BlueCross BlueShield Arizona

Prescription Medication Formulary

AdvanceHealth, Cultivate, EverydayHealth, Individual PPO, and TrueHealth Plans

Effective 1/1/22

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

Tier	Description
$0	**Preventive Medications** including Women's Prevention (primarily generics)
1a	**Lower Cost Share** (lower copays on common prescriptions including select insulin)
1b	**Low Cost Share**
2	**Moderate Cost Share**
3	**Highest Cost Share**
SP	**Specialty Drugs** (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	**Medical Benefit** (when covered, these medications will be under the medical benefit)

Questions?

Additional information about your benefits, including the formulary, claim forms, other resources, and pharmacy coverage guidelines for precertification, may be found on our public website at https://www.azblue.com/healthcareprofessionals/resource-center/pharmacy-management/pharmacy-information/qualified-health-plans.

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

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

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What Is Covered on the Formulary?

This is the list of covered formulary medications chosen by the BCBSAZ Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists.

BCBSAZ covers the medications listed as long as:

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

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

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

What if my Medication is not on the Formulary?

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

Non-Formulary Exception Process

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

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

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

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

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What Is Not Covered (Benefit Exclusion)?

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

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

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

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

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How Much Will My Medications Cost?

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

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

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

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

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

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

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

Mandatory Generics

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

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

Legal Disclaimer

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

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Abbreviations Quick Reference

AL: Age Limit

DS: Days' Supply Limit

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

SP: Specialty Pharmacy Distribution

ST: Step Therapy

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List of Abbreviations with Explanations

Utilization Management & Limitations

AL: Age Limit

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

DS: Days' Supply Limit

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

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

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

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

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

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

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

What is a Pharmacy Coverage Guideline?

The BCBSAZ Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which

take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a non-covered claim, the provider has the option to appeal the decision.

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

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

QL: Quantity Limit

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

R&M: Retail & Mail Distribution

Distribution limitations may apply.

- Retail—BCBSAZ uses Optum's National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for BCBSAZ members. Certain benefit plans may offer a limited network that excludes CVS and Target.

- Mail order—BCBSAZ does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is BCBSAZ's exclusive mail order pharmacy provider. Complete the Mail Order Pharmacy Form on azblue.com to get started.

SP: Specialty Pharmacy Distribution

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

ST: Step Therapy

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

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List of Abbreviations
$0: Zero Cost Share

MB: Medical Benefit

SP: Specialty Medications

T1a: Tier 1a

T1b: Tier 1b

T2: Tier 2

T3: Tier 3

$0: $0 cost share Prevention Drug

AI: Additional Information

CI: Cost Information

F: Female Only

M: Male Only

N: Notes

PA: PA Applies

QL: Quantity Limit

QL: Quantity Limit

SP: Specialty Pharmacy Only

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
Adhd Agent - Selective Alpha Adrenergic Agonists**			
clonidine hcl er oral tablet extended release 12 hour		T3	QL (2 EA per 1 day)
guanfacine hcl er		T1b	AG (Min 6 Years)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**			
atomoxetine hcl oral capsule 10 mg		T1b	AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 80 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 18 mg		T1b	AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 25 mg		T1b	AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 40 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 60 mg		T1b	AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
QELBREE	T3		ST; AI (EST as follows:ST through atomoxetine (generic for Strattera) for at least 3 months in the last 12 months.); QL (1 EA per 1 day)
Amphetamine Mixtures**			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg		T2	QL (3 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg		T2	QL (2 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1b	QL (3 EA per 1 day); AG (Min 6 Years)
Amphetamines**			
ADZENYS XR-ODT	T3		PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg		T1b	QL (3 EA per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg		T1b	QL (4 EA per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	T3		PA; QL (8 ML per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	T3		PA
EVEKEO *(Amphetamine Sulfate)*	T3	T3	PA
EVEKEO ODT	T3		PA
methamphetamine hcl		T1b	QL (3 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
VYVANSE ORAL CAPSULE 10 MG	T3		QL (1 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T3		QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T3		QL (1 EA per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET *(Dextroamphetamine Sulfate)* **10 MG, 5 MG**	T1b	T1b	QL (6 EA per 1 day)
Anorexiants Non-Amphetamine**			
phendimetrazine tartrate		T3	
phentermine hcl oral capsule 15 mg, 30 mg		T3	
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**			
SUNOSI	T3		PA
Histamine H3-Receptor Antagonist/Inverse Agonists**			
WAKIX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Stimulant Combinations**			
AZSTARYS	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
Stimulants - Misc.**			
ADHANSIA XR	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
APTENSIO XR *(Methylphenidate HCl ER (XR))*	T3	T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)
armodafinil		T3	PA
DAYTRANA	T3		PA; 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	QL (1 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T2	QL (2 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T2	QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 10 mg		T1b	AI (Max #180 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)
methylphenidate		T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd)		T2	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		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg		T2	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		T3	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg		T1b	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release		T2	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T2	QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T3	QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet		T2	QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T3	QL (2 EA per 1 day); AG (Min 6 Years)
modafinil		T2	QL (2 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK	T3		PA
PALFORZIA (12 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
RAGWITEK	T3		PA
Mixed Allergenic Extracts			
ODACTRA	T3		PA
ORALAIR	T3		PA
Amebicides			
Amebicides*			
SOLOSEC	T3		QL (1 EA per 6 Monthss)
Aminoglycosides			
Aminoglycosides*			
ARIKAYCE	SP		PA; SP; AI (Limited Distribution PantheRx)
BETHKIS	SP		PA; 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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
neomycin sulfate oral		T3	
paromomycin sulfate oral		T3	
TOBI *(Tobramycin)*	SP	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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
tobramycin inhalation nebulization solution 300 mg/4ml		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
Analgesics - Anti-Inflammatory			
Antirheumatic - Janus Kinase (Jak) Inhibitors*			
OLUMIANT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 45 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 ML per 1 day); AG (Max 18 Years)
XELJANZ ORAL TABLET 10 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
XELJANZ 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)
XELJANZ XR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 40 MG/0.4ML, 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 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 SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 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)
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)

Drug Name	Brand	Generic	Additional Information
Cyclooxygenase 2 (Cox-2) Inhibitors**			
celecoxib oral		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
Gold Compounds**			
RIDAURA	T3		
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
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA	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		T1b	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
diclofenac potassium oral tablet 50 mg		T1b	
diclofenac sodium er		T1b	
diclofenac sodium oral		T1b	
etodolac er oral tablet extended release 24 hour 400 mg		T1b	QL (3 EA per 1 day)
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg		T1b	QL (2 EA per 1 day)
etodolac oral capsule 200 mg		T1b	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
etodolac oral capsule 300 mg		T1b	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
etodolac oral tablet 400 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
etodolac oral tablet 500 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenoprofen calcium oral tablet		T3	
flurbiprofen oral		T1b	
ibuprofen oral suspension		T1b	

Drug Name	Brand	Generic	Additional Information
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		T1b	
INDOCIN ORAL	T3		
INDOCIN RECTAL	T3		
indomethacin er		T3	
indomethacin oral capsule 25 mg, 50 mg		T1b	
ketorolac tromethamine oral		T1b	QL (20 EA per 5 days)
meclofenamate sodium oral capsule 100 mg		T2	
meclofenamate sodium oral capsule 50 mg		T3	
mefenamic acid oral		T3	
meloxicam oral tablet 15 mg		T1b	QL (1 EA per 1 Day)
meloxicam oral tablet 7.5 mg		T1b	QL (2 EA per 1 day)
naproxen oral tablet		T1b	
naproxen sodium oral tablet 275 mg		T1b	
oxaprozin		T1b	
piroxicam oral		T1b	
RELAFEN ORAL TABLET *(Nabumetone)* **500 MG**	T1b	T1b	
sulindac oral		T1b	
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA 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 Year); AG (Min 18 Years)
Pyrimidine Synthesis Inhibitors**			
leflunomide oral		T1b	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)

Drug Name	Brand	Generic	Additional Information
ENBREL SUBCUTANEOUS SOLUTION 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 (0.15 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 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		T1b	
butalbital-apap-caffeine oral capsule		T1b	QL (6 EA per 1 day); AG (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg		T1b	
butalbital-asa-caffeine		T1b	
Salicylates**			
adult aspirin regimen		$0	QL (1 EA per 1 day); AG (Min 45 Years)
aspirin adult low dose		$0	QL (1 EA per 1 day); AG (Min 45 Years)
aspirin adult low strength oral tablet delayed release		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin childrens		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin ec low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin ec low strength		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin ec oral tablet delayed release 81 mg		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin low dose oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin low dose oral tablet delayed release		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
aspirin low strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin regimen		$0	QL (1 EA per 1 day); AG (Min 45 Years)
ASPIR-LOW *(Aspirin)*	$0	$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST *(Aspirin)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE *(SM Aspirin Low Dose)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET *(Aspirin)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE *(Aspirin EC)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET CHEWABLE *(Aspirin)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE *(Aspirin)*	$0	$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
childrens aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin adult low dose		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin adult low strength		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 81 mg		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low strength oral tablet delayed release		$0	QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
cvs aspirin oral tablet 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
cvs genuine aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
diflunisal oral		T1b	
ECOTRIN *(Aspirin EC)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN LOW STRENGTH *(Aspirin)*	$0	$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
ECPIRIN *(Aspirin EC)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
eq aspirin adult low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin low dose oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
eql aspirin low dose oral tablet delayed release		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
genuine aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
gnp adult aspirin low strength oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
gnp aspirin low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
gnp aspirin oral tablet 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
gnp aspirin oral tablet delayed release 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
gnp aspirin oral tablet delayed release 81 mg		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
goodsense aspirin adults		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
goodsense aspirin low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
h-e-b aspirin		$0	QL (1 EA per 1 day); AG (Min 45 Years)
hm adult aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin ec		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin ec low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
hm aspirin oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
kls aspirin low dose		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
kp aspirin		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
meijer aspirin ec		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
mm aspirin oral tablet delayed release		$0	QL (1 EA per 1 day); AG (Min 45 Years)
px aspirin oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
px aspirin oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
px enteric aspirin oral tablet delayed release 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
px enteric aspirin oral tablet delayed release 81 mg		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
qc aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
qc aspirin low dose oral tablet delayed release		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
qc childrens aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin adult low dose		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin adult low strength oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin childrens		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec adult low st		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (0.5 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 81 mg		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin oral tablet 325 mg		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
ra pain relief aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
sb aspirin ec		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (0.5 EA per 1 Day); AG (Min 45 Years)
sb aspirin oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
sb childrens aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
sb low dose asa ec		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 day); AG (Min 45 Years)
sm aspirin adult low strength oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin adult low strength oral tablet delayed release		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin ec		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (0.5 EA per 1 Day); AG (Min 45 Years)
sm aspirin ec low strength		$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
sm childrens aspirin		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE *(Aspirin)*	$0	$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE *(SM Aspirin Low Dose)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
Analgesics - Opioid			
Codeine Combinations**			
acetaminophen-codeine #2		T1b	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		T1b	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)

Drug Name	Brand	Generic	Additional Information
acetaminophen-codeine #4		T1b	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		T1b	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		T1b	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		T1b	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)*	T1b	T1b	QL (6 EA per 1 Day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		T1b	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	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 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		T1b	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)

Drug Name	Brand	Generic	Additional Information
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg		T1b	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, 5-325 mg		T1b	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, 7.5-325 mg		T1b	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		T1b	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		T1b	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		T1b	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**			
ACTIQ *(FentaNYL Citrate)*	T3	T3	PA; AI (Limited to 30 day supply); QL (3 EA per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
codeine sulfate oral tablet 15 mg		T1b	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)
codeine sulfate oral tablet 30 mg		T1b	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		T1b	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)
fentanyl		T1b	PA; AI (Limited to 30 day supply); QL (0.34 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg		T3	PA; AI (Limited to 30 day supply); QL (3 EA per 1 day); AG (Min 16 Years)
fentanyl citrate buccal tablet		T3	PA; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T3		PA; ST; AI (;); QL (90 EA per 1 Copay); AG (Min 18 Years)
hydrocodone bitartrate er oral capsule extended release 12 hour		T3	PA; QL (2 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg		T3	PA; QL (1 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg		T3	PA; QL (1 EA per 1 day); AG (Min 4 Years)
hydromorphone hcl oral liquid		T1b	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)

Drug Name	Brand	Generic	Additional Information
hydromorphone hcl oral tablet 2 mg		T1b	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		T1b	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		T1b	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	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 *(HYDROcodone Bitartrate ER)*	T2	T2	PA; AI (;); QL (1 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T3		PA; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
levorphanol tartrate oral tablet 2 mg		T3	PA; QL (8 EA per 1 day)
levorphanol tartrate oral tablet 3 mg		T3	PA; QL (8 EA per 1 Day)
meperidine hcl oral solution		T1b	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 50 mg		T1b	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 oral tablet		T3	PA

Drug Name	Brand	Generic	Additional Information
morphine sulfate (concentrate) oral solution 10 mg/0.5ml		T1b	ST; 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 (concentrate) oral solution 100 mg/5ml		T1b	ST; 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 ML per 1 day)
morphine sulfate (concentrate) oral solution 20 mg/ml		T1b	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 ML per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg		T3	QL (1 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		T3	PA; 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	PA; AI (;); QL (1 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml		T1b	ST; 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		T1b	ST; 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)

Drug Name	Brand	Generic	Additional Information
morphine sulfate oral tablet 15 mg		T3	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	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	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	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	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	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)
MS CONTIN ORAL TABLET EXTENDED RELEASE *(Morphine Sulfate ER)*	T3	T1b	PA; AI (;)

Drug Name	Brand	Generic	Additional Information
NUCYNTA ER	T3		PA; 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)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3		PA; 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		PA; 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 ORAL TABLET	T3		PA
oxycodone hcl oral capsule		T1b	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		T1b	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		T1b	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)

Drug Name	Brand	Generic	Additional Information
oxycodone hcl oral solution		T1b	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	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		T1b	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)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT *(oxyCODONE HCl ER)*	T3	T3	PA; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
oxymorphone hcl er		T3	PA; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
oxymorphone hcl oral tablet 10 mg		T1b	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		T1b	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)
ROXICODONE ORAL TABLET *(oxyCODONE HCl)* **5 MG**	T3	T1b	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)

Drug Name	Brand	Generic	Additional Information
SUBSYS	T3		PA; ST; 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	ST; AI (Trial of Non ER Tramadol tablets in last 3 months); QL (1 EA per 1 day); AG (Min 16 Years)
tramadol hcl er oral tablet extended release 24 hour		T3	QL (1 EA per 1 day); AG (Min 18 Years)
tramadol hcl oral tablet 50 mg		T1b	AI (Max #720 Mail Order); QL (8 EA per 1 Day)
XTAMPZA ER	T3		PA; AI (;); QL (2 EA per 1 day)
Opioid Combinations**			
benzhydrocodone-acetaminophen		T3	QL (3 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **10-325 MG**	T1b	T1b	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**	T1b	T1b	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**	T1b	T1b	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 solution 5-325 mg/5ml		T3	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-acetaminophen oral tablet 2.5-325 mg		T1b	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)

Drug Name	Brand	Generic	Additional Information
PERCOCET ORAL TABLET 10-325 MG	T3		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.)
Opioid Partial Agonists**			
BELBUCA	T3		PA; QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg		T1b	QL (8 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1b	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg		T3	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg		T3	QL (8 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg		T3	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg		T3	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1b	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1b	QL (2 EA per 1 Day)
buprenorphine transdermal		T1b	PA; AI (;); QL (0.143 EA per 1 day); AG (Min 18 Years)
butorphanol tartrate nasal		T3	
BUTRANS	T3		PA; QL (0.143 EA per 1 day); AG (Min 18 Years)
pentazocine-naloxone hcl		T1b	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		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		QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		QL (2 EA per 1 day)
Tramadol Combinations**			
tramadol-acetaminophen		T1b	QL (8 EA per 1 Day)
Androgens-Anabolic			
Anabolic Steroids**			
oxandrolone oral		T1b	PA
Androgens**			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T3		PA; M
danazol oral		T3	QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
JATENZO	T3		PA
KYZATREX	T3		PA
methitest		T3	PA
methyltestosterone oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TESTIM *(Testosterone)*	T3	T1b	PA; M
testosterone cypionate intramuscular solution 100 mg/ml		T1b	AI (;); M; QL (10 ML per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml		T1b	M; QL (4 ML per 28 days)
testosterone enanthate intramuscular solution		T1b	M
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%)		T1b	PA; M
TLANDO	T3		PA
XYOSTED	T3		PA
Anorectal And Related Products			
Intrarectal Steroids**			
hydrocortisone rectal enema		T1b	
Nitrate Vasodilating Agents**			
RECTIV	T3		
Antacids			
Antacids - Calcium Salts**			
calcium carbonate antacid oral tablet 648 mg		T3	PA
Anthelmintics			
Anthelmintics**			
albendazole oral		T3	PA
benznidazole		T3	AI (.); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
praziquantel oral		T3	
STROMECTOL *(Ivermectin)*	T3	T1b	PA
Antianginal Agents			
Antianginals-Other**			
ranolazine er oral tablet extended release 12 hour 1000 mg		T2	QL (2 EA per 1 Day); AG (Min 16 Years)
ranolazine er oral tablet extended release 12 hour 500 mg		T2	QL (2 EA per 1 day); AG (Min 16 Years)
Nitrates**			
IMDUR *(Isosorbide Mononitrate ER)*	T1b	T1b	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		T1b	
isosorbide mononitrate		T2	
NITRO-BID	T2		

Drug Name	Brand	Generic	Additional Information
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin sublingual		T1b	
nitroglycerin transdermal patch 24 hour		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin translingual solution		T3	
NITROMIST	T3		QL (0.6 GM per 1 day)
Antianxiety Agents			
Antianxiety Agents - Misc.**			
buspirone hcl oral tablet 10 mg		T1b	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
buspirone hcl oral tablet 15 mg		T1b	AI (Max #120 Mail Order); QL (4 EA per 1 Day)
buspirone hcl oral tablet 30 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
buspirone hcl oral tablet 5 mg		T1b	AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
buspirone hcl oral tablet 7.5 mg		T3	
hydroxyzine hcl oral syrup		T1b	
hydroxyzine hcl oral tablet		T1b	
hydroxyzine pamoate oral capsule 100 mg		T2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		T1b	
meprobamate oral tablet 200 mg		T3	
Benzodiazepines**			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg		T3	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 1 mg		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1b	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		T1b	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		T1b	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		T3	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet dispersible 1 mg		T3	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	AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
alprazolam xr		T3	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		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
chlordiazepoxide hcl oral capsule 25 mg		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (8 EA per 1 day); AG (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1b	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		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 9 Years)
diazepam oral solution 5 mg/5ml		T3	AI (Limitation of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
diazepam oral tablet 10 mg, 5 mg		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day)
diazepam oral tablet 2 mg		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1b		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		T1b	AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg		T1b	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		T1b	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		T1b	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		T1b	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T3		
quinidine gluconate er		T2	
quinidine sulfate oral		T3	
Antiarrhythmics Type I-B**			
mexiletine hcl oral		T3	

Drug Name	Brand	Generic	Additional Information
Antiarrhythmics Type I-C**			
flecainide acetate		T1b	
propafenone hcl		T1b	
propafenone hcl er		T3	
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		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**	T1b	T1b	
Antiasthmatic And Bronchodilator Agents			
5-Lipoxygenase Inhibitors**			
zileuton er		T3	ST; 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 (2 EA per 1 day); AG (Min 12 Years)
ZYFLO	T3		ST; AI (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 INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	T2	T2	QL (2 EA per 1 day)
ADVAIR HFA	T2		AI (;); QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGIHALER	T3		ST; AI (Trial of two of the following for 3 months each in the last 12 months: ADVAIR (DISKUS or HFA), BREO ELLIPTA, fluticasone propionate/salmeterol, SYMBICORT); QL (0.035 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 113/14	T3		ST; 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)

