibitors\*\*\*** |  |  |  |
| **\*Cyclin-Dependent Kinases (Cdk) Inhibitors\*\*\*** |  |  |  |
| **IBRANCE** | T1 |  | PA; SP |
| **VERZENIO** | T1 |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Cystic Fibrosis Agent - Combinations\*\*\*** |  |  |  |
| **\*Cystic Fibrosis Agent - Combinations\*\*\*** |  |  |  |
| **ORKAMBI ORAL PACKET** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **ORKAMBI ORAL TABLET** **100-125 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 6 Years) |
| **ORKAMBI ORAL TABLET** **200-125 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SYMDEKO ORAL TABLET THERAPY PACK** **100-150 & 150 MG** | SP |  | PA; SP |
| **TRIKAFTA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Dermatologicals\*** |  |  |  |
| **\*Acne Antibiotics\*\*\*** |  |  |  |
| **AMZEEQ** | T3 |  | ST; R&M; AI (ST: trial of both tretinoin gel 0.04% and minocycline hcl capsule 100mg in last 3 months) |
| **CLINDACIN ETZ EXTERNAL SWAB** *(Clindamycin Phosphate)* | T1 | T1 | R&M |
| **CLINDACIN-P** *(Clindamycin Phosphate)* | T1 | T1 | R&M |
| *clindamycin phosphate external* |  | T1 | R&M |
| *dapsone external gel* *5 %* |  | T3 | PA; ST; R&M |
| *ery* |  | T3 | R&M |
| *erythromycin external gel* |  | T3 | R&M |
| *erythromycin external solution* |  | T1 | R&M |
| *sulfacetamide sodium (acne)* |  | T1 | R&M |
| **\*Acne Combinations\*\*\*** |  |  |  |
| *clindamycin phos-benzoyl perox external gel* *1-5 %* |  | T3 | R&M |
| *sulfacetamide sodium-sulfur external liquid* *9-4 %, 9-4.5 %* |  | T1 | R&M |
| *sulfacetamide-sulfur in urea external emulsion* |  | T3 | R&M |
| **\*Acne Products\*\*\*** |  |  |  |
| *adapalene external cream* |  | T1 | R&M |
| *adapalene external gel* *0.1 %* |  | T2 | R&M |
| **AKLIEF** | T3 |  | ST; R&M; AI (STEP: Through at leaast two of the following in last 12 months : Adapalene gel 0.1%, Tazarotene cream 0.1%, Tretinoin cream 0.1% or 0.05%) |
| **ALTRENO** | T3 |  | R&M; QL (1.5 GM per 1 day) |
| **AMNESTEEM** *(ISOtretinoin)* | T3 | T3 | R&M |
| **BENZEPRO SHORT CONTACT** *(Benzoyl Peroxide)* | T3 | T3 | R&M |
| *bpo external gel* *4 %* |  | T3 | R&M |
| **CLARAVIS** *(ISOtretinoin)* | T3 | T3 | R&M |
| **MYORISAN** *(ISOtretinoin)* | T3 | T3 | R&M |
| *tretinoin external cream* |  | T1 | R&M |
| *tretinoin external gel* *0.01 %, 0.025 %* |  | T1 | R&M |
| *tretinoin external gel* *0.05 %* |  | T3 | R&M |
| *tretinoin microsphere external gel* *0.04 %* |  | T1 | R&M |
| **ZENATANE** *(ISOtretinoin)* | T3 | T3 | R&M |
| **\*Agents For External Genital And Perianal Warts\*\*\*** |  |  |  |
| **VEREGEN** | T3 |  | R&M; QL (1 GM per 1 day) |
| **\*Antibiotic Steroid Combinations - Topical\*\*\*** |  |  |  |
| **CORTISPORIN EXTERNAL OINTMENT** | T3 |  | R&M |
| **\*Antibiotics - Topical\*\*\*** |  |  |  |
| **ALTABAX** | T3 |  | R&M; QL (1 GM per 1 day) |
| *gentamicin sulfate external* |  | T2 | R&M |
| *mupirocin external* |  | T1 | R&M |
| **XEPI** | T3 |  | ST; R&M; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo) |
| **\*Antifungals - Topical Combinations\*\*\*** |  |  |  |
| *clotrimazole-betamethasone* |  | T1 | R&M |
| **DERMAZENE** *(Hydrocortisone-Iodoquinol)* | T3 | T3 | R&M |
| *nystatin-triamcinolone* |  | T3 | R&M |
| **\*Antifungals - Topical\*\*\*** |  |  |  |
| *ciclopirox external gel* |  | T2 | R&M |
| *ciclopirox external shampoo* |  | T1 | R&M |
| *ciclopirox external solution* |  | T2 | R&M |
| *ciclopirox olamine external* |  | T1 | R&M |
| **MENTAX** | T3 |  | R&M |
| *naftifine hcl external cream* |  | T1 | R&M |
| **NAFTIN EXTERNAL GEL** **1 %** | T3 |  | R&M |
| **NYAMYC** *(Nystatin)* | T1 | T1 | R&M |
| *nystatin external* |  | T1 | R&M |
| **NYSTOP** *(Nystatin)* | T1 | T1 | R&M |
| **\*Anti-Inflammatory Agents - Topical\*\*\*** |  |  |  |
| *diclofenac epolamine* |  | T3 | R&M; QL (2 EA per 1 Day); AG (Min 18 Years) |
| *diclofenac sodium transdermal solution* |  | T1 | R&M; AI (#150ml per copay retail or mail order); QL (5 ML per 1 day) |
| **FLECTOR** | T3 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 18 Years) |
| **\*Antineoplastic Alkylating Agents - Topical\*\*\*** |  |  |  |
| **VALCHLOR** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (60 GM per 1 Copay); AG (Min 18 Years) |
| **\*Antineoplastic Antimetabolites - Topical\*\*\*** |  |  |  |
| **CARAC** *(Fluorouracil)* | T1 | T1 | PA; ST; R&M; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 day) |
| **EFUDEX EXTERNAL CREAM** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (ST: Both Tolak 4% and generic fluorouracil 5%.) |
| **FLUOROPLEX** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *fluorouracil external cream* *5 %* |  | T1 | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *fluorouracil external solution* |  | T1 | R&M |
| **TOLAK** | T1 |  | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| **\*Antineoplastic Or Premalignant Lesions - Topical Misc.\*\*\*** |  |  |  |
| **PICATO** | T1 |  | PA; R&M |
| **\*Antineoplastic Or Premalignant Lesions - Topical Nsaid's\*\*\*** |  |  |  |
| *diclofenac sodium transdermal gel* *3 %* |  | T1 | PA; ST; R&M; AI (STEP: Both Tolak 4% cream and imiquimod 5% cream); QL (3.34 GM per 1 day) |
| **\*Antineoplastic Retinoids - Topical\*\*\*** |  |  |  |
| **PANRETIN** | T1 |  | PA; R&M |
| **\*Antipruritics - Topical\*\*\*** |  |  |  |
| **PRUDOXIN** *(Doxepin HCl)* | T3 | T3 | PA; R&M |
| **ZONALON** *(Doxepin HCl)* | T3 | T3 | PA; R&M |
| **\*Antipsoriatics - Systemic\*\*\*** |  |  |  |
| *acitretin* |  | T3 | R&M |
| **COSENTYX** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **COSENTYX (300 MG DOSE)** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **COSENTYX SENSOREADY (300 MG)** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR** **150 MG/ML** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *methoxsalen rapid* |  | T1 | R&M |
| **SILIQ** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SKYRIZI (150 MG DOSE)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **STELARA SUBCUTANEOUS SOLUTION** **45 MG/0.5ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TALTZ** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TREMFYA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Antipsoriatics\*\*\*** |  |  |  |
| *calcipotriene external cream* |  | T1 | R&M |
| *calcipotriene external solution* |  | T1 | R&M |
| **CALCITRENE** *(Calcipotriene)* | T1 | T1 | R&M |
| **DRITHO-CREME HP** | T3 |  | R&M |
| *tazarotene external* |  | T1 | R&M; QL (30 GM per 30 days) |
| **TAZORAC EXTERNAL CREAM** **0.05 %** | T3 |  | R&M |
| **TAZORAC EXTERNAL GEL** | T3 |  | R&M |
| **VECTICAL** *(Calcitriol)* | T3 | T3 | R&M; AI (Max #300 Mail Order); QL (100 GM per 30 Days) |
| **\*Antiseborrheic Products\*\*\*** |  |  |  |
| *selenium sulfide external lotion* |  | T2 | R&M |
| *sodium sulfacetamide external shampoo* |  | T1 | R&M |
| *sulfacetamide sodium external gel* |  | T3 | R&M |
| *sulfacetamide sodium external liquid* |  | T3 | R&M |
| **\*Antiviral Topical Combinations\*\*\*** |  |  |  |
| **XERESE** | T3 |  | R&M |
| **\*Antivirals - Topical\*\*\*** |  |  |  |
| *acyclovir external* |  | T3 | R&M |
| **DENAVIR** | T3 |  | R&M |
| **\*Burn Products\*\*\*** |  |  |  |
| **SSD** *(Silver Sulfadiazine)* | T1 | T1 | R&M |
| **SULFAMYLON EXTERNAL CREAM** | T3 |  | R&M |
| **THERMAZENE** *(Silver Sulfadiazine)* | T1 | T1 | R&M |
| **\*Cauterizing Agents\*\*\*** |  |  |  |
| **TRI-CHLOR** | T3 |  | R&M |
| **\*Corticosteroids - Topical\*\*\*** |  |  |  |
| *ala-cort external cream* *2.5 %* |  | T1 | R&M |
| *alclometasone dipropionate* |  | T1 | R&M |
| *amcinonide* |  | T3 | R&M |
| *betamethasone dipropionate aug external cream* |  | T1 | R&M |
| *betamethasone dipropionate aug external gel* |  | T3 | R&M |
| *betamethasone dipropionate aug external lotion* |  | T1 | R&M |
| *betamethasone dipropionate aug external ointment* |  | T1 | R&M |
| *betamethasone dipropionate external* |  | T1 | R&M |
| *betamethasone valerate external* |  | T1 | R&M |
| *clobetasol propionate e* |  | T1 | R&M |
| *clobetasol propionate emulsion* |  | T3 | R&M; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years) |
| *clobetasol propionate external cream* |  | T1 | R&M |
| *clobetasol propionate external foam* |  | T1 | R&M |
| *clobetasol propionate external gel* |  | T1 | R&M |
| *clobetasol propionate external liquid* |  | T1 | R&M |
| *clobetasol propionate external lotion* |  | T3 | R&M |
| *clobetasol propionate external ointment* |  | T1 | R&M |
| *clobetasol propionate external solution* |  | T1 | R&M |
| *clocortolone pivalate* |  | T3 | R&M |
| **CLODAN EXTERNAL SHAMPOO** *(Clobetasol Propionate)* | T3 | T3 | R&M |
| **CORDRAN EXTERNAL TAPE** | T3 |  | ST; R&M; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (0.034 EA per 1 day) |
| *desonide external cream* |  | T1 | R&M |
| *desonide external lotion* |  | T3 | R&M |
| *desonide external ointment* |  | T1 | R&M |
| *desoximetasone external cream* *0.25 %* |  | T2 | R&M |
| *desoximetasone external gel* |  | T2 | R&M |
| *desoximetasone external ointment* *0.25 %* |  | T2 | R&M |
| *diflorasone diacetate external cream* |  | T3 | ST; RO; AI (EST through at least 2 of the following in the last 3 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (60 GM per 30 days) |
| *diflorasone diacetate external ointment* |  | T3 | R&M |
| *fluocinolone acetonide body* |  | T2 | R&M |
| *fluocinolone acetonide external* |  | T2 | R&M |
| *fluocinolone acetonide scalp* |  | T2 | R&M |
| *fluocinonide external* |  | T1 | R&M |
| *flurandrenolide external cream* |  | T3 | ST; R&M; AI (EST: Step through two of the following in the last 6 months: betamethasone, clobetasol,hydrocortisone, triamcinolone.); QL (120 GM per 30 days) |
| *flurandrenolide external lotion* |  | T3 | PA; ST; R&M; AI (EST: thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (120 ML per 30 days) |
| *flurandrenolide external ointment* |  | T3 | ST; R&M; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (2 GM per 1 day) |
| *fluticasone propionate external cream* |  | T1 | R&M |
| *fluticasone propionate external lotion* |  | T3 | R&M |
| *fluticasone propionate external ointment* |  | T1 | R&M |
| *halcinonide* |  | T3 | PA; ST; R&M; AI (EST thru two of the following in the last 6 months: betamethasone, clobetasol, hydrocortisone,triamcinolone); QL (60 GM per 30 days) |
| *halobetasol propionate external cream* |  | T1 | R&M; QL (1 GM per 1 day) |
| *halobetasol propionate external ointment* |  | T1 | R&M; QL (1 GM per 1 day) |
| *hydrocortisone butyrate external cream* |  | T1 | R&M |
| *hydrocortisone butyrate external ointment* |  | T1 | R&M |
| *hydrocortisone butyrate external solution* |  | T1 | R&M |
| *hydrocortisone external cream* *2.5 %* |  | T1 | R&M |
| *hydrocortisone external lotion* *2.5 %* |  | T1 | R&M |
| *hydrocortisone external ointment* *2.5 %* |  | T1 | R&M |
| *hydrocortisone valerate* |  | T1 | R&M |
| *mometasone furoate external* |  | T1 | R&M |
| **NOLIX EXTERNAL LOTION** | T3 |  | R&M |
| *prednicarbate external cream* |  | T1 | R&M |
| **TOPICORT EXTERNAL CREAM** *(Desoximetasone)* **0.05 %** | T1 | T1 | R&M |
| *triamcinolone acetonide external aerosol solution* |  | T1 | R&M |
| *triamcinolone acetonide external cream* |  | T1 | R&M |
| *triamcinolone acetonide external lotion* |  | T1 | R&M |
| *triamcinolone acetonide external ointment* *0.025 %, 0.1 %, 0.5 %* |  | T1 | R&M |
| **\*Emollient/Keratolytic Agents\*\*\*** |  |  |  |
| *urea external suspension* *40 %* |  | T3 | R&M |
| **\*Enzymes - Topical\*\*\*** |  |  |  |
| **SANTYL** | T3 |  | R&M |
| **\*Imidazole-Related Antifungals - Topical\*\*\*** |  |  |  |
| *clotrimazole external solution* |  | T1 | R&M |
| *econazole nitrate external* |  | T1 | R&M |
| **EXELDERM** | T3 |  | R&M |
| **JUBLIA** | T3 |  | PA; R&M; AI (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AG (Min 18 Years) |
| *ketoconazole external cream* |  | T1 | R&M |
| *ketoconazole external shampoo* *2 %* |  | T1 | R&M |
| *oxiconazole nitrate* |  | T1 | R&M; AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 Dayss) |
| **\*Immunomodulators Imidazoquinolinamines - Topical\*\*\*** |  |  |  |
| *imiquimod external* |  | T1 | R&M |
| **\*Keratolytic/Antimitotic Agents\*\*\*** |  |  |  |
| **CONDYLOX EXTERNAL GEL** | T3 |  | R&M |
| *podofilox external* |  | T1 | R&M |
| *salicylic acid external lotion* |  | T1 | R&M |
| *salicylic acid external shampoo* |  | T1 | R&M |
| *salicylic acid wart remover* |  | T1 | R&M |
| **\*Local Anesthetics - Topical\*\*\*** |  |  |  |
| *lidocaine external ointment* |  | T1 | R&M |
| *lidocaine external patch* *5 %* |  | T3 | R&M |
| *lidocaine hcl external solution* |  | T1 | R&M |
| **\*Macrolide Immunosuppressants - Topical\*\*\*** |  |  |  |
| **ELIDEL** | T3 |  | PA; R&M; QL (1 GM per 1 day); AG (Min 2 Years) |
| *pimecrolimus* |  | T3 | PA; R&M; QL (1 GM per 1 Day); AG (Min 2 Years) |
| **PROTOPIC EXTERNAL OINTMENT** **0.03 %** | T3 |  | R&M; AI (Max #180 Mail Order); QL (30 GM per 30 days) |
| **PROTOPIC EXTERNAL OINTMENT** **0.1 %** | T3 |  | PA; RO; AI (Limited to 30 day supply); QL (30 GM per 30 days); AG (Min 2 Years) |
| *tacrolimus external ointment* *0.03 %* |  | T1 | R&M; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AG (Min 2 Years) |
| *tacrolimus external ointment* *0.1 %* |  | T1 | RO; AI (Limited to 30 day supply); QL (30 GM per 30 days); AG (Min 2 Years) |
| **\*Rosacea Agents\*\*\*** |  |  |  |
| *metronidazole external lotion* |  | T1 | R&M |
| **MIRVASO** | T3 |  | PA; ST; R&M |
| **ROSADAN EXTERNAL GEL** *(MetroNIDAZOLE)* | T1 | T1 | R&M |
| **SOOLANTRA** *(Ivermectin)* | T3 | T3 | ST; R&M; AI (ST: Trial of following for 60 days in last 6 months: metrondiazole cream, gel, or lotion.) |
| **\*Scabicides & Pediculicides\*\*\*** |  |  |  |
| **CROTAN** | T3 |  | PA; ST; R&M |
| **ELIMITE** | T3 |  | PA; R&M |
| *lindane external shampoo* |  | T3 | R&M |
| *malathion external* |  | T1 | R&M; QL (2.7 ML per 1 day) |
| **NATROBA** *(Spinosad)* | T3 | T3 | PA; R&M |
| **OVIDE** | T3 |  | PA; R&M; QL (2.7 ML per 1 day) |
| *permethrin external cream* |  | T1 | R&M |
| **SKLICE** | T3 |  | PA; ST; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days) |
| **\*Steroid-Local Anesthetic Combinations\*\*\*** |  |  |  |
| **CORTANE-B EXTERNAL** | T3 |  | R&M |
| **EPIFOAM** | T2 |  | R&M |
| **PRAMOSONE EXTERNAL LOTION** **1-2.5 %** | T3 |  | R&M |
| **\*Tar Products\*\*\*** |  |  |  |
| **SCYTERA** | T3 |  | R&M |
| **\*Topical Anesthetic Combinations\*\*\*** |  |  |  |
| **ITCH-X EXTERNAL SOLUTION** | T3 |  | R&M |
| *lidocaine-prilocaine external cream* |  | T1 | R&M |
| **\*Topical Selective Retinoid X Receptor Agonists\*\*\*** |  |  |  |
| **TARGRETIN EXTERNAL** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 Days) |
| **\*Topical Steroid Combinations\*\*\*** |  |  |  |
| *calcipotriene-betameth diprop external ointment* |  | T1 | R&M; QL (60 GM per 30 days); AG (Min 16 Years) |
| *calcipotriene-betameth diprop external suspension* |  | T3 | R&M; QL (2 GM per 1 day); AG (Min 18 Years) |
| **TACLONEX EXTERNAL SUSPENSION** | T3 |  | R&M; AI (#60gm per copay retail or mail); QL (2 GM per 1 day); AG (Min 18 Years) |
| **\*Wound Care - Growth Factor Agents\*\*\*** |  |  |  |
| **REGRANEX** | T3 |  | PA; R&M; AI (Limited to 30 day supply) |
| **\*Diagnostic Products\*** |  |  |  |
| **\*Diagnostic Drugs\*\*\*** |  |  |  |
| **THYROGEN** | MB |  | R&M |
| **\*Diagnostic Tests\*\*\*** |  |  |  |
| **CHEMSTRIP K** | T1 |  | R&M; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day) |
| **KETOSTIX** | T2 |  | R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| **ONETOUCH VERIO IN VITRO STRIP** | T1 |  | R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day) |
| **RELION KETONE** | T1 |  | R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| **\*Digestive Aids\*** |  |  |  |
| **\*Digestive Enzymes\*\*\*** |  |  |  |
| **CREON** | T2 |  | R&M |
| **PANCREAZE** | T3 |  | PA; ST; R&M; AI (Electronic Step through Creon and Zenpep) |
| **PERTZYE** | T3 |  | PA; ST; R&M; AI (Electronic Step through Creon and Zenpep) |
| **SUCRAID** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **VIOKACE** | T3 |  | PA; ST; R&M; AI (Step through both Creon and Zenpep) |
| **ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES** **10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT** | T2 |  | R&M |
| **\*Direct-Acting P2y12 Inhibitors\*\*\*** |  |  |  |
| **\*Direct-Acting P2y12 Inhibitors\*\*\*** |  |  |  |
| **BRILINTA** | T2 |  | R&M |
| **\*Diuretics\*** |  |  |  |
| **\*Carbonic Anhydrase Inhibitors\*\*\*** |  |  |  |
| *acetazolamide er* |  | T3 | R&M |
| *acetazolamide oral* |  | T1 | R&M |
| **KEVEYIS** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years) |
| *methazolamide oral* |  | T2 | R&M |
| **\*Diuretic Combinations\*\*\*** |  |  |  |
| **ALDACTAZIDE ORAL TABLET** **50-50 MG** | T3 |  | R&M |
| *amiloride-hydrochlorothiazide* |  | T1 | R&M |
| *spironolactone-hctz* |  | T1 | R&M |
| *triamterene-hctz oral capsule* *37.5-25 mg* |  | T1 | R&M |
| *triamterene-hctz oral tablet* |  | T1 | R&M |
| **\*Loop Diuretics\*\*\*** |  |  |  |
| *bumetanide oral* |  | T1 | R&M |
| *ethacrynic acid oral* |  | T1 | R&M |
| *furosemide oral solution* *10 mg/ml, 8 mg/ml* |  | T1 | R&M |
| *furosemide oral tablet* |  | T1 | R&M |
| *torsemide oral* |  | T1 | R&M |
| **\*Potassium Sparing Diuretics\*\*\*** |  |  |  |
| *amiloride hcl oral* |  | T3 | R&M |
| **DYRENIUM** *(Triamterene)* | T3 | T3 | R&M |
| *spironolactone oral* |  | T1 | R&M |
| **\*Thiazides And Thiazide-Like Diuretics\*\*\*** |  |  |  |
| *chlorothiazide oral* |  | T1 | R&M |
| *chlorthalidone oral tablet* *25 mg* |  | T2 | R&M |
| *chlorthalidone oral tablet* *50 mg* |  | T1 | R&M |
| **DIURIL** | T2 |  | R&M |
| *hydrochlorothiazide oral* |  | T1 | R&M |
| *indapamide oral* |  | T1 | R&M |
| *metolazone* |  | T1 | R&M |
| **\*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)\*\*\*** |  |  |  |