Drug Name	Brand	Generic	Additional Information
AIRDUO RESPICLICK 232/14	T3		ST; 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; 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 INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2		
BEVESPI AEROSPHERE	T3		PA; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo); QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone Furoate-Vilanterol)* **100-25 MCG/ACT, 200-25 MCG/ACT**	T2	T2	
BREZTRI AEROSPHERE	T3		ST; AI (ST: Trial of 2 of the following for 3 months each in the last 12 months: Bevespi, Duaklir Pressair, Lonhala Magnair); QL (0.383 GM per 1 day); AG (Min 18 Years)
budesonide-formoterol fumarate		T3	ST; AI (STEP: 2 for 3 mo in last yr of Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone prop/salm OR brand Symbicort.)
COMBIVENT RESPIMAT	T3		AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T3		ST; AI (ST: Trial of both of the following in last 6 months: Anoro Ellipta and Symbicort); QL (0.0358 EA per 1 day); AG (Min 18 Years)
DULERA INHALATION AEROSOL 100-5 MCG/ACT	T3		ST; 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; 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)

Drug Name	Brand	Generic	Additional Information
DULERA INHALATION AEROSOL 50-5 MCG/ACT	T3		PA; ST; 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 113-14 mcg/act, 232-14 mcg/act		T1b	AI (;); QL (0.035 EA per 1 day); AG (Min 12 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act		T1b	QL (0.035 EA per 1 day); AG (Min 12 Years)
ipratropium-albuterol		T1b	AI (Max #1620ml mail order); QL (540 ML per 30 Days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T2		AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	T2	T2	QL (2 EA per 1 day)
Anti-Ige Monoclonal Antibodies**			
XOLAIR	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		T1b	
Beta Adrenergics**			
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act		T1b	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%		T1b	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%		T1b	AI (Max #15 Mail Order)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1b	AI (Max #1125ml Mail Order)
albuterol sulfate oral		T1b	
arformoterol tartrate		T3	QL (60 ML per 30 days); AG (Min 18 Years)
formoterol fumarate inhalation		T3	AI (;); QL (120 ML per 30 days); AG (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml		T2	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	AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml		T1b	AI (Max #270 vials mail order); QL (90 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T3		
PROAIR HFA	T3		AI (;)
PROAIR RESPICLICK	T3		ST; AI (Step through Albuterol Sulfate HFA)
PROVENTIL HFA	T3		AI (;)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2		QL (1 EA per 30 days)
STRIVERDI RESPIMAT	T3		ST; AI (ST:Alll-Serevent, Anoro Ellipta and Spiriva for 3 mo in last 1 year); QL (0.15 GM per 1 day); AG (Min 18 Years)
terbutaline sulfate oral		T1b	
VENTOLIN HFA	T3		AI (;)
XOPENEX HFA *(Levalbuterol Tartrate)*	T3	T3	PA; ST; AI (Trial of the following in the last 1 month: Albuterol HFA); QL (1 GM per 1 day)
Bronchodilators - Anticholinergics**			
ATROVENT HFA	T2		AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2		
ipratropium bromide inhalation		T1b	
LONHALA MAGNAIR REFILL KIT	T3		ST; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); CI (Limited to 30 day supply); QL (2 ML per 1 day); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	T3		ST; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); CI (Limited to 30 day supply); QL (2 ML per 1 day); AG (Min 18 Years)
SPIRIVA HANDIHALER	T3		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T3		
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3		QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T3		AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	T3		PA

Drug Name	Brand	Generic	Additional Information
Interleukin-5 Antagonists (Igg1 Kappa)**			
FASENRA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FASENRA PEN	SP		PA
NUCALA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Leukotriene Receptor Antagonists**			
montelukast sodium oral packet		T2	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet		T2	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 4 mg		T2	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 5 mg		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
zafirlukast		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
DALIRESP *(Roflumilast)*	T3	T3	QL (1 EA per 1 day); AG (Min 18 Years)
Steroid Inhalants**			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T2		AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARMONAIR DIGIHALER	T3		ST; AI (ST: Trial of the following in the last 3 months: Flovent); QL (0.0358 EA per 1 day); AG (Min 12 Years)
ARNUITY ELLIPTA	T2		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX HFA	T2		

Drug Name	Brand	Generic	Additional Information
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml		T2	AI (Max #360ml Mail Order)
budesonide inhalation suspension 1 mg/2ml		T2	AI (Max #180ml per 90 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T2		QL (2 EA per 1 day)
FLOVENT HFA	T2		AI (;)
fluticasone propionate hfa		T2	
PULMICORT FLEXHALER	T2		AI (;)
QVAR REDIHALER	T2		AI (;)
Xanthines**			
aminophylline anhydrous		T3	PA
ELIXOPHYLLIN *(Theophylline)*	T1b	T1b	
THEO-24	T2		
theophylline		T1b	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg		T3	
theophylline er oral tablet extended release 24 hour		T1b	
Anticoagulants			
Coumarin Anticoagulants**			
JANTOVEN *(Warfarin Sodium)*	T1b	T1a	
Direct Factor Xa Inhibitors**			
ELIQUIS	T2		QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2		QL (74 EA per 28 days)
SAVAYSA	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2		QL (10 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T2		AI (;); QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	T2		QL (2 EA per 1 day)
XARELTO STARTER PACK	T2		AI (;); QL (51 EA per 28 days)
Low Molecular Weight Heparins**			
enoxaparin sodium injection		T1b	
FRAGMIN INJECTION	T3		
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T3		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3		
Synthetic Heparinoid-Like Agents**			
fondaparinux sodium		T1b	
Thrombin Inhibitors - Selective Direct & Reversible**			
PRADAXA	T2		QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Anticonvulsants			
Ampa Glutamate Receptor Antagonists**			
FYCOMPA ORAL SUSPENSION	T2		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day)
Anticonvulsants - Benzodiazepines**			
clobazam oral suspension		T3	QL (8 ML per 1 day)
clobazam oral tablet		T3	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg		T1b	QL (4 EA per 1 day)
clonazepam oral tablet 2 mg		T1b	QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg		T1b	QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.25 mg, 0.5 mg		T1b	QL (4 EA per 1 day)
DIASTAT ACUDIAL *(DiazePAM)*	T3	T3	AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	T3		QL (3 EA per 1 day)
diazepam rectal		T3	AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
NAYZILAM	T3		PA
SYMPAZAN	T2		PA; ST; AI (ST: trial of the following in the last 3 months: Onfi); QL (2 EA per 1 Day)
VALTOCO 10 MG DOSE	T3		PA
VALTOCO 15 MG DOSE	T3		PA
VALTOCO 20 MG DOSE	T3		PA
VALTOCO 5 MG DOSE	T3		PA
Anticonvulsants - Misc.**			
APTIOM ORAL TABLET 200 MG, 400 MG	T3		ST; 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		ST; 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 *(Rufinamide)*	T3	T3	PA
BRIVIACT ORAL SOLUTION	T3		PA; ST; AI (ST: Step through Levetiracetam tabs,100mg/ml solution or Levetiracetam ER tabs (generic Keppra) for 2months in the last 12 months.); QL (20 ML per 1 day); AG (Min 4 Years)

Drug Name	Brand	Generic	Additional Information
BRIVIACT ORAL TABLET	T3		PA; ST; AI (ST: Step through Levetiracetam tabs,100mg/ml solution or Levetiracetam ER tabs (generic Keppra) for 2months in the last 12 months.); QL (2 EA per 1 day); AG (Min 4 Years)
carbamazepine oral		T1b	
CARBATROL *(carBAMazepine ER)*	T3	T1b	
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T3		ST; AI (EST as follows: ST through levetircetam 24hr tablet (generic for KEPPRA) for at least 3 months in the last 12 months.); QL (3 EA per 1 day); AG (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	T3		ST; AI (EST as follows: ST through levetircetam 24hr tablet (generic for KEPPRA) for at least 3 months in the last 12 months.); QL (2 EA per 1 day); AG (Min 12 Years)
EPIDIOLEX	T3		PA
EPITOL *(carBAMazepine)*	T1b	T1b	
EPRONTIA	T3		ST; AI (St: 1 fill of Topiramate sprinkles in last 6 mo); QL (16 ML per 1 day)
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		T1b	
gabapentin oral solution 250 mg/5ml		T1b	
gabapentin oral tablet 600 mg, 800 mg		T1b	
lacosamide oral tablet		T2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T3		AG (Max 6 Years)
lamotrigine er		T1b	
lamotrigine oral kit 25 & 50 & 100 mg		T3	AG (Max 6 Years)
lamotrigine oral tablet		T1b	
lamotrigine oral tablet chewable		T1b	
lamotrigine oral tablet dispersible		T1b	
levetiracetam er oral tablet extended release 24 hour 500 mg		T1b	QL (6 EA per 1 Day); AG (Min 12 Years)
levetiracetam er oral tablet extended release 24 hour 750 mg		T1b	AG (Min 12 Years)
levetiracetam oral		T1b	
LYRICA ORAL CAPSULE *(Pregabalin)* **100 MG, 150 MG, 25 MG, 75 MG**	T3	T1b	QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LYRICA ORAL CAPSULE *(Pregabalin)* **200 MG**	T3	T1b	QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3		QL (2 EA per 1 day)
LYRICA ORAL CAPSULE 50 MG	T3		QL (4 EA per 1 day)
LYRICA ORAL SOLUTION *(Pregabalin)*	T3	T1b	
oxcarbazepine		T1b	
pregabalin oral capsule 225 mg, 300 mg		T1b	QL (2 EA per 1 Day)
pregabalin oral capsule 50 mg		T1b	AI (;); QL (4 EA per 1 day)
primidone oral		T1b	
QUDEXY XR *(Topiramate ER)*	T3	T3	ST; AI (ST: Trial of both of the following for 3 months each In the last 12 months: topriamte (generic for Topamax)); QL (1 EA per 1 day); AG (Min 3 Years)
ROWEEPRA ORAL TABLET *(levETIRAcetam)* **500 MG**	T1b	T1b	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR *(carBAMazepine ER)* **100 MG**	T2	T1b	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR *(carBAMazepine ER)* **200 MG, 400 MG**	T3	T1b	
topiramate oral capsule sprinkle		T1b	QL (2 EA per 1 day)
topiramate oral tablet		T1b	
TROKENDI XR	T3		ST; AI (Trial of both of the following for 3 months each in the last 12 months: topiramate (generic for TOPAMAX) and topiramate ER capsule (generic for QUDEXY XR)); QL (1 EA per 1 day); AG (Min 6 Years)
VIMPAT ORAL SOLUTION *(Lacosamide)*	T3	T3	
zonisamide oral capsule 100 mg		T1b	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
zonisamide oral capsule 25 mg, 50 mg		T1b	
ZTALMY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Carbamates			
felbamate		T1b	
XCOPRI	T3		ST; 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); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3		ST; AI (EST through at least 3 of the following in the last 12 months: carbamazepine, lacosamide (generic for VIMPAT), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, valproic acid & derivatives)); QL (2 EA per 1 day); AG (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)	T3		ST; 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 (2 EA per 1 day); AG (Min 18 Years)
Gaba Modulators**			
SABRIL *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
tiagabine hcl		T3	
VIGADRONE *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hydantoins**			
DILANTIN ORAL CAPSULE *(Phenytoin Sodium Extended)*	T3	T1b	
PHENYTEK *(Phenytoin Sodium Extended)*	T3	T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
phenytoin oral tablet chewable		T1b	
Succinimides**			
CELONTIN	T3		
ethosuximide oral		T2	
Valproic Acid**			
divalproex sodium er oral tablet extended release 24 hour		T1b	
divalproex sodium oral tablet delayed release 125 mg		T1a	
divalproex sodium oral tablet delayed release 250 mg, 500 mg		T1b	
valproic acid oral capsule		T1b	
valproic acid oral solution		T1b	
Antidepressants			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
mirtazapine oral tablet 15 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet 30 mg		T1b	AI (Max #270 Mail Order); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
mirtazapine oral tablet 45 mg		T1b	AI (Max #180 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet 7.5 mg		T1b	
mirtazapine oral tablet dispersible 15 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
mirtazapine oral tablet dispersible 30 mg		T3	AI (Max #270 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet dispersible 45 mg		T3	AI (Max #180 Mail Order); QL (1 EA per 1 day)
Antidepressants - Misc.**			
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg		T1a	AI (Max #180 Mail Order); QL (3 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg		T1a	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
bupropion hcl oral		T1b	
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		
phenelzine sulfate oral		T1b	
tranylcypromine sulfate		T1b	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
citalopram hydrobromide oral solution		T1b	
citalopram hydrobromide oral tablet 10 mg		T1a	AI (Max #135 Mail Order)
citalopram hydrobromide oral tablet 20 mg		T1b	AI (Max #135 Mail Order)
citalopram hydrobromide oral tablet 40 mg		T1b	AI (Max #180 Mail Order)
escitalopram oxalate oral solution		T1b	
escitalopram oxalate oral tablet 10 mg		T1b	AI (Max #135 Mail Order)
escitalopram oxalate oral tablet 20 mg, 5 mg		T1b	AI (Max #90 Mail Order)
fluoxetine hcl oral capsule 10 mg, 20 mg		T1a	
fluoxetine hcl oral capsule 40 mg		T1b	
fluoxetine hcl oral solution		T1b	
fluoxetine hcl oral tablet 10 mg, 20 mg		T1b	
fluvoxamine maleate		T2	
fluvoxamine maleate er		T2	AI (Max #180 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl er		T3	AI (;); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
paroxetine hcl oral suspension		T3	
paroxetine hcl oral tablet 10 mg, 40 mg		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
paroxetine hcl oral tablet 20 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl oral tablet 30 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
sertraline hcl oral concentrate		T1b	
sertraline hcl oral tablet 100 mg, 50 mg		T1b	
sertraline hcl oral tablet 25 mg		T1a	
Serotonin Modulators**			
nefazodone hcl		T3	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1b	
trazodone hcl oral tablet 300 mg		T1b	AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		ST; AI (Trial of one drug from selective serotonin reuptake inhibitors for 60 days in the last 12 months AND a trial of one drug from serotonin norepinephrine reuptake inhibitors for 60 days in the last 12 months.); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		ST; AI (Trial of one drug from selective serotonin reuptake inhibitors for 60 days in the last 12 months AND a trial of one drug from serotonin norepinephrine reuptake inhibitors for 60 days in the last 12 months.); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL TABLET	T3		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
VIIBRYD STARTER PACK	T3		QL (1 EA per 1 Lifetime); AG (Min 18 Years)
vilazodone hcl		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
desvenlafaxine er		T3	QL (1 EA per 1 day)
desvenlafaxine succinate er		T1b	QL (1 EA per 1 day)
DRIZALMA SPRINKLE	T3		ST; 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		T1b	QL (2 EA per 1 Day)
duloxetine hcl oral capsule delayed release particles 30 mg		T1b	QL (3 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
FETZIMA	T3		ST; AI (Trial of one drug from selective serotonin reuptake inhibitors for 60 days in the last 12 months AND a trial of one drug from serotonin norepinephrine reuptake inhibitors for 60 days in the last 12 months.); QL (1 EA per 1 day)
FETZIMA TITRATION	T3		ST; AI (Trial of one drug from selective serotonin reuptake inhibitors for 60 days in the last 12 months AND a trial of one drug from serotonin norepinephrine reuptake inhibitors for 60 days in the last 12 months.); QL (1 EA per 1 day)
venlafaxine hcl er		T1b	
venlafaxine hcl oral tablet 100 mg, 75 mg		T1b	
venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg		T1a	
Tricyclic Agents**			
amitriptyline hcl oral		T1b	
amoxapine oral tablet 100 mg		T1b	
clomipramine hcl oral		T1b	
desipramine hcl oral		T1b	
doxepin hcl oral capsule		T1b	
doxepin hcl oral concentrate		T1b	
imipramine hcl oral		T1b	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
imipramine pamoate oral capsule 75 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
nortriptyline hcl oral capsule		T1b	
protriptyline hcl		T1b	
trimipramine maleate oral capsule 50 mg		T3	
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
acarbose oral		T1b	
Antidiabetic - Amylin Analogs**			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		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		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
Biguanides**			
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg		T1b	ST; AI (ST: Trial of the following for 3 months in the last 12 months: generic Glucophage XR); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg		T1b	ST; AI (ST: Trial of the following for 3 months in the last 12 months: generic Glucophage XR); QL (4 EA per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg		T1a	AI (Max #450 Mail Order); QL (5 EA per 1 Day)
metformin hcl er oral tablet extended release 24 hour 750 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
metformin hcl oral tablet 1000 mg, 500 mg		T1a	
metformin hcl oral tablet 850 mg		T1b	
Diabetic Other - Combinations**			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1b		
Diabetic Other**			
BAQSIMI ONE PACK	T2		QL (2 EA per 30 days)
BAQSIMI TWO PACK	T2		QL (1 EA per 30 days)
diazoxide oral		T3	
GLUCAGEN HYPOKIT	T2		
glucagon emergency injection kit		T2	QL (2 EA per 30 days)
glucagon emergency injection solution reconstituted		T2	QL (2 EA per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
JANUVIA	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA *(Alogliptin Benzoate)*	T3	T3	ST; AI (ST: Jamumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta for 3MO in last 12MO.); QL (1 EA per 1 day); AG (Min 18 Years)
ONGLYZA	T3		ST; AI (ST: Jamumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta for 3MO in last 12MO.); QL (1 EA per 1 Day); AG (Min 16 Years)
TRADJENTA	T2		
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
JANUMET	T2		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		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		QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T2		
JENTADUETO XR	T2		QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO *(Alogliptin-metFORMIN HCl)*	T3	T3	ST; AI (ST: Jamumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta for 3MO in last 12MO.)
KOMBIGLYZE XR	T3		ST; AI (ST: Jamumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta for 3MO in last 12MO.)

Drug Name	Brand	Generic	Additional Information
Dopamine Receptor Agonists - Ergot Derivatives**			
CYCLOSET	T3		
Dpp-4 Inhibitor-Thiazolidinedione Combinations**			
OSENI *(Alogliptin-Pioglitazone)*	T3	T3	ST; AI (Trial of 2 the following for 3 months in the last 12 months: Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
Human Insulin**			
ADMELOG INJECTION *(Insulin Lispro)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
ADMELOG SOLOSTAR *(Insulin Lispro (1 Unit Dial))*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
APIDRA	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
BASAGLAR KWIKPEN *(Insulin Glargine Solostar)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
BASAGLAR TEMPO PEN	T3		ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T3		ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP INJECTION	T3		ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T3		ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
HUMALOG INJECTION	T2		QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T2		QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2		QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1b		QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2		QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T2		QL (2 ML per 1 day)
HUMULIN 70/30	T1a		QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMULIN N	T1a		QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMULIN R	T1a		QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T2		AI (;); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		ST; AI (ST: through Humulin R U 100 for 3mo in last 6mo); QL (2 ML per 1 day)
insulin asp prot & asp flexpen		T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
insulin aspart prot & aspart		T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
insulin degludec flextouch		T3	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day); AG (Min 1 Years)
insulin glargine-yfgn		T3	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
insulin lispro junior kwikpen		T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
insulin lispro prot & lispro		T3	ST; AI (ST: HUMALOG); QL (2 ML per 1 day)
LANTUS	T2		AI (;); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		QL (2 ML per 1 day)
LEVEMIR	T3		ST; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T3		ST; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LYUMJEV	T1b		QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T2		QL (0.5 ML per 1 day)
LYUMJEV TEMPO PEN	T2		QL (0.5 ML per 1 day)
NOVOLIN 70/30	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30 FLEXPEN	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T2		ST; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T2		ST; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		ST; AI (ST: Trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		ST; AI (ST: Trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Insulin Aspart FlexPen)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG INJECTION *(Insulin Aspart)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T3		ST; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T3		ST; AI (ST: Trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE *(Insulin Aspart PenFill)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION *(Insulin Aspart)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
SEMGLEE *(Insulin Glargine)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	T3		PA; ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Insulin Glargine-yfgn)*	T3	T3	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T2		QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T2		QL (2 ML per 1 day)
TRESIBA *(Insulin Degludec)*	T3	T3	ST; AI (ST: Step through Lantus x 3 mo in last 12 mo.); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH	T3		ST; AI (ST: Step through Lantus x 3 mo in last 12 mo.); QL (2 ML per 1 day); AG (Min 1 Years)
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**			
MOUNJARO	T3		PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
ADLYXIN	T3		PA; ST; AI (Trial of either Byetta or Bydureon/Bydureon Bisce AND one of 4 following drugs-Victoza, Rybelsus, Ozempic or Trulicity.); QL (0.22 ML per 1 day); AG (Min 18 Years)
ADLYXIN STARTER PACK	T3		PA; ST; AI (Trial of either Byetta or Bydureon/Bydureon Bisce AND one of 4 following drugs-Victoza, Rybelsus, Ozempic or Trulicity.); QL (6 ML per 1 Lifetime); AG (Min 18 Years)
BYDUREON BCISE	T2		QL (0.13 ML per 1 day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		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		AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T2		QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2		QL (6 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2		QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2		QL (0.11 ML per 1 day)
RYBELSUS	T2		QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T2		QL (0.0715 ML per 1 day); AG (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T2		QL (0.0175 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 10 Years)
Insulin-Incretin Mimetic Combinations**			
SOLIQUA	T2		QL (0.5 ML per 1 day); AG (Min 18 Years)
Meglitinide Analogues**			
nateglinide		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
repaglinide		T1b	
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)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR	T2		QL (1 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI	T2		QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T3		ST; AI (EST: Trial of one drug in each category for at least 3 months: FARXIGA or XIGDUO XR and GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, or TRIJARDY XR); QL (1 EA per 1 day); AG (Min 18 Years)
STEGLUJAN	T3		ST; AI (EST: Trial of one drug in each category for at least 3 months: FARXIGA or XIGDUO XR and GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, or TRIJARDY XR); QL (1 EA per 1 day); AG (Min 18 Years)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**			
FARXIGA	T2		QL (1 EA per 1 day)
INVOKANA	T3		ST; 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); AG (Min 18 Years)
JARDIANCE	T2		AI (;); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
STEGLATRO	T3		ST; 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)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**			
INVOKAMET	T3		ST; AI (EST: Trial of one drug in each category for at least 3 months: FARXIGA or XIGDUO XR and GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, or TRIJARDY XR); QL (2 EA per 1 day); AG (Min 18 Years)
INVOKAMET XR	T3		ST; AI (EST: Trial of one drug in each category for at least 3 months: FARXIGA or XIGDUO XR and GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, or TRIJARDY XR); QL (2 EA per 1 day); AG (Min 18 Years)
SEGLUROMET	T3		ST; AI (EST: Trial of one drug in each category for at least 3 months: FARXIGA or XIGDUO XR and GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, or TRIJARDY XR); QL (2 EA per 1 day); AG (Min 18 Years)
SYNJARDY	T2		
SYNJARDY XR	T2		AI (;)
XIGDUO XR	T2		
Sulfonylurea-Biguanide Combinations**			
glipizide-metformin hcl oral tablet 2.5-250 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		T1b	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
glyburide-metformin oral tablet 1.25-250 mg		T1a	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg		T1a	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
Sulfonylureas**			
glimepiride oral tablet 1 mg, 2 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
glimepiride oral tablet 4 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
glipizide er		T1b	
glipizide oral		T1a	
glipizide xl		T1b	
glyburide micronized		T1b	

Drug Name	Brand	Generic	Additional Information
glyburide oral tablet 1.25 mg, 2.5 mg		T1b	
glyburide oral tablet 5 mg		T1a	
Thiazolidinedione-Biguanide Combinations**			
pioglitazone hcl-metformin hcl		T1b	AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
Thiazolidinediones**			
pioglitazone hcl		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
Antidiarrheal - Chloride Channel Antagonists**			
MYTESI	T3		
Antiperistaltic Agents**			
diphenoxylate-atropine oral liquid		T1b	
diphenoxylate-atropine oral tablet 2.5-0.025 mg		T1b	
loperamide hcl oral capsule		T1b	
MOTOFEN	T3		
Antidotes And Specific Antagonists			
Antidotes - Chelating Agents**			
CHEMET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
deferasirox granules		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	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		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day 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 *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Antidotes And Specific Antagonists**			
RADIOGARDASE	T3		QL (18 EA per 1 day); AG (Min 2 Years)
Opioid Antagonists**			
KLOXXADO	T2		QL (1 box per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		T1b	
naloxone hcl injection solution cartridge		T1b	
naloxone hcl injection solution prefilled syringe		T1b	
naloxone hcl nasal		T2	QL (1 box per 30 days)
naltrexone hcl oral		T1b	
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZIMHI	T3		ST; AI (Limited to 1ml per 30 days); CI (EST as follows: ST: 1 fill of generic naloxone prefilled syringe in last 3 mo.); QL (0.034 ML per 1 day); AG (Min 12 Years)
Antiemetics			
5-Ht3 Receptor Antagonists**			
ANZEMET ORAL TABLET 50 MG	T3		AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
granisetron hcl oral		T1b	AI (#6 per copay mail or retail. Max #36.); QL (2 EA per 1 day)
ondansetron		T1b	AI (;); QL (4 EA per 1 day)
ondansetron hcl injection solution 40 mg/20ml		T1b	
ondansetron hcl oral solution		T1b	
ondansetron hcl oral tablet 4 mg, 8 mg		T1b	AI (;); QL (4 EA per 1 day)
SANCUSO	T3		AI (;); QL (0.67 EA per 1 day)
Antiemetic Combinations**			
AKYNZEO ORAL	T3		ST; AI (ST: Trial of ondansetron with aprepitant in last 3 months.); QL (1 EA per 1 1st treatment day); AG (Min 18 Years)
BONJESTA	T3		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS *(Doxylamine-Pyridoxine)*	T3	T3	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
Antiemetics - Anticholinergic**			
meclizine hcl oral tablet 12.5 mg, 25 mg		T1b	
scopolamine		T3	QL (0.34 EA per 1 day)
trimethobenzamide hcl oral		T2	

Drug Name	Brand	Generic	Additional Information
Antiemetics - Miscellaneous**			
dronabinol oral capsule 10 mg		T3	AI (Max #180 Mail Order); QL (3 EA per 1 day)
dronabinol oral capsule 2.5 mg, 5 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T3		PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**			
aprepitant oral capsule		T3	AI (;)
EMEND ORAL SUSPENSION RECONSTITUTED	T3		
VARUBI (180 MG DOSE)	T3		AI (Limited to 30 day supply.); QL (4 EA per 28 days)
Antifungals			
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**			
BREXAFEMME	T3		ST; AI (ST through Fluconazole for 1 fill in the last 3 months.); CI (4 tablets per day, 1 fill per month.); QL (4 EA per 1 day)
Antifungals**			
flucytosine oral		T3	
griseofulvin microsize oral		T1b	
griseofulvin ultramicrosize		T1b	
nystatin oral tablet		T1b	
terbinafine hcl oral		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Imidazoles**			
ketoconazole oral		T1b	
miconazole		T3	
Tetrazoles**			
VIVJOA	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (ST: 1 fill of Fluconazole in the last 10 days. 1 fill in 1 year. 1 box is 90 day supply. Multiple copays may apply.); QL (0.215 EA per 1 day)
Triazoles**			
CRESEMBA ORAL	T3		PA
fluconazole oral		T1b	
itraconazole oral		T3	
NOXAFIL ORAL	T3		PA
tolsura		T3	ST; AI (ST: itraconazole 100mg cap in last 6 months); QL (4 EA per 1 day); AG (Min 18 Years)
voriconazole oral		T1b	

Drug Name	Brand	Generic	Additional Information
Antihistamines			
Antihistamines - Alkylamines**			
RYCLORA ORAL SOLUTION	T3		AI (118MG per 30 days)
Antihistamines - Ethanolamines**			
carbinoxamine maleate oral solution		T1b	
carbinoxamine maleate oral tablet 4 mg		T1b	
diphenhydramine hcl oral elixir		T3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T3		ST; 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		T1b	PA
desloratadine oral tablet		T1b	AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
levocetirizine dihydrochloride oral solution		T1b	
Antihistamines - Phenothiazines**			
promethazine hcl injection		T3	
promethazine hcl oral		T1b	
PROMETHEGAN RECTAL SUPPOSITORY *(Promethazine HCl)* **12.5 MG, 25 MG**	T1b	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T2		
Antihistamines - Piperidines**			
cyproheptadine hcl oral		T1b	
Antihyperlipidemics			
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**			
NEXLIZET	T2		ST; AI (Trial of the following for at least 2 months each in last 12 months: two statins plus ezetimbe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**			
NEXLETOL	T2		ST; AI (Trial of the following for at least 2 months each in last 12 months: two statins plus ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
Antihyperlipidemics - Misc.**			
icosapent ethyl		T3	ST; AI (ST: Any statin in last 6 months.)
LOVAZA	T3		PA; AI (Alt: Generic Lovaza); QL (4 EA per 1 day); AG (Min 18 Years)
omega-3-acid ethyl esters		T1b	QL (4 EA per 1 day); AG (Min 18 Years)
VASCEPA	T3		PA

Drug Name	Brand	Generic	Additional Information
Bile Acid Sequestrants**			
cholestyramine oral		T1b	
colesevelam hcl oral packet		T1b	QL (1 EA per 1 day)
colesevelam hcl oral tablet		T1b	QL (6 EA per 1 day)
colestipol hcl oral packet		T1b	
colestipol hcl oral tablet		T1b	
PREVALITE *(Cholestyramine Light)*	T1b	T1b	
Fibric Acid Derivatives**			
fenofibrate oral tablet 145 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
fenofibrate oral tablet 160 mg		T1b	QL (1 EA per 1 day)
fenofibrate oral tablet 48 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenofibric acid oral capsule delayed release		T1b	QL (1 EA per 1 Day); AG (Min 18 Years)
fenofibric acid oral tablet 105 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
gemfibrozil oral		T1a	
Hmg Coa Reductase Inhibitors**			
atorvastatin calcium oral tablet 10 mg, 40 mg		T1a	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
atorvastatin calcium oral tablet 20 mg		T1a	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 80 mg		T1a	AI (Max #135 Mail Order); QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
fluvastatin sodium oral capsule 40 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	T3		PA; ST; AI (ST: Trial of two of the following in the last 12 months: atorvastatin, simvastatin, rosuvastatin); QL (1 EA per 1 day); AG (Min 8 Years)
lovastatin oral tablet 10 mg, 20 mg		T1a	
lovastatin oral tablet 40 mg		T1a	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
pravastatin sodium oral tablet 40 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rosuvastatin calcium		T1b	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg		T1a	AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
simvastatin oral tablet 80 mg		T2	PA; ST; 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 ORAL TABLET 2 MG, 4 MG	T3		ST; AI (ST: Trial of two of the following in the last 12 months: atorvastatin, simvastatin, rosuvastatin); QL (1 EA per 1 day); AG (Min 8 Years)
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**			
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg		T1b	PA; 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		T1b	QL (1 EA per 1 day)
Microsomal Triglyceride Transfer Protein Inhibitors**			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	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	AI (Max #180 Mail Order); QL (2 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T2	AI (Max #270 Mail Order); QL (3 EA per 1 day)
Pcsk9 Inhibitors**			
PRALUENT 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 (0.08 ML per 1 day); AG (Min 18 Years)
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)

Drug Name	Brand	Generic	Additional Information
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)
Antihypertensives			
Ace Inhibitor & Calcium Channel Blocker Combinations**			
amlodipine besy-benazepril hcl		T1a	
trandolapril-verapamil hcl er		T3	
Ace Inhibitors & Thiazide/Thiazide-Like**			
benazepril-hydrochlorothiazide		T1b	
enalapril-hydrochlorothiazide		T1b	
fosinopril sodium-hctz		T3	
lisinopril-hydrochlorothiazide		T1a	
quinapril-hydrochlorothiazide		T1b	
Ace Inhibitors**			
benazepril hcl oral		T1a	
captopril oral		T1b	
enalapril maleate oral tablet 10 mg		T1a	
enalapril maleate oral tablet 2.5 mg, 20 mg, 5 mg		T1b	
fosinopril sodium oral tablet 10 mg, 40 mg		T1b	
fosinopril sodium oral tablet 20 mg		T1a	
lisinopril oral		T1a	
moexipril hcl		T2	
perindopril erbumine		T2	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg		T1a	
quinapril hcl oral tablet 5 mg		T1b	
ramipril		T1b	
trandolapril		T1b	
Agents For Pheochromocytoma**			
DEMSER	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
METYROSINE	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**			
amlodipine besylate-valsartan		T1b	AI (;); QL (1 EA per 1 day)
amlodipine-olmesartan		T3	AI (;); QL (1 EA per 1 day)
telmisartan-amlodipine		T1b	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
candesartan cilexetil-hctz		T3	AI (;)
EDARBYCLOR	T3		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg		T1b	AI (Max #90 Mail Order); QL (2 EA per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
losartan potassium-hctz		T1a	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg		T1b	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		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Angiotensin Ii Receptor Antagonists**			
candesartan cilexetil		T3	AI (;)
EDARBI	T3		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
irbesartan oral tablet 150 mg, 75 mg		T1a	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
irbesartan oral tablet 300 mg		T1a	AI (Max #90 Mail Order)
losartan potassium oral		T1a	
olmesartan medoxomil oral tablet 20 mg		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil oral tablet 40 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 5 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day)
telmisartan		T1b	
valsartan oral tablet		T1b	QL (2 EA per 1 day)
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**			
amlodipine-valsartan-hctz		T1b	AI (;); QL (1 EA per 1 day)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg		T3	
Antiadrenergics - Centrally Acting**			
CATAPRES-TTS-1 *(CloNIDine)*	T3	T3	
CATAPRES-TTS-2 *(CloNIDine)*	T3	T3	
CATAPRES-TTS-3 *(CloNIDine)*	T3	T3	

Drug Name	Brand	Generic	Additional Information
clonidine hcl oral tablet 0.1 mg		T1a	
clonidine hcl oral tablet 0.2 mg, 0.3 mg		T1b	
guanfacine hcl oral		T1b	
methyldopa oral		T3	
Antiadrenergics - Peripherally Acting**			
doxazosin mesylate oral		T1b	
prazosin hcl oral		T1b	
terazosin hcl oral		T1b	
Beta Blocker & Diuretic Combinations**			
atenolol-chlorthalidone		T1b	
bisoprolol-hydrochlorothiazide		T1b	
metoprolol-hydrochlorothiazide		T1b	
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb**			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Direct Renin Inhibitors**			
aliskiren fumarate		T2	QL (1 EA per 1 Day); AG (Min 18 Years)
Selective Aldosterone Receptor Antagonists (Saras)**			
eplerenone oral tablet 25 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
eplerenone oral tablet 50 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Vasodilators**			
hydralazine hcl oral		T1b	
minoxidil oral		T1b	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
AEMCOLO	T3		AI (Limited to two fills per year); QL (12 EA per 3 days)
metronidazole oral tablet		T1b	
pentamidine isethionate inhalation		SP	
tinidazole oral		T1b	
trimethoprim oral		T1b	
XIFAXAN	T3		PA; AI (;)
Anti-Infective Misc. - Combinations**			
sulfamethoxazole-trimethoprim oral tablet		T1a	
SULFATRIM PEDIATRIC *(Sulfamethoxazole-Trimethoprim)*	T1b	T1b	
Antiprotozoal Agents**			
ALINIA ORAL SUSPENSION RECONSTITUTED	T3		AI (30 days must pass before able to refill); QL (60 ML per 3 days)

Drug Name	Brand	Generic	Additional Information
ALINIA ORAL TABLET *(Nitazoxanide)*	T3	T3	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
atovaquone oral		T2	
Glycopeptides**			
FIRVANQ	T3		QL (300 ML per 10 days)
vancomycin hcl oral capsule		T1b	
Leprostatics**			
dapsone oral		T2	
Lincosamides**			
clindamycin hcl oral capsule 150 mg		T1a	
clindamycin hcl oral capsule 300 mg, 75 mg		T1b	
clindamycin palmitate hcl		T3	
Monobactams**			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Oxazolidinones**			
linezolid oral suspension reconstituted		T1b	AI (Max 28 day supply); QL (60 ML per 1 day)
linezolid oral tablet		T1b	AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
SIVEXTRO ORAL	T3		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T3		PA; AI (Max 28 day supply); QL (60 ML per 1 day)
ZYVOX ORAL TABLET	T3		PA; AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
Urinary Anti-Infectives**			
methenamine hippurate		T1b	
MONUROL *(Fosfomycin Tromethamine)*	T3	T3	
nitrofurantoin macrocrystal oral		T1b	
nitrofurantoin monohyd macro		T1b	
nitrofurantoin oral suspension		T1b	
Antimalarials			
Antimalarial Combinations**			
atovaquone-proguanil hcl oral tablet 250-100 mg		T3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg		T2	
COARTEM	T3		
Antimalarials**			
chloroquine phosphate oral		T3	AI (Limited to 30 day supply); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DARAPRIM *(Pyrimethamine)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
hydroxychloroquine sulfate oral tablet 200 mg		T1b	QL (3 EA per 1 day)
mefloquine hcl		T3	AI (Max #15 per 90 days)
quinine sulfate oral		T1b	
Antimyasthenic/Cholinergic Agents			
Antimyasthenic/Cholinergic Agents**			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
pyridostigmine bromide oral solution		T3	
pyridostigmine bromide oral tablet 60 mg		T1b	
Antimycobacterial Agents			
Antimycobacterial Agents**			
cycloserine oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ethambutol hcl oral tablet 100 mg		T1b	
ethambutol hcl oral tablet 400 mg		T2	
isoniazid oral syrup		T1b	
isoniazid oral tablet 100 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
isoniazid oral tablet 300 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
PASER	T3		PA; ST
pretomanid		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIFTIN	T2		
pyrazinamide oral		T3	
rifabutin		T1b	
rifampin oral		T1b	
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRECATOR	T3		

Drug Name	Brand	Generic	Additional Information
Antineoplastics And Adjunctive Therapies			
Alkylating Agents**			
MYLERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Androgen Biosynthesis Inhibitors**			
YONSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA *(Abiraterone Acetate)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiadrenals**			
LYSODREN	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiandrogens**			
CASODEX *(Bicalutamide)*	T1b	T1b	
ERLEADA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
flutamide		T1b	AI (;)
NILANDRON *(Nilutamide)*	T1b	T1b	M
NUBEQA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XTANDI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiestrogens**			
FARESTON *(Toremifene Citrate)*	T1b	T1b	QL (1 EA per 1 day)
SOLTAMOX	T1b		
tamoxifen citrate oral		$0	AI (Limited to 30 day supply)
Antimetabolites**			
mercaptopurine oral		T1b	
methotrexate oral		T1b	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		T1b	
ONUREG	T1b		PA; AI (Limited to 30 day supply)
PURIXAN	T1b		
TABLOID	T1b		

Drug Name	Brand	Generic	Additional Information
TREXALL	T1b		
XATMEP	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA *(Capecitabine)*	T1b	T1b	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Alk Inhibitors			
ALECENSA	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LORBRENA	T1b		PA
XALKORI	T1b		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)
ZYKADIA ORAL TABLET	T1b		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 - Anti-Her2 Agents			
TUKYSA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
Antineoplastic - Bcl-2 Inhibitors			
VENCLEXTA	T1b		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	T1b		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)

Drug Name	Brand	Generic	Additional Information
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
BOSULIF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLEEVEC	T1b		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	T1b		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		T1b	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)
SCEMBLIX	T1b		PA; AI (Limited to 30 day supply)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1b		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)
TASIGNA	T1b		PA; 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	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Btk Inhibitors**			
BRUKINSA	T1b		PA; SP; AI (LIMITED DISTRIBUTION BY DIPLOMAT, BIOLOGICS OR ONCO360)
CALQUENCE	T1b		PA; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
IMBRUVICA ORAL CAPSULE 140 MG	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL SUSPENSION	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Egfr Inhibitors**			
EXKIVITY	T1b		PA; SP; AI (Limited Distribution available with ONCO360; limited to a 30 day supply)
GILOTRIF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IRESSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TAGRISSO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA *(Erlotinib HCl)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIZIMPRO	T1b		PA
Antineoplastic - Fgfr Kinase Inhibitors**			
BALVERSA	T1b		PA; AI (Limited to 30 day supply)
lytgobi (12 mg daily dose)		T1b	PA; AI (30-day supply maximum applies.)
lytgobi (16 mg daily dose)		T1b	PA; AI (30-day supply maximum applies.)
lytgobi (20 mg daily dose)		T1b	PA; AI (30-day supply maximum applies.)
PEMAZYRE	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)