| **\*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)\*\*\*** |  |  |  |
| **SUNOSI** | T3 |  | PA; R&M |
| **\*Endocrine And Metabolic Agents - Misc.\*** |  |  |  |
| **\*Bisphosphonates\*\*\*** |  |  |  |
| *alendronate sodium oral tablet* *10 mg, 5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *alendronate sodium oral tablet* *35 mg* |  | T1 | R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days) |
| *alendronate sodium oral tablet* *70 mg* |  | T1 | R&M; AI (Max #12 Mail Order); QL (0.143 EA per 1 day) |
| *ibandronate sodium oral* |  | T2 | R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days) |
| *pamidronate disodium* |  | MB | R&M |
| *risedronate sodium oral tablet* *150 mg* |  | T1 | R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days) |
| *risedronate sodium oral tablet* *30 mg, 5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| *risedronate sodium oral tablet* *35 mg* |  | T1 | R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days) |
| **\*Calcimimetic Agents\*\*\*** |  |  |  |
| *cinacalcet hcl oral tablet* *30 mg, 60 mg* |  | SP | SP; QL (5 EA per 1 Day) |
| *cinacalcet hcl oral tablet* *90 mg* |  | SP | SP; QL (4 EA per 1 Day) |
| **\*Calcitonins\*\*\*** |  |  |  |
| *calcitonin (salmon)* |  | T2 | R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days) |
| **MIACALCIN INJECTION** | T3 |  | R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days) |
| **\*Carnitine Replenisher - Agents\*\*\*** |  |  |  |
| *levocarnitine oral solution* |  | T3 | PA; ST; R&M |
| *levocarnitine oral tablet* |  | T3 | PA; ST; R&M |
| **\*Dopamine Receptor Agonists\*\*\*** |  |  |  |
| *cabergoline* |  | T3 | R&M |
| **\*Fabry Disease - Agents\*\*\*** |  |  |  |
| **GALAFOLD** | SP |  | PA; R&M; AI (limited distribution Accredo Pharmacy.) |
| **\*Gaa Deficiency Treatment - Agents\*\*\*** |  |  |  |
| **LUMIZYME** | MB |  | R&M |
| **\*Gnrh/Lhrh Antagonists\*\*\*** |  |  |  |
| **ORILISSA** | T3 |  | PA; R&M |
| **\*Growth Hormone Receptor Antagonists\*\*\*** |  |  |  |
| **SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED** **10 MG, 15 MG, 20 MG** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED** **25 MG, 30 MG** | SP |  | R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Growth Hormone Releasing Hormones (Ghrh)\*\*\*** |  |  |  |
| **EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED** **1 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Growth Hormones\*\*\*** |  |  |  |
| **GENOTROPIN** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **GENOTROPIN MINIQUICK** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HUMATROPE** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION** **10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NUTROPIN AQ NUSPIN 10** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NUTROPIN AQ NUSPIN 20** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NUTROPIN AQ NUSPIN 5** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **OMNITROPE SUBCUTANEOUS SOLUTION** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SAIZEN** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED** **4 MG, 5 MG, 6 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZOMACTON** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZORBTIVE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents\*\*\*** |  |  |  |
| **NITYR** | T3 |  | PA; R&M |
| **ORFADIN** *(Nitisinone)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Homocystinuria Treatment - Agents\*\*\*** |  |  |  |
| **CYSTADANE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Hyperammonemia Treatment - Agents\*\*\*** |  |  |  |
| **CARBAGLU** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Hyperparathyroid Treatment - Vitamin D Analogs\*\*\*** |  |  |  |
| *calcitriol oral* |  | T2 | R&M |
| *doxercalciferol oral* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *paricalcitol oral capsule* *1 mcg, 2 mcg* |  | T1 | R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| *paricalcitol oral capsule* *4 mcg* |  | T1 | R&M; QL (0.4 EA per 1 day); AG (Min 18 Years) |
| **RAYALDEE** | T3 |  | PA; R&M |
| **\*Insulin-Like Growth Factors (Somatomedins)\*\*\*** |  |  |  |
| **INCRELEX** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Lhrh/Gnrh Agonist Analog Pituitary Suppressants\*\*\*** |  |  |  |
| **LUPRON DEPOT-PED (1-MONTH)** | SP |  | PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 30 days) |
| **LUPRON DEPOT-PED (3-MONTH)** | SP |  | PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 90 days) |
| **SYNAREL** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Mucopolysaccharidosis Ii (Mps Ii) - Agents\*\*\*** |  |  |  |
| **ELAPRASE** | MB |  | R&M |
| **\*Mucopolysaccharidosis Vi (Mps Vi) - Agents\*\*\*** |  |  |  |
| **NAGLAZYME** | MB |  | R&M |
| **\*Parathyroid Hormone And Derivatives\*\*\*** |  |  |  |
| **NATPARA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **TYMLOS** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Phenylketonuria Treatment - Agents\*\*\*** |  |  |  |
| **KUVAN** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PALYNZIQ** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Rank Ligand (Rankl) Inhibitors\*\*\*** |  |  |  |
| **PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **XGEVA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Selective Estrogen Receptor Modulators (Serms)\*\*\*** |  |  |  |
| **OSPHENA** | T3 |  | PA; ST; R&M |
| *raloxifene hcl* |  | $0 | R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 day) |
| **\*Selective Vasopressin V2-Receptor Antagonists\*\*\*** |  |  |  |
| **JYNARQUE ORAL TABLET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **JYNARQUE ORAL TABLET THERAPY PACK** **15 MG** | SP |  | PA; SP |
| **JYNARQUE ORAL TABLET THERAPY PACK** **30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG** | SP |  | PA; SP; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.) |
| **SAMSCA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Somatostatic Agents\*\*\*** |  |  |  |
| **MYCAPSSA** | SP |  | PA; R&M |
| *octreotide acetate injection solution* *100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SANDOSTATIN LAR DEPOT** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Urea Cycle Disorder - Agents\*\*\*** |  |  |  |
| **RAVICTI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *sodium phenylbutyrate oral powder* *3 gm/tsp* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *sodium phenylbutyrate oral tablet* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Vasopressin\*\*\*** |  |  |  |
| **DDAVP RHINAL TUBE** | T3 |  | R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day) |
| *desmopressin ace spray refrig* |  | T3 | R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day) |
| *desmopressin acetate injection* |  | T3 | R&M |
| *desmopressin acetate oral tablet* *0.1 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day) |
| *desmopressin acetate oral tablet* *0.2 mg* |  | T3 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *desmopressin acetate spray* |  | T3 | R&M |
| **NOCDURNA** | T3 |  | PA; R&M |
| **STIMATE** | T3 |  | R&M |
| **\*Estrogens\*** |  |  |  |
| **\*Estrogen & Progestin\*\*\*** |  |  |  |
| **AMABELZ** | T1 |  | R&M; F |
| **COMBIPATCH** | T3 |  | R&M; F |
| **FYAVOLV ORAL TABLET** *(Norethindrone-Eth Estradiol)* **0.5-2.5 MG-MCG** | T2 | T2 | R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years) |
| **MIMVEY** *(Estradiol-Norethindrone Acet)* | T3 | T3 | R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days) |
| **PREMPHASE** | T2 |  | R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| **PREMPRO ORAL TABLET** **0.3-1.5 MG, 0.45-1.5 MG** | T2 |  | R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| **PREMPRO ORAL TABLET** **0.625-2.5 MG, 0.625-5 MG** | T2 |  | R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day) |
| **\*Estrogens\*\*\*** |  |  |  |
| **ALORA** *(Estradiol)* | T3 | T1 | R&M; AI ( ); QL (2 EA per 1 Week) |
| **DEPO-ESTRADIOL** | T3 |  | R&M |
| **DOTTI** | T1 |  | R&M; QL (2 EA per 1 Week) |
| *estradiol oral* |  | T1 | R&M |
| *estradiol transdermal patch weekly* *0.025 mg/24hr* |  | T1 | R&M; AI (Max #12 Mail Order); F; QL (0.145 mg per 1 day) |
| *estradiol transdermal patch weekly* *0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* |  | T1 | R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail) |
| *estradiol valerate intramuscular oil* *20 mg/ml, 40 mg/ml* |  | T1 | R&M |
| **MENEST ORAL TABLET** **0.3 MG, 0.625 MG, 1.25 MG** | T3 |  | R&M |
| **MENOSTAR** | T3 |  | R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail) |
| **PREMARIN ORAL** | T2 |  | R&M |
| **\*Estrogen-Selective Estrogen Receptor Modulator Comb\*\*\*** |  |  |  |
| **\*Estrogen-Selective Estrogen Receptor Modulator Comb\*\*\*** |  |  |  |
| **DUAVEE** | T3 |  | PA; ST; R&M; F; QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Farnesoid X Receptor (Fxr) Agonists\*\*\*** |  |  |  |
| **\*Farnesoid X Receptor (Fxr) Agonists\*\*\*** |  |  |  |
| **OCALIVA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Fluoroquinolones\*** |  |  |  |
| **\*Fluoroquinolones\*\*\*** |  |  |  |
| **BAXDELA ORAL** | T3 |  | PA; R&M |
| *ciprofloxacin hcl oral tablet* *100 mg* |  | T3 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *ciprofloxacin hcl oral tablet* *250 mg, 500 mg, 750 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *levofloxacin oral solution* |  | T2 | R&M |
| *levofloxacin oral tablet* *250 mg* |  | T2 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *levofloxacin oral tablet* *500 mg, 750 mg* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *moxifloxacin hcl oral* |  | T1 | R&M |
| *ofloxacin oral tablet* *300 mg* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *ofloxacin oral tablet* *400 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Gastrointestinal Agents - Misc.\*** |  |  |  |
| **\*Gallstone Solubilizing Agents\*\*\*** |  |  |  |
| **CHENODAL** | T3 |  | R&M |
| *ursodiol oral capsule* |  | T2 | R&M |
| *ursodiol oral tablet* |  | T3 | R&M |
| **\*Gastrointestinal Antiallergy Agents\*\*\*** |  |  |  |
| *cromolyn sodium oral* |  | T2 | R&M |
| **\*Gastrointestinal Chloride Channel Activators\*\*\*** |  |  |  |
| **AMITIZA ORAL CAPSULE** **24 MCG** | T3 |  | R&M; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AG (Min 16 Years) |
| **AMITIZA ORAL CAPSULE** **8 MCG** | T3 |  | R&M; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AG (Min 18 Years) |
| **\*Gastrointestinal Stimulants\*\*\*** |  |  |  |
| *metoclopramide hcl oral solution* *5 mg/5ml* |  | T1 | R&M |
| *metoclopramide hcl oral tablet* |  | T1 | R&M |
| *metoclopramide hcl oral tablet dispersible* *5 mg* |  | T3 | R&M |
| **\*Glucagon-Like Peptide-2 (Glp-2) Analogs\*\*\*** |  |  |  |
| **GATTEX** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists\*\*\*** |  |  |  |
| **LINZESS** | T2 |  | R&M |
| **\*Inflammatory Bowel Agents\*\*\*** |  |  |  |
| **APRISO** | T3 |  | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *balsalazide disodium* |  | T1 | R&M |
| **DIPENTUM** | T3 |  | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *mesalamine er* |  | T3 | R&M |
| *mesalamine oral capsule delayed release* |  | T2 | R&M |
| *mesalamine oral tablet delayed release* *1.2 gm* |  | T3 | R&M; QL (4 EA per 1 Day); AG (Min 18 Years) |
| *mesalamine oral tablet delayed release* *800 mg* |  | T2 | R&M |
| *mesalamine rectal enema* |  | T3 | R&M |
| *mesalamine rectal suppository* |  | T3 | R&M; QL (1 EA per 1 Day) |
| *mesalamine-cleanser* |  | T3 | R&M |
| **PENTASA** | T3 |  | R&M |
| **SFROWASA** | T3 |  | R&M |
| **SULFAZINE** *(SulfaSALAzine)* | T1 | T1 | R&M |
| **\*Intestinal Acidifiers\*\*\*** |  |  |  |
| *enulose* |  | T1 | R&M |
| *generlac* |  | T1 | R&M |
| *lactulose encephalopathy* |  | T1 | R&M |
| **\*Peripheral Opioid Receptor Antagonists\*\*\*** |  |  |  |
| **MOVANTIK** | T3 |  | R&M |
| **RELISTOR ORAL** | T3 |  | PA; R&M |
| **RELISTOR SUBCUTANEOUS SOLUTION** **12 MG/0.6ML, 8 MG/0.4ML** | T3 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **SYMPROIC** | T3 |  | PA; R&M |
| **\*Phosphate Binder Agents\*\*\*** |  |  |  |
| **FOSRENOL ORAL TABLET CHEWABLE** *(Lanthanum Carbonate)* **750 MG** | SP | SP | R&M; QL (3 EA per 1 day); AG (Min 16 Years) |
| *lanthanum carbonate oral tablet chewable* *500 mg* |  | SP | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 16 Years) |
| *sevelamer carbonate oral packet* *0.8 gm* |  | T3 | R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day) |
| *sevelamer carbonate oral packet* *2.4 gm* |  | T3 | R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day) |
| *sevelamer carbonate oral tablet* |  | T3 | R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day) |
| *sevelamer hcl oral tablet* *400 mg* |  | T1 | R&M; QL (35 EA per 1 day) |
| *sevelamer hcl oral tablet* *800 mg* |  | T1 | R&M; QL (20 EA per 1 day) |
| **VELPHORO** | T3 |  | PA; ST; R&M |
| **\*Tumor Necrosis Factor Alpha Blockers\*\*\*** |  |  |  |
| **CIMZIA PREFILLED** | SP |  | PA; R&M |
| **CIMZIA STARTER KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **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 limit applies) |
| **\*Genitourinary Agents - Miscellaneous\*** |  |  |  |
| **\*5-Alpha Reductase Inhibitors\*\*\*** |  |  |  |
| *dutasteride oral* |  | T1 | R&M; AI (Max #90 Mail Order); M; QL (1 EA per 1 day) |
| *finasteride oral tablet* *5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **\*Alpha 1-Adrenoceptor Antagonists\*\*\*** |  |  |  |
| *alfuzosin hcl er* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| **CARDURA XL** | T3 |  | R&M |
| *silodosin* |  | T3 | R&M |
| *tamsulosin hcl* |  | T1 | R&M |
| **\*Citrates\*\*\*** |  |  |  |
| *cytra k crystals* |  | T2 | R&M |
| *cytra-2* |  | T3 | R&M |
| *cytra-k* |  | T2 | R&M |
| *potassium citrate er oral tablet extended release* *10 meq (1080 mg), 5 meq (540 mg)* |  | T2 | R&M |
| *potassium citrate er oral tablet extended release* *15 meq (1620 mg)* |  | T3 | R&M |
| *tricitrates* |  | T1 | R&M |
| **\*Cystinosis Agents\*\*\*** |  |  |  |
| **CYSTAGON** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROCYSBI ORAL CAPSULE DELAYED RELEASE** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROCYSBI ORAL PACKET** **300 MG** | SP |  | PA; R&M |
| **PROCYSBI ORAL PACKET** **75 MG** | SP |  | PA; R&M; AI (Limited distribution Accredo) |
| **\*Genitourinary Irrigants\*\*\*** |  |  |  |
| **ARGYLE STERILE SALINE** *(Sodium Chloride)* | T1 | T1 | R&M |
| **CURITY STERILE SALINE** *(Sodium Chloride)* | T1 | T1 | R&M |
| **RENACIDIN** | T1 |  | R&M |
| **\*Interstitial Cystitis Agents\*\*\*** |  |  |  |
| **ELMIRON** | T3 |  | R&M; QL (3 EA per 1 day) |
| **\*Prostatic Hypertrophy Agent Combinations\*\*\*** |  |  |  |
| *dutasteride-tamsulosin hcl* |  | T1 | R&M; M |
| **\*Urinary Analgesics\*\*\*** |  |  |  |
| **PHENAZO ORAL TABLET** *(Phenazopyridine HCl)* **200 MG** | T1 | T1 | R&M |
| *phenazopyridine hcl oral tablet* *100 mg* |  | T1 | R&M |
| **\*Urinary Stone Agents\*\*\*** |  |  |  |
| **THIOLA** | T3 |  | PA; R&M |
| **THIOLA EC** | T3 |  | PA; R&M |
| **\*Glycopeptides\*\*\*** |  |  |  |
| **\*Glycopeptides\*\*\*** |  |  |  |
| *vancomycin hcl oral capsule* |  | T1 | R&M |
| **\*Gout Agents\*** |  |  |  |
| **\*Gout Agent Combinations\*\*\*** |  |  |  |
| *colchicine-probenecid* |  | T1 | R&M |
| **\*Gout Agents\*\*\*** |  |  |  |
| *allopurinol oral* |  | T1 | R&M |
| **COLCRYS** *(Colchicine)* | T3 | T3 | R&M |
| *febuxostat* |  | T2 | ST; R&M; AI (STEP: Through the following for 3 months in last 6 months : Allopurinol); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **GLOPERBA** | T3 |  | ST; R&M; AI (ST: Trial of any of the following in the last 3 months: colchicine 0.6mg tablet or 0.6mg capsule) |
| **ULORIC** | T2 |  | ST; R&M; AI (STEP: Through the following for 3 months in last 12 months : Allopurinol and Febuxostat); QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Uricosurics\*\*\*** |  |  |  |
| *probenecid oral* |  | T1 | R&M |
| **\*Hematological Agents - Misc.\*** |  |  |  |
| **\*Bradykinin B2 Receptor Antagonists\*\*\*** |  |  |  |
| **FIRAZYR** *(Icatibant Acetate)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*C1 Inhibitors\*\*\*** |  |  |  |
| **HAEGARDA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Cyclopentyltriazolopyrimidine (Cptp) Derivatives\*\*\*** |  |  |  |
| **BRILINTA** | T2 |  | R&M |
| **\*Hematorheologic Agents\*\*\*** |  |  |  |
| *pentoxifylline er* |  | T1 | R&M |
| **\*Phosphodiesterase Iii Inhibitors\*\*\*** |  |  |  |
| *cilostazol* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Plasma Kallikrein Inhibitors\*\*\*** |  |  |  |
| **KALBITOR** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Platelet Aggregation Inhibitor Combinations\*\*\*** |  |  |  |
| *aspirin-dipyridamole er* |  | T2 | R&M |
| **\*Platelet Aggregation Inhibitors\*\*\*** |  |  |  |
| *dipyridamole oral* |  | T1 | R&M |
| **\*Quinazoline Agents\*\*\*** |  |  |  |
| *anagrelide hcl* |  | T1 | R&M |
| **\*Thienopyridine Derivatives\*\*\*** |  |  |  |
| *clopidogrel bisulfate oral tablet* *75 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *prasugrel hcl* |  | T1 | R&M; QL (1 EA per 1 day); AG (Min 16 Years) |
| **\*Hematopoietic Agents\*** |  |  |  |
| **\*Agents For Gaucher Disease\*\*\*** |  |  |  |
| **CERDELGA** | SP |  | PA; SP |
| **ZAVESCA** *(Miglustat)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Cobalamins\*\*\*** |  |  |  |
| *cyanocobalamin injection solution* *1000 mcg/ml* |  | T1 | R&M |
| **NASCOBAL** | T3 |  | PA; R&M |
| **\*Cxcr4 Receptor Antagonist\*\*\*** |  |  |  |
| **MOZOBIL** | MB |  | R&M |
| **\*Cytotoxic Agents\*\*\*** |  |  |  |
| **DROXIA** | SP |  | ST; R&M; AI (Step applies; step through Siklos and Hydroyurea for 3 mo in last year) |
| **SIKLOS ORAL TABLET** **100 MG** | SP |  | R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years) |