Drug Name	Brand	Generic	Additional Information
TRUSELTIQ (100MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (125MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (50MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (75MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Hedgehog Pathway Inhibitors			
DAURISMO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ERIVEDGE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO	T1b		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 - Hif-2-Alpha Inhibitors			
WELIREG	T1b		PA; AI (Limited to 30 day supply.)
Antineoplastic - Histone Deacetylase Inhibitors			
ZOLINZA	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Kras Inhibitors			
KRAZATI	T1b		PA; AI (Limited to 30 day supply)
LUMAKRAS	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Antineoplastic - Mek Inhibitors**			
COTELLIC	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KOSELUGO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKINIST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI	T1b		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 - Met Inhibitors**			
TABRECTA	T1b		PA
TEPMETKO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Methyltransferase Inhibitors**			
TAZVERIK	T1b		PA; AI (Limited Distribution Onco360)
Antineoplastic - Mtor Kinase Inhibitors**			
AFINITOR *(Everolimus)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ *(Everolimus)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	T1b		PA; 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 80 & 20 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FOTIVDA	T1b		PA; SP; AI (Limited to a 30 day supply; Limited Specialty distribution by Biologics and OncoMed.)
lapatinib ditosylate		T1b	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)
NERLYNX	T1b		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)
NEXAVAR	T1b		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)
QINLOCK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RYDAPT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sorafenib tosylate		T1b	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)
STIVARGA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT *(SUNItinib Malate)*	T1b	T1b	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)
TURALIO ORAL CAPSULE 200 MG	T1b		PA

Drug Name	Brand	Generic	Additional Information
TYKERB	T1b		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)
VOTRIENT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XOSPATA	T1b		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 - Pdgfr-Alpha Inhibitors			
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T1b		PA; SP; AI (Limited distribution Biologics & PantheRx); CI (Limited to 30 day supply)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T1b		PA; SP; AI (Limited distribution Biologics & PantheRx); CI (Limited to 30 day supply)
Antineoplastic - Proteasome Inhibitors			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1b		PA
NINLARO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Ret Inhibitors			
GAVRETO	T1b		PA; AI (Limited to 30 day supply)
RETEVMO	T1b		PA; SP; AI (Limited to 30 day supply)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors			
ROZLYTREK	T1b		PA
VITRAKVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Xpo1 Inhibitors			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1b		PA; AI (Limited to 30 day supply.)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA; AI (Limited to 30 day supply.)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA; AI (Limited to 30 day supply.)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1b		PA; AI (Limited to 30 day supply.)
XPOVIO (60 MG TWICE WEEKLY)	T1b		PA; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA; AI (Limited to 30 day supply.)
XPOVIO (80 MG TWICE WEEKLY)	T1b		PA; AI (Limited to 30 day supply.)
Antineoplastic Combinations**			
DARZALEX FASPRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
INQOVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LONSURF	T1b		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
Antineoplastics Misc.**			
ACTIMMUNE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BESREMI	T1b		PA; AI (Limited to 30 day supply)
HYDREA *(Hydroxyurea)*	T1b	T1b	
INTRON A INJECTION SOLUTION RECONSTITUTED	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRISENOX INTRAVENOUS SOLUTION *(Arsenic Trioxide)* **12 MG/6ML**	MB	MB	
Aromatase Inhibitors**			
anastrozole oral		$0	AI (Limited to 30 day supply); QL (1 EA per 1 Day)
ARIMIDEX	T1b		AI (Limited to 30 day supply); QL (1 EA per 1 day)
AROMASIN	T1b		AI (Limited to 30 day supply); F; QL (1 EA per 1 day)
exemestane		$0	AI (Limited to 30 day supply); F; QL (1 EA per 1 Day)
FEMARA	T1b		AI (Limited to 30 day supply); F; QL (1 EA per 1 day)
letrozole oral		$0	AI (Limited to 30 day supply); F; QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
IBRANCE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI (200 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI (400 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI (600 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VERZENIO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Estrogen Receptor Antagonist**			
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE *(Fulvestrant)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Estrogens-Antineoplastic**			
EMCYT	T1b		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	
leucovorin calcium oral tablet 25 mg, 5 mg		T1b	
Gonadotropin Releasing Hormone (Gnrh) Antagonists**			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORGOVYX	T1b		PA; AI (Limited to 30 day supply)
Imidazotetrazines**			
TEMODAR ORAL CAPSULE *(Temozolomide)* **250 MG**	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
temozolomide		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA	T1b		PA; AI (Limited to 30 day supply)
TIBSOVO	T1b		PA
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**			
IDHIFA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Janus Associated Kinase (Jak) Inhibitors**			
INREBIC	T1b		PA
JAKAFI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VONJO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Lhrh Analogs**			
CAMCEVI	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (1 EA per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (84 to 90 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 90 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (112 to 120 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (167 to 180 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (30 day supply maximum. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
leuprolide acetate injection		T1b	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (30 day supply maximum. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
leuprolide acetate intramuscular		T1b	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (FDA APPROVED ONLY FOR PROSTATE CANCER); M; QL (1 Inj per 90 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); CI (30 day supply maximum. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (30 day supply maximum. 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); CI (84 to 90 day supply. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (84 to 90 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 90 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (112 to 120 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (6-MONTH)	T1b		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (167 to 180 day supply. FDA approved only for Prostate Cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
TRELSTAR MIXJECT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Mitotic Inhibitors**			
etoposide oral		T1b	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Nitrogen Mustards And Related Analogues**			
ALKERAN ORAL *(Melphalan)*	T1b	T1b	
cyclophosphamide oral capsule		T1b	
cyclophosphamide oral tablet		T1b	PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LEUKERAN	T1b		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	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
COPIKTRA	T1b		PA
PIQRAY (200 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PIQRAY (250 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PIQRAY (300 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ZYDELIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RUBRACA ORAL TABLET 200 MG, 300 MG	T1b		PA; 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 250 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALZENNA	T1b		PA
ZEJULA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
Progestins-Antineoplastic**			
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml		T1b	
megestrol acetate oral tablet		T1b	
Retinoids**			
tretinoin oral		T1b	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)*	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL	T1b		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

Drug Name	Brand	Generic	Additional Information
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
INLYTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (10 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (12 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (14 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (18 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (20 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (24 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (4 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (8 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiparkinson And Related Therapy Agents			
Adenosine Receptor Antagonist**			
NOURIANZ	T3		PA; QL (1 EA per 1 day)
Antiparkinson Anticholinergics**			
benztropine mesylate oral		T1b	
trihexyphenidyl hcl oral tablet		T1b	
Antiparkinson Dopaminergics**			
amantadine hcl oral capsule		T1b	
bromocriptine mesylate oral		T1b	
GOCOVRI	T3		PA
INBRIJA	T3		PA

Drug Name	Brand	Generic	Additional Information
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T3		PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T3		PA
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		T1b	
XADAGO	T3		PA
Central/Peripheral Comt Inhibitors**			
TASMAR ORAL TABLET *(Tolcapone)* **100 MG**	T3	T1b	PA
Decarboxylase Inhibitors**			
carbidopa oral		T1b	
Levodopa Combinations**			
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		T1b	
carbidopa-levodopa oral tablet		T1b	
carbidopa-levodopa oral tablet dispersible		T3	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		T3	AI (Max #270 Mail Order); QL (8 EA per 1 Day)
RYTARY	T3		PA
Nonergoline Dopamine Receptor Agonists**			
KYNMOBI	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)
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
pramipexole dihydrochloride		T1b	
ropinirole hcl		T1b	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg		T3	QL (6 EA per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg		T3	AI (;); QL (8 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg		T3	AI (;); QL (4 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 8 mg		T3	AI (;); QL (3 EA per 1 Day); AG (Min 16 Years)
Peripheral Comt Inhibitors**			
entacapone		T1b	

Drug Name	Brand	Generic	Additional Information
ONGENTYS	T3		PA
Antipsychotics/Antimanic Agents			
Antimanic Agents**			
lithium carbonate er		T1b	
lithium carbonate oral capsule		T1a	
lithium carbonate oral tablet		T1b	
Antipsychotics - Misc.**			
CAPLYTA	T3		PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		AI (;); QL (8 EA per 1 Day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		AI (;); QL (5 EA per 1 Day)
GEODON INTRAMUSCULAR *(Ziprasidone Mesylate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LATUDA	T3		QL (1 EA per 1 Day); AG (Min 10 Years)
NUPLAZID ORAL CAPSULE	T3		PA
NUPLAZID ORAL TABLET 10 MG	T3		PA
VRAYLAR ORAL CAPSULE	T3		ST; AI (EST: Trial of at least 2 of the following in the last 12 months: aripiprazole, quetiapine, risperidone, Saphris, ziprasidone); QL (1 EA per 1 day); AG (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3		ST; AI (EST: Trial of at least 2 of the following in the last 12 months: aripiprazole, quetiapine, risperidone, Saphris, ziprasidone); QL (1 EA per 7 days); AG (Min 18 Years)
ziprasidone hcl		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Benzisoxazoles**			
FANAPT	T3		AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T3		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
INVEGA HAFYERA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg		T3	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	AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
risperidone oral solution		T1b	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg		T1a	
risperidone oral tablet 2 mg, 3 mg, 4 mg		T1b	
risperidone oral tablet dispersible 1 mg		T1b	
Butyrophenones**			
haloperidol lactate oral		T1b	
haloperidol oral		T1b	
Dibenzodiazepines**			
clozapine oral tablet 100 mg, 25 mg		T1b	AI (Max #810 Mail Order); QL (9 EA per 1 Day)
clozapine oral tablet 200 mg		T1b	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
clozapine oral tablet 50 mg		T1b	AI (Max #540 per 90days); QL (6 EA per 1 Day)
Dibenzo-Oxepino Pyrroles**			
asenapine maleate		T3	QL (2 EA per 1 day)
SECUADO	T3		QL (1 EA per 1 day)
Dibenzothiazepines**			
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg		T3	QL (1 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg		T3	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 100 mg		T1a	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 200 mg		T1b	QL (3 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 25 mg		T1a	QL (3 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 300 mg		T1b	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 400 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
quetiapine fumarate oral tablet 50 mg		T1a	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 10 Years)
Dibenzoxazepines**			
loxapine succinate oral		T1b	
Phenothiazines**			
chlorpromazine hcl injection		T3	PA
chlorpromazine hcl oral tablet		T1b	
fluphenazine decanoate injection		T3	PA
fluphenazine hcl injection		T3	PA
fluphenazine hcl oral concentrate		T3	
fluphenazine hcl oral elixir		T3	
fluphenazine hcl oral tablet		T1b	
perphenazine oral		T1b	
prochlorperazine		T2	
prochlorperazine edisylate injection solution 10 mg/2ml		T3	PA
prochlorperazine maleate oral		T2	
thioridazine hcl oral		T1b	
trifluoperazine hcl oral		T1b	
Quinolinone Derivatives**			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
aripiprazole oral solution		T1b	QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 2 mg, 5 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 day)
aripiprazole oral tablet 15 mg, 20 mg, 30 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
ARISTADA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ARISTADA INITIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REXULTI ORAL TABLET 0.25 MG	T3		PA; AI (;); QL (2 EA per 1 day); AG (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3		PA; AI (;); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Thienbenzodiazepines**			
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg		T1b	AI (Max #90 Mail Order); QL (2 EA per 1 day)
olanzapine oral tablet 15 mg, 20 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine oral tablet 7.5 mg		T1b	AI (Max #90 Mail Order); QL (3 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg		T3	AI (Max #90 Mail Order); QL (2 EA per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
ZYPREXA INTRAMUSCULAR *(OLANZapine)*	SP	SP	PA; SP; AI (Limited Distribution Accredo, AllianceRx and Caremark 30 day supply limit applies)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	SP		PA; SP; AI (Limited Distribution Accredo, AllianceRx and Caremark 30 day supply limit applies)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	SP		PA; SP
Thioxanthenes**			
thiothixene oral		T3	
Antiseptics & Disinfectants			
Antiseptics & Disinfectants**			
formaldehyde external solution 10 %		T2	
Iodine Antiseptics**			
IODOSORB	T3		
Antivirals			
Antiretroviral Combinations**			
abacavir sulfate-lamivudine		T1b	
ATRIPLA	T2		AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T3		QL (1 EA per 1 day)
CIMDUO	T2		QL (1 EA per 1 day)
COMPLERA	T2		AI (;)
DELSTRIGO	T3		ST; AI (ST: no prior history of antiretriviral therapy within the last 6 months); QL (1 EA per 1 day); AG (Min 12 Years)
DESCOVY	T3		ST; AI (Trial through generic Truvada (emtricitabine-tenofovir disoproxil fumarate) for 2 months in the last 6 months.); QL (1 EA per 1 day)
DOVATO	T3		
efavirenz-emtricitab-tenofo df		T2	QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-emtricitab-tenofovir		T2	QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		T2	QL (1 EA per 11 days)
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg		T2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg		T3	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg		$0	QL (1 EA per 1 day)
EVOTAZ	T3		AI (;)
GENVOYA	T2		AI (;)
JULUCA	T3		PA
lamivudine-zidovudine		T1b	AI (;)
lopinavir-ritonavir		T2	
ODEFSEY	T2		AI (;)
PREZCOBIX	T3		AI (;)
STRIBILD	T2		AI (;)
SYMTUZA	T3		
TRIUMEQ	T3		AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
TRIUMEQ PD	T3		QL (6 EA per 1 day); AG (Max 10 Years)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
maraviroc		T2	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	T2		
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		QL (2 EA per 1 day)
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 - Gp120-Directed Attachment Inhibitor**			
RUKOBIA	T3		PA
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS	T2		AI (;)
ISENTRESS HD	T2		
TIVICAY ORAL TABLET 10 MG, 25 MG	T2		
TIVICAY ORAL TABLET 50 MG	T2		AI (;)
TIVICAY PD	T2		
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE	T3		AI (;)
atazanavir sulfate oral capsule 150 mg, 200 mg		T2	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg		T2	QL (1 EA per 1 day)
fosamprenavir calcium		T2	
LEXIVA ORAL SUSPENSION	T2		AI (;)

Drug Name	Brand	Generic	Additional Information
NORVIR ORAL PACKET	T2		
NORVIR ORAL SOLUTION	T2		AI (;)
PREZISTA ORAL SUSPENSION	T2		AI (;)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2		AI (;)
REYATAZ ORAL PACKET	T2		AI (;)
ritonavir		T2	
VIRACEPT ORAL TABLET	T2		AI (;)
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
EDURANT	T2		AI (;); QL (1 EA per 1 Day)
efavirenz oral capsule 200 mg		T2	QL (1 EA per 1 day)
efavirenz oral capsule 50 mg		T2	QL (2 EA per 1 day)
efavirenz oral tablet		T1b	QL (2 EA per 2 days)
etravirine		T3	
INTELENCE ORAL TABLET 25 MG	T3		
nevirapine er oral tablet extended release 24 hour 100 mg		T1b	
nevirapine er oral tablet extended release 24 hour 400 mg		T1b	AI (;)
nevirapine oral suspension		T2	AI (;)
nevirapine oral tablet		T1b	AI (;)
PIFELTRO	T3		ST; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts); QL (1 EA per 1 day); AG (Min 12 Years)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
abacavir sulfate oral solution		T2	
abacavir sulfate oral tablet		T1b	AI (;)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
emtricitabine		T3	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	T3		AI (;); QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T2		AI (;); QL (720 ML per 30 Days)
lamivudine oral solution		T1b	AI (;)
lamivudine oral tablet 150 mg, 300 mg		T1b	AI (;)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**			
stavudine oral capsule		T1b	AI (;)
zidovudine oral capsule		T1b	AI (;)
zidovudine oral syrup		T1b	AI (;)
zidovudine oral tablet		T2	AI (;)
Antiretrovirals - Rti-Nucleotide Analogues**			
tenofovir disoproxil fumarate		T2	

Drug Name	Brand	Generic	Additional Information
VIREAD ORAL POWDER	T2		AI (;)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2		AI (;); QL (1 EA per 1 day)
Antiretrovirals Adjuvants			
TYBOST	T3		
Antiviral Combinations			
PAXLOVID (150/100)	$0		AI (Max #40 tablets in 365 days); QL (4 EA per 1 day)
PAXLOVID (300/100)	$0		AI (Max 60 tablets in 365 days); QL (6 EA per 1 day)
Cmv Agents			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	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)

Drug Name	Brand	Generic	Additional Information
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 Agent - Combinations**			
EPCLUSA ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPCLUSA ORAL TABLET 400-100 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)
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; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
sofosbuvir-velpatasvir		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)
VIEKIRA PAK	SP		PA; 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)

Drug Name	Brand	Generic	Additional Information
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hepatitis C Agents**			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ribavirin oral capsule		SP	
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)
SOVALDI	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		T1b	
SITAVIG	T3		PA; AI (;); QL (15 EA per 90 days); AG (Min 16 Years)
valacyclovir hcl oral tablet 1 gm		T1b	AI (;); QL (3 EA per 1 Day)
valacyclovir hcl oral tablet 500 mg		T1b	QL (2 EA per 1 Day)
Herpes Agents - Thymidine Analogues**			
famciclovir oral		T1b	
Influenza Agents**			
rimantadine hcl		T3	
Misc. Antivirals**			
LAGEVRIO	$0		AI (Max 80 capsules per 1 year); QL (8 EA per 1 day)
Neuraminidase Inhibitors**			
oseltamivir phosphate oral capsule		T1b	QL (10 EA per 5 Dayss)
oseltamivir phosphate oral suspension reconstituted		T1b	QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3		QL (0.67 EA per 1 day)
Beta Blockers			
Alpha-Beta Blockers**			
carvedilol		T1b	
labetalol hcl oral		T1b	
Beta Blockers Cardio-Selective**			
acebutolol hcl oral		T1b	
atenolol oral tablet 100 mg		T1b	

Drug Name	Brand	Generic	Additional Information
atenolol oral tablet 25 mg, 50 mg		T1a	
betaxolol hcl oral tablet 10 mg		T1b	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
betaxolol hcl oral tablet 20 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
bisoprolol fumarate oral		T1b	
KAPSPARGO SPRINKLE	T3		ST; AI (ST: Trial of the following for at least 3 months in the last 12 months: Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour or Toprol Xl Oral Tablet Extended Release 24 Hour); QL (1 EA per 1 day); AG (Min 6 Years)
metoprolol succinate er		T1b	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg		T1a	
metoprolol tartrate oral tablet 37.5 mg, 75 mg		T3	
nebivolol hcl		T2	
Beta Blockers Non-Selective**			
HEMANGEOL	T3		AG (Max 2 Years)
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1b	
pindolol		T1b	
propranolol hcl er		T1b	
propranolol hcl oral solution		T2	
propranolol hcl oral tablet 10 mg		T1a	
propranolol hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg		T1b	
SORINE *(Sotalol HCl)*	T1b	T1b	
sotalol hcl (af)		T1b	
timolol maleate oral		T2	
Calcium Channel Blockers			
Calcium Channel Blockers**			
AFEDITAB CR *(NIFEdipine ER)*	T1b	T1b	
amlodipine besylate oral		T1a	
CARTIA XT *(dilTIAZem HCl ER Coated Beads)*	T1b	T1b	
CONJUPRI *(Levamlodipine Maleate)*	T3	T3	ST; AI (ST: Trial of the following in the last 3 months: amlodipine); QL (1 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour		T1b	
diltiazem hcl er oral capsule extended release 24 hour 120 mg		T1b	
diltiazem hcl oral		T1a	
dilt-xr		T1b	
felodipine er		T2	
isradipine		T1b	
nicardipine hcl oral		T1b	