| **SIKLOS ORAL TABLET** **1000 MG** | SP |  | R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years) |
| **\*Erythropoiesis-Stimulating Agents (Esas)\*\*\*** |  |  |  |
| **ARANESP (ALBUMIN FREE) INJECTION SOLUTION** **100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML** | SP |  | PA; SP |
| **EPOGEN INJECTION SOLUTION** **10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MIRCERA INJECTION SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROCRIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Erythropoietins\*\*\*** |  |  |  |
| **ARANESP (ALBUMIN FREE) INJECTION SOLUTION** **100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML** | SP |  | PA; SP |
| **EPOGEN INJECTION SOLUTION** **10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MIRCERA INJECTION SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROCRIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Folic Acid/Folates\*\*\*** |  |  |  |
| *folic acid oral tablet* *1 mg* |  | $0 | R&M; QL (2 EA per 1 Day) |
| **\*Granulocyte Colony-Stimulating Factors (G-Csf)\*\*\*** |  |  |  |
| **NEULASTA ONPRO** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day) |
| **NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day) |
| **NEUPOGEN INJECTION SOLUTION** **300 MCG/ML, 480 MCG/1.6ML** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NIVESTYM INJECTION SOLUTION** | SP |  | SP |
| **NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE** **300 MCG/0.5ML** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **UDENYCA** | SP |  | R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZARXIO** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Iron W/ Folic Acid\*\*\*** |  |  |  |
| **FOLIVANE-F** | T2 |  | R&M |
| **INTEGRA F** | T2 |  | R&M |
| **\*Iron\*\*\*** |  |  |  |
| **FERRLECIT** *(Na Ferric Gluc Cplx in Sucrose)* | MB | MB | R&M |
| *ferrous sulfate oral liquid* |  | $0 | R&M; AG (Max 1 Years) |
| *ferrous sulfate oral solution* *75 (15 fe) mg/ml* |  | $0 | R&M; AG (Max 1 Years) |
| *iron supplement childrens* |  | $0 | R&M; AG (Max 1 Years) |
| **SPATONE PUR-ABSORB IRON** | $0 |  | R&M; AG (Max 1 Years) |
| **\*Thrombopoietin (Tpo) Receptor Agonists\*\*\*** |  |  |  |
| **DOPTELET ORAL TABLET** **20 MG** | SP |  | PA; R&M |
| **MULPLETA** | SP |  | PA; R&M |
| **NPLATE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROMACTA ORAL PACKET** **12.5 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROMACTA ORAL TABLET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Hemoglobin S (Hbs) Polymerization Inhibitors\*\*\*** |  |  |  |
| **\*Hemoglobin S (Hbs) Polymerization Inhibitors\*\*\*** |  |  |  |
| **OXBRYTA** | SP |  | PA; R&M |
| **\*Hemostatics\*** |  |  |  |
| **\*Hemostatics - Systemic\*\*\*** |  |  |  |
| **AMICAR ORAL SOLUTION** *(Aminocaproic Acid)* | T2 | T2 | R&M |
| *tranexamic acid oral* |  | T1 | R&M; F |
| **\*Hepatitis C Agent - Combinations\*\*\*** |  |  |  |
| **\*Hepatitis C Agent - Combinations\*\*\*** |  |  |  |
| **EPCLUSA** *(Sofosbuvir-Velpatasvir)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years) |
| **HARVONI ORAL PACKET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **HARVONI ORAL TABLET** **45-200 MG** | SP |  | PA; R&M |
| **HARVONI ORAL TABLET** *(Ledipasvir-Sofosbuvir)* **90-400 MG** | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day) |
| **MAVYRET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **VIEKIRA PAK** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **VOSEVI** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZEPATIER** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Hereditary Orotic Aciduria Treatment - Agents\*\*** |  |  |  |
| **\*Hereditary Orotic Aciduria Treatment - Agents\*\*** |  |  |  |
| **XURIDEN** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Histamine H3-Receptor Antagonist/Inverse Agonists\*\*\*** |  |  |  |
| **\*Histamine H3-Receptor Antagonist/Inverse Agonists\*\*\*** |  |  |  |
| **WAKIX ORAL TABLET** **17.8 MG** | SP |  | PA; R&M |
| **\*Hypnotics\*** |  |  |  |
| **\*Barbiturate Hypnotics\*\*\*** |  |  |  |
| *phenobarbital oral tablet* |  | T1 | R&M |
| **SECONAL** | T3 |  | RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay) |
| **\*Benzodiazepine Hypnotics\*\*\*** |  |  |  |
| *estazolam* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *flurazepam hcl oral capsule* *15 mg* |  | T3 | RO; AI (Max fill of one hypnotic per month.); QL (2 EA per 1 day); AG (Min 18 Years) |
| *flurazepam hcl oral capsule* *30 mg* |  | T3 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *midazolam hcl oral* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years) |
| *temazepam* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *triazolam oral tablet* *0.125 mg* |  | T3 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *triazolam oral tablet* *0.25 mg* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (2 EA per 1 day); AG (Min 18 Years) |
| **\*Hypnotics - Tricyclic Agents\*\*\*** |  |  |  |
| *doxepin hcl oral tablet* |  | T3 | ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years) |
| **SILENOR** | T3 |  | ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **\*Non-Benzodiazepine - Gaba-Receptor Modulators\*\*\*** |  |  |  |
| *eszopiclone* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years) |
| *zaleplon* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (15 EA per 1 Copay) |
| *zolpidem tartrate er* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day) |
| *zolpidem tartrate oral* |  | T1 | RO; AI (Max fill of one hypnotic per month.); QL (1 EA per 1 Day) |
| **\*Selective Melatonin Receptor Agonists\*\*\*** |  |  |  |
| **HETLIOZ** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years) |
| **ROZEREM** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **\*Hypophosphatasia (Hpp) Agents\*\*\*** |  |  |  |
| **\*Hypophosphatasia (Hpp) Agents\*\*\*** |  |  |  |
| **STRENSIQ** | SP |  | PA; SP; AI (Limited distribution-PantheRX. Some medications may be available at retail. 30 day supply limit applies.) |
| **\*Ibs Agent - Mu-Opioid Receptor Agonists\*\*\*** |  |  |  |
| **\*Ibs Agent - Mu-Opioid Receptor Agonists\*\*\*** |  |  |  |
| **VIBERZI** | T3 |  | PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years) |
| **\*Insulin-Incretin Mimetic Combinations\*\*\*** |  |  |  |
| **\*Insulin-Incretin Mimetic Combinations\*\*\*** |  |  |  |
| **SOLIQUA** | T2 |  | R&M; QL (0.5 ML per 1 day); AG (Min 18 Years) |
| **\*Interleukin-5 Antagonists (Igg1 Kappa)\*\*\*** |  |  |  |
| **\*Interleukin-5 Antagonists (Igg1 Kappa)\*\*\*** |  |  |  |
| **FASENRA** | MB |  | PA; R&M |
| **FASENRA PEN** | SP |  | PA; R&M |
| **NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR** | SP |  | PA; R&M |
| **NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; R&M |
| **NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors\*\*\*** |  |  |  |
| **\*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors\*\*\*** |  |  |  |
| **TIBSOVO** | T1 |  | PA; R&M |
| **\*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors\*\*\*** |  |  |  |
| **\*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 limit applies) |
| **\*Laxatives\*** |  |  |  |
| **\*Bowel Evacuant Combinations\*\*\*** |  |  |  |
| **GAVILYTE-C** | Non-Formulary |  | R&M; $0 |
| **GAVILYTE-G** *(PEG-3350/Electrolytes)* | $0 | $0 | R&M; $0 |
| **GAVILYTE-H** | $0 |  | R&M; $0 |
| **GAVILYTE-N WITH FLAVOR PACK** *(PEG 3350-KCl-Na Bicarb-NaCl)* | $0 | $0 | R&M; $0 |
| **GOLYTELY ORAL SOLUTION RECONSTITUTED** **227.1 GM** | T3 |  | R&M |
| **MOVIPREP** | T3 |  | R&M |
| **PCP 100** | $0 |  | R&M; $0 |
| **PEG-PREP** | $0 |  | R&M; $0 |
| **PREPOPIK** | T3 |  | R&M |
| **SUPREP BOWEL PREP KIT** | T3 |  | R&M |
| **TRILYTE** *(PEG 3350-KCl-Na Bicarb-NaCl)* | $0 | $0 | R&M; $0 |
| **\*Laxatives - Miscellaneous\*\*\*** |  |  |  |
| *constulose* |  | T1 | R&M |
| *lactulose oral solution* |  | T1 | R&M |
| **\*Saline Laxative Mixtures\*\*\*** |  |  |  |
| **OSMOPREP** | T3 |  | R&M; QL (1.34 EA per 1 day) |
| **\*Leptin Analogues\*\*\*** |  |  |  |
| **\*Leptin Analogues\*\*\*** |  |  |  |
| **MYALEPT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Local Anesthetics-Parenteral\*** |  |  |  |
| **\*Local Anesthetic & Sympathomimetic\*\*\*** |  |  |  |
| **SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION** *(Bupivacaine-Epinephrine (PF))* **0.5% -1:200000** | MB | MB | R&M |
| **\*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag\*\*\*** |  |  |  |
| **\*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag\*\*\*** |  |  |  |
| **XIIDRA** | T3 |  | PA; R&M |
| **\*Macrolides\*** |  |  |  |
| **\*Azithromycin\*\*\*** |  |  |  |
| *azithromycin oral packet* |  | T1 | R&M |
| *azithromycin oral suspension reconstituted* |  | T1 | R&M |
| *azithromycin oral tablet* *250 mg, 500 mg* |  | T1 | R&M |
| *azithromycin oral tablet* *600 mg* |  | T2 | R&M |
| **\*Clarithromycin\*\*\*** |  |  |  |
| *clarithromycin er* |  | T2 | R&M |
| *clarithromycin oral suspension reconstituted* |  | T2 | R&M |
| *clarithromycin oral tablet* |  | T1 | R&M |
| **\*Erythromycins\*\*\*** |  |  |  |
| **E.E.S. 400 ORAL TABLET** *(Erythromycin Ethylsuccinate)* | T3 | T3 | R&M |
| **ERY-TAB** | T3 |  | R&M |
| **ERYTHROCIN STEARATE ORAL TABLET** **250 MG** | T3 |  | R&M |
| *erythromycin base oral capsule delayed release particles* |  | T3 | R&M |
| *erythromycin base oral tablet* |  | T3 | R&M |
| *erythromycin ethylsuccinate oral suspension reconstituted* |  | T1 | R&M |
| **\*Fidaxomicin\*\*\*** |  |  |  |
| **DIFICID** | T3 |  | PA; RO; QL (4 EA per 1 day) |
| **\*Medical Devices\*** |  |  |  |
| **\*Applicators,Cotton Balls,Etc\*\*\*** |  |  |  |
| *alcohol swabs pad* |  | T3 | R&M |
| **\*Cervical Caps\*\*\*** |  |  |  |
| **FEMCAP** | $0 |  | R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail) |
| **\*Condoms - Female\*\*\*** |  |  |  |
| **FC FEMALE CONDOM** | $0 |  | R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days) |
| **FC2 FEMALE CONDOM** | $0 |  | R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days) |
| **\*Diaphragms\*\*\*** |  |  |  |
| **CAYA** | $0 |  | R&M |
| **OMNIFLEX DIAPHRAGM** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 60** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 65** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 70** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 75** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 80** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 85** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 90** | $0 |  | R&M; F |
| **WIDE-SEAL DIAPHRAGM 95** | $0 |  | R&M; F |
| **\*Glucose Monitoring Test Supplies\*\*\*** |  |  |  |
| *1st tier unilet comfortouch* |  | T1 | R&M; QL (10 EA per 1 day) |
| **ACCU-CHEK FASTCLIX LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ACCU-CHEK MULTICLIX LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ACCU-CHEK SAFE-T PRO LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ACCU-CHEK SOFTCLIX LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *acti-lance 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *acti-lance lite lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *acti-lance special lancets 17g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *acti-lance universal 23g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **ADVOCATE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ADVOCATE SAFETY LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **AGAMATRIX ULTRA-THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *aimsco twist lancets 32g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **AIMSCO TWIST LANCETS 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *assure comfort lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE HAEMOLANCE PLUS HIGH** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE HAEMOLANCE PLUS LOW** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE HAEMOLANCE PLUS MICRO** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE HAEMOLANCE PLUS NORMAL** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE HAEMOLANCE PLUS PED** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE LANCE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ASSURE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *aurora lancet super thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *aurora lancet thin 23g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **BD LANCET ULTRAFINE 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **BD LANCET ULTRAFINE 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **BD MICROTAINER LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *bullseye mini safety lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| **BULLSEYE SAFETY LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *careone lancet thin 23g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *careone lancet ultra thin 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **CLEANLET LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **CLEVER CHEK LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **COAGUCHEK LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *comfort assured lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *comfort assured lancets 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *comfort lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *cvs lancets 21g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *cvs lancets micro thin 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *cvs lancets original* |  | T1 | R&M; QL (10 EA per 1 day) |
| *cvs lancets thin 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *cvs lancets ultra thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *cvs ultra thin lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| **DEXCOM G6 RECEIVER** | T3 |  | PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days.); QL (1 EA per 1 Lifetime) |
| **DEXCOM G6 SENSOR** | T3 |  | PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days.); QL (3 EA per 1 month) |
| **DEXCOM G6 TRANSMITTER** | T3 |  | PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days.); QL (1 EA per 3 months) |
| **DROPLET LANCETS ULTRA THIN 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *drug mart lancets thin 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **DRUG MART ON-THE-GO LANCET 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **DRUG MART UNILET LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **DRUG MART UNILET LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *easy comfort lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 23G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 28G/TWIST** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 32G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH LANCETS 32G/TWIST** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH SAFETY LANCETS 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH SAFETY LANCETS 23G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH SAFETY LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TOUCH SAFETY LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EASY TWIST & CAP LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EMBRACE LANCETS ULTRA THIN 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *eql color lancets 21g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *eql color lancets micro 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *eql super thin lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *eql thin lancets 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **E-Z JECT LANCET MICRO-THIN 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **E-Z JECT LANCET SUPER THIN 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **E-Z JECT LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **E-Z JECT LANCETS 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **E-Z JECT LANCETS THIN 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EZ SMART BLOOD GLUCOSE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EZ-LETS LANCETS 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EZ-LETS LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EZ-LETS LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **EZ-LETS LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **FIFTY50 SAFETY SEAL LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **FINE 30** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **FINGERSTIX LANCETS** *(Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 Day) |
| **FORA LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *freds pharmacy unilet lanc 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *freds pharmacy unilet lanc 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **FREESTYLE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **FREESTYLE LIBRE 14 DAY READER** | T2 |  | ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime) |
| **FREESTYLE LIBRE 14 DAY SENSOR** | T2 |  | ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (2 EA per 28 days) |
| **FREESTYLE LIBRE READER** | T2 |  | ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime) |
| **FREESTYLE LIBRE SENSOR SYSTEM** | T2 |  | ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (3 EA per 30 days) |