Drug Name	Brand	Generic	Additional Information
nifedipine er osmotic release		T1b	
nifedipine oral		T1b	
nimodipine oral		T1b	AI (Max #756 Mail Order)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nisoldipine er oral tablet extended release 24 hour 30 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT *(Diltiazem HCl ER Beads)*	T1b	T1b	
TIADYLT ER *(Diltiazem HCl ER Beads)*	T1b	T1b	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 240 mg, 300 mg		T1b	
verapamil hcl er oral capsule extended release 24 hour 360 mg		T3	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		T1b	
verapamil hcl oral tablet 120 mg, 80 mg		T1a	
verapamil hcl oral tablet 40 mg		T1b	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR *(Verapamil HCl ER)* **200 MG**	T1b	T1b	
Cardiotonics			
Cardiac Glycosides**			
DIGITEK *(Digoxin)*	T1b	T1b	
DIGOX *(Digoxin)*	T1b	T1b	
digoxin oral solution		T1b	
digoxin oral tablet 62.5 mcg		T3	
Cardiovascular Agents - Misc.			
Cardiac Myosin Inhibitors**			
CAMZYOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO	T3		ST; AI (Step: metoprolol, bisoprolol or carvedilol in last 6 mo.); QL (2 EA per 1 day)
Prostaglandin Vasodilators**			
ORENITRAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
TYVASO DPI MAINTENANCE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO DPI TITRATION KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO REFILL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 (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)
Pulmonary Hypertension - Endothelin Receptor Antagonists**			
ambrisentan oral tablet 10 mg		SP	PA; 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	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)
OPSUMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRACLEER ORAL TABLET *(Bosentan)*	SP	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)
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)

Drug Name	Brand	Generic	Additional Information
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 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)
TADLIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**			
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3		PA; ST; AI (ST: 3 meds x 3 mo EACH: alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, generic Jalyn AND tadalafil.); M; QL (1 EA per 1 day); AG (Min 18 Years)
tadalafil oral tablet 2.5 mg, 5 mg		T1b	PA; ST; AI (Trial of three of the following for benign prostatic hyperplasia (BPH) for 3 months each in the last 18 months: alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, dutasteride-tamsulosin (generic for JALYN), tadalafil (generic for CIALIS)); M; QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Sinus Node Inhibitors*			
CORLANOR	T3		PA
Transthyretin Stabilizers**			
VYNDAMAX	SP		PA
VYNDAQEL	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**			
VERQUVO	T3		PA; QL (1 EA per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
cefadroxil oral capsule		T1b	
cefadroxil oral suspension reconstituted		T1b	
cefadroxil oral tablet		T3	
cephalexin oral capsule 250 mg, 500 mg		T1a	
cephalexin oral suspension reconstituted		T1b	
Cephalosporins - 2Nd Generation**			
cefaclor er		T3	
cefaclor oral capsule		T2	AI (one fill per month); QL (3 EA per 10 days)
cefaclor oral suspension reconstituted		T3	
cefprozil		T3	
cefuroxime axetil oral tablet		T1b	
Cephalosporins - 3Rd Generation**			
cefdinir oral capsule		T1b	
cefdinir oral suspension reconstituted		T3	
cefixime oral suspension reconstituted		T1b	
cefpodoxime proxetil oral suspension reconstituted		T1b	
cefpodoxime proxetil oral tablet		T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		
SUPRAX ORAL TABLET CHEWABLE	T3		
Chemicals			
Bulk Chemicals - Be's**			
belladonna		T3	
Bulk Chemicals - En**			
enalapril maleate		T3	
Bulk Chemicals - Va's**			
vancomycin hcl		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Contraceptives			
Biphasic Contraceptives - Oral**			
AZURETTE	$0		AI (;); F; QL (28 EA per 30 Days)
KARIVA *(Viorele)*	$0	$0	AI (;); F; QL (28 EA per 30 Days)
LO LOESTRIN FE	$0		AI (;); F; QL (1.34 EA per 1 day)
PIMTREA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; QL (28 EA per 30 days)
SIMLIYA	$0		F; QL (28 EA per 30 days)
VOLNEA	$0		F; QL (28 EA per 30 days)
Combination Contraceptives - Oral**			
AFIRMELLE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
ALTAVERA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
APRI *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
AUBRA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
AUBRA EQ *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
AUROVELA 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
AUROVELA 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; $0; QL (1.34 EA per 1 day)
AUROVELA 24 FE	$0		F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30	$0		F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
AVIANE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
AYUNA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
BALZIVA *(Briellyn)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
BLISOVI 24 FE	$0		F; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30	$0		AI (;); F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
CHARLOTTE 24 FE	T3		F; QL (1.34 EA per 1 day)
CHATEAL *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
CHATEAL EQ *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
CRYSELLE-28	$0		AI (;); F; QL (1.34 EA per 1 day)
CYRED *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
CYRED EQ	$0		F; QL (1.34 EA per 1 day)
DASETTA 1/35 *(Alyacen 1/35)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
DELYLA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg		T3	F; QL (1.34 EA per 1 day)
ELINEST	$0		AI (;); F; QL (1.34 EA per 1 day)
EMOQUETTE *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET *(Desogestrel-Ethinyl Estradiol)* **0.15-30 MG-MCG**	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
ESTARYLLA *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
FALMINA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
FEMYNOR *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FINZALA	T3		F; QL (1.34 EA per 1 day)
HAILEY 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
HAILEY 24 FE	$0		F; QL (1.34 EA per 1 day)
HAILEY FE 1.5/30	$0		F; QL (1.34 EA per 1 day)
HAILEY FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
ISIBLOOM *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
JASMIEL *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	F; QL (1.34 EA per 1 day)
JULEBER *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
JUNEL 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
JUNEL 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; $0; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30	$0		AI (;); F; QL (1.34 EA per 1 day)
JUNEL FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
JUNEL FE 24	$0		F; QL (1.34 EA per 1 day)
KAITLIB FE *(Norethin-Eth Estradiol-Fe)*	T3	T3	AI (;); F; QL (1.34 EA per 1 day)
KALLIGA	$0		F; QL (1.34 EA per 1 Day)
KELNOR 1/35 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
KELNOR 1/50 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
KURVELO *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
LARIN 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
LARIN 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; $0; QL (1.34 EA per 1 day)
LARIN 24 FE	$0		F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30	$0		AI (;); F; QL (1.34 EA per 1 day)
LARIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
LARISSIA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
LAYOLIS FE *(Norethin-Eth Estradiol-Fe)*	T3	T3	AI (;); F; QL (1.34 EA per 1 day)
LESSINA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21) *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
LOESTRIN 1/20 (21)	$0		F; QL (1.34 EA per 1 day)
LOESTRIN FE 1.5/30	$0		F; QL (1.34 EA per 1 day)
LOESTRIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
LORYNA *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	F; QL (1.34 EA per 1 day)
LOW-OGESTREL	$0		AI (;); F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	T1b		AI (;); F; QL (1.34 EA per 1 Day)
LUTERA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
marlissa		$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; $0; QL (1.34 EA per 1 day)
MICROGESTIN 24 FE	$0		F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1.5/30	$0		AI (;); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
MICROGESTIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
MILI *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
MONO-LINYAH *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NECON 0.5/35 (28)	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
NECON 1/35 (28) *(Alyacen 1/35)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NIKKI *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	F; QL (1.34 EA per 1 day)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg		$0	F; $0; QL (1.34 EA per 1 day)
norethin ace-eth estrad-fe oral tablet chewable		T3	AI (;); F; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) *(Alyacen 1/35)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NORTREL 1/35 (28) *(Alyacen 1/35)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NYLIA 1/35 *(Alyacen 1/35)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NYMYO *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
OCELLA *(Drospirenone-Ethinyl Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
ORSYTHIA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
PHILITH *(Briellyn)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
PIRMELLA 1/35 *(Alyacen 1/35)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
PORTIA-28 *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
RECLIPSEN *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
SAFYRAL *(Drospiren-Eth Estrad-Levomefol)*	T3	T3	AI (;); F; QL (1.34 EA per 1 day)
SOLIA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
SPRINTEC 28 *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
SRONYX *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
SYEDA *(Drospirenone-Ethinyl Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TARINA 24 FE	$0		F; $0; QL (1.34 EA per 1 day)
TARINA FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TARINA FE 1/20 EQ *(Norethin Ace-Eth Estrad-FE)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE	$0		F; QL (1.34 EA per 1 day)
TYDEMY *(Drospiren-Eth Estrad-Levomefol)*	T3	T3	AI (;); F; QL (1.34 EA per 1 day)
VESTURA *(Drospirenone-Ethinyl Estradiol)*	T1b	T1b	F; QL (1.34 EA per 1 day)
VIENVA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
VYFEMLA *(Briellyn)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
VYLIBRA *(Norgestimate-Eth Estradiol)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
WERA	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
WYMZYA FE *(Norethin-Eth Estradiol-Fe)*	$0	$0	AI (;); F; $0; QL (1.34 EA per 1 day)
ZOVIA 1/35 (28)	$0		F; QL (1.34 EA per 1 day)
ZUMANDIMINE	$0		AI (;); F; QL (1.34 EA per 1 Day)
Combination Contraceptives - Transdermal**			
XULANE	$0		AI (;); F; QL (3 EA per 30 days)
ZAFEMY	$0		AI (;); F; QL (3 EA per 30 days)
Combination Contraceptives - Vaginal**			
ELURYNG *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); F; QL (1 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
HALOETTE	$0		F; QL (1 EA per 30 days)
NUVARING *(Etonogestrel-Ethinyl Estradiol)*	T3	$0	AI (;); F; QL (1 EA per 30 days)
Continuous Contraceptives - Oral**			
AMETHYST	$0		F; QL (1.34 EA per 1 day)
DOLISHALE	$0		F; QL (1.34 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg		$0	F; $0; QL (1.34 EA per 1 day)
Emergency Contraceptives**			
AFTERA *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
AFTERPILL	$0		F; QL (3 EA per 30 days)
ECONTRA EZ *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
ECONTRA ONE-STEP *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
ELLA	T3		AI (;); F; QL (3 EA per 30 Days)
MY CHOICE *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
MY WAY *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
NEW DAY *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
OPCICON ONE-STEP *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
OPTION 2 *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
PLAN B ONE-STEP	T3		F; QL (3 EA per 30 days)
REACT *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
TAKE ACTION *(Levonorgestrel)*	$0	$0	F; $0; QL (3 EA per 30 days)
Extended-Cycle Contraceptives - Oral**			
AMETHIA	$0		AI (;); F; QL (91 EA per 90 days)
ASHLYNA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (;); F; QL (91 EA per 90 days)
CAMRESE	$0		AI (;); F; QL (91 EA per 90 days)
CAMRESE LO *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (;); F; QL (91 EA per 90 Days)
DAYSEE	$0		AI (;); F; QL (91 EA per 90 days)
FAYOSIM *(Levonorgest-Eth Est & Eth Est)*	T1b	T1b	AI (;); F; QL (91 EA per 91 days)
ICLEVIA	$0		F; QL (91 EA per 90 days)
INTROVALE *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (;); F; QL (91 EA per 90 days)
JAIMIESS *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (;); F; QL (91 EA per 90 days)
JOLESSA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	AI (;); F; QL (91 EA per 90 days)
LOJAIMIESS	$0		AI (;); F; QL (91 EA per 90 days)
QUARTETTE *(Levonorgest-Eth Est & Eth Est)*	T3	T1b	AI (;); F; QL (91 EA per 91 days)
RIVELSA *(Levonorgest-Eth Est & Eth Est)*	T1b	T1b	AI (;); F; QL (91 EA per 91 days)
SETLAKIN	$0		AI (;); F; QL (91 EA per 90 days)
SIMPESSE	$0		F; QL (91 EA per 90 days)
Four Phase Contraceptives - Oral**			
NATAZIA	T3		AI (;); F; QL (28 EA per 30 Days)
Progestin Contraceptives - Injectable**			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3		F; QL (1 ML per 90 days)

Drug Name	Brand	Generic	Additional Information
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3		F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		F; QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension		$0	F; $0; QL (1 ML per 90 Days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe		$0	F; $0; QL (1 ML per 90 days)
Progestin Contraceptives - Oral**			
CAMILA *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
DEBLITANE	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
ERRIN *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
HEATHER *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
INCASSIA	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
JENCYCLA *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
LYLEQ *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
LYZA *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NORA-BE *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NORLYDA	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
NORLYROC *(Norethindrone)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
SHAROBEL	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
SLYND	T3		ST; AI (Step applies: through Norethindrone for at least 3 months in the last 6 months); F; QL (1.34 EA per 1 day)
Triphasic Contraceptives - Oral**			
ARANELLE	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
CAZIANT	$0		AI (;); F; QL (1.34 EA per 1 day)
DASETTA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
ENPRESSE-28	$0		AI (;); F; QL (1.34 EA per 1 day)
LEENA	$0		AI (;); F; $0; QL (1.34 EA per 1 day)
LEVONEST	$0		AI (;); F; QL (1.34 EA per 1 day)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg		$0	F; QL (1.34 EA per 1 day)
norethindron-ethinyl estrad-fe		$0	F; QL (28 EA per 30 days)
NORTREL 7/7/7 *(Alyacen 7/7/7)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
NYLIA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
PIRMELLA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TILIA FE	$0		AI (;); F; $0; QL (28 EA per 30 Days)
TRI FEMYNOR *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-ESTARYLLA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-LEGEST FE	$0		AI (;); F; $0; QL (28 EA per 30 Days)
TRI-LINYAH *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
TRI-LO-ESTARYLLA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TRI-LO-MARZIA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TRI-LO-MILI	$0		F; QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC *(Norgestim-Eth Estrad Triphasic)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
TRI-MILI *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRINESSA (28) *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-NYMYO *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-SPRINTEC *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRIVORA (28)	$0		AI (;); F; QL (1.34 EA per 1 day)
TRI-VYLIBRA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-VYLIBRA LO	$0		F; QL (1.34 EA per 1 day)
VELIVET	$0		AI (;); F; QL (1.34 EA per 1 day)
Corticosteroids			
Glucocorticosteroids**			
budesonide oral		T3	
DEXAMETHASONE INTENSOL	T1b		
dexamethasone oral elixir		T1b	
dexamethasone oral solution		T1b	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg		T1b	
dexamethasone oral tablet 1 mg, 2 mg		T3	
EMFLAZA	T3		PA; AG (Min 5 Years)
hydrocortisone oral		T1b	
MEDROL ORAL TABLET 2 MG	T3		
methylprednisolone oral tablet		T1b	
ORTIKOS	T3		ST; AI (EST: Trial of the following for at least 3 months in last 12 months: budesonide capsule 3 mg DR); QL (1 EA per 1 day); AG (Min 8 Years)
prednisolone oral solution		T2	
prednisolone oral syrup 15 mg/5ml		T2	
prednisolone sodium phosphate oral solution 10 mg/5ml		T3	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml		T1b	
prednisolone sodium phosphate oral tablet dispersible		T2	
PREDNISONE INTENSOL	T2		
prednisone oral		T1b	
SOLU-CORTEF	T3		
TARPEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Mineralocorticoids**			
fludrocortisone acetate oral		T1b	
Cough/Cold/Allergy			
Antitussive - Nonnarcotic**			
benzonatate oral capsule 100 mg, 200 mg		T1b	
Antitussive - Opioid**			
hydrocodone bit-homatrop mbr oral solution		T1b	AI (Max 10 day supply and 1 fill per month); QL (15 ML per 1 day)
hydrocodone bit-homatrop mbr oral tablet		T1b	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)
hydromet oral solution		T1b	AI (Max 10 day supply and 1 fill per month); QL (15 ML per 1 day)
Antitussive-Expectorant**			
g tussin ac		T2	QL (240 ML per 10 days)
guaiatussin ac		T2	QL (240 ML per 10 days)
guaifenesin ac		T2	QL (240 ML per 10 days)
guaifenesin-codeine oral solution		T2	QL (240 ML per 10 days)
virtussin a/c		T2	QL (240 ML per 10 days)
Decongestant & Antihistamine**			
CLARINEX-D 12 HOUR	T3		ST; AI (Max #180 Mail Order); CI (ST: through Desloratadine tablets in last 30 days); QL (2 EA per 1 Day)
promethazine vc		T1b	
promethazine-phenylephrine		T1b	
Expectorants**			
guaifenesin oral tablet 200 mg		T1b	
Misc. Respiratory Inhalants**			
sodium chloride inhalation nebulization solution 0.9 %, 7 %		T1b	
Mucolytics**			
acetylcysteine inhalation solution 10 %		T1b	
acetylcysteine inhalation solution 20 %		T2	
Non-Narc Antitussive-Antihistamine**			
promethazine-dm oral syrup		T1b	
Non-Narc Antitussive-Decongestant-Antihistamine**			
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml		T1b	
Opioid Antitussive-Antihistamine**			
hydrocod polst-cpm polst er oral suspension extended release		T2	

Drug Name	Brand	Generic	Additional Information
promethazine-codeine oral syrup		T1b	AI (one fill per month); QL (150 ML per 10 days)
Opioid Antitussive-Decongestant-Antihistamine**			
M-END PE	T1b		
promethazine vc/codeine		T1b	AI (one fill per month); QL (150 ML per 10 days)
promethazine-phenyleph-codeine		T1b	AI (one fill per month); QL (150 ML per 10 days)
Dermatologicals			
Acne Antibiotics**			
AMZEEQ	T3		ST; AI (ST: trial of both tretinoin gel 0.04% and minocycline hcl capsule 100mg in last 3 months); QL (1 GM per 1 day); AG (Min 9 Years)
CLINDACIN ETZ EXTERNAL SWAB *(Clindamycin Phosphate)*	T1b	T1b	
CLINDACIN-P *(Clindamycin Phosphate)*	T1b	T1b	
clindamycin phosphate external foam		T1b	QL (50 GM per 30 days)
clindamycin phosphate external gel		T1b	
clindamycin phosphate external lotion		T1b	
clindamycin phosphate external solution		T1b	
dapsone external gel 5 %		T3	PA
ery		T3	
erythromycin external gel		T3	
erythromycin external solution		T1b	
sulfacetamide sodium (acne)		T1b	
Acne Combinations**			
clindamycin phos-benzoyl perox external gel 1-5 %		T3	
Acne Products**			
ACCUTANE *(ISOtretinoin)*	T3	T3	
AKLIEF	T3		ST; AI (ST: thru tretinoin 0.1% or 0.05% and tazarotene 0.1% in last year.); CI (Limited to 30 day supply); QL (1.5 GM per 1 day); AG (Min 9 Years)
ALTRENO	T3		QL (1.5 GM per 1 day)
AMNESTEEM *(ISOtretinoin)*	T3	T3	
bpo external gel 4 %		T3	
CLARAVIS *(ISOtretinoin)*	T3	T3	
MYORISAN *(ISOtretinoin)*	T3	T3	
tretinoin external cream		T1b	
tretinoin external gel 0.01 %, 0.025 %		T1b	
tretinoin external gel 0.05 %		T3	
tretinoin microsphere external gel 0.04 %		T1b	