| **FREESTYLE UNISTICK II LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **GENTLE-LET GP LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **GENTLE-LET LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *global inject ease lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *global inject ease lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **GLUCOCOM LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **GLUCOCOM LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **GLUCOCOM LANCETS 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *gnp lancets 21g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *gnp lancets micro thin 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *gnp lancets super thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *gnp lancets thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *gnp lancets thin 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *gnp micro thin lancets 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *gnp super thin lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE LOW FLOW LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE PLUS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE PLUS HIGH FLOW** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE PLUS LOW FLOW** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE PLUS MAX FLOW** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **HAEMOLANCE PLUS PEDIATRIC FLOW** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *healthy accents unilet lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *h-e-b incontrol lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *h-e-b incontrol lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **HY-VEE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *hy-vee thin lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kinney lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kinney thin lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets 21g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets micro thin 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets super thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets thin 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *kroger lancets ultrathin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *lancets micro thin 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *lancets super thin 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *lancets thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| **LANCETS ULTRA FINE** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **LANCETS ULTRA THIN** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *lancets ultra thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **LIFESCAN UNISTIK 2** | T1 |  | R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| **LIFESCAN UNISTIK II LANCETS** | T1 |  | R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| *lite touch lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| **LITETOUCH LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *live better lancet super thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *live better lancet ultra thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *longs lancets standard* |  | T1 | R&M; QL (10 EA per 1 day) |
| *longs lancets thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *longs lancets ultra thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *medichoice safety lancet* |  | T1 | R&M; QL (10 EA per 1 day) |
| *medichoice safety lancet extra* |  | T1 | R&M; QL (10 EA per 1 day) |
| *medichoice safety lancet norm* |  | T1 | R&M; QL (10 EA per 1 day) |
| **MEDISENSE THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE EXTRA 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE LITE 25G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE PLUS EXTRA 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE PLUS LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE PLUS LITE 25G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE PLUS SPECIAL 0.8MM** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE PLUS SUPERLITE 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE PLUS UNIVERSAL 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEDLANCE UNIVERSAL 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEIJER LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEIJER LANCETS THIN** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEIJER LANCETS UNIVERSAL 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEIJER LANCETS UNIVERSAL 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEIJER LANCETS UNIVERSAL 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MEIJER SUPER THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MICROLET LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MONOLET LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MONOLET OPD LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MONOLETTOR SAFETY LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **MYGLUCOHEALTH LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **NOVA SAFETY LANCETS 23G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **NOVA SAFETY LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **NOVA SUREFLEX LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ON CALL LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ON CALL PLUS LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ONETOUCH CLUB LANCETS FINE PT** | T1 |  | R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| **ONETOUCH DELICA LANCETS 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ONETOUCH FINEPOINT LANCETS** | T1 |  | R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| **ONETOUCH ULTRASOFT LANCETS** | T1 |  | R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| *pc lancets super thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **PERFECT LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PERFECT LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PHARMACIST CHOICE LANCETS** | T1 |  | R&M; AI (Max #300 Mail Order); QL (10 EA per 1 Day) |
| **PHARMACY COUNTER LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PRECISION THINS GP LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *preferred plus lancets colored* |  | T1 | R&M; QL (10 EA per 1 day) |
| *preferred plus lancets thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| **PRODIGY LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PRODIGY SAFETY LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PRODIGY TWIST TOP LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PSS SELECT GP LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **PSS SELECT SAFETY LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *px lancets ultra thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *qc lancets super thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *qc lancets ultra thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| **RA E-ZJECT COLOR LANCETS 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RA E-ZJECT LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RA E-ZJECT LANCETS THIN 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RA E-ZJECT LANCETS THIN 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RA E-ZJECT LANCETS ULTRA THIN** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *reality lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *reality trigger lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| **RELION LANCETS MICRO-THIN 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RELION LANCETS STANDARD 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RELION LANCETS THIN 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RELION LANCETS ULTRA-THIN 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RELION ULTRA THIN LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RELION ULTRA THIN PLUS LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **REXALL LANCETS ULTRA THIN 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **RIGHTEST GL300 LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SAFE-T-LANCE** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SAFE-T-LANCE PLUS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *safety lancet 21g/pressure act* |  | T1 | R&M; QL (10 EA per 1 day) |
| *safety lancet 28g/pressure act* |  | T1 | R&M; QL (10 EA per 1 day) |
| **SAFETY LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SAFETY LANCETS 21G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *safety lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **SAFETY LET LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SAFETY SEAL LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *sb lancets thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *sb lancets ultra thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| **SHOPKO ON-THE-GO LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SHOPKO UNILET LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SHOPKO UNILET LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SINGLE-LET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *sm lancets 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **SMART SENSE COLOR LANCETS 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SMART SENSE STANDARD LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SMART SENSE SUPER THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SMART SENSE THIN LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SMARTEST LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SOLUS V2 LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SOLUS V2 TWIST LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **STERILANCE TL** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *super thin lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| *sure comfort lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *sure comfort lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **SURE-LANCE FLAT LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SURE-LANCE LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SURE-LANCE THIN LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SURE-LANCE ULTRA THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SURELITE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **SURE-TOUCH LANCETS UNIVERSAL** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TECHLITE AST LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TECHLITE LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TECHLITE LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *tgt lancet micro thin 33g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *tgt lancet thin 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *tgt lancet ultra thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **THINLETS GP LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *todays health thin lancets 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *todays health thin lancets 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **TRUEPLUS LANCETS 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TRUEPLUS LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TRUEPLUS LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TRUEPLUS LANCETS 33G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **TRUEPLUS SAFETY LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ULTILET CLASSIC LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ULTILET LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ULTILET SAFETY LANCETS 23G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ULTRA-THIN II AUTO LANCET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **ULTRA-THIN II LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET COMFORTOUCH LANCET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET EXCELITE** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET EXCELITE II** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET G.P. LANCET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET G.P. SUPERLITE LANCET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET GP 28 ULTRA THIN** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET LANCET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNILET SUPERLITE LANCET** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNISTIK 3 GENTLE** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNIVERSAL 1 LANCETS THIN 26G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **UNIVERSAL 1 LANCETS ULTRA THIN** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *value plus lancet standard 21g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *value plus lancets super thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *value plus lancets thin 26g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *valumark lancet super thin 30g* |  | T1 | R&M; QL (10 EA per 1 day) |
| *valumark lancet ultra thin 28g* |  | T1 | R&M; QL (10 EA per 1 day) |
| **VIDA MIA UNILET LANCETS 28G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **VIDA MIA UNILET LANCETS 30G** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *walgreens adv travel lancets* |  | T1 | R&M; QL (10 EA per 1 day) |
| **WALGREENS LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| *walgreens lancets micro thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| *walgreens lancets super thin* |  | T1 | R&M; QL (10 EA per 1 day) |
| **WALGREENS THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **WALGREENS ULTRA THIN LANCETS** *(GNP Lancets)* | T1 | T1 | R&M; QL (10 EA per 1 day) |
| **\*Insulin Administration Supplies\*\*\*** |  |  |  |
| **OMNIPOD DASH 5 PACK PODS** | T3 |  | PA; R&M; AI (Pharmacy coverage available for DASH cartridges (pods) ONLY, not DASH pump device. Please consult manufacturer and/or medical benefits for information on DASH pump device coverage.) |
| **\*Needles & Syringes\*\*\*** |  |  |  |
| **BD INSULIN SYRINGE MICROFINE** **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML** | T1 |  | R&M |
| **BD INSULIN SYRINGE U-500** | T1 |  | R&M |
| **BD PEN NEEDLE MINI U/F** *(Pen Needles 3/16")* | T2 | T1 | R&M |
| **BD PEN NEEDLE NANO U/F** | T2 |  | R&M |
| **BD PEN NEEDLE ORIGINAL U/F** | T2 |  | R&M |
| **BD PEN NEEDLE SHORT U/F** *(Pen Needles 5/16")* | T2 | T1 | R&M |
| **DROPLET MICRON** | T1 |  | R&M |
| **EASY TOUCH INSULIN SYRINGE** **30G X 5/16" 0.3 ML** | T1 |  | R&M |
| **FREESTYLE PRECISION INS SYR** *(Insulin Syringe)* | T1 | T1 | R&M; AI ($0 cost share when purchase insulin vial first, otherwise L1) |
| *insulin syringe* *28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.3 ml* |  | T1 | R&M; AI ($0 cost share when purchase insulin vial first, otherwise L1) |
| *insulin syringe/needle* |  | T1 | R&M; AI ($0 cost share when purchase insulin vial first, otherwise L1) |
| **INSUPEN ULTRAFIN** *(Pen Needles 5/16")* **30G X 8 MM** | T1 | T1 | R&M |
| **MAXICOMFORT II PEN NEEDLE** *(Pen Needles)* | $0 | T1 | R&M |
| **MAXICOMFORT SYR 27G X 1/2"** *(Insulin Syringe/Needle)* | T1 | T1 | R&M; AI ($0 cost share when purchase insulin vial first, otherwise L1) |
| *pen needles 1/2"* |  | T1 | R&M |
| *pen needles* *29g x 12mm* |  | T1 | R&M |
| **SECURESAFE INSULIN SYRINGE** | T1 |  | R&M |
| **ULTICARE INSULIN SYRINGE** **31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML** | T1 |  | R&M |
| **\*Respiratory Therapy Supplies\*\*\*** |  |  |  |
| **VORTEX HOLDING CHAMBER/MASK** | T2 |  | R&M |
| **\*Spacer/Aerosol-Holding Chambers & Supplies\*\*\*** |  |  |  |
| **AEROCHAMBER MINI CHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER MV** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER PLUS FLO-VU** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER PLUS FLO-VU LARGE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER PLUS FLO-VU MEDIUM** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER PLUS FLO-VU SMALL** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER PLUS FLO-VU W/MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER PLUS FLOW VU** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER W/FLOWSIGNAL** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER Z-STAT PLUS** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER Z-STAT PLUS CHAMBR** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER Z-STAT PLUS/LARGE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER Z-STAT PLUS/MEDIUM** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 Year) |
| **AEROCHAMBER Z-STAT PLUS/SMALL** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **AEROVENT PLUS** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **ARIAL CHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE COLL SPACER ADULT** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE COLL SPACER CHILD** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE COLL SPACER INFANT** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE RIGID SPACER/MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE SPACER NEONATE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE SPACER SMALL CHILD** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE/LARGE MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE/MEDIUM MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **BREATHERITE/SMALL MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **CLEVER CHOICE HOLDING CHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **COMPACT SPACE CHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **COMPACT SPACE CHAMBER/LG MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **COMPACT SPACE CHAMBER/MED MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **COMPACT SPACE CHAMBER/SM MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **EASIVENT** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **EASIVENT MASK LARGE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **EASIVENT MASK MEDIUM** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **EASIVENT MASK SMALL** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **FLEXICHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **FLEXICHAMBER ADULT MASK/SMALL** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **FLEXICHAMBER CHILD MASK/LARGE** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **FLEXICHAMBER CHILD MASK/SMALL** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **INSPIRACHAMBER/LARGE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **INSPIRACHAMBER/MEDIUM** | T1 |  | R&M; QL (1 EA per 2 Years) |
| **INSPIRACHAMBER/MOUTHPIECE** | T1 |  | R&M; QL (1 EA per 2 Years) |
| **INSPIRACHAMBER/SMALL** | T1 |  | R&M; QL (1 EA per 2 Years) |
| **INSPIREASE** | T1 |  | R&M; QL (1 EA per 2 Years) |