Drug Name	Brand	Generic	Additional Information
tretinoin microsphere pump external gel 0.04 %		T1b	
WINLEVI	T3		ST; AI (ST: Trial of 2 of the following within I year-adapalene gel 0.1%, tazarotene CR 0.1%, tretinoin CR 0.1% or tret 0.01% CR); CI (Limited to 30 day supply); QL (2 GM per 1 day); AG (Min 12 Years)
ZENATANE *(ISOtretinoin)*	T3	T3	
Agents For External Genital And Perianal Warts**			
VEREGEN	T3		QL (1 GM per 1 day)
Antibiotics - Topical**			
ALTABAX	T3		QL (1 GM per 1 day)
gentamicin sulfate external		T2	
mupirocin external		T1b	
XEPI	T3		ST; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo); QL (30 GM per 1 month); AG (Min 2 Months)
Antifungals - Topical Combinations**			
clotrimazole-betamethasone		T1b	
nystatin-triamcinolone external cream		T1b	
nystatin-triamcinolone external ointment		T3	
Antifungals - Topical**			
ciclopirox external gel		T2	
ciclopirox external shampoo		T1b	
ciclopirox external solution		T2	
ciclopirox olamine external		T1b	
MENTAX	T3		
naftifine hcl external cream 1 %		T1b	
naftifine hcl external cream 2 %		T3	
NYAMYC *(Nystatin)*	T1b	T1b	
nystatin external		T1b	
NYSTOP *(Nystatin)*	T1b	T1b	
Antineoplastic Alkylating Agents - Topical**			
VALCHLOR	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
Antineoplastic Antimetabolites - Topical**			
CARAC *(Fluorouracil)*	T1b	T1b	PA; CI (Limited to 30 day supply); QL (1 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
EFUDEX EXTERNAL CREAM	T1b		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%.)
fluorouracil external cream 5 %		T1b	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
fluorouracil external solution		T1b	
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**			
diclofenac sodium external gel 3 %		T1b	PA; AI (Limited to 30 day supply.); QL (3.34 GM per 1 day)
Antineoplastic Retinoids - Topical**			
PANRETIN	T1b		PA
Antipruritics - Topical**			
PRUDOXIN *(Doxepin HCl)*	T3	T3	PA; ST; AI (Trial: of two of the following within the last 6 months: fluocinolone, triamcinolone, betamethasone diporprionate); QL (30 GM per 30 days)
ZONALON *(Doxepin HCl)*	T3	T3	PA; ST; AI (Trial: of two of the following within the last 6 months: fluocinolone, triamcinolone, betamethasone diporprionate); QL (30 GM per 30 days)
Antipsoriatics - Systemic**			
acitretin		T3	
COSENTYX	SP		PA; 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; 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		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)

Drug Name	Brand	Generic	Additional Information
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)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI 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)
SOTYKTU	SP		PA; AI (Limited to 30 day supply)
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		T1b	
calcipotriene external solution		T1b	
CALCITRENE *(Calcipotriene)*	T1b	T1b	
tazarotene external cream		T1b	QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T3		
TAZORAC EXTERNAL GEL *(Tazarotene)* **0.05 %**	T3	T3	
TAZORAC EXTERNAL GEL *(Tazarotene)* **0.1 %**	T3	T3	AI (Limited to 30 day supply.); QL (1 GM per 1 day)
VECTICAL *(Calcitriol)*	T3	T3	AI (Max #300 Mail Order); QL (100 GM per 30 Days)
VTAMA	T3		PA
ZORYVE	T3		PA
Antiseborrheic Products**			
selenium sulfide external lotion		T2	

Drug Name	Brand	Generic	Additional Information
Antiviral Topical Combinations**			
XERESE	T3		
Antivirals - Topical**			
acyclovir external		T3	
DENAVIR *(Penciclovir)*	T3	T3	
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**			
CIBINQO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OPZELURA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 GM per 1 day)
Atopic Dermatitis - Monoclonal Antibodies**			
ADBRY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DUPIXENT 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)
Burn Products**			
SSD *(Silver Sulfadiazine)*	T1b	T1b	
SULFAMYLON EXTERNAL CREAM	T3		
THERMAZENE *(Silver Sulfadiazine)*	T1b	T1b	
Corticosteroids - Topical**			
ala-cort external cream 2.5 %		T1b	
alclometasone dipropionate		T1b	
amcinonide		T3	
betamethasone dipropionate aug external cream		T1b	
betamethasone dipropionate aug external gel		T3	
betamethasone dipropionate aug external lotion		T1b	
betamethasone dipropionate aug external ointment		T1b	
betamethasone dipropionate external		T1b	
betamethasone valerate external		T1b	

Drug Name	Brand	Generic	Additional Information
clobetasol propionate e		T1b	
clobetasol propionate emulsion		T3	AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years)
clobetasol propionate external cream		T1b	
clobetasol propionate external foam		T1b	
clobetasol propionate external gel		T1b	
clobetasol propionate external liquid		T1b	
clobetasol propionate external lotion		T3	
clobetasol propionate external ointment		T1b	
clobetasol propionate external solution		T1b	
clocortolone pivalate		T3	AI (Limited to 30 day supply.); QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO *(Clobetasol Propionate)*	T3	T3	
CORDRAN EXTERNAL TAPE	T3		ST; 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		T1b	
desonide external gel		T3	QL (60 GM per 30 days)
desonide external lotion		T3	
desonide external ointment		T1b	
desoximetasone external cream 0.05 %		T1b	
desoximetasone external cream 0.25 %		T2	
desoximetasone external gel		T2	
desoximetasone external ointment 0.25 %		T2	
diflorasone diacetate external cream		T3	ST; 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	ST; AI (Trial of two of the following in the last three months: betamethasone, clobetasol, hydrocortisone, triamcinolone); QL (60 GM per 30 days)
fluocinolone acetonide body		T2	
fluocinolone acetonide external		T2	
fluocinolone acetonide scalp		T2	
fluocinonide external cream 0.05 %		T1b	
fluocinonide external gel		T1b	
fluocinonide external ointment		T1b	
fluocinonide external solution		T1b	

Drug Name	Brand	Generic	Additional Information
flurandrenolide external cream		T3	ST; 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	ST; 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; 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		T1b	
fluticasone propionate external lotion		T3	
fluticasone propionate external ointment		T1b	
halcinonide		T3	PA; ST; 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		T1b	QL (1 GM per 1 day)
halobetasol propionate external ointment		T1b	QL (1 GM per 1 day)
hydrocortisone butyrate external cream		T3	AI (Limited to 1 fill per month); QL (15 GM per 10 days)
hydrocortisone butyrate external ointment		T1b	
hydrocortisone butyrate external solution		T3	
hydrocortisone external cream 2.5 %		T1b	
hydrocortisone external lotion 2.5 %		T1b	
hydrocortisone external ointment 2.5 %		T1b	
hydrocortisone valerate		T1b	
mometasone furoate external		T1b	
triamcinolone acetonide external aerosol solution		T1b	
triamcinolone acetonide external cream		T1b	
triamcinolone acetonide external lotion		T1b	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		T1b	
Enzymes - Topical**			
SANTYL	T3		
Imidazole-Related Antifungals - Topical**			
clotrimazole external solution		T1b	
econazole nitrate external		T1b	
EXELDERM	T3		

Drug Name	Brand	Generic	Additional Information
JUBLIA	T3		PA; AI (;); QL (0.27 ML per 1 day); AG (Min 18 Years)
ketoconazole external cream		T1b	
ketoconazole external shampoo 2 %		T1b	
oxiconazole nitrate		T1b	AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 Dayss)
Immunomodulators Imidazoquinolinamines - Topical**			
imiquimod external cream 5 %		T1b	
Keratolytic/Antimitotic Agents**			
CONDYLOX EXTERNAL GEL	T3		
podofilox external		T1b	
Macrolide Immunosuppressants - Topical**			
ELIDEL	T3		PA; AI (Max 2 refills in 6 months); QL (30 GM per 1 month); AG (Min 2 Years)
HYFTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
pimecrolimus		T3	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		PA; QL (30 GM per 30 days); AG (Min 2 Years and Max 15 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; QL (30 GM per 30 days); AG (Min 16 Years)
tacrolimus external ointment 0.03 %		T1b	AI (;); QL (30 GM per 30 days); AG (Min 2 Years and Max 15 Years)
tacrolimus external ointment 0.1 %		T1b	AI (;); QL (30 GM per 30 days); AG (Min 16 Years)
Microtubule Inhibitors - Topical**			
KLISYRI	T1b		ST; AI (Limited to 30 day supply.); CI (Trial of both fluorouracil 5% and generic Aldara in last 6 mo.)
Oxaborole-Related Antifungals - Topical**			
KERYDIN *(Tavaborole)*	T3	T3	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**			
EUCRISA	T3		PA; QL (2 GM per 1 day); AG (Min 2 Years)
Rosacea Agents**			
ivermectin external cream		T3	ST; AI (Trial of any of following for 60 days in the last 6 months: metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, metronidazole lotion 0.75%); CI (Limited to 1 fill per month); QL (45 GM per 10 days)
MIRVASO	T3		PA; ST

Drug Name	Brand	Generic	Additional Information
RHOFADE	T3		
ROSADAN EXTERNAL CREAM *(metroNIDAZOLE)*	T1b	T1b	
ROSADAN EXTERNAL GEL *(MetroNIDAZOLE)*	T1b	T1b	
ZILXI	T3		ST; AI (ST: Trial of both of the following within the last 3 months: minocycline hcl capsule 100mg, tretinoin gel 0.04%); QL (30 GM per 30 days); AG (Min 18 Years)
Scabicides & Pediculicides**			
CROTAN	T3		PA
ivermectin external lotion		T3	PA; AI (Not covered at Mail Order); QL (117 GM per 30 days)
lindane external shampoo		T3	
malathion external		T1b	QL (2.7 ML per 1 day)
NATROBA *(Spinosad)*	T3	T3	PA
OVIDE	T3		PA; QL (2.7 ML per 1 day)
permethrin external cream		T1b	
Steroid-Local Anesthetic Combinations**			
CORTANE-B EXTERNAL	T3		
EPIFOAM	T2		
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3		
Tar Products**			
SCYTERA	T3		
Topical Anesthetic Combinations**			
ITCH-X EXTERNAL SOLUTION	T3		
Topical Selective Retinoid X Receptor Agonists**			
bexarotene external		T1b	PA; 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)
TARGRETIN EXTERNAL	T1b		PA; 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		T3	QL (60 GM per 30 days); AG (Min 16 Years)
calcipotriene-betameth diprop external suspension		T3	QL (2 GM per 1 day); AG (Min 18 Years)
Wound Care - Growth Factor Agents**			
REGRANEX	T3		PA; AI (Limited to 30 day supply)

Drug Name	Brand	Generic	Additional Information
Diagnostic Products			
Diagnostic Tests**			
ACCU-CHEK AVIVA PLUS IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK GUIDE IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ACCUTREND GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVANCE INTUITION TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVANCE MICRO-DRAW TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE REDI-CODE IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX AMP TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
AGAMATRIX JAZZ TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX KEYNOTE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE 3 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE 4 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE II *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE II CHECK *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE PLATINUM *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE PRISM MULTI TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE PRO TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BLULINK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CARESENS N GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CHEMSTRIP K	T1b		AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
CLEVER CHEK AUTO-CODE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHEK TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE AUTO-CODE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE NO CODING *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CLEVER CHOICE TALK SYSTEM IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CONTOUR NEXT TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CONTOUR TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
cvs glucose meter test strips		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
D-CARE BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE+ GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
diatrue plus test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
DUO-CARE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
easy plus ii glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASY STEP TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
easy talk blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
easy talk plus ii test strips		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
easy trak blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
easy trak ii glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASYGLUCO IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYMAX 15 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYMAX TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYPRO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYPRO PLUS IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
element compact test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ELEMENT TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
eq blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
EVOLUTION AUTOCODE IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FIFTY50 GLUCOSE TEST 2.0 *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA 6 CONNECT *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA D15G BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA D20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA D40/G31 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA G20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA G30/PREM V10 GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA GD20 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA TN'G/TN'G VOICE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V10 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V30A BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FORACARE GD40 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORACARE PREMIUM V10 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORACARE TEST N GO TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FORTISCARE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE INSULINX TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE LITE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ge100 blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
GENULTIMATE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ght test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCO PERFECT 3 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD SHINE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD VITAL TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD X-SENSOR *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
glucose meter test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
gnp easy touch glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GNP TRUETRACK TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense blood glucose in vitro		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
HW EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
IGLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
IN TOUCH BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
INFINITY VOICE IN VITRO STRIP *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
KETOSTIX	T2		AI (Max #300 Mail Order); QL (100 EA per 30 Days)
kroger blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
kroger premium glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
LIBERTY NEXT GENERATION TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
liberty test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
meijer blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
meijer essential glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
meijer premium glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
MEIJER TRUETEST TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER TRUETRACK TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
MICRODOT TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
MM EASY TOUCH GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
MYGLUCOHEALTH TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
NEUTEK 2TEK TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
one drop test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH ULTRA	T1b		AI (Limited to 30 day supply); QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1b		AI (Limited to 30 day supply); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
OPTIUMEZ TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
PHARMACIST CHOICE AUTOCODE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
pharmacist choice no coding		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
POCKETCHEM EZ TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
POGO AUTOMATIC TEST CARTRIDGES	T3		ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
premium blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
pro voice v8/v9 glucose		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
PTS PANELS EGLU TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
QUICKTEK TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
QUINTET AC BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION CONFIRM/MICRO TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION PREMIER TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION PRIME TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION TRUE METRIX TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION ULTIMA TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
REXALL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE PREMIUM TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE VALUE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
SMARTEST BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
SOLUS V2 TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
SUPREME TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
tgt blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
true focus blood glucose strip		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUETEST TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUETRACK TEST *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTRIP1 GENERIC *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
verasens blood glucose test		T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST; AI (ST: Insulin at least 2 month in last 3 months and One Touch Test Strips 1 in last 3 mo. Limited to 30 day supply.); QL (200 EA per 30 days)
Digestive Aids			
Digestive Enzymes**			
CREON	T2		QL (12 EA per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	T3		ST; AI (ST: Trial of both of the following in the last 12 months: CREON and ZENPEP); QL (12 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PERTZYE	T3		ST; AI (ST: Trial of both of the following in the last 12 months: CREON and ZENPEP); QL (12 EA per 1 day)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIOKACE	T3		ST; AI (ST: Trial of both of the following in the last 12 months: CREON and ZENPEP); QL (12 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T2		QL (12 EA per 1 day)
Diuretics			
Carbonic Anhydrase Inhibitors**			
acetazolamide er		T3	
acetazolamide oral		T1b	
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	
Diuretic Combinations**			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		
amiloride-hydrochlorothiazide		T1b	
spironolactone-hctz		T1b	
triamterene-hctz oral capsule 37.5-25 mg		T1b	
triamterene-hctz oral tablet		T1b	
Loop Diuretics**			
bumetanide oral		T1b	
ethacrynic acid oral		T1b	
furosemide oral solution 10 mg/ml, 8 mg/ml		T1b	
furosemide oral tablet 20 mg, 40 mg		T1a	
furosemide oral tablet 80 mg		T1b	
torsemide oral		T1b	
Potassium Sparing Diuretics**			
amiloride hcl oral		T3	
DYRENIUM *(Triamterene)*	T3	T3	
spironolactone oral tablet 100 mg		T1b	
spironolactone oral tablet 25 mg, 50 mg		T1a	
Thiazides And Thiazide-Like Diuretics**			
chlorthalidone oral tablet 25 mg, 50 mg		T1b	

Drug Name	Brand	Generic	Additional Information
DIURIL	T2		
hydrochlorothiazide oral capsule		T1a	
hydrochlorothiazide oral tablet 12.5 mg		T1b	
hydrochlorothiazide oral tablet 25 mg, 50 mg		T1a	
indapamide oral		T1b	
metolazone		T1b	
THALITONE	T2		
Endocrine And Metabolic Agents - Misc.			
Bisphosphonates**			
alendronate sodium oral tablet 10 mg, 5 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
alendronate sodium oral tablet 35 mg		T1b	AI (Max #12 Mail Order); QL (4 EA per 30 Days)
alendronate sodium oral tablet 70 mg		T1b	AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
ibandronate sodium oral		T2	AI (Max #3 Mail Order); QL (1 EA per 30 Days)
risedronate sodium oral tablet 150 mg		T1b	AI (Max #3 Mail Order); QL (1 EA per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg		T1b	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) injection		T3	
calcitonin (salmon) nasal		T2	AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
Carnitine Replenisher - Agents**			
levocarnitine oral solution		T3	PA; ST
levocarnitine oral tablet		T3	
Corticotropin**			
ACTHAR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CORTROPHIN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Cortisol Synthesis Inhibitors**			
ISTURISA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RECORLEV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Dopamine Receptor Agonists**			
cabergoline		T3	
Fabry Disease - Agents**			
GALAFOLD	SP		PA; AI (limited distribution Accredo Pharmacy.)
Gnrh/Lhrh Antagonists**			
ORILISSA	T3		PA
Growth Hormone Receptor Antagonists**			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		PA; 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		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Growth Hormone Releasing Hormones (Ghrh)**			
EGRIFTA SV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Growth Hormones**			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION CARTRIDGE	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 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, distribution may be limited)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	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; 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)
SAIZENPREP	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)
SKYTROFA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	SP		PA; 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)

Drug Name	Brand	Generic	Additional Information
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)
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**			
NITYR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORFADIN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Homocystinuria Treatment - Agents**			
betaine		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hyperammonemia Treatment - Agents**			
CARBAGLU ORAL TABLET SOLUBLE *(Carglumic Acid)*	SP	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	
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		T1b	QL (1 EA per 1 day); AG (Min 18 Years)
paricalcitol oral capsule 4 mcg		T1b	QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	T3		PA
Hypophosphatasia (Hpp) Agents**			
STRENSIQ	SP		PA; SP; AI (Limited distribution-PantheRX. Some medications may be available at retail. 30 day supply limit applies.)
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)

Drug Name	Brand	Generic	Additional Information
Leptin Analogues**			
MYALEPT	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 (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (30 day supply maximum. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 30 days)
LUPRON DEPOT-PED (3-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (84 to 90 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 90 days)
SYNAREL	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Natriuretic Peptides**			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Non-Steroidal Mineralocorticoid Receptor Antagonists**			
KERENDIA	T3		PA; QL (1 EA per 1 day)
Parathyroid Hormone And Derivatives**			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
teriparatide (recombinant)		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)

Drug Name	Brand	Generic	Additional Information
Phenylketonuria Treatment - Agents**			
JAVYGTOR ORAL PACKET 100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy-some medications may be available at Retail, 30day limit applies)
JAVYGTOR ORAL PACKET *(Sapropterin Dihydrochloride)* **500 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JAVYGTOR ORAL TABLET *(Sapropterin Dihydrochloride)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KUVAN ORAL PACKET *(Sapropterin Dihydrochloride)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KUVAN ORAL TABLET *(Sapropterin Dihydrochloride)*	SP	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); CI (1 prefilled syringe per 180 days); QL (1 ML inj per 180 days); AG (Min 18 Years)
Selective Estrogen Receptor Modulators (Serms)**			
EVISTA *(Raloxifene HCl)*	T1b	$0	AI (Limited to 30 day supply); QL (1 EA per 1 day)
OSPHENA	T3		PA
Selective Vasopressin V2-Receptor Antagonists**			
JYNARQUE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAMSCA *(Tolvaptan)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Somatostatic Agents**			
MYCAPSSA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
octreotide acetate subcutaneous		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN INJECTION SOLUTION *(Octreotide Acetate)* **100 MCG/ML, 50 MCG/ML, 500 MCG/ML**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	SP		PA; 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**			
desmopressin ace spray refrig		T3	AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
desmopressin acetate injection		T3	
desmopressin acetate oral tablet 0.1 mg		T3	AI (Max #270 Mail Order); QL (8 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg		T3	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
desmopressin acetate spray		T3	
NOCDURNA	T3		PA
STIMATE	T3		
Estrogens			
Estrogen & Progestin**			
AMABELZ	T1b		F
COMBIPATCH	T3		F

Drug Name	Brand	Generic	Additional Information
FYAVOLV ORAL TABLET *(Norethindrone-Eth Estradiol)* **0.5-2.5 MG-MCG**	T2	T2	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY *(Estradiol-Norethindrone Acet)*	T3	T3	AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T2		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		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		AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
Estrogen-Progestin-Gnrh Antagonist**			
MYFEMBREE	T3		PA; QL (1 EA per 1 day)
Estrogens**			
ALORA TRANSDERMAL PATCH TWICE WEEKLY *(Estradiol)* **0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR**	T3	T1b	AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T3		
DOTTI	T1b		QL (2 EA per 1 Week)
estradiol oral		T1b	
estradiol transdermal patch weekly 0.025 mg/24hr		T1b	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		T1b	AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml		T1b	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	T1b		QL (2 EA per 1 Week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3		
MENOSTAR	T3		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T2		
Estrogen-Selective Estrogen Receptor Modulator Comb**			
DUAVEE	T3		PA; F; QL (1 EA per 1 day); AG (Min 18 Years)
Fluoroquinolones			
Fluoroquinolones**			
BAXDELA ORAL	T3		PA
ciprofloxacin hcl oral tablet 100 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg		T1a	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ciprofloxacin hcl oral tablet 750 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
levofloxacin oral solution		T2	