| **INSPIREASE RESERVOIR BAGS** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **LITEAIRE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **MASK VORTEX** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **MICROCHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **MICROSPACER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER ADVANTAGE-LG MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER ADVANTAGE-MED MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER ADVANTAGE-SM MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER DIAMOND** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER DIAMOND-LG MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER DIAMOND-MD MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER DIAMOND-SM MASK** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER FACE MASK-LARGE** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER FACE MASK-MEDIUM** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTICHAMBER FACE MASK-SMALL** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **OPTIHALER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **PANDA MASK LARGE** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **PANDA MASK MEDIUM** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **PANDA MASK SMALL** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **PEDIATRIC PANDA MASK** | T1 |  | R&M; QL (2 EA per 1 Year) |
| **POCKET CHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **POCKET SPACER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| *procare spacer/adult mask* |  | T1 | R&M; QL (2 EA per 1 year) |
| *procare spacer/child mask* |  | T1 | R&M; QL (2 EA per 1 year) |
| **RITEFLO** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **VORTEX VALVED HOLDING CHAMBER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **WATCHHALER** *(Valved Holding Chamber)* | T1 | T1 | R&M; QL (2 EA per 1 year) |
| **\*Migraine Products\*** |  |  |  |
| **\*Ergot Combinations\*\*\*** |  |  |  |
| *ergotamine-caffeine* |  | T3 | R&M |
| **MIGERGOT** | T3 |  | R&M |
| **\*Migraine Products\*\*\*** |  |  |  |
| *dihydroergotamine mesylate injection* |  | T3 | PA; R&M; AI ( ) |
| **ERGOMAR** | T3 |  | R&M; AI (Max #60 Mail Order); QL (20 EA per 1 Copay) |
| **MIGRANAL** *(Dihydroergotamine Mesylate)* | T3 | T3 | PA; R&M; QL (0.27 ML per 1 day) |
| **\*Selective Serotonin Agonists 5-Ht(1)\*\*\*** |  |  |  |
| *almotriptan malate* |  | T3 | ST; R&M; QL (0.14 EA per 1 day) |
| *eletriptan hydrobromide* |  | T1 | R&M; QL (0.9 EA per 1 day) |
| *frovatriptan succinate* |  | T1 | ST; R&M; AI (ST: through 2 of the following in last 12 mo-almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan.); QL (12 EA per 30 days) |
| *naratriptan hcl oral tablet* *1 mg* |  | T1 | R&M; QL (5 EA per 1 day); AG (Min 16 Years) |
| *naratriptan hcl oral tablet* *2.5 mg* |  | T1 | R&M; QL (2 EA per 1 day); AG (Min 16 Years) |
| *rizatriptan benzoate oral tablet* *10 mg* |  | T1 | R&M; QL (3 EA per 1 day) |
| *rizatriptan benzoate oral tablet* *5 mg* |  | T1 | R&M; QL (6 EA per 1 day) |
| *rizatriptan benzoate oral tablet dispersible* *10 mg* |  | T1 | R&M; QL (3 EA per 1 day) |
| *rizatriptan benzoate oral tablet dispersible* *5 mg* |  | T1 | R&M; QL (6 EA per 1 day) |
| *sumatriptan nasal solution* *20 mg/act* |  | T1 | R&M; QL (6 EA per 30 days) |
| *sumatriptan nasal solution* *5 mg/act* |  | T1 | R&M; QL (12 EA per 30 days) |
| *sumatriptan succinate oral tablet* *100 mg* |  | T1 | R&M; QL (10 tabs per 1 month) |
| *sumatriptan succinate oral tablet* *25 mg* |  | T1 | R&M; QL (40 tabs per 1 month) |
| *sumatriptan succinate oral tablet* *50 mg* |  | T1 | R&M; QL (20 tabs per 1 month) |
| *sumatriptan succinate refill subcutaneous solution cartridge* |  | T1 | R&M; QL (10 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution* *6 mg/0.5ml* |  | T1 | R&M; QL (10 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector* *4 mg/0.5ml, 6 mg/0.5ml* |  | T1 | R&M; QL (10 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution prefilled syringe* *6 mg/0.5ml* |  | T3 | R&M; QL (10 ML per 30 days) |
| **TOSYMRA** | T3 |  | R&M; QL (30 EA per 30 days) |
| *zolmitriptan oral tablet* *2.5 mg* |  | T1 | R&M; QL (4 EA per 1 day) |
| *zolmitriptan oral tablet* *5 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| *zolmitriptan oral tablet dispersible* *2.5 mg* |  | T1 | R&M; QL (4 EA per 1 day) |
| *zolmitriptan oral tablet dispersible* *5 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| **ZOMIG NASAL SOLUTION** **2.5 MG** | T3 |  | R&M; QL (4 EA per 1 day) |
| **ZOMIG NASAL SOLUTION** **5 MG** | T3 |  | R&M; QL (2 EA per 1 day) |
| **\*Minerals & Electrolytes\*** |  |  |  |
| **\*Fluoride\*\*\*** |  |  |  |
| **FLUORABON** | $0 |  | R&M; AG (Max 6 Years) |
| **FLURA-DROPS ORAL SOLUTION** **0.55 (0.25 F) MG/DROP** | $0 |  | R&M; AG (Max 6 Years) |
| **LUDENT** *(Fluoritab)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **NAFRINSE** *(Fluoritab)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **NAFRINSE DROPS** *(Fluoritab)* | $0 | $0 | R&M; AG (Max 6 Years) |
| *sodium fluoride oral* |  | $0 | R&M; AG (Max 6 Years) |
| **\*Phosphate\*\*\*** |  |  |  |
| *av-phos 250 neutral* |  | T1 | R&M |
| **K-PHOS** | T1 |  | R&M |
| **PHOSPHA 250 NEUTRAL** *(Virt-Phos 250 Neutral)* | T1 | T1 | R&M |
| **\*Potassium Combinations\*\*\*** |  |  |  |
| **EFFER-K ORAL TABLET EFFERVESCENT** **20 MEQ** | T2 |  | R&M |
| **\*Potassium\*\*\*** |  |  |  |
| **EFFER-K ORAL TABLET EFFERVESCENT** *(Potassium Bicarbonate)* **25 MEQ** | T1 | T1 | R&M |
| **KLOR-CON 10** *(Potassium Chloride ER)* | T1 | T1 | R&M |
| **KLOR-CON M10** *(Potassium Chloride Crys ER)* | T1 | T1 | R&M |
| **KLOR-CON M15** | T1 |  | R&M |
| **KLOR-CON M20** *(Potassium Chloride Crys ER)* | T1 | T1 | R&M |
| **KLOR-CON ORAL PACKET** *(Potassium Chloride)* **20 MEQ** | T1 | T1 | R&M |
| **KLOR-CON ORAL TABLET EXTENDED RELEASE** *(Potassium Chloride ER)* | T1 | T1 | R&M |
| **KLOR-CON/EF** *(Potassium Bicarbonate)* | T1 | T1 | R&M |
| **K-PRIME** *(Potassium Bicarbonate)* | T1 | T1 | R&M |
| **K-TAB ORAL TABLET EXTENDED RELEASE** *(Potassium Chloride ER)* **8 MEQ** | T1 | T1 | R&M |
| *potassium chloride er oral capsule extended release* |  | T1 | R&M |
| *potassium chloride oral solution* *20 meq/15ml (10%)* |  | T1 | R&M |
| *potassium chloride oral solution* *40 meq/15ml (20%)* |  | T3 | R&M |
| **\*Mixed Allergenic Extracts\*\*\*** |  |  |  |
| **\*Mixed Allergenic Extracts\*\*\*** |  |  |  |
| **ODACTRA** | T3 |  | PA; R&M |
| **ORALAIR** | T3 |  | PA; ST; R&M |
| **\*Monobactams\*\*\*** |  |  |  |
| **\*Monobactams\*\*\*** |  |  |  |
| **CAYSTON** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Mouth/Throat/Dental Agents\*** |  |  |  |
| **\*Anti-Infectives - Throat\*\*\*** |  |  |  |
| *clotrimazole mouth/throat* |  | T1 | R&M |
| *nystatin mouth/throat* |  | T1 | R&M |
| **\*Antiseptic Combinations - Mouth/Throat\*\*\*** |  |  |  |
| **DEBACTEROL** | T3 |  | R&M |
| **\*Antiseptics - Mouth/Throat\*\*\*** |  |  |  |
| **PERIOGARD** *(Chlorhexidine Gluconate)* | T2 | T1 | R&M |
| **\*Fluoride Dental Products\*\*\*** |  |  |  |
| **ACT ANTICAVITY FLUORIDE RINSE** *(RA Anticavity Fluoride Rinse)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **ACT RESTORING FLUORIDE RINSE** *(RA Anticavity Fluoride Rinse)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **ACT TOTAL CARE** *(RA Anticavity Fluoride Rinse)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **CAVAREST** *(Sodium Fluoride)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **CLINPRO 5000** | $0 |  | R&M; AG (Max 6 Years) |
| **DENTA 5000 PLUS** *(SF 5000 Plus)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **DENTAGEL** *(Sodium Fluoride)* | $0 | $0 | R&M; AG (Max 6 Years) |
| **FLUORIDEX** | $0 |  | R&M; AG (Max 6 Years) |
| **FLUORIDEX ENHANCED WHITENING DENTAL PASTE** | $0 |  | R&M; AG (Max 6 Years) |
| **NAFRINSE DAILY/NEUTRAL** | $0 |  | R&M; AG (Max 6 Years) |
| *neutral sodium fluoride* |  | $0 | R&M; AG (Max 6 Years) |
| *sf* |  | $0 | R&M; AG (Max 6 Years) |
| *sm anticavity fluoride rinse* |  | $0 | R&M; AG (Max 6 Years) |
| *sodium fluoride 5000 plus* |  | $0 | R&M; AG (Max 6 Years) |
| **THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION** | T1 |  | R&M; $0; AG (Max 6 Years) |
| **\*Periodontal Anti-Infectives\*\*\*** |  |  |  |
| **ARESTIN** | T3 |  | PA; R&M |
| **\*Saliva Stimulants\*\*\*** |  |  |  |
| *cevimeline hcl* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *pilocarpine hcl oral* |  | T1 | R&M |
| **\*Steroids - Mouth/Throat\*\*\*** |  |  |  |
| **ORALONE** *(Triamcinolone Acetonide)* | T1 | T1 | R&M |
| **\*Multiple Sclerosis Agents - Antimetabolites\*\*\*** |  |  |  |
| **\*Multiple Sclerosis Agents - Antimetabolites\*\*\*** |  |  |  |
| **MAVENCLAD (10 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAVENCLAD (4 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAVENCLAD (5 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAVENCLAD (6 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAVENCLAD (7 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAVENCLAD (8 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAVENCLAD (9 TABS)** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Multivitamins\*** |  |  |  |
| **\*Prenatal Mv & Min W/Fe-Fa\*\*\*** |  |  |  |
| *c-nate dha* |  | T3 | R&M; F |
| *completenate* |  | T3 | R&M; F |
| **CO-NATAL FA** *(PreTAB)* | T3 | T3 | R&M; F |
| **CONCEPT DHA** | T3 |  | R&M; F |
| **CONCEPT OB** | T3 |  | R&M; F |
| **ELITE-OB** | T3 |  | R&M; F |
| **FOLIVANE-OB** | T3 |  | R&M; F |
| **INATAL GT** | T3 |  | R&M; F |
| *m-natal plus* |  | T3 | R&M; F |
| **M-VIT** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| **MYNATAL ADVANCE** | T3 |  | R&M; F |
| **MYNATAL ORAL TABLET** | T3 |  | R&M; F |
| *neonatal complete* |  | T3 | R&M; F |
| **NEONATAL PLUS** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| **NIVA-PLUS** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| **OB COMPLETE ONE** | T3 |  | R&M; F |
| **OB COMPLETE ORAL TABLET** | T3 |  | R&M; F |
| **OB COMPLETE PETITE** | T3 |  | R&M; F |
| **OB COMPLETE/DHA** | T3 |  | R&M; F |
| *one vite womens plus* |  | T3 | R&M; F |
| *pnv folic acid + iron* |  | T3 | R&M; F |
| *pnv prenatal plus multivitamin* |  | T3 | R&M; F |
| *pnv tabs 29-1* |  | T3 | R&M; F |
| *pnv-select* |  | T3 | R&M; F |
| *pregenna* |  | T3 | R&M |
| **PRENATABS RX** *(Vol-Tab Rx)* | T3 | T3 | R&M; F |
| *prenatal 19* |  | T3 | R&M; F |
| *prenatal low iron oral tablet* *27-1 mg* |  | T3 | R&M; F |
| *prenatal oral tablet* *27-1 mg* |  | T3 | R&M; F |
| *prenatal plus* |  | T3 | R&M; F |
| *prenatal plus iron* |  | T3 | R&M; F |
| *prenatal vitamin plus low iron* |  | T3 | R&M; F |
| **PRENATAL/FOLIC ACID** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| *preplus* |  | T3 | R&M; F |
| *se-natal 19* |  | T3 | R&M; F |
| **TARON-C DHA** | T3 |  | R&M; F |
| **THERANATAL CORE NUTRITION** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| *thrivite rx* |  | T3 | R&M; F |
| **TRICARE** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| **TRICARE PRENATAL DHA ONE ORAL CAPSULE** **27-1-500 MG** | T3 |  | R&M; F |
| **VINATE M** | T3 |  | R&M; F |
| *virt-nate dha* |  | T3 | R&M; F |
| **VITATHELY WITH GINGER** *(Prenatal Plus/Iron)* | T3 | T3 | R&M; F |
| **VIVA DHA** *(Relnate DHA)* | T3 | T3 | R&M; F |
| *vol-plus* |  | T3 | R&M; F |
| *vp-heme ob + dha* |  | T3 | R&M; F |
| **\*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil\*\*\*** |  |  |  |
| *complete natal dha* |  | T3 | R&M; F |
| **PR NATAL 400** | T3 |  | R&M; F |
| **PR NATAL 400 EC** | T3 |  | R&M; F |
| **TRIVEEN-DUO DHA** | T3 |  | R&M; F |
| **\*Prenatal Mv & Min W/Fe-Fa-Dha\*\*\*** |  |  |  |
| **CITRANATAL 90 DHA ORAL** **90-1 & 300 MG** | T3 |  | R&M; F |
| **CITRANATAL ASSURE ORAL** **35-1 & 300 MG** | T3 |  | R&M; F |
| **CITRANATAL DHA** | T3 |  | R&M; F |
| *pnv-dha+docusate* |  | T3 | R&M; F |
| *prenaissance* |  | T3 | R&M; F |
| *prenaissance plus* |  | T3 | R&M; F |
| **SELECT-OB+DHA** | T3 |  | R&M; F |
| **TARON-PREX** | T3 |  | R&M; F |
| *virt-pn dha* |  | T3 | R&M; F |
| **VITAMEDMD ONE RX/QUATREFOLIC** | T3 |  | R&M; F |
| **ZATEAN-PN DHA** *(PNV-DHA)* | T3 | T3 | R&M; F |
| **\*Musculoskeletal Therapy Agents\*** |  |  |  |
| **\*Central Muscle Relaxants\*\*\*** |  |  |  |
| *baclofen oral tablet* *10 mg, 20 mg* |  | T1 | R&M |
| *carisoprodol oral tablet* *350 mg* |  | T1 | RO; AI (Max #84 per 21 days); QL (84 EA per 21 days) |
| *chlorzoxazone oral tablet* *500 mg* |  | T1 | R&M |
| *cyclobenzaprine hcl oral tablet* *10 mg, 5 mg* |  | T2 | R&M |
| *metaxalone oral tablet* *800 mg* |  | T2 | R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *methocarbamol oral* |  | T1 | R&M |
| *orphenadrine citrate er* |  | T1 | R&M |
| *tizanidine hcl oral tablet* |  | T1 | R&M |
| **\*Direct Muscle Relaxants\*\*\*** |  |  |  |
| *dantrolene sodium oral* |  | T2 | R&M |
| **\*Nasal Agents - Systemic And Topical\*** |  |  |  |
| **\*Nasal Anticholinergics\*\*\*** |  |  |  |
| *ipratropium bromide nasal solution* *0.03 %* |  | T1 | R&M; AI (Max #90ml Mail Order); QL (1.5 ML per 1 day) |
| *ipratropium bromide nasal solution* *0.06 %* |  | T1 | R&M; AI (Max #45ml Mail Order); QL (1.5 ML per 1 day) |
| **\*Nasal Antihistamines\*\*\*** |  |  |  |
| *azelastine hcl nasal solution* *0.1 %* |  | T1 | R&M; AI ( ) |
| *azelastine hcl nasal solution* *0.15 %* |  | T1 | R&M |
| *olopatadine hcl nasal* |  | T1 | R&M; QL (1.02 GM per 1 day); AG (Min 6 Years) |
| **\*Nasal Steroids\*\*\*** |  |  |  |
| **BECONASE AQ** | T3 |  | R&M; AI (Max #75gm Mail Order); QL (25 GM per 1 Copay) |
| *flunisolide nasal solution* *25 mcg/act (0.025%)* |  | T1 | R&M; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days) |
| **ZETONNA** | T3 |  | R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years) |
| **\*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb\*\*\*** |  |  |  |
| **\*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb\*\*\*** |  |  |  |
| **ENTRESTO** | T3 |  | PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years) |
| **\*Neurogenic Orthostatic Hypotension (Noh) - Agents\*\*\*** |  |  |  |
| **\*Neurogenic Orthostatic Hypotension (Noh) - Agents\*\*\*** |  |  |  |
| **NORTHERA ORAL CAPSULE** **100 MG** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AG (Min 18 Years) |
| **NORTHERA ORAL CAPSULE** **200 MG, 300 MG** | SP |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years) |
| **\*Neuromuscular Agents\*** |  |  |  |
| **\*Benzathiazoles\*\*\*** |  |  |  |
| *riluzole* |  | T1 | R&M |
| **TIGLUTIK** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Neuromuscular Blocking Agent - Neurotoxins\*\*\*** |  |  |  |
| **MYOBLOC** | MB |  | R&M |
| **\*Ophthalmic Agents\*** |  |  |  |
| **\*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb\*\*\*** |  |  |  |
| **SIMBRINZA** | T3 |  | R&M |
| **\*Artificial Tear Inserts\*\*\*** |  |  |  |
| **LACRISERT** | T3 |  | R&M |
| **\*Beta-Blockers - Ophthalmic Combinations\*\*\*** |  |  |  |
| **COMBIGAN** | T2 |  | R&M; AI ( ) |
| *dorzolamide hcl-timolol mal* |  | T1 | R&M |
| *dorzolamide hcl-timolol mal pf* |  | T1 | PA; R&M |
| **\*Beta-Blockers - Ophthalmic\*\*\*** |  |  |  |
| **BETOPTIC-S** | T3 |  | R&M |
| *carteolol hcl* |  | T1 | R&M |
| *levobunolol hcl ophthalmic solution* *0.5 %* |  | T1 | R&M |
| *timolol maleate ophthalmic solution* *0.25 %, 0.5 %* |  | T1 | R&M |
| **TIMOPTIC-XE** *(Timolol Maleate)* | T3 | T3 | R&M |
| **\*Cycloplegic Mydriatics\*\*\*** |  |  |  |
| **ALTAFRIN OPHTHALMIC SOLUTION** *(Phenylephrine HCl)* **10 %, 2.5 %** | T1 | T1 | R&M |
| *atropine sulfate ophthalmic solution* *1 %* |  | T1 | R&M |
| *cyclopentolate hcl ophthalmic solution* *0.5 %* |  | T2 | R&M |
| *cyclopentolate hcl ophthalmic solution* *1 %* |  | T1 | R&M |
| **HOMATROPAIRE** | T1 |  | R&M |
| *tropicamide ophthalmic* |  | T3 | R&M |
| **\*Miotics - Cholinesterase Inhibitors\*\*\*** |  |  |  |
| **PHOSPHOLINE IODIDE** | T1 |  | R&M |
| **\*Miotics - Direct Acting\*\*\*** |  |  |  |
| *pilocarpine hcl ophthalmic solution* *1 %, 2 %* |  | T1 | R&M |
| **\*Ophthalmic Antiallergic\*\*\*** |  |  |  |
| **ALOCRIL** | T3 |  | R&M |
| **ALOMIDE** | T3 |  | R&M |
| *azelastine hcl ophthalmic* |  | T2 | R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| **BEPREVE** | T3 |  | R&M |
| *cromolyn sodium ophthalmic* |  | T1 | R&M |
| *epinastine hcl* |  | T2 | R&M |
| **LASTACAFT** | T3 |  | PA; ST; R&M; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years) |
| *olopatadine hcl ophthalmic solution* *0.2 %* |  | T3 | R&M |
| **ZERVIATE** | T3 |  | PA; ST; R&M; AI (EST through Azelastine drops 0.05% for at least 2 month in last 6 months.) |
| **\*Ophthalmic Antibiotics\*\*\*** |  |  |  |
| *bacitracin ophthalmic* |  | T3 | R&M |
| **BESIVANCE** | T3 |  | R&M |
| **CILOXAN OPHTHALMIC OINTMENT** | T3 |  | R&M |
| *ciprofloxacin hcl ophthalmic* |  | T1 | R&M |
| *erythromycin ophthalmic* |  | T1 | R&M |
| *gatifloxacin ophthalmic* |  | T1 | R&M |
| **GENTAK OPHTHALMIC OINTMENT** | T3 |  | R&M |
| *gentamicin sulfate ophthalmic solution* |  | T1 | R&M |
| *levofloxacin ophthalmic* |  | T2 | R&M |
| **MOXEZA** *(Moxifloxacin HCl (2X Day))* | T3 | T3 | R&M |
| *moxifloxacin hcl ophthalmic* |  | T1 | R&M |
| *ofloxacin ophthalmic* |  | T1 | R&M |
| **TOBREX OPHTHALMIC OINTMENT** | T1 |  | R&M |
| **\*Ophthalmic Antifungal\*\*\*** |  |  |  |
| **NATACYN** | T3 |  | R&M |
| **\*Ophthalmic Anti-Infective Combinations\*\*\*** |  |  |  |
| *bacitracin-polymyxin b ophthalmic ointment* *500-10000 unit/gm* |  | T1 | R&M |
| *neomycin-polymyxin-gramicidin ophthalmic solution* *1.75-10000-.025* |  | T3 | R&M |
| **NEO-POLYCIN** *(Neomycin-Bacitracin Zn-Polymyx)* | T1 | T1 | R&M |
| **POLYCIN** *(AK-Poly-Bac)* | T1 | T1 | R&M |
| *polymyxin b-trimethoprim* |  | T1 | R&M |
| **\*Ophthalmic Antivirals\*\*\*** |  |  |  |
| *trifluridine ophthalmic* |  | T3 | R&M |
| **ZIRGAN** | T2 |  | R&M |
| **\*Ophthalmic Carbonic Anhydrase Inhibitors\*\*\*** |  |  |  |
| **AZOPT** | T3 |  | R&M; AI (Max #30ml Mail Order); QL (10 ML per 30 Days) |
| *dorzolamide hcl ophthalmic* |  | T1 | R&M |
| **\*Ophthalmic Immunomodulators\*\*\*** |  |  |  |
| **CEQUA** | T2 |  | R&M; QL (2 EA per 1 day) |
| **RESTASIS** | T2 |  | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| **\*Ophthalmic Local Anesthetics\*\*\*** |  |  |  |
| *proparacaine hcl ophthalmic* |  | T1 | R&M |
| *tetracaine hcl ophthalmic* |  | T1 | R&M |
| **\*Ophthalmic Nonsteroidal Anti-Inflammatory Agents\*\*\*** |  |  |  |
| *bromfenac sodium (once-daily)* |  | T2 | R&M |
| *diclofenac sodium ophthalmic* |  | T1 | R&M |
| *flurbiprofen sodium* |  | T1 | R&M |
| *ketorolac tromethamine ophthalmic* |  | T1 | R&M |
| **NEVANAC** | T3 |  | R&M; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years) |
| **\*Ophthalmic Selective Alpha Adrenergic Agonists\*\*\*** |  |  |  |
| **ALPHAGAN P OPHTHALMIC SOLUTION** **0.1 %** | T2 |  | R&M |
| *apraclonidine hcl* |  | T1 | R&M |
| *brimonidine tartrate ophthalmic* |  | T1 | R&M |
| **\*Ophthalmic Steroid Combinations\*\*\*** |  |  |  |
| *bacitra-neomycin-polymyxin-hc* |  | T1 | R&M |
| **BLEPHAMIDE** | T3 |  | R&M |
| **BLEPHAMIDE S.O.P.** | T3 |  | R&M |
| *neomycin-polymyxin-dexameth ophthalmic ointment* |  | T1 | R&M |
| *neomycin-polymyxin-dexameth ophthalmic suspension* *3.5-10000-0.1* |  | T1 | R&M |
| *neomycin-polymyxin-hc ophthalmic suspension* *3.5-10000-1* |  | T3 | R&M |
| **PRED-G** | T3 |  | R&M |
| **PRED-G S.O.P.** | T3 |  | R&M |
| *sulfacetamide-prednisolone ophthalmic solution* |  | T3 | R&M |
| **TOBRADEX OPHTHALMIC OINTMENT** | T2 |  | R&M |
| **TOBRADEX ST** | T2 |  | R&M |
| *tobramycin-dexamethasone* |  | T1 | R&M |
| **\*Ophthalmic Steroids\*\*\*** |  |  |  |
| **ALREX** | T3 |  | R&M |
| *dexamethasone sodium phosphate ophthalmic* |  | T3 | R&M |
| **DUREZOL** | T3 |  | R&M |
| **FLAREX** | T3 |  | R&M |
| *fluorometholone ophthalmic* |  | T1 | R&M |
| **FML** | T3 |  | R&M |
| **FML FORTE** | T3 |  | R&M |
| **INVELTYS** | T3 |  | R&M |
| **LOTEMAX OPHTHALMIC GEL** | T3 |  | R&M; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year) |
| **LOTEMAX OPHTHALMIC OINTMENT** | T3 |  | R&M |
| **LOTEMAX SM** | T3 |  | R&M |
| *loteprednol etabonate* |  | T3 | R&M |
| **MAXIDEX** | T3 |  | R&M |
| **PRED FORTE** *(prednisoLONE Acetate)* | T1 | T1 | R&M |
| **PRED MILD** | T3 |  | R&M |
| *prednisolone acetate p-f* |  | T1 | R&M |
| *prednisolone sodium phosphate ophthalmic* |  | T3 | R&M |
| **\*Ophthalmic Sulfonamides\*\*\*** |  |  |  |
| *sulfacetamide sodium ophthalmic ointment* |  | T3 | R&M |
| *sulfacetamide sodium ophthalmic solution* |  | T1 | R&M |
| **\*Ophthalmics - Cystinosis Agents\*\*** |  |  |  |
| **CYSTARAN** | T3 |  | PA; R&M |
| **\*Prostaglandins - Ophthalmic\*\*\*** |  |  |  |
| *latanoprost ophthalmic* |  | T1 | R&M; AI (Max #15ml Mail Order); QL (5 ML per 25 Days) |
| **LUMIGAN OPHTHALMIC SOLUTION** **0.01 %** | T2 |  | R&M; AI ( ) |
| **TRAVATAN Z** | T2 |  | R&M; AI ( ) |
| **VYZULTA** | T3 |  | PA; ST; R&M; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan) |
| **XELPROS** | T3 |  | R&M |
| **ZIOPTAN** | T3 |  | R&M |
| **\*Ophthalmic Nerve Growth Factors\*\*\*** |  |  |  |
| **\*Ophthalmic Nerve Growth Factors\*\*\*** |  |  |  |
| **OXERVATE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Ophthalmic Rho Kinase Inhibitors\*\*\*** |  |  |  |
| **\*Ophthalmic Rho Kinase Inhibitors\*\*\*** |  |  |  |
| **RHOPRESSA** | T3 |  | PA; R&M |
| **\*Orexin Receptor Antagonists\*\*\*** |  |  |  |
| **\*Orexin Receptor Antagonists\*\*\*** |  |  |  |
| **BELSOMRA** | T3 |  | ST; R&M; AI (ST: Trial of at least 2 of the following in last 6 months: eszopiclone tab, zaleplon cap and rozerem tab); QL (1 EA per 1 day); AG (Min 18 Years) |
| **DAYVIGO** | T3 |  | ST; R&M; AI (EST through the following for at least 2 in last 6 months: Eszopiclone tab, Zaleplon cap and Rozerem tab.); QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Otic Agents\*** |  |  |  |
| **\*Otic Agents - Miscellaneous\*\*\*** |  |  |  |
| *acetic acid otic* |  | T1 | R&M |
| **\*Otic Anti-Infectives\*\*\*** |  |  |  |
| *ciprofloxacin hcl otic* |  | T3 | R&M |
| *ofloxacin otic* |  | T1 | R&M |
| **\*Otic Steroid-Anti-Infective Combinations\*\*\*** |  |  |  |
| **CIPRO HC** | T2 |  | R&M |
| **CIPRODEX** | T2 |  | R&M; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days) |
| **CORTISPORIN-TC** | T3 |  | R&M |
| *neomycin-polymyxin-hc otic solution* *3.5-10000-1* |  | T1 | R&M |
| *neomycin-polymyxin-hc otic suspension* |  | T1 | R&M |
| **\*Otic Steroids\*\*\*** |  |  |  |
| **ACETASOL HC** *(Hydrocortisone-Acetic Acid)* | T3 | T2 | R&M |
| *fluocinolone acetonide otic* |  | T1 | R&M; AI (Max #120 Mail Order); QL (40 ML per 30 Days) |
| **\*Oxaborole-Related Antifungals - Topical\*\*\*** |  |  |  |
| **\*Oxaborole-Related Antifungals - Topical\*\*\*** |  |  |  |
| **KERYDIN** | T3 |  | PA; R&M |
| **\*Oxytocics\*** |  |  |  |
| **\*Oxytocics\*\*\*** |  |  |  |
| **METHERGINE ORAL** *(Methylergonovine Maleate)* | T1 | T1 | R&M |
| **\*Passive Immunizing Agents - Combinations\*\*\*** |  |  |  |
| **\*Passive Immunizing Agents - Combinations\*\*\*** |  |  |  |
| **HYQVIA** | MB |  | R&M |
| **\*Passive Immunizing Agents\*** |  |  |  |
| **\*Antiviral Monoclonal Antibodies\*\*\*** |  |  |  |
| **SYNAGIS** | MB |  | R&M |
| **\*Immune Serums\*\*\*** |  |  |  |
| **BIVIGAM INTRAVENOUS SOLUTION** **5 GM/50ML** | MB |  | R&M |
| **CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED** **12 GM, 6 GM** | MB |  | R&M |
| **CUVITRU SUBCUTANEOUS SOLUTION** **4 GM/20ML** | MB |  | R&M |
| **CYTOGAM** | MB |  | R&M |
| **FLEBOGAMMA DIF** | MB |  | R&M |
| **GAMASTAN** | MB |  | R&M |
| **GAMASTAN S/D INTRAMUSCULAR INJECTABLE** | MB |  | R&M |
| **GAMMAGARD** | MB |  | R&M |
| **GAMMAGARD S/D LESS IGA** | MB |  | R&M |
| **GAMMAKED INJECTION SOLUTION** **1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML** | MB |  | R&M |
| **GAMMAPLEX INTRAVENOUS SOLUTION** **10 GM/200ML, 20 GM/400ML, 5 GM/100ML** | MB |  | R&M |
| **GAMUNEX-C** | MB |  | R&M |
| **HIZENTRA SUBCUTANEOUS SOLUTION** **1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML** | MB |  | R&M |
| **HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; R&M |
| **HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **OCTAGAM INTRAVENOUS SOLUTION** **1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML** | MB |  | R&M |
| **PRIVIGEN** | MB |  | R&M |
| **RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **WINRHO SDF** | SP |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Pcsk9 Inhibitors\*\*\*** |  |  |  |
| **\*Pcsk9 Inhibitors\*\*\*** |  |  |  |
| **REPATHA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 13 Years) |
| **REPATHA PUSHTRONEX SYSTEM** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.125 ML per 1 day); AG (Min 13 Years) |
| **REPATHA SURECLICK** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AG (Min 13 Years) |
| **\*Penicillins\*** |  |  |  |
| **\*Aminopenicillins\*\*\*** |  |  |  |
| *amoxicillin oral capsule* |  | T1 | R&M |
| *amoxicillin oral suspension reconstituted* |  | T1 | R&M |
| *amoxicillin oral tablet* |  | T1 | R&M |
| *amoxicillin oral tablet chewable* *125 mg, 250 mg* |  | T1 | R&M |
| *ampicillin oral capsule* *500 mg* |  | T1 | R&M |
| **\*Natural Penicillins\*\*\*** |  |  |  |
| *penicillin v potassium* |  | T1 | R&M |
| **\*Penicillin Combinations\*\*\*** |  |  |  |
| *amoxicillin-pot clavulanate er* |  | T3 | R&M |
| *amoxicillin-pot clavulanate oral suspension reconstituted* |  | T1 | R&M |
| *amoxicillin-pot clavulanate oral tablet* |  | T1 | R&M |
| *amoxicillin-pot clavulanate oral tablet chewable* |  | T3 | R&M |
| **AUGMENTIN ORAL SUSPENSION RECONSTITUTED** **125-31.25 MG/5ML** | T3 |  | R&M |
| **\*Penicillinase-Resistant Penicillins\*\*\*** |  |  |  |
| *dicloxacillin sodium* |  | T1 | R&M |
| **\*Pharmaceutical Adjuvants\*** |  |  |  |
| **\*Parenteral Vehicles\*\*\*** |  |  |  |
| *saline bacteriostatic* |  | MB | SP |
| **\*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors\*\*\*** |  |  |  |
| **\*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors\*\*\*** |  |  |  |
| **COPIKTRA** | T1 |  | PA; R&M |
| **PIQRAY (200 MG DAILY DOSE)** | T1 |  | PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PIQRAY (250 MG DAILY DOSE)** | T1 |  | PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PIQRAY (300 MG DAILY DOSE)** | T1 |  | PA; RO; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **ZYDELIG** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Phosphodiesterase 4 (Pde4) Inhibitors - Topical\*\*\*** |  |  |  |
| **\*Phosphodiesterase 4 (Pde4) Inhibitors - Topical\*\*\*** |  |  |  |
| **EUCRISA** | T3 |  | PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years) |
| **\*Phosphodiesterase 4 (Pde4) Inhibitors\*\*\*** |  |  |  |
| **\*Phosphodiesterase 4 (Pde4) Inhibitors\*\*\*** |  |  |  |
| **OTEZLA ORAL TABLET** | SP |  | PA; SP; QL (2 EA per 1 day); AG (Min 18 Years) |
| **OTEZLA ORAL TABLET THERAPY PACK** | SP |  | PA; SP; QL (1 EA per 1 Year); AG (Min 18 Years) |
| **\*Plasma Kallikrein Inhibitors - Monoclonal Antibodies\*\*\*** |  |  |  |
| **\*Plasma Kallikrein Inhibitors - Monoclonal Antibodies\*\*\*** |  |  |  |
| **TAKHZYRO** | SP |  | PA; R&M |
| **\*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors\*\*** |  |  |  |
| **\*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors\*\*** |  |  |  |
| **LYNPARZA ORAL TABLET** | T1 |  | SP |
| **RUBRACA ORAL TABLET** **200 MG** | T1 |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **RUBRACA ORAL TABLET** **300 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **TALZENNA** | T1 |  | PA; R&M |
| **ZEJULA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **\*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors\*\*\*** |  |  |  |
| **\*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors\*\*\*** |  |  |  |
| **LYNPARZA ORAL TABLET** | T1 |  | SP |
| **RUBRACA ORAL TABLET** **200 MG** | T1 |  | PA; ST; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **RUBRACA ORAL TABLET** **300 MG** | T1 |  | SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **TALZENNA** | T1 |  | PA; R&M |
| **ZEJULA** | T1 |  | PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited) |
| **\*Potassium Removing Agents\*\*\*** |  |  |  |
| **\*Potassium Removing Agents\*\*\*** |  |  |  |
| **KIONEX ORAL SUSPENSION** *(Sodium Polystyrene Sulfonate)* | T1 | T1 | R&M |
| **LOKELMA** | T3 |  | PA; R&M |
| *sodium polystyrene sulfonate oral* |  | T1 | R&M |
| **SPS** *(Sodium Polystyrene Sulfonate)* | T1 | T1 | R&M |
| **VELTASSA** | T3 |  | PA; R&M |
| **\*Progestins\*** |  |  |  |
| **\*Progestins\*\*\*** |  |  |  |
| *hydroxyprogesterone caproate intramuscular oil* |  | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies) |
| **MAKENA SUBCUTANEOUS** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *medroxyprogesterone acetate oral tablet* *10 mg* |  | T2 | R&M |
| *medroxyprogesterone acetate oral tablet* *2.5 mg, 5 mg* |  | T1 | R&M |
| *megestrol acetate oral suspension* *625 mg/5ml* |  | T1 | R&M; AI (Max #450ml Mail Order); QL (150 ML per 30 days) |
| *norethindrone acetate oral* |  | T1 | R&M; F |
| *progesterone intramuscular* |  | T3 | R&M; F |
| *progesterone micronized oral* |  | T1 | R&M; F |
| **\*Protease-Activated Receptor-1 (Par-1) Antagonists\*\*\*** |  |  |  |
| **\*Protease-Activated Receptor-1 (Par-1) Antagonists\*\*\*** |  |  |  |
| **ZONTIVITY** | T2 |  | R&M; QL (1 EA per 1 day); AG (Min 16 Years) |
| **\*Psychotherapeutic And Neurological Agents - Misc.\*** |  |  |  |
| **\*Alcohol Deterrents\*\*\*** |  |  |  |
| *acamprosate calcium* |  | T1 | R&M; QL (6 EA per 1 day) |
| *disulfiram oral* |  | T1 | R&M |
| **\*Anti-Cataplectic Agents\*\*\*** |  |  |  |
| **XYREM** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years) |
| **\*Cholinomimetics - Ache Inhibitors\*\*\*** |  |  |  |
| *donepezil hcl oral tablet* *10 mg, 5 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *donepezil hcl oral tablet* *23 mg* |  | T1 | R&M |
| *donepezil hcl oral tablet dispersible* |  | T1 | R&M |
| *galantamine hydrobromide er* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| *galantamine hydrobromide oral solution* |  | T3 | R&M |
| *galantamine hydrobromide oral tablet* *12 mg, 8 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *galantamine hydrobromide oral tablet* *4 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *rivastigmine* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years) |
| *rivastigmine tartrate oral capsule* *1.5 mg, 3 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *rivastigmine tartrate oral capsule* *4.5 mg, 6 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Copay) |
| **\*Fibromyalgia Agent - Snris\*\*\*** |  |  |  |
| **SAVELLA** | T3 |  | R&M |
| **SAVELLA TITRATION PACK** | T3 |  | R&M |
| **\*Movement Disorder Drug Therapy\*\*\*** |  |  |  |
| **AUSTEDO** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **INGREZZA** | T3 |  | PA; R&M; QL (1 EA per 1 day) |
| **XENAZINE** *(Tetrabenazine)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Ms Agents - Pyrimidine Synthesis Inhibitors\*\*\*** |  |  |  |
| **AUBAGIO** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Multiple Sclerosis Agents - Interferons\*\*\*** |  |  |  |
| **BETASERON SUBCUTANEOUS KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **EXTAVIA SUBCUTANEOUS KIT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PLEGRIDY** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PLEGRIDY STARTER PACK** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **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 limit applies) |
| **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 limit applies) |
| **REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **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 limit applies) |
| **\*Multiple Sclerosis Agents - Nrf2 Pathway Activators\*\*\*** |  |  |  |
| **TECFIDERA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **VUMERITY** | SP |  | PA; R&M |
| **\*Multiple Sclerosis Agents - Potassium Channel Blockers\*\*\*** |  |  |  |
| **AMPYRA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (18 EA per 1 day) |
| *dalfampridine er* |  | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years) |
| **\*Multiple Sclerosis Agents\*\*\*** |  |  |  |
| **COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE** *(Glatiramer Acetate)* **40 MG/ML** | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **GLATOPA** *(Glatiramer Acetate)* | SP | SP | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists\*\*\*** |  |  |  |
| *memantine hcl er* |  | T2 | R&M |
| *memantine hcl oral solution* *2 mg/ml* |  | T1 | R&M; AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years) |
| *memantine hcl oral tablet* *10 mg* |  | T1 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years) |
| *memantine hcl oral tablet* *28 x 5 mg & 21 x 10 mg* |  | T1 | R&M |
| *memantine hcl oral tablet* *5 mg* |  | T1 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years) |
| **NAMENDA XR TITRATION PACK** | T3 |  | R&M |
| **\*Phenothiazines & Tricyclic Agents\*\*\*** |  |  |  |
| *perphenazine-amitriptyline oral tablet* *2-10 mg, 2-25 mg* |  | T2 | R&M |
| **\*Pseudobulbar Affect Agent Combinations\*\*\*** |  |  |  |
| **NUEDEXTA** | T3 |  | PA; R&M |
| **\*Psychotherapeutic And Neurological Agents - Misc.\*\*\*** |  |  |  |
| *ergoloid mesylates oral* |  | T1 | PA; R&M |
| *pimozide* |  | T2 | R&M |
| **\*Smoking Deterrents\*\*\*** |  |  |  |
| *bupropion hcl er (smoking det)* |  | $0 | R&M; QL (2 EA per 1 Day); AG (Min 18 Years) |
| **CHANTIX** | $0 |  | R&M; QL (2 EA per 1 Day); AG (Min 18 Years) |
| **CHANTIX CONTINUING MONTH PAK** | $0 |  | R&M; QL (2 EA per 1 Day); AG (Min 18 Years) |
| **CHANTIX STARTING MONTH PAK** | $0 |  | R&M; AG (Min 18 Years) |
| *cvs nicotine mouth/throat gum* *2 mg* |  | $0 | R&M |
| *cvs nicotine mouth/throat gum* *4 mg* |  | $0 | R&M; AG (Min 18 Years) |
| *cvs nicotine mouth/throat lozenge* |  | $0 | R&M; AG (Min 18 Years) |
| *cvs nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| *cvs nicotine transdermal* |  | $0 | R&M; AG (Min 18 Years) |
| *eq nicotine mouth/throat gum* *4 mg* |  | $0 | R&M; AG (Min 18 Years) |
| *eq nicotine mouth/throat lozenge* |  | $0 | R&M; AG (Min 18 Years) |
| *eq nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| *eq nicotine step 3* |  | $0 | R&M; AG (Min 18 Years) |
| *eq nicotine transdermal* |  | $0 | R&M; AG (Min 18 Years) |
| *eql nicotine polacrilex mouth/throat gum* *2 mg* |  | $0 | R&M; AG (Min 18 Years) |
| *eql nicotine polacrilex mouth/throat lozenge* |  | $0 | R&M; AG (Min 18 Years) |
| *gnp nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *gnp nicotine mini* |  | $0 | R&M; AG (Min 18 Years) |
| *gnp nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| *goodsense nicotine mouth/throat gum* *4 mg* |  | $0 | R&M; AG (Min 18 Years) |
| *goodsense nicotine mouth/throat lozenge* |  | $0 | R&M; AG (Min 18 Years) |
| *hm nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *hm nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| **KLS QUIT2** *(Nicotine Polacrilex)* | $0 | $0 | R&M; AG (Min 18 Years) |
| **KLS QUIT4** *(Nicotine Polacrilex)* | $0 | $0 | R&M; AG (Min 18 Years) |
| **NICORELIEF MOUTH/THROAT GUM** *(Nicotine Polacrilex)* **2 MG** | $0 | $0 | R&M; AG (Min 18 Years) |
| *nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *nicotine mini* |  | $0 | R&M; AG (Min 18 Years) |
| *nicotine step 1* |  | $0 | R&M; AG (Min 18 Years) |
| *nicotine step 2* |  | $0 | R&M; AG (Min 18 Years) |
| *nicotine step 3* |  | $0 | R&M; AG (Min 18 Years) |
| **NICOTROL** | $0 |  | R&M; AG (Min 18 Years) |
| **NICOTROL NS** | $0 |  | R&M; QL (4 ML per 1 Day); AG (Min 18 Years) |
| *px stop smoking aid* |  | $0 | R&M; AG (Min 18 Years) |
| *ra mini nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *ra nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *ra nicotine gum mouth/throat gum* *2 mg, 4 mg* |  | $0 | R&M; AG (Min 18 Years) |