Drug Name	Brand	Generic	Additional Information
levofloxacin oral tablet 250 mg		T2	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
levofloxacin oral tablet 500 mg, 750 mg		T2	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
moxifloxacin hcl oral		T1b	
ofloxacin oral tablet 300 mg		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ofloxacin oral tablet 400 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
5-Ht4 Receptor Agonists**			
MOTEGRITY	T3		PA
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)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**			
TRULANCE	T3		ST; AI (EST as follows:ST through Linzess for 1 fill in the last 6 months); QL (2 EA per 1 day); AG (Min 18 Years)
Farnesoid X Receptor (Fxr) Agonists**			
OCALIVA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Gallstone Solubilizing Agents**			
CHENODAL	T3		
ursodiol oral capsule 300 mg		T2	
ursodiol oral tablet		T3	
Gastrointestinal Antiallergy Agents**			
cromolyn sodium oral		T1b	
Gastrointestinal Chloride Channel Activators**			
AMITIZA *(Lubiprostone)*	T3	T3	ST; AI (EST as follows:ST through Linzess for 1 fill in the last 6 months.); QL (2 EA per 1 day); AG (Min 18 Years)
Gastrointestinal Stimulants**			
metoclopramide hcl oral solution 5 mg/5ml		T1b	
metoclopramide hcl oral tablet		T1b	
metoclopramide hcl oral tablet dispersible 5 mg		T3	

Drug Name	Brand	Generic	Additional Information
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		QL (1 EA per 1 day); AG (Min 18 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**			
VIBERZI	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
Ileal Bile Acid Transporter (Ibat) Inhibitors**			
BYLVAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BYLVAY (PELLETS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LIVMARLI	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)
Inflammatory Bowel Agents**			
balsalazide disodium		T1b	
DIPENTUM	T3		AI (Max #360 Mail Order); QL (4 EA per 1 Day)
mesalamine er oral capsule extended release 24 hour		T3	QL (4 EA per 1 day)
mesalamine oral capsule delayed release		T2	
mesalamine oral tablet delayed release 1.2 gm		T3	QL (4 EA per 1 Day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T2	QL (6 EA per 1 day)
mesalamine rectal enema		T3	
mesalamine rectal suppository		T3	QL (1 EA per 1 Day)
mesalamine-cleanser		T3	
PENTASA	T3		
SFROWASA	T3		
sulfasalazine oral		T1b	
Interleukin Antagonists**			
SKYRIZI INTRAVENOUS	MB		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Intestinal Acidifiers**			
enulose		T1b	
generlac		T1b	
lactulose encephalopathy		T1b	
Live Fecal Microbiota (Human)*			
REBYOTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Peripheral Opioid Receptor Antagonists**			
MOVANTIK	T3		QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T3		PA; QL (3 EA per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMPROIC	T3		PA
Phosphate Binder Agents**			
FOSRENOL ORAL TABLET CHEWABLE *(Lanthanum Carbonate)* **1000 MG, 500 MG, 750 MG**	SP	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	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer carbonate oral packet 2.4 gm		T3	AI (Max #450 Mail Order); QL (5 EA per 1 day)
sevelamer carbonate oral tablet		T3	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer hcl oral tablet 400 mg		T1b	QL (35 EA per 1 day)
sevelamer hcl oral tablet 800 mg		T1b	QL (17.5 EA per 1 day)
VELPHORO	T3		PA
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)
Tumor Necrosis Factor Alpha Blockers**			
CIMZIA PREFILLED 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)
CIMZIA STARTER KIT 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)

Drug Name	Brand	Generic	Additional Information
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		T1b	AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
finasteride oral tablet 5 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Alpha 1-Adrenoceptor Antagonists**			
alfuzosin hcl er		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
CARDURA XL	T3		
silodosin		T3	
tamsulosin hcl		T1b	
Citrates**			
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)		T2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)		T3	
Cystinosis Agents**			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Genitourinary Irrigants**			
ARGYLE STERILE SALINE *(Sodium Chloride)*	T1b	T1b	
CURITY STERILE SALINE *(Sodium Chloride)*	T1b	T1b	
RENACIDIN	T1b		
Interstitial Cystitis Agents**			
ELMIRON	T3		QL (3 EA per 1 day)
Prostatic Hypertrophy Agent Combinations**			
dutasteride-tamsulosin hcl		T1b	M
Urinary Stone Agents**			
THIOLA *(Tiopronin)*	T3	T3	PA
THIOLA EC	T3		PA
Gout Agents			
Gout Agent Combinations**			
colchicine-probenecid		T1b	
Gout Agents**			
allopurinol oral tablet 100 mg, 300 mg		T1b	

Drug Name	Brand	Generic	Additional Information
colchicine oral tablet		T3	
febuxostat		T3	ST; 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; AI (ST: Trial of any of the following in the last 3 months: colchicine 0.6mg tablet or 0.6mg capsule); QL (150 ML per 1 month); AG (Min 18 Years)
ULORIC ORAL TABLET 40 MG	T3		ST; AI (STEP: Through the following for 3 months in last 6 months : Allopurinol); QL (1 EA per 1 day); AG (Min 18 Years)
ULORIC ORAL TABLET 80 MG	T3		ST; AI (Step: Through the following for 3 months in last 6 months: Allopurinal); QL (1 EA per 1 day); AG (Min 18 Years)
Uricosurics**			
probenecid oral		T1b	
Hematological Agents - Misc.			
Antihemophilic Products**			
BENEFIX INTRAVENOUS KIT	MB		
IDELVION	MB		
IXINITY	MB		
REBINYN	MB		
Anti-Von Willebrand Factor Agents**			
CABLIVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
SAJAZIR *(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 Esterase Inhibitors**			
BERINERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CINRYZE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RUCONEST	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Complement C3 Inhibitors**			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Complement C5a Receptor Inhibitors**			
TAVNEOS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Direct-Acting P2y12 Inhibitors**			
BRILINTA	T2		
Hematorheologic Agents**			
pentoxifylline er		T1b	
Phosphodiesterase Iii Inhibitors**			
cilostazol		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**			
TAKHZYRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
ORLADEYO	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	
Platelet Aggregation Inhibitors**			
dipyridamole oral		T1b	
Protease-Activated Receptor-1 (Par-1) Antagonists**			
ZONTIVITY	T2		QL (1 EA per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
Pyruvate Kinase Activators**			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PYRUKYND TAPER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Quinazoline Agents**			
anagrelide hcl		T1b	
Spleen Tyrosine Kinase (Syk) Inhibitors**			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Thienopyridine Derivatives**			
clopidogrel bisulfate oral tablet 75 mg		T1a	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
prasugrel hcl		T1b	QL (1 EA per 1 day); AG (Min 16 Years)
Hematopoietic Agents			
Agents For Gaucher Disease**			
CERDELGA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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**			
DODEX *(Cyanocobalamin)*	T1b	T1b	
NASCOBAL	T3		PA
Cytotoxic Agents**			
DROXIA	SP		ST; AI (Step applies; step through Siklos and Hydroyurea for 3 mo in last year); CI (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)
SIKLOS ORAL TABLET 100 MG	SP		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)

Drug Name	Brand	Generic	Additional Information
SIKLOS ORAL TABLET 1000 MG	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 2 Years and Max 17 Years)
Folic Acid/Folates**			
folic acid oral tablet 1 mg		$0	QL (2 EA per 1 Day)
Granulocyte Colony-Stimulating Factors (G-Csf)**			
FYLNETRA	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (Step: Nivestym in last 3 months); QL (10 ML per 10 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (Step: Nivestym in last 3 months); QL (16 ML per 10 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (Step: Nivestym in last 3 months); QL (5 ML per 10 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		ST; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (Step: Nivestym in last 3 months); QL (8 ML per 10 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (10 ML per 10 days)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (16 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
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); QL (5 ML per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (8 ML per 10 days)
NYVEPRIA	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RELEUKO INJECTION SOLUTION 300 MCG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
releuko injection solution 480 mcg/1.6ml		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (Limited to a 10-day supply); QL (0.5 ML per 1 day)
releuko subcutaneous solution prefilled syringe 480 mcg/0.8ml		SP	SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); CI (Limited to a 10-day supply); QL (0.8 ML per 1 day)
STIMUFEND	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)
UDENYCA	SP		AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (Optum Specialty pharmacy is preferred pharmacy. This medication is limited to 10 day supply. Some medications may be available at retail.); QL (0.5 ML per 1 day)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		SP; AI (Optum Specialty pharmacy is preferred pharmacy. This medication is limited to 10 day supply. Some medications may be available at retail.); QL (0.8 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
Hemoglobin S (Hbs) Polymerization Inhibitors**			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; 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		
INTEGRA F	T2		
Iron**			
ferrous sulfate oral liquid		$0	AG (Max 1 Years)
SPATONE PUR-ABSORB IRON	$0		AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Max 1 Years)
Thrombopoietin (Tpo) Receptor Agonists**			
DOPTELET ORAL TABLET 20 MG	SP		PA
MULPLETA	SP		PA
NPLATE	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
Hemostatics - Systemic**			
aminocaproic acid oral solution		T2	
tranexamic acid oral		T1b	F
Hypnotics/Sedatives/Sleep Disorder Agents			
Barbiturate Hypnotics**			
phenobarbital oral tablet		T1b	
Benzodiazepine Hypnotics**			
estazolam		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
midazolam hcl oral		T1b	AI (Max fill of one hypnotic per month.); QL (10 ML per 1 day); AG (Min 6 Years and Max 16 Years)
temazepam		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
triazolam oral tablet 0.125 mg		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
triazolam oral tablet 0.25 mg		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
Non-Benzodiazepine - Gaba-Receptor Modulators**			
eszopiclone		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
zaleplon		T1b	AI (Max fill of one hypnotic per month.); QL (15 EA per 1 Copay)
zolpidem tartrate er		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day)
zolpidem tartrate oral		T1b	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 Day)
Orexin Receptor Antagonists**			
BELSOMRA	T3		ST; 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; 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)
QUVIVIQ	T3		ST; AI (Trial of 1 fill for 1 mo duration in last year of 3 of the following: eszopiclone, ramelteon, zaleplon or zolpidem.); 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)
HETLIOZ LQ	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ramelteon		T3	AI (;); QL (1 EA per 1 day); AG (Min 18 Years)
Laxatives			
Bowel Evacuant Combinations**			
GAVILYTE-G *(PEG-3350/Electrolytes)*	$0	$0	$0
GAVILYTE-N WITH FLAVOR PACK *(PEG 3350-KCl-Na Bicarb-NaCl)*	$0	$0	$0
peg-3350/electrolytes/ascorbat		T3	

Drug Name	Brand	Generic	Additional Information
peg-kcl-nacl-nasulf-na asc-c		T3	
SUPREP BOWEL PREP KIT *(Na Sulfate-K Sulfate-Mg Sulf)*	T3	T3	
Laxatives - Miscellaneous**			
constulose		T1b	
lactulose oral solution		T1b	
Saline Laxative Mixtures**			
OSMOPREP	T3		QL (1.34 EA per 1 day)
Macrolides			
Azithromycin**			
azithromycin oral packet		T1b	
azithromycin oral suspension reconstituted		T1b	
azithromycin oral tablet 250 mg		T1a	
azithromycin oral tablet 500 mg		T1b	
azithromycin oral tablet 600 mg		T2	
Clarithromycin**			
clarithromycin er		T2	
clarithromycin oral suspension reconstituted		T3	QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1b	
clarithromycin oral tablet 500 mg		T1b	QL (3 EA per 1 day)
Erythromycins**			
E.E.S. 400 ORAL TABLET *(Erythromycin Ethylsuccinate)*	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
erythromycin base oral capsule delayed release particles		T3	
erythromycin base oral tablet		T3	
erythromycin ethylsuccinate oral suspension reconstituted		T1b	
Fidaxomicin**			
DIFICID ORAL SUSPENSION RECONSTITUTED	T3		PA
DIFICID ORAL TABLET	T3		PA; QL (4 EA per 1 day)
Medical Devices And Supplies			
Applicators,Cotton Balls,Etc**			
alcohol swabs pad		T3	
Cervical Caps**			
FEMCAP	$0		AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
Condoms - Female**			
FC2 FEMALE CONDOM	$0		AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
Condoms - Male**			
aimsco lubricated		$0	F
ATLAS COLOR CONDOM/SPERMICIDE *(Kimono Micro Thin)*	$0	$0	F
ATLAS COLOR LUBRICATED CONDOM *(Premium Condoms Lubricated)*	$0	$0	F
ATLAS LUB CONDOM/SPERMICIDE *(Premium Condoms Lubricated)*	$0	$0	F
ATLAS LUBRICATED CONDOM *(Premium Condoms Lubricated)*	$0	$0	F
caution condoms		$0	F
caution condoms/spermicide		$0	F
CLASS ACT LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
DUREX EXTRA SENSITIVE *(Premium Condoms Lubricated)*	$0	$0	F
DUREX REALFEEL	$0		F
ELEXA NATURAL FEEL *(Premium Condoms Lubricated)*	$0	$0	F
ELEXA STIMULATING *(Premium Condoms Lubricated)*	$0	$0	F
ELEXA ULTRA SENSITIVE *(Premium Condoms Lubricated)*	$0	$0	F
EXTRA SENSITIVE SPERMICIDAL *(Premium Condoms Lubricated)*	$0	$0	F
FANTASY LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
FANTASY LUBRICATED/SPERMICIDE *(Premium Condoms Lubricated)*	$0	$0	F
HIGH SENSATION SPERMICIDAL *(Premium Condoms Lubricated)*	$0	$0	F
INTENSE SENSATION *(Premium Condoms Lubricated)*	$0	$0	F
KAMELEON LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
kimono		$0	F
KIMONO COLORS *(Premium Condoms Lubricated)*	$0	$0	F
kimono micro thin plus		$0	F
kimono plus		$0	F
kimono ps		$0	F
kimono ps plus		$0	F
kimono sensation		$0	F
kimono sensation plus		$0	F
KIMONO SPECIAL *(Premium Condoms Lubricated)*	$0	$0	F
K-Y ME & YOU EXTRA LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F

Drug Name	Brand	Generic	Additional Information
K-Y ME & YOU INTENSE *(Premium Condoms Lubricated)*	$0	$0	F
LIFESTYLES ASSORTED COLORS *(Condoms)*	$0	$0	F
LIFESTYLES EXTRA STRENGTH *(Condoms)*	$0	$0	F
LIFESTYLES FORM FITTING *(Condoms)*	$0	$0	F
LIFESTYLES LUBRICATED *(Condoms)*	$0	$0	F
LIFESTYLES RIBBED *(Condoms)*	$0	$0	F
LIFESTYLES SKYN ORIGINAL *(Condoms)*	$0	$0	F
LIFESTYLES SPERMICIDAL LUBE *(Condoms)*	$0	$0	F
LIFESTYLES STUDDED *(Condoms)*	$0	$0	F
LIFESTYLES ULTRA SENSITIVE *(Condoms)*	$0	$0	F
LIFESTYLES VIBRA-RIBBED *(Condoms)*	$0	$0	F
LIFESTYLES XTRA PLEASURE *(Condoms)*	$0	$0	F
maxx		$0	F
maxx plus		$0	F
REALITY LATEX CONDOMS *(Premium Condoms Lubricated)*	$0	$0	F
REALITY LATEX/ULTRA TEXTURED *(Premium Condoms Lubricated)*	$0	$0	F
REALITY LATEX/ULTRA THIN *(Premium Condoms Lubricated)*	$0	$0	F
SAFE-LUV CONDOMS *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN *(Kimono Micro Thin)*	$0	$0	F
TROJAN ASSORTMENT PACK *(Kimono Micro Thin)*	$0	$0	F
TROJAN EXTENDED PLEASURE/LUBE *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN EXTRA STRENGTH *(Kimono Micro Thin)*	$0	$0	F
TROJAN MAGNUM *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN MAGNUM WARM SENSATIONS *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN MAGNUM XL LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN NATURALAMB	$0		F
TROJAN NATURALAMB/SPERMICIDE *(Condoms)*	$0	$0	F
TROJAN PLEASURE MESH/SPERMICID *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN PLUS *(Kimono Micro Thin)*	$0	$0	F
TROJAN REGULAR *(Kimono Micro Thin)*	$0	$0	F
TROJAN RIBBED *(Kimono Micro Thin)*	$0	$0	F
TROJAN RIBBED/SPERMICIDAL *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN SHARED SENSATION/LUBE *(Premium Condoms Lubricated)*	$0	$0	F

Drug Name	Brand	Generic	Additional Information
TROJAN SUPRAS SPERMICIDAL *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN TWISTED PLEASURE *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN ULTRA PLEASURE LUBRICAT *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN VERY SENSITIVE LUBRICAT *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN VERY SENSITIVE SPERMICI *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN VERY THIN LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN VERY THIN SPERMICIDE *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN-ENZ LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
TROJAN-ENZ/SPERMICIDAL *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX COLOR CONDOMS + LUBE *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUB/RIBBED/STUDDED *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUB/SPERMICIDE EX ST *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUB/SPERMICIDE XL *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUBRICATED EX LARGE *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUBRICATED EXTRA ST *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX LUBRICATED/SPERMICIDE *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX NATURAL CONDOMS + LUBE *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX NON-LUBRICATED *(Kimono Micro Thin)*	$0	$0	F
TRUSTEX RIA LUB/SPERMICIDE *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX RIA LUBRICATED *(Premium Condoms Lubricated)*	$0	$0	F
TRUSTEX RIA NON-LUBRICATED *(Kimono Micro Thin)*	$0	$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD *(Premium Condoms Lubricated)*	$0	$0	F
ULTIMATE FEELING *(Premium Condoms Lubricated)*	$0	$0	F
Diaphragms			
CAYA	$0		

Drug Name	Brand	Generic	Additional Information
OMNIFLEX DIAPHRAGM	$0		F
WIDE-SEAL DIAPHRAGM 60	$0		F
WIDE-SEAL DIAPHRAGM 65	$0		F
WIDE-SEAL DIAPHRAGM 70	$0		F
WIDE-SEAL DIAPHRAGM 75	$0		F
WIDE-SEAL DIAPHRAGM 80	$0		F
WIDE-SEAL DIAPHRAGM 85	$0		F
WIDE-SEAL DIAPHRAGM 90	$0		F
WIDE-SEAL DIAPHRAGM 95	$0		F
Glucose Monitoring Test Supplies**			
1st tier unilet comfortouch		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance lite lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance special lancets 17g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance universal 23g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
advanced mobile lancet		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
aimsco twist lancets 32g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
AIMSCO TWIST LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
AQUALANCE LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
assure comfort lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ASSURE HAEMOLANCE PLUS HIGH *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS LOW *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS MICRO *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS PED *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 25G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE SAFETY LANCET 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
aurora lancet super thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
aurora lancet thin 23g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
BD LANCET ULTRAFINE 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
BD LANCET ULTRAFINE 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
BD MICROTAINER LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CAREONE LANCET SUPER THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
careone lancet thin 23g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARESENS LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST MC LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CLEANLET LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHEK LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 23G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COAGUCHEK LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
comfort assured lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
comfort assured lancets 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
comfort lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COMFORT TOUCH LANCETS 31G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COMFORT TOUCH PLUS LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COMFORT TOUCH PLUS LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets micro thin 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets original		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets thin 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets ultra thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets ultra-thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs ultra thin lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DEXCOM G6 RECEIVER	T3		PA; ST; AI (ST: Covered if history of any insulin within last 90 days.); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	T3		PA; ST; AI (ST: Covered if history of any insulin within last 90 days.); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	T3		PA; ST; AI (ST: Covered if history of any insulin within last 90 days.); QL (1 EA per 3 months)