| *ra nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| *sm nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *sm nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| *sr nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *tgt nicotine* |  | $0 | R&M; AG (Min 18 Years) |
| *tgt nicotine polacrilex* |  | $0 | R&M; AG (Min 18 Years) |
| *tgt nicotine step one* |  | $0 | R&M; AG (Min 18 Years) |
| *tgt nicotine step three* |  | $0 | R&M; AG (Min 18 Years) |
| *tgt nicotine step two* |  | $0 | R&M; AG (Min 18 Years) |
| **THRIVE MOUTH/THROAT GUM** *(Nicotine Polacrilex)* **2 MG** | $0 | $0 | R&M; AG (Min 18 Years) |
| **\*Sphingosine 1-Phosphate (S1p) Receptor Modulators\*\*\*** |  |  |  |
| **GILENYA** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAYZENT** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **MAYZENT STARTER PACK** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Thienbenzodiazepines & Ssris\*\*\*** |  |  |  |
| *olanzapine-fluoxetine hcl oral capsule* *12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg* |  | T3 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *olanzapine-fluoxetine hcl oral capsule* *6-25 mg* |  | T3 | R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| **\*Pulmonary Fibrosis Agents - Kinase Inhibitors\*\*\*** |  |  |  |
| **\*Pulmonary Fibrosis Agents - Kinase Inhibitors\*\*\*** |  |  |  |
| **OFEV** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day) |
| **\*Pulmonary Fibrosis Agents\*\*\*** |  |  |  |
| **\*Pulmonary Fibrosis Agents\*\*\*** |  |  |  |
| **ESBRIET ORAL CAPSULE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day) |
| **ESBRIET ORAL TABLET** **267 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day) |
| **ESBRIET ORAL TABLET** **801 MG** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day) |
| **\*Pulmonary Hypertension - Prostacyclin Receptor Agonist\*\*\*** |  |  |  |
| **\*Pulmonary Hypertension - Prostacyclin Receptor Agonist\*\*\*** |  |  |  |
| **UPTRAVI ORAL TABLET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years) |
| **UPTRAVI ORAL TABLET THERAPY PACK** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Lifetime); AG (Min 18 Years) |
| **\*Respiratory Agents - Misc.\*** |  |  |  |
| **\*Cftr Potentiators\*\*\*** |  |  |  |
| **KALYDECO ORAL PACKET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **KALYDECO ORAL TABLET** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AG (Min 6 Years) |
| **\*Hydrolytic Enzymes\*\*\*** |  |  |  |
| **PULMOZYME** | SP |  | SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days) |
| **\*Selective Serotonin Agonists 5-Ht(1F)\*\*\*** |  |  |  |
| **\*Selective Serotonin Agonists 5-Ht(1F)\*\*\*** |  |  |  |
| **REYVOW** | SP |  | PA; R&M |
| **\*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag\*\*\*** |  |  |  |
| **\*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag\*\*\*** |  |  |  |
| **ADDYI** | T3 |  | R&M; F; QL (1 EA per 1 day); AG (Min 18 Years) |
| **\*Serotonin Modulators\*\*\*** |  |  |  |
| **\*Serotonin Modulators\*\*\*** |  |  |  |
| *nefazodone hcl* |  | T3 | R&M |
| *trazodone hcl oral tablet* *100 mg, 150 mg, 50 mg* |  | T1 | R&M |
| *trazodone hcl oral tablet* *300 mg* |  | T1 | R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day) |
| **TRINTELLIX ORAL TABLET** **10 MG** | T3 |  | ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years) |
| **TRINTELLIX ORAL TABLET** **20 MG, 5 MG** | T3 |  | ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years) |
| **VIIBRYD ORAL TABLET** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years) |
| **VIIBRYD STARTER PACK** | T3 |  | R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years) |
| **\*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb\*\*\*** |  |  |  |
| **\*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb\*\*\*** |  |  |  |
| **TRIJARDY XR** | T2 |  | R&M; QL (1 EA per 1 day) |
| **\*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations\*\*\*** |  |  |  |
| **\*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations\*\*\*** |  |  |  |
| **GLYXAMBI** | T3 |  | R&M; QL (1 EA per 1 day); AG (Min 18 Years) |
| **QTERN** | T3 |  | PA; ST; R&M; AI (Est: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy. ) |
| **STEGLUJAN** | T3 |  | ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy) |
| **\*Sinus Node Inhibitors\*\*** |  |  |  |
| **\*Sinus Node Inhibitors\*\*** |  |  |  |
| **CORLANOR ORAL SOLUTION** | T3 |  | PA; R&M |
| **CORLANOR ORAL TABLET** | T3 |  | PA; ST; R&M |
| **\*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb\*\*\*** |  |  |  |
| **\*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb\*\*\*** |  |  |  |
| **INVOKAMET** | T3 |  | ST; R&M; AI (EST DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy. ) |
| **INVOKAMET XR** | T3 |  | ST; R&M; AI (EST: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy) |
| **SEGLUROMET** | T3 |  | ST; R&M; AI (Est: DSE requiring at least three (3) month trial/failure of one (1) of Farxiga or Xigduo XR AND one (1) of Glyxambi, Jardiance, Synjardy/XR, or Trijardy. ) |
| **SYNJARDY** | T2 |  | ST; R&M; AI (EST thru any metformin for at least 2 months in last 6 months) |
| **SYNJARDY XR** | T2 |  | ST; R&M; AI (EST thru any metformin for at least 2 months in last 6 months) |
| **XIGDUO XR** | T2 |  | R&M |
| **\*Spleen Tyrosine Kinase (Syk) Inhibitors\*\*\*** |  |  |  |
| **\*Spleen Tyrosine Kinase (Syk) Inhibitors\*\*\*** |  |  |  |
| **TAVALISSE** | SP |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Steroids - Mouth/Throat/Dental\*\*\*** |  |  |  |
| **\*Steroids - Mouth/Throat/Dental\*\*\*** |  |  |  |
| **ORALONE** *(Triamcinolone Acetonide)* | T1 | T1 | R&M |
| **\*Sulfonamides\*** |  |  |  |
| **\*Sulfonamides\*\*\*** |  |  |  |
| *sulfadiazine oral* |  | T3 | R&M |
| **\*Tetracyclines\*** |  |  |  |
| **\*Tetracyclines\*\*\*** |  |  |  |
| *demeclocycline hcl oral* |  | T3 | R&M |
| *doxycycline hyclate oral capsule* |  | T1 | R&M |
| *doxycycline hyclate oral tablet* *100 mg* |  | T2 | R&M |
| *doxycycline hyclate oral tablet* *20 mg* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *doxycycline hyclate oral tablet delayed release* *100 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| *doxycycline hyclate oral tablet delayed release* *75 mg* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *doxycycline monohydrate oral capsule* *100 mg, 50 mg* |  | T2 | R&M |
| *doxycycline monohydrate oral suspension reconstituted* |  | T1 | R&M |
| *doxycycline monohydrate oral tablet* *100 mg* |  | T2 | R&M |
| *doxycycline monohydrate oral tablet* *50 mg, 75 mg* |  | T1 | R&M |
| *minocycline hcl oral capsule* |  | T1 | R&M |
| *minocycline hcl oral tablet* |  | T3 | R&M |
| *tetracycline hcl oral* |  | T1 | R&M |
| **VIBRAMYCIN ORAL SYRUP** | T3 |  | R&M |
| **\*Thyroid Agents\*** |  |  |  |
| **\*Antithyroid Agents\*\*\*** |  |  |  |
| *methimazole oral* |  | T1 | R&M |
| *propylthiouracil oral* |  | T1 | R&M |
| **\*Thyroid Hormones\*\*\*** |  |  |  |
| **ARMOUR THYROID** *(NP Thyroid)* | T3 | T3 | R&M |
| **EUTHYROX** *(Levothyroxine Sodium)* | T1 | T1 | R&M |
| **LEVO-T** *(Levothyroxine Sodium)* | T1 | T1 | R&M |
| **LEVOXYL** *(Levothyroxine Sodium)* | T1 | T1 | R&M |
| *liothyronine sodium oral* |  | T2 | R&M |
| **NATURE-THROID** | T3 |  | R&M |
| **SYNTHROID** *(Levothyroxine Sodium)* | T2 | T1 | R&M |
| **TIROSINT** | T3 |  | R&M |
| **TIROSINT-SOL** | T3 |  | R&M |
| **UNITHROID ORAL TABLET** *(Levothyroxine Sodium)* **100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG** | T1 | T1 | R&M |
| **UNITHROID ORAL TABLET** *(Levothyroxine Sodium)* **150 MCG** | T2 | T1 | R&M |
| **WESTHROID ORAL TABLET** **130 MG, 195 MG, 32.5 MG, 97.5 MG** | T3 |  | R&M |
| **WESTHROID ORAL TABLET** *(Thyroid)* **65 MG** | T3 | T3 | R&M |
| **WP THYROID** | T3 |  | R&M |
| **\*Toxoids\*** |  |  |  |
| **\*Toxoid Combinations\*\*\*** |  |  |  |
| **ADACEL INTRAMUSCULAR SUSPENSION** **5-2-15.5 LF-MCG/0.5** | $0 |  | RO |
| *diphtheria-tetanus toxoids dt* |  | $0 | RO |
| **INFANRIX** | $0 |  | RO |
| **KINRIX INTRAMUSCULAR SUSPENSION** | $0 |  | RO |
| **PEDIARIX** | $0 |  | RO |
| **QUADRACEL** | $0 |  | RO |
| **TENIVAC** | $0 |  | RO |
| **\*Transthyretin Stabilizers\*\*\*** |  |  |  |
| **\*Transthyretin Stabilizers\*\*\*** |  |  |  |
| **VYNDAMAX** | SP |  | PA; R&M |
| **VYNDAQEL** | SP |  | PA; R&M; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Tryptophan Hydroxylase Inhibitors\*\*\*** |  |  |  |
| **\*Tryptophan Hydroxylase Inhibitors\*\*\*** |  |  |  |
| **XERMELO** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **\*Ulcer Drugs\*** |  |  |  |
| **\*Anticholinergic Combinations\*\*\*** |  |  |  |
| *belladonna alkaloids-opium rectal suppository* *16.2-60 mg* |  | T3 | R&M |
| *chlordiazepoxide-clidinium* |  | T1 | R&M |
| *phenobarbital-belladonna alk* |  | T2 | R&M |
| **PHENOHYTRO ORAL TABLET** | T1 |  | R&M |
| **\*Antispasmodics\*\*\*** |  |  |  |
| *dicyclomine hcl intramuscular* |  | T3 | R&M |
| *dicyclomine hcl oral* |  | T1 | R&M |
| **\*Belladonna Alkaloids\*\*\*** |  |  |  |
| *ed-spaz* |  | T3 | R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| *hyoscyamine sulfate oral elixir* |  | T1 | R&M |
| *hyoscyamine sulfate oral solution* |  | T3 | R&M |
| *hyoscyamine sulfate oral tablet* |  | T3 | R&M |
| *hyoscyamine sulfate oral tablet dispersible* |  | T3 | R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| *hyoscyamine sulfate sublingual* |  | T1 | R&M |
| *hyosyne oral solution* |  | T1 | R&M |
| *oscimin oral tablet* |  | T3 | R&M |
| *oscimin sublingual* |  | T1 | R&M |
| **\*H-2 Antagonists\*\*\*** |  |  |  |
| *cimetidine hcl oral* |  | T3 | R&M |
| *cimetidine oral tablet* *300 mg, 400 mg, 800 mg* |  | T1 | R&M |
| *famotidine oral suspension reconstituted* |  | T1 | R&M |
| *famotidine oral tablet* *20 mg, 40 mg* |  | T1 | R&M |
| *nizatidine oral capsule* *150 mg* |  | T2 | R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *nizatidine oral capsule* *300 mg* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *nizatidine oral solution* |  | T2 | R&M |
| **\*Misc. Anti-Ulcer\*\*\*** |  |  |  |
| **CARAFATE ORAL SUSPENSION** *(Sucralfate)* | T2 | T2 | R&M |
| *sucralfate oral tablet* |  | T1 | R&M |
| **\*Proton Pump Inhibitors\*\*\*** |  |  |  |
| **DEXILANT** | T3 |  | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *esomeprazole magnesium oral capsule delayed release* *20 mg* |  | T1 | R&M; QL (4 EA per 1 day) |
| *esomeprazole magnesium oral capsule delayed release* *40 mg* |  | T1 | R&M; QL (2 EA per 1 day) |
| **FIRST-LANSOPRAZOLE** | T2 |  | RO |
| **FIRST-OMEPRAZOLE** | T2 |  | RO |
| *lansoprazole oral capsule delayed release* |  | T1 | R&M |
| *omeprazole oral capsule delayed release* |  | T1 | R&M |
| **OMEPRAZOLE+SYRSPEND SF ALKA** | T2 |  | RO |
| *pantoprazole sodium oral* |  | T1 | R&M |
| *rabeprazole sodium oral tablet delayed release* |  | T1 | R&M |
| **\*Quaternary Anticholinergics\*\*\*** |  |  |  |
| *glycopyrrolate oral tablet* *1 mg, 2 mg* |  | T1 | R&M |
| *methscopolamine bromide oral tablet* *2.5 mg* |  | T1 | R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| *methscopolamine bromide oral tablet* *5 mg* |  | T1 | R&M |
| *propantheline bromide oral* |  | T1 | R&M |
| **\*Ulcer Anti-Infective W/ Proton Pump Inhibitors\*\*\*** |  |  |  |
| **TALICIA** | T3 |  | ST; R&M; AI (Must step thru clarithromycin, amoxicillin, and pantoprazole in last 90 days.) |
| **\*Ulcer Drugs - Prostaglandins\*\*\*** |  |  |  |
| *misoprostol oral* |  | T1 | R&M |
| **\*Urinary Anti-Infectives\*** |  |  |  |
| **\*Urinary Anti-Infectives\*\*\*** |  |  |  |
| *methenamine hippurate* |  | T1 | R&M |
| **MONUROL** | T3 |  | R&M |
| *nitrofurantoin macrocrystal oral* |  | T1 | R&M |
| *nitrofurantoin monohyd macro* |  | T1 | R&M |
| *nitrofurantoin oral suspension* |  | T1 | R&M |
| **\*Urinary Antiseptic-Antispasmodic &/Or Analgesics\*\*\*** |  |  |  |
| **HYOPHEN** | T3 |  | R&M; QL (3.74 EA per 1 day); AG (Min 12 Years) |
| **PHOSPHASAL** *(Urin DS)* | T2 | T2 | R&M |
| **USTELL** *(Uticap)* | T3 | T3 | R&M |
| **UTIRA-C** *(Urin DS)* | T2 | T2 | R&M |
| **UTRONA-C** *(Urin DS)* | T2 | T2 | R&M |
| **\*Urinary Antispasmodics\*** |  |  |  |
| **\*Beta-3 Adrenergic Agonists\*\*\*** |  |  |  |
| **MYRBETRIQ** | T2 |  | R&M |
| **\*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)\*\*\*** |  |  |  |
| *darifenacin hydrobromide er* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years) |
| **ENABLEX** | T3 |  | PA; R&M; AI (Max #90ml Mail Order); QL (1 EA per 1 day); AG (Min 18 Years) |
| *oxybutynin chloride er* |  | T1 | R&M |
| *oxybutynin chloride oral* |  | T1 | R&M |
| *solifenacin succinate* |  | T1 | R&M; QL (1 EA per 1 Day); AG (Min 18 Years) |
| *tolterodine tartrate* |  | T1 | R&M |
| **TOVIAZ** | T3 |  | PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| *trospium chloride* |  | T1 | R&M |
| *trospium chloride er* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **\*Urinary Antispasmodic - Antimuscarinics (Antichol)\*\*\*(New)** |  |  |  |
| *darifenacin hydrobromide er* |  | T2 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years) |
| **ENABLEX** | T3 |  | PA; R&M; AI (Max #90ml Mail Order); QL (1 EA per 1 day); AG (Min 18 Years) |
| *oxybutynin chloride er* |  | T1 | R&M |
| *oxybutynin chloride oral* |  | T1 | R&M |
| *solifenacin succinate* |  | T1 | R&M; QL (1 EA per 1 Day); AG (Min 18 Years) |
| *tolterodine tartrate* |  | T1 | R&M |
| **TOVIAZ** | T3 |  | PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| *trospium chloride* |  | T1 | R&M |
| *trospium chloride er* |  | T1 | R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years) |
| **\*Urinary Antispasmodics - Beta-3 Adrenergic Agonists\*\*\*** |  |  |  |
| **MYRBETRIQ** | T2 |  | R&M |
| **\*Urinary Antispasmodics - Cholinergic Agonists\*\*\*** |  |  |  |
| *bethanechol chloride oral tablet* *10 mg, 25 mg, 50 mg* |  | T1 | R&M |
| **\*Urinary Antispasmodics - Cholinergic Agonists\*\*\* (New)** |  |  |  |
| *bethanechol chloride oral tablet* *10 mg, 25 mg, 50 mg* |  | T1 | R&M |
| **\*Urinary Antispasmodics - Direct Muscle Relaxants\*\*\*** |  |  |  |
| *flavoxate hcl* |  | T1 | R&M |
| **\*Urinary Antispasmodics - Direct Muscle Relaxants\*\*\* (New)** |  |  |  |
| *flavoxate hcl* |  | T1 | R&M |
| **\*Vaccines\*** |  |  |  |
| **\*Bacterial Vaccines\*\*\*** |  |  |  |
| **MENACTRA** | $0 |  | RO |
| **MENVEO** | $0 |  | RO |
| **PNEUMOVAX 23** | $0 |  | RO |
| **PREVNAR 13** | $0 |  | RO; QL (0.5 ML per 1 Lifetime) |
| **TRUMENBA** | $0 |  | RO; AG (Max 26 Years) |
| **\*Viral Vaccines\*\*\*** |  |  |  |
| **AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE** **0.5 ML** | $0 |  | RO |
| **ENGERIX-B INJECTION SUSPENSION** **10 MCG/0.5ML, 20 MCG/ML** | $0 |  | RO |
| **FLUAD** | $0 |  | RO; $0; AG (Min 65 Years) |
| **FLUAD QUADRIVALENT** | $0 |  | R&M; AG (Min 65 Years) |
| **FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE** | $0 |  | RO |
| **FLUBLOK QUADRIVALENT** | $0 |  | RO; $0 |
| **FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION** | $0 |  | RO |
| **FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION** | $0 |  | RO |
| **FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE** | $0 |  | RO |
| **FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE** | $0 |  | RO |
| **FLUZONE HIGH-DOSE QUADRIVALENT** | $0 |  | R&M |
| **FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION**  **, 0.5 ML** | $0 |  | RO |
| **FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE** | $0 |  | RO |
| **GARDASIL 9** | $0 |  | RO; AG (Max 45 Years) |
| **HAVRIX INTRAMUSCULAR SUSPENSION** **1440 EL U/ML, 720 EL U/0.5ML** | $0 |  | RO |
| **RECOMBIVAX HB INJECTION SUSPENSION** **10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML** | $0 |  | RO |
| **VAQTA INTRAMUSCULAR SUSPENSION** **25 UNIT/0.5ML, 50 UNIT/ML** | $0 |  | RO |
| **VARIVAX** | $0 |  | RO |
| **ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED** | $0 |  | RO; AG (Min 50 Years) |
| **\*Vaginal Products\*** |  |  |  |
| **\*Imidazole-Related Antifungals\*\*\*** |  |  |  |
| **GYNAZOLE-1** | T3 |  | R&M; F |
| *terconazole vaginal cream* |  | T2 | R&M; F |
| **\*Spermicides\*\*\*** |  |  |  |
| **ENCARE VAGINAL SUPPOSITORY** | $0 |  | R&M; AI (Max #12 Retail or #36 Mail Order); F |
| **OPTIONS CONCEPTROL** | $0 |  | R&M |
| **OPTIONS GYNOL II CONTRACEPTIVE** | $0 |  | R&M; AI (Max #12 Retail or #36 Mail Order); F |
| **SHUR-SEAL CONTRACEPTIVE** | $0 |  | R&M; AI (Max #12 Retail or #36 Mail Order); F |
| **TODAY SPONGE** | $0 |  | R&M; AI (Max #36 Mail Order); F; QL (12 EA Max Qty Per Fill Retail) |
| **VCF VAGINAL CONTRACEPTIVE VAGINAL FILM** | $0 |  | R&M; AI (Max #12 Retail or #36 Mail Order); F |
| **VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM** | $0 |  | R&M; AI (Max #12 Retail or #36 Mail Order); F |
| **VCF VAGINAL CONTRACEPTIVE VAGINAL GEL** | $0 |  | R&M |
| **\*Vaginal Anti-Infectives\*\*\*** |  |  |  |
| **CLEOCIN VAGINAL SUPPOSITORY** | T3 |  | R&M; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days) |
| *clindamycin phosphate vaginal* |  | T1 | R&M; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days) |
| **VANDAZOLE** *(MetroNIDAZOLE)* | T2 | T2 | R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days) |
| **\*Vaginal Estrogens\*\*\*** |  |  |  |
| *estradiol vaginal cream* |  | T1 | R&M; F |
| **FEMRING VAGINAL RING** **0.05 MG/24HR** | T3 |  | R&M; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days) |
| **FEMRING VAGINAL RING** **0.1 MG/24HR** | T3 |  | R&M; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days) |
| **PREMARIN VAGINAL** | T2 |  | R&M; F |
| **YUVAFEM** *(Estradiol)* | T3 | T3 | R&M; F |
| **\*Vaginal Progestins\*\*\*** |  |  |  |
| **CRINONE** | SP |  | PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F |
| **ENDOMETRIN** | T3 |  | PA; R&M; F |
| **\*Vasopressors\*** |  |  |  |
| **\*Anaphylaxis Therapy Agents\*\*\*** |  |  |  |
| *epinephrine injection solution auto-injector* *0.15 mg/0.3ml, 0.3 mg/0.3ml* |  | T2 | R&M; AI (Non Mylan pens are non formulary. Limit of 1 refill of 2 pens in one month); QL (2 EA per 2 days) |
| **\*Vasopressors\*\*\*** |  |  |  |
| *midodrine hcl* |  | T3 | R&M |
| **\*Vitamins\*** |  |  |  |
| **\*Paba\*\*\*** |  |  |  |
| **POTABA ORAL CAPSULE** | T3 |  | R&M |
| **\*Vitamin D\*\*\*** |  |  |  |
| *d 1000* |  | $0 | R&M; AG (Min 65 Years) |
| *d 10000* |  | $0 | R&M; AG (Min 65 Years) |
| *d 400 oral tablet* |  | $0 | R&M; AG (Min 65 Years) |
| *d 5000* |  | $0 | R&M; AG (Min 65 Years) |
| *d-1000* |  | $0 | R&M; AG (Min 65 Years) |
| *d-1000 extra strength* |  | $0 | R&M; AG (Min 65 Years) |
| *d-2000 maximum strength* |  | $0 | R&M; AG (Min 65 Years) |
| *d2000 ultra strength* |  | $0 | R&M; AG (Min 65 Years) |
| *d3 adult* |  | $0 | R&M; AG (Min 65 Years) |
| *d3 high potency oral capsule* *125 mcg (5000 ut)* |  | T1 | R&M; $0; AG (Min 65 Years) |
| *d3 high potency oral capsule* *25 mcg (1000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *d3 kids* |  | $0 | R&M; AG (Min 65 Years) |
| *d3 maximum strength oral capsule* |  | $0 | R&M; AG (Min 65 Years) |
| *d3 super strength* |  | $0 | R&M; AG (Min 65 Years) |
| *d3-1000* |  | $0 | R&M; AG (Min 65 Years) |
| **D3-50** *(Vitamin D3)* | $0 | $0 | R&M; AG (Min 65 Years) |
| *d-400* |  | $0 | R&M; AG (Min 65 Years) |
| *d-5000* |  | $0 | R&M; AG (Min 65 Years) |
| **DECARA ORAL CAPSULE** *(Vitamin D3)* **1.25 MG (50000 UT)** | $0 | $0 | R&M; AG (Min 65 Years) |
| **DECARA ORAL CAPSULE** **625 MCG (25000 UT)** | $0 |  | R&M; AG (Min 65 Years) |
| *delta d3* |  | $0 | R&M; AG (Min 65 Years) |
| **DIALYVITE VITAMIN D 5000** *(D-3-5)* | $0 | $0 | R&M; AG (Min 65 Years) |
| **DIALYVITE VITAMIN D3 MAX** | $0 |  | R&M; AG (Min 65 Years) |
| *ergocalciferol oral capsule* |  | T1 | R&M |
| *gnp vitamin d maximum strength* |  | $0 | R&M; AG (Min 65 Years) |
| *gnp vitamin d oral tablet* *25 mcg (1000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *gnp vitamin d oral tablet chewable* |  | $0 | R&M; AG (Min 65 Years) |
| *gnp vitamin d super strength* |  | $0 | R&M; AG (Min 65 Years) |
| *gnp vitamin d3 extra strength* |  | $0 | R&M; AG (Min 65 Years) |
| **HEALTHY KIDS VITAMIN D3** *(D 400)* | $0 | $0 | R&M; AG (Min 65 Years) |
| *hm vitamin d* |  | $0 | R&M; AG (Min 65 Years) |
| *hm vitamin d3 oral capsule* |  | $0 | R&M; AG (Min 65 Years) |
| *kp vitamin d oral capsule* *25 mcg (1000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *kp vitamin d oral tablet chewable* |  | $0 | R&M; AG (Min 65 Years) |
| **MAXIMUM D3 ORAL CAPSULE** **325 MCG (13000 UT)** | T1 |  | R&M; $0; AG (Min 65 Years) |
| **OPTIMAL-D** *(Vitamin D3)* | $0 | $0 | R&M; AG (Min 65 Years) |
| *pa vitamin d-3* |  | $0 | R&M; AG (Min 65 Years) |
| *pa vitamin d-3 gummy* |  | $0 | R&M; AG (Min 65 Years) |
| **PRONUTRIENTS VITAMIN D3** *(Vitamin D3)* | $0 | $0 | R&M; AG (Min 65 Years) |
| *qc vitamin d3 oral capsule* |  | $0 | R&M; AG (Min 65 Years) |
| *qc vitamin d3 oral tablet* *10 mcg (400 unit), 50 mcg (2000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *ra vitamin d-3* |  | $0 | R&M; AG (Min 65 Years) |
| *sm vitamin d* |  | $0 | R&M; AG (Min 65 Years) |
| *sm vitamin d3 oral capsule* *100 mcg (4000 ut), 50 mcg (2000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *sm vitamin d3 oral tablet* |  | $0 | R&M; AG (Min 65 Years) |
| **THERA-D 2000** *(Vitamin D)* | $0 | $0 | R&M; AG (Min 65 Years) |
| **THERA-D 4000** | $0 |  | R&M; AG (Min 65 Years) |
| **THERA-D RAPID REPLETION** *(Vitamin D)* | $0 | $0 | R&M; AG (Min 65 Years) |
| *vitamin d (cholecalciferol) oral tablet chewable* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d (ergocalciferol) oral capsule* *1.25 mg (50000 ut)* |  | T1 | R&M |
| *vitamin d high potency* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d oral capsule* *125 mcg (5000 ut)* |  | $0 | R&M; $0; AG (Min 65 Years) |
| *vitamin d oral capsule* *50 mcg (2000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| **VITAMIN D-1000 MAX ST** *(Vitamin D3)* | $0 | $0 | R&M; AG (Min 65 Years) |
| *vitamin d3 gummies* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d3 maximum strength* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d-3 oral capsule* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d3 oral tablet* *10 mcg (400 unit), 125 mcg (5000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d3 oral tablet chewable* *10 mcg (400 unit), 25 mcg (1000 ut)* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d3 oral tablet dispersible* |  | $0 | R&M; $0; AG (Min 65 Years) |
| *vitamin d3 super strength oral tablet* |  | $0 | R&M; AG (Min 65 Years) |
| *vitamin d-400* |  | $0 | R&M; AG (Min 65 Years) |
| **WEEKLY-D** *(Vitamin D3)* | $0 | $0 | R&M; AG (Min 65 Years) |
| **\*Vitamin K\*\*\*** |  |  |  |
| *phytonadione oral* |  | T3 | R&M |

## **Medical Benefit**

| **Drug Name** | **Brand** | **Generic** | **Additional Information** |
| --- | --- | --- | --- |
| **ABELCET** | MB |  | SP |
| **ABRAXANE** | MB |  | SP |
| **ACTEMRA INTRAVENOUS** | MB |  | R&M |
| **ADCETRIS** | MB |  | SP |
| **ADRUCIL INTRAVENOUS SOLUTION** **2.5 GM/50ML, 500 MG/10ML** | MB |  | SP |
| **ADVATE** | MB |  | R&M |
| *adynovate* | MB |  | R&M |
| **AFSTYLA** | MB |  | R&M |
| **ALDURAZYME** | MB |  | R&M |
| **ALFERON N** | MB |  | SP |
| **ALIMTA** | MB |  | SP |
| **ALPHANATE/VWF COMPLEX/HUMAN** | MB |  | R&M |
| **ALPHANINE SD** | MB |  | R&M |
| *alternaria* | MB |  | SP |
| **AMBISOME** | MB |  | SP |
| *american cockroach* | MB |  | SP |
| *american elm* | MB |  | SP |
| *amikacin sulfate injection solution* *1 gm/4ml, 500 mg/2ml* | MB |  | SP |
| *aminophylline intravenous* | MB |  | SP |
| *ampicillin-sulbactam sodium injection solution reconstituted* *1.5 (1-0.5) gm, 3 (2-1) gm* | MB |  | SP |
| *ampicillin-sulbactam sodium intravenous solution reconstituted* *1.5 (1-0.5) gm, 3 (2-1) gm* | MB |  | SP |
| **APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE** | MB |  | R&M |
| **ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED** **1000 MG, 500 MG** | MB |  | R&M |
| **ARCALYST** | MB |  | R&M |
| **ARISTADA INTRAMUSCULAR PREFILLED SYRINGE** **441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML** | MB |  | SP |
| **ARRANON** | MB |  | SP |
| **ARZERRA** | MB |  | SP |
| **ATGAM** | MB |  | SP |
| **AVASTIN** | MB |  | SP |
| *azacitidine* | MB |  | SP |
| *aztreonam* | MB |  | SP |
| **BELEODAQ** | MB |  | SP |
| **BERINERT** | MB |  | R&M |
| *bermuda grass* | MB |  | SP |
| *bleomycin sulfate* | MB |  | SP |
| **BLINCYTO** | MB |  | SP |
| **BOTOX** | MB |  | R&M |
| **BRIVIACT INTRAVENOUS** | MB |  | SP |
| *buprenorphine hcl injection solution* *0.3 mg/ml* | MB |  | SP |
| **CAMPTOSAR INTRAVENOUS SOLUTION** **300 MG/15ML** | MB |  | SP |
| **CAPASTAT SULFATE** | MB |  | SP |
| *carboplatin intravenous solution* | MB |  | SP |
| *cat hair extract* | MB |  | SP |
| *cefazolin sodium injection solution reconstituted* *1 gm* | MB |  | SP |
| *cefazolin sodium intravenous solution reconstituted* | MB |  | SP |
| *cefepime hcl* | MB |  | SP |
| *cefotaxime sodium injection solution reconstituted* *1 gm, 2 gm, 500 mg* | MB |  | SP |
| *cefotetan disodium injection solution reconstituted* *1 gm, 2 gm* | MB |  | SP |
| *cefoxitin sodium intravenous* | MB |  | SP |
| *ceftazidime injection solution reconstituted* *1 gm, 2 gm* | MB |  | SP |
| *ceftriaxone sodium in dextrose* | MB |  | SP |
| *ceftriaxone sodium injection solution reconstituted* *1 gm, 2 gm, 250 mg, 500 mg* | MB |  | SP |
| *ceftriaxone sodium intravenous solution reconstituted* *1 gm, 2 gm* | MB |  | SP |
| **CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED** **400 UNIT** | MB |  | R&M |
| *chloramphenicol sod succinate* | MB |  | SP |
| *chorionic gonadotropin intramuscular* | MB |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *cidofovir intravenous* | MB |  | SP |
| **CINQAIR** | MB |  | R&M |
| **CINRYZE** | MB |  | R&M |
| *cisplatin intravenous solution* *100 mg/100ml, 200 mg/200ml, 50 mg/50ml* | MB |  | SP |
| *clindamycin phosphate in d5w intravenous solution* *300 mg/50ml, 600 mg/50ml* | MB |  | SP |
| **COAGADEX** | MB |  | R&M |
| **CORIFACT** | MB |  | R&M |
| **CRESEMBA INTRAVENOUS** | MB |  | SP |
| *cyclophosphamide injection* | MB |  | SP |
| **CYRAMZA** | MB |  | SP |
| *cytarabine (pf)* | MB |  | SP |
| *cytarabine injection solution* | MB |  | SP |
| *dacarbazine intravenous* | MB |  | SP |
| *decitabine* | MB |  | SP |
| *deferoxamine mesylate injection solution reconstituted* *2 gm* | MB |  | SP; AI ( ) |
| *deferoxamine mesylate injection solution reconstituted* *500 mg* | MB |  | SP |
| **DEPO-PROVERA INTRAMUSCULAR SUSPENSION** **400 MG/ML** | MB |  | SP |
| **DESFERAL INJECTION SOLUTION RECONSTITUTED** **500 MG** | MB |  | SP; AI ( ) |
| *diphenhydramine hcl injection* | MB |  | SP |
| *docetaxel intravenous concentrate* *160 mg/8ml, 20 mg/ml, 80 mg/4ml* | MB |  | SP |
| *docetaxel intravenous solution* *160 mg/16ml, 20 mg/2ml, 80 mg/8ml* | MB |  | SP |
| *dog epithelium subcutaneous solution* *1:10* | MB |  | SP |
| *doxorubicin hcl intravenous solution* | MB |  | SP |
| *doxorubicin hcl liposomal* | MB |  | SP |
| **DYSPORT** | MB |  | R&M |
| *eastern cottonwood* | MB |  | SP |
| **ELELYSO** | MB |  | R&M |
| **ELOCTATE** | MB |  | R&M |
| **EMPLICITI** | MB |  | SP |
| **ENTYVIO** | MB |  | PA; SP |
| *epirubicin hcl intravenous solution* *200 mg/100ml, 50 mg/25ml* | MB |  | SP |
| *epoprostenol sodium* | MB |  | R&M |
| **ERAXIS** | MB |  | SP |
| **ERBITUX** | MB |  | SP |
| **ETOPOPHOS** | MB |  | SP |
| *etoposide intravenous solution* *1 gm/50ml, 100 mg/5ml, 500 mg/25ml* | MB |  | SP |
| **EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE** | MB |  | PA; SP |
| **EVZIO INJECTION SOLUTION AUTO-INJECTOR** **2 MG/0.4ML** | MB |  | SP |
| **FABRAZYME** | MB |  | R&M |
| *fentanyl citrate (pf) injection solution cartridge* | MB |  | SP |
| *floxuridine injection* | MB |  | SP |
| *fludarabine phosphate* | MB |  | SP |
| *fluorouracil intravenous* | MB |  | SP |
| **FOLOTYN INTRAVENOUS SOLUTION** **20 MG/ML** | MB |  | SP |
| *ganciclovir sodium intravenous solution reconstituted* | MB |  | SP |
| **GAZYVA** | MB |  | SP |
| **GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE** | MB |  | PA; SP |
| *gemcitabine hcl intravenous solution* *1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml* | MB |  | SP |
| *gemcitabine hcl intravenous solution reconstituted* | MB |  | SP |
| **GENVISC 850** | MB |  | PA; SP |
| **GLASSIA** | MB |  | R&M |
| **GLIADEL WAFER** | MB |  | SP |
| **GONAL-F** | MB |  | SP |
| **GONAL-F RFF** | MB |  | SP |
| **GONAL-F RFF REDIJECT** | MB |  | PA; SP |
| **HALAVEN** | MB |  | SP |
| **HEMLIBRA** | MB |  | R&M |
| **HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED** **1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT** | MB |  | R&M |
| **HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED** **150 MG** | MB |  | SP |
| **HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED** **1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT** | MB |  | R&M |
| **HYALGAN** | MB |  | PA; SP |
| *hydromorphone hcl pf injection solution* *2 mg/ml* | MB |  | SP |
| **HYMOVIS** | MB |  | PA; SP |
| *idarubicin hcl* | MB |  | SP |
| **IFEX INTRAVENOUS SOLUTION RECONSTITUTED** **3 GM** | MB |  | SP |
| *ifosfamide* | MB |  | SP |
| **IMFINZI** | MB |  | SP |
| **IMLYGIC** | MB |  | PA; SP |
| **INFLECTRA** | MB |  | R&M |
| **INJECTAFER** | MB |  | PA; SP |
| *irinotecan hcl intravenous solution* *100 mg/5ml, 40 mg/2ml, 500 mg/25ml* | MB |  | SP |
| **IXEMPRA KIT** | MB |  | SP |
| **IXIARO** | MB |  | SP |
| **JEVTANA** | MB |  | SP |
| **JIVI** | MB |  | R&M |
| *johnson grass* | MB |  | SP |
| **KADCYLA** | MB |  | SP |
| **KANUMA** | MB |  | PA; SP |
| **KCENTRA** | MB |  | R&M |
| **KEYTRUDA INTRAVENOUS SOLUTION** | MB |  | SP |
| **KOATE-DVI** | MB |  | R&M |
| **KOGENATE FS** | MB |  | R&M |
| **KOVALTRY** | MB |  | R&M |
| **KRYSTEXXA** | MB |  | R&M |
| **LEMTRADA** | MB |  | R&M |
| **LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE** | MB |  | R&M |
| **MACUGEN** | MB |  | R&M |
| **MARQIBO** | MB |  | SP |
| *melphalan hcl* | MB |  | SP |
| *meropenem* | MB |  | SP |
| *methotrexate sodium injection solution reconstituted* | MB |  | SP |
| **MINIMED 530G INSULIN PUMP** | MB |  | SP |
| *mite (d. farinae)* | MB |  | SP |
| *mite (d. pteronyssinus)* | MB |  | SP |
| *mitomycin intravenous* | MB |  | SP |
| *mixed ragweed* | MB |  | SP |
| **MONONINE INTRAVENOUS SOLUTION RECONSTITUTED** **1000 UNIT** | MB |  | R&M |
| *mountain cedar* | MB |  | SP |
| **MYCAMINE** | MB |  | SP |
| *nafcillin sodium injection solution reconstituted* *1 gm, 2 gm* | MB |  | SP |
| *nafcillin sodium intravenous solution reconstituted* *1 gm, 2 gm* | MB |  | SP |
| **NIPENT** | MB |  | SP |
| **NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED** **10000 UNIT** | MB |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **NOVOEIGHT** | MB |  | R&M |
| **NOVOSEVEN RT** | MB |  | R&M |
| **NUWIQ** | MB |  | R&M |
| *obizur* | MB |  | R&M |
| **OCREVUS** | MB |  | R&M |
| **OMNIPOD 5 PACK** | MB |  | R&M |
| **OMNIPOD DASH SYSTEM** | MB |  | R&M |
| **OMNIPOD STARTER** | MB |  | R&M |
| **ONCASPAR INJECTION** | MB |  | SP |
| **ONIVYDE** | MB |  | SP |
| **OPDIVO INTRAVENOUS SOLUTION** **100 MG/10ML, 40 MG/4ML** | MB |  | PA; SP |
| **ORENCIA INTRAVENOUS** | MB |  | R&M |
| **OTIPRIO** | MB |  | SP |
| *oxacillin sodium injection solution reconstituted* *1 gm, 2 gm* | MB |  | SP |
| *oxaliplatin* | MB |  | SP |
| *paclitaxel* | MB |  | SP |
| *penicillin g pot in dextrose* | MB |  | SP |
| *penicillin g potassium* | MB |  | SP |
| *penicillin g procaine* | MB |  | SP |
| *penicillin g sodium* | MB |  | SP |
| **PERJETA** | MB |  | PA; SP |
| **PHOTOFRIN** | MB |  | SP |
| **PHYSIOLYTE** | MB |  | SP |
| **PHYSIOSOL IRRIGATION** | MB |  | SP |
| *piperacillin sod-tazobactam so intravenous solution reconstituted* *2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm* | MB |  | SP |
| **PORTRAZZA** | MB |  | SP |
| *potassium acetate intravenous solution* *2 meq/ml* | MB |  | SP |
| *potassium chloride in nacl intravenous solution* *20-0.45 meq/l-%, 20-0.9 meq/l-%* | MB |  | SP |
| *potassium phosphates intravenous solution* *45 mmole/15ml* | MB |  | SP |
| **PREGNYL** | MB |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| **PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED** **1500 UNIT** | MB |  | R&M |
| **PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED** **1500 UNIT** | MB |  | R&M |
| **PROGRAF INTRAVENOUS** | MB |  | SP |
| **PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED** **1000 MG** | MB |  | R&M |
| **PROLEUKIN** | MB |  | SP |
| **PROVENGE** | MB |  | SP |
| **QUADRAMET** | MB |  | SP |
| **RECOMBINATE** | MB |  | R&M |
| **REGONOL INTRAVENOUS** | MB |  | SP |
| **REMICADE** | MB |  | R&M |
| **RENFLEXIS** | MB |  | R&M |
| **RIASTAP** | MB |  | R&M |
| *ringers irrigation* | MB |  | SP |
| **RITUXAN INTRAVENOUS SOLUTION** | MB |  | SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies) |
| *rixubis intravenous solution reconstituted* *250 unit* | MB |  | R&M |
| **RUCONEST** | MB |  | R&M |
| **SIGNIFOR** | MB |  | R&M |
| **SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER** **20 MG, 40 MG, 60 MG** | MB |  | R&M |
| **SIMULECT** | MB |  | SP |
| *sodium chloride injection solution* *2.5 meq/ml* | MB |  | SP |
| *sodium chloride intravenous solution* *0.45 %, 3 %, 5 %* | MB |  | SP |
| **SOMATULINE DEPOT** | MB |  | R&M |
| **SPINRAZA** | MB |  | PA; SP |
| **STELARA INTRAVENOUS** | MB |  | PA; SP |
| *streptomycin sulfate intramuscular* | MB |  | SP |
| **SYLVANT** | MB |  | R&M |
| **TEFLARO** | MB |  | SP |
| **TEMODAR INTRAVENOUS** | MB |  | SP |
| *teniposide* | MB |  | SP |
| *theophylline in d5w intravenous solution* *0.8-5 mg/ml-%* | MB |  | SP |
| **THYMOGLOBULIN** | MB |  | SP |
| *ticarcillin-pot clavulanate* | MB |  | SP |
| **TICE BCG** | MB |  | SP |
| *timothy grass pollen allergen subcutaneous solution* *100000 bau/ml* | MB |  | SP |
| **TIS-U-SOL** | MB |  | SP |
| **TOPOSAR INTRAVENOUS SOLUTION** **1 GM/50ML, 100 MG/5ML, 500 MG/25ML** | MB |  | SP |
| *topotecan hcl* | MB |  | SP |
| **TREANDA INTRAVENOUS SOLUTION RECONSTITUTED** | MB |  | SP |
| **TRETTEN** | MB |  | R&M |
| **TYSABRI** | MB |  | R&M |
| **TYVASO** | MB |  | R&M |
| **TYVASO REFILL** | MB |  | R&M |
| **TYVASO STARTER** | MB |  | R&M |
| **UNITUXIN** | MB |  | SP |
| **VECTIBIX INTRAVENOUS SOLUTION** **100 MG/5ML, 400 MG/20ML** | MB |  | SP |
| **VELCADE INJECTION** | MB |  | SP |
| **VELETRI** | MB |  | R&M |
| **V-GO 20** | MB |  | R&M |
| **V-GO 30** | MB |  | R&M |
| **V-GO 40** | MB |  | R&M |
| **VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED** **750 MG** | MB |  | SP |
| **VIMIZIM** | MB |  | R&M |
| *vinblastine sulfate intravenous solution* | MB |  | SP |
| *vincristine sulfate intravenous* | MB |  | SP |
| *vinorelbine tartrate* | MB |  | SP |
| **VISUDYNE** | MB |  | R&M |
| **VONVENDI** | MB |  | R&M |
| *voriconazole intravenous* | MB |  | SP |
| **VPRIV** | MB |  | R&M |
| *white oak* | MB |  | SP |
| **WILATE INTRAVENOUS KIT** | MB |  | R&M |
| **XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED** **100 UNIT, 50 UNIT** | MB |  | R&M |
| **XYNTHA INTRAVENOUS KIT** **1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT** | MB |  | R&M |
| **XYNTHA SOLOFUSE** | MB |  | R&M |
| **YERVOY** | MB |  | PA; SP |
| **ZALTRAP** | MB |  | SP |
| **ZANOSAR** | MB |  | SP |
| **ZEMAIRA** | MB |  | R&M |
| **ZEVALIN Y-90** | MB |  | SP |
| *zoledronic acid intravenous concentrate* | MB |  | R&M |
| *zoledronic acid intravenous solution* | MB |  | R&M |

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