Drug Name	Brand	Generic	Additional Information
DEXCOM G7 RECEIVER	T3		PA; ST; AI (ST: history of diabetic meds with hypoglycemia potential within last 90 days); QL (1 EA per 1 Lifetime)
DEXCOM G7 SENSOR	T3		PA; ST; AI (ST: history of diabetic meds with hypoglycemia potential within last 90 days); QL (2 EA per 28 Dayss)
DIATHRIVE LANCET ULTRA THIN 30 *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DROPLET LANCETS ULTRA THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DROPLET PERSONAL LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
drug mart lancets thin 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART ON-THE-GO LANCET 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
easy comfort lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
easy comfort lancets twist top		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 23G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G/TWIST *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G/TWIST *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G/TWIST *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH LANCETS 33G/TWIST *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE LANCETS ULTRA THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 21G *(ZevRx Twist Top Lancets 30G)*	T1b	T1b	QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 28G *(ZevRx Twist Top Lancets 30G)*	T1b	T1b	QL (200 EA per 30 days)
eql color lancets 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
eql color lancets micro 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
eql super thin lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
eql thin lancets 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCET MICRO-THIN 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCET SUPER THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FIFTY50 SAFETY SEAL LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FIFTY50 UNILET LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FINE 30 *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FINGERSTIX LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FORA LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
freds pharmacy unilet lanc 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
freds pharmacy unilet lanc 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2		PA; ST; AI (ST: history of diabetic meds with hypoglycemia potential within last 90 days); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T2		PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T2		PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T2		PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (2 EA per 28 days)
freestyle libre 3 sensor		T2	PA; ST; AI (ST: history of diabetic meds with hypoglycemia potential within last 90 days); QL (2 EA per 28 days)
FREESTYLE LIBRE READER	T2		PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (1 EA per 1 Lifetime)
FREESTYLE UNISTICK II LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GENTLE-LET GP LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GENTLE-LET LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
global inject ease lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
global inject ease lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
GLUCOCOM LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
gnp lancets 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
gnp lancets thin 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
gnp sterile lancets 28g		T1b	QL (200 EA per 30 days)
gnp sterile lancets 30g		T1b	QL (200 EA per 30 days)
gnp sterile lancets 33g		T1b	QL (200 EA per 30 days)
GOJJI STERILE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense color lancets 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 26g univ		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 30g univ		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 33g univ		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE LOW FLOW LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS HIGH FLOW *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS LOW FLOW *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS MAX FLOW *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
healthy accents unilet lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
h-e-b incontrol lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
h-e-b incontrol lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
h-e-b incontrol lancets 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HY-VEE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
hy-vee thin lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
IN TOUCH STERILE LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kinney lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kinney thin lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
KROGER HEALTHPRO LANCET 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets micro thin 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets super thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets thin 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets ultrathin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets micro thin 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets super thin 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LANCETS ULTRA THIN *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets ultra thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LIBERTY MEDICAL LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LIFESCAN UNISTIK 2 *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LIFESCAN UNISTIK II LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lite touch lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LITETOUCH LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
live better lancet super thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
live better lancet ultra thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
longs lancets standard		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
longs lancets thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
longs lancets ultra thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
medichoice safety lancet		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
medichoice safety lancet extra		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
medichoice safety lancet norm		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE EXTRA 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE LITE 25G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS EXTRA 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS LITE 25G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS SUPERLITE 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS UNIVERSAL 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE UNIVERSAL 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS THIN *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER SUPER THIN LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MICROLET LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MM TWIST LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MONOLET LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MONOLET OPD LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MONOLETTOR SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 23g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MYGLUCOHEALTH LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA SUREFLEX LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH CLUB LANCETS FINE PT *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH FINEPOINT LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH ULTRASOFT LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pc lancets super thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PERFECT LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PERFECT LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PHARMACIST CHOICE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PHARMACY COUNTER LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
pip lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pip lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRECISION THINS GP LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
preferred plus lancets colored		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
preferred plus lancets thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pro comfort lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pro comfort lancets 31g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY SAFETY LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PSS SELECT GP LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PSS SELECT SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pure comfort lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
px lancets microthin 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
px lancets ultra thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
px lancets ultra thin 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc lancets super thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc lancets ultra thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc unilet lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc unilet lancets micro thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS ULTRA THIN *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
READYLANCE SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
reality lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
reality trigger lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION LANCETS MICRO-THIN 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION LANCETS ULTRA-THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION ULTRA THIN LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION ULTRA THIN PLUS LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
REXALL LANCETS ULTRA THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFE-T-LANCE *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFE-T-LANCE PLUS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
safety lancet 30g/pressure act		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFETY LANCETS 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
safety lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
saps health plus lancets		T1b	AI (Limited to 30 day supply); QL (200 EA per 30 days)
saps health twist top lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
saps twist top lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sapscare twist top lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sb lancets thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sb lancets ultra thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SHOPKO ON-THE-GO LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
SHOPKO UNILET LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SINGLE-LET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sm lancets 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE COLOR LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE STANDARD LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE SUPER THIN LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE THIN LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMARTEST LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SOLUS V2 LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SOLUS V2 TWIST LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
STERILANCE TL *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
super thin lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 18g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 23g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SURELITE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TECHLITE AST LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TECHLITE LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TECHLITE LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
tgt lancet micro thin 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
tgt lancet thin 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
tgt lancet ultra thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
THINLETS GP LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
todays health thin lancets 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
todays health thin lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
topcare lancets micro-thin 33g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
travel lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRAVEL LANCETS ADVANCED 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
true comfort safety lancets		T1b	QL (200 EA per 30 days)
true comfort twist top lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET CLASSIC LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET SAFETY LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET SAFETY LANCETS 23G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ultra thin lancets 31g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ultra-care lancets 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTRA-THIN II AUTO LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTRA-THIN II LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET EXCELITE *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET EXCELITE II *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
UNILET G.P. LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET G.P. SUPERLITE LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET GP 28 ULTRA THIN *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET MICRO-THIN 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET SUPERLITE LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET SUPER-THIN 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET ULTRA-THIN 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK 3 GENTLE *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK PRO SAFETY LANCET *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 21G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 23G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 26G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 33G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
value plus lancet standard 21g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
value plus lancets super thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
value plus lancets thin 26g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
valumark lancet super thin 30g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
valumark lancet ultra thin 28g		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
VIDA MIA UNILET LANCETS 28G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
VIDA MIA UNILET LANCETS 30G *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
VIVAGUARD LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
walgreens adv travel lancets		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
WALGREENS LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
walgreens lancets micro thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
walgreens lancets super thin		T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
WALGREENS THIN LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
WALGREENS ULTRA THIN LANCETS *(Lancets)*	T1b	T1b	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
Insulin Administration Supplies**			
OMNIPOD 5 G6 INTRO (GEN 5)	T3		PA; QL (1 EA per 1 lifetime)
OMNIPOD 5 G6 POD (GEN 5)	T3		PA; AI (30 day supply maximum applies. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	T3		PA; AI (30 day supply maximum applies. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods/cartridges per 1 Month)
OMNIPOD DASH PODS (GEN 4)	T3		PA; AI (30 day supply maximum applies. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods/cartridges per 1 Month)
OMNIPOD POD PALS	T3		PA; AI (30 day supply maximum applies. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
Needles & Syringes**			
1st tier unifine pentips		T1b	QL (6 EA per 1 day)
1st tier unifine pentips plus		T1b	QL (6 EA per 1 day)
ABOUTTIME PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ADVOCATE INSULIN PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ADVOCATE INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
ASSURE ID INSULIN SAFETY SYR *(TechLITE Insulin Syringe)* **31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES *(Pen Needles)* **30G X 5 MM**	T1b	T1b	QL (6 EA per 1 day)
ASSURE ID SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1b	T1b	QL (6 EA per 1 day)
aum mini insulin pen needle		T1b	QL (6 EA per 1 day)
AUM READYGARD DUO PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
AUM SAFETY PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
aurora pen needles		T1b	QL (6 EA per 1 day)
aurora unifine pentips		T1b	QL (6 EA per 1 day)
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	T1b		QL (6 EA per 1 day)
BD AUTOSHIELD DUO *(Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
BD INSULIN SYR ULTRAFINE II *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML	T1b		QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **27G X 1/2" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
BD INSULIN SYRINGE HALF-UNIT *(Insulin Syringe-Needle U-100)*	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	T1b		QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F *(Sure Comfort Insulin Syringe)*	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT *(Insulin Syringe-Needle U-100)*	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Kmart Valu Insulin Syringe 29G)* **U-100 1 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE U-500	T1b		QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO U/F *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
BD PEN NEEDLE MINI U/F *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
BD PEN NEEDLE NANO 2ND GEN *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
BD PEN NEEDLE NANO U/F *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
BD PEN NEEDLE ORIGINAL U/F *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
BD PEN NEEDLE SHORT U/F *(Pen Needles 5/16")*	T1b	T1b	QL (6 EA per 1 day)
BD SAFETYGLIDE INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(TechLITE Insulin Syringe)* **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BD SAFETY-LOK INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT *(TechLITE Insulin Syringe)*	T1b	T1b	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F *(TechLITE Insulin Syringe)*	T1b	T1b	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
careone insulin syringe		T1b	QL (200 EA per 30 days)
careone unifine pentips		T1b	QL (6 EA per 1 day)
careone unifine pentips plus		T1b	QL (6 EA per 1 day)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	T1b		QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
CLEVER CHOICE COMFORT EZ *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
CLICKFINE PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1b	T1b	QL (6 EA per 1 day)
CLICKFINE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	QL (6 EA per 1 day)
clickfine pen needles 31g x 8 mm		T1b	QL (6 EA per 1 day)
CLICKFINE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	QL (6 EA per 1 day)
COMFORT ASSIST INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
COMFORT EZ MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
COMFORT EZ PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
COMFORT EZ SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	QL (6 EA per 1 day)
COMFORT TOUCH INSULIN PEN NEED *(Raya Sure Pen Needle)*	T1b	T1b	QL (6 EA per 1 day)
DIATHRIVE PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
DROPLET INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	T1b		QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(TechLITE Insulin Syringe)* **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
DROPLET MICRON	T1b		QL (6 EA per 1 day)
DROPLET PEN NEEDLES	T1b		QL (6 EA per 1 day)
dropsafe safety pen needles		T1b	QL (6 EA per 1 day)
drug mart unifine pentips		T1b	QL (6 EA per 1 day)
drug mart unifine pentips plus		T1b	QL (6 EA per 1 day)
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
easy comfort insulin syringe 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
easy comfort pen needles		T1b	QL (6 EA per 1 day)
easy glide pen needles		T1b	QL (6 EA per 1 day)
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe)* **27G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **27G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	T1b		QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
EASY TOUCH SAFETY PEN NEEDLES	T1b		QL (6 EA per 1 day)
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
eql insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
eql insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
EXEL COMFORT POINT PEN NEEDLE *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
FIFTY50 PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
FIFTY50 SUPERIOR COMFORT SYR *(Insulin Syringe-Needle U-100)*	T1b	T1b	QL (200 EA per 30 days)
freds pharmacy unifine pentip+		T1b	QL (6 EA per 1 day)
freds pharmacy unifine pentips		T1b	QL (6 EA per 1 day)
global ease inject pen needles		T1b	QL (6 EA per 1 day)
global easy glide insulin syr		T1b	QL (200 EA per 30 days)
global easy glide pen needles		T1b	QL (6 EA per 1 day)
global inject ease insulin syr 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
global inject ease insulin syr 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
global insulin syringes 30g x 1/2" 0.3 ml		T1b	QL (200 EA per 30 days)
global insulin syringes 30g x 5/16" 0.3 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
gnp clickfine pen needles		T1b	QL (6 EA per 1 day)
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
gnp insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
gnp insulin syringes		T1b	QL (200 EA per 30 days)
gnp insulin syringes 28gx1/2"		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
gnp insulin syringes 29gx1/2"		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
gnp insulin syringes 30gx5/16"		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
gnp insulin syringes 31gx5/16"		T1b	QL (200 EA per 30 days)
gnp ulticare pen needles		T1b	QL (6 EA per 1 day)
GNP ULTIGUARD SAFEPACK NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
gnp ultra com insulin syringe 28g x 1/2" 1 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
goodsense clickfine pen needle		T1b	QL (6 EA per 1 day)
GOODSENSE PEN NEEDLE PENFINE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
healthwise insulin syr/needle 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
healthwise micron pen needles		T1b	QL (6 EA per 1 day)
healthwise mini pen needles		T1b	QL (6 EA per 1 day)
healthwise pen needles		T1b	QL (6 EA per 1 day)
healthwise short pen needles		T1b	QL (6 EA per 1 day)
healthwise unifine pentips		T1b	QL (6 EA per 1 day)
healthy accents unifine pentip		T1b	QL (6 EA per 1 day)
h-e-b incontrol pen needles		T1b	QL (6 EA per 1 day)
H-E-B INCONTROL UNIFINE PENTIP *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
HM ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1b	T1b	QL (200 EA per 30 days)
HM ULTICARE MINI PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
HM ULTICARE SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	QL (6 EA per 1 day)
INCONTROL ULTICARE PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
insulin syringe 27g x 1/2" 1 ml, 30g x 1/2" 1 ml		T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
insulin syringe/needle		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
insulin syringes		T1b	QL (200 EA per 30 days)
insupen pen needles		T1b	QL (6 EA per 1 day)
INSUPEN SENSITIVE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
INSUPEN ULTRAFIN *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1b	T1b	QL (6 EA per 1 day)
INSUPEN ULTRAFIN *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	QL (6 EA per 1 day)
INSUPEN ULTRAFIN *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	QL (6 EA per 1 day)
kinray insulin syringe 29g x 1/2" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
kinray insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
kmart valu insulin syringe 29g		T1b	QL (200 EA per 30 days)
kmart valu insulin syringe 30g		T1b	QL (200 EA per 30 days)
kroger insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
kroger insulin syringe 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
leader insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
leader insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
LEADER UNIFINE PENTIPS PLUS *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
LITETOUCH INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
LITETOUCH INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
longs insulin syringe 31g x 5/16" 0.5 ml		T1b	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
MAXICOMFORT II PEN NEEDLE *(Meijer Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
MAXI-COMFORT INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE	T1b		QL (6 EA per 1 day)
MAXICOMFORT SYR 27G X 1/2" *(Insulin Syringe/Needle)*	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
medic insulin syringe		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
medicine shoppe pen needles		T1b	QL (6 EA per 1 day)
meijer pen needles		T1b	QL (6 EA per 1 day)
MICRODOT PEN NEEDLE *(Meijer Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
mm insulin syringe/needle 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
MM PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	T1b		QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MONOJECT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **27G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Kmart Valu Insulin Syringe 29G)* **U-100 1 ML**	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
NOVOFINE PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
NOVOFINE PLUS PEN NEEDLE *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
pc unifine pentips		T1b	QL (6 EA per 1 day)
pen needles		T1b	QL (6 EA per 1 day)
PENTIPS *(Kroger Pen Needles)* **29G X 12MM**	T1b	T1b	QL (6 EA per 1 day)
PENTIPS *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1b	T1b	QL (6 EA per 1 day)
PENTIPS *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	QL (6 EA per 1 day)
PENTIPS *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PENTIPS *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	QL (6 EA per 1 day)
pip pen needles 31g x 5mm		T1b	QL (6 EA per 1 day)
pip pen needles 32g x 4mm		T1b	QL (6 EA per 1 day)
PRECISION SURE-DOSE SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
preferred plus insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 30g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
preferred plus insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
preferred plus unifine pentips		T1b	QL (6 EA per 1 day)
PREVENT DROPSAFE PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
PREVENT SAFETY PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
PRO COMFORT INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
pro comfort pen needles		T1b	QL (6 EA per 1 day)
PRODIGY INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
PRODIGY INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
pure comfort pen needle		T1b	QL (6 EA per 1 day)
px extra short pen needles		T1b	QL (6 EA per 1 day)
px insulin syringe 30g x 1/2" 0.5 ml		T1b	QL (200 EA per 30 days)
px mini pen needles		T1b	QL (6 EA per 1 day)
px pen needle		T1b	QL (6 EA per 1 day)
px shortlength pen needles		T1b	QL (6 EA per 1 day)
qc pen needles		T1b	QL (6 EA per 1 day)
qc unifine pentips		T1b	QL (6 EA per 1 day)
ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ra insulin syringe 30g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
ra pen needles		T1b	QL (6 EA per 1 day)
raya sure pen needle		T1b	QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
reality insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
RELION INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
RELION INSULIN SYRINGE *(TechLITE Insulin Syringe)* **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
RELION INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
RELION MINI PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
RELION PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
RELION SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1b	T1b	QL (6 EA per 1 day)
safety insulin syringes 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (6 EA per 1 day)
safety insulin syringes 30g x 1/2" 1 ml		T1b	QL (6 EA per 1 day)
safety pen needles 30g x 5 mm		T1b	QL (6 EA per 1 day)
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
sb insulin syringe 30g x 5/16" 1 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
SECURESAFE INSULIN SYRINGE *(Insulin Syringe)*	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
SECURESAFE SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
SHOPKO UNIFINE PENTIPS *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
SHOPKO UNIFINE PENTIPS PLUS *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
sure comfort insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
techlite insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
TECHLITE PEN NEEDLES	T1b		QL (6 EA per 1 day)
todays health mini pen needles		T1b	QL (6 EA per 1 day)
todays health pen needles		T1b	QL (6 EA per 1 day)
todays health short pen needle		T1b	QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
topcare clickfine pen needles		T1b	QL (6 EA per 1 day)
topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
topcare ultra comfort ins syr 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
true comfort insulin syringe		T1b	QL (200 EA per 30 days)
true comfort pen needles		T1b	QL (6 EA per 1 day)
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
true comfort pro insulin syr 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
true comfort pro pen needles		T1b	QL (6 EA per 1 day)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
TRUEPLUS INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1b	T1b	QL (6 EA per 1 day)
TRUEPLUS PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1b	T1b	QL (6 EA per 1 day)
TRUEPLUS PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1b	T1b	QL (6 EA per 1 day)
ULTICARE INSULIN SAFETY SYR *(Sure Comfort Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SAFETY SYR *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTICARE INSULIN SYRINGE *(Insulin Syringe/Needle)* **28G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES *(Meijer Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ULTICARE MINI PEN NEEDLES *(Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ULTICARE PEN NEEDLES *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM**	T1b	T1b	QL (6 EA per 1 day)
ULTICARE SHORT PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ultiguard safepack pen needle		T1b	QL (6 EA per 1 day)
ULTIGUARD SAFEPACK SYR/NEEDLE *(Sure Comfort Insulin Syringe)*	T1b	T1b	QL (200 EA per 30 days)
ULTILET PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ultra comfort insulin syringe 30g x 5/16" 0.3 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ULTRA FLO INSULIN SYR 1/2 UNIT *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTRA FLO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTRA THIN PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
ultracare insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ultracare pen needles		T1b	QL (6 EA per 1 day)
ULTRA-THIN II INS SYR SHORT *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTRA-THIN II INS SYR SHORT *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
ULTRA-THIN II MINI PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
ULTRA-THIN II PEN NEEDLE SHORT *(Pen Needles 5/16")*	T1b	T1b	QL (6 EA per 1 day)
ULTRA-THIN II PEN NEEDLES *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
UNIFINE PEN NEEDLES *(Insupen Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
UNIFINE PENTIPS *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
UNIFINE PENTIPS PLUS *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
UNIFINE SAFECONTROL PEN NEEDLE *(Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
UNIFINE ULTRA PEN NEEDLE *(Sure Comfort Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
value health insulin syringe 29g x 1/2" 0.5 ml		T1b	QL (200 EA per 30 days)
value health insulin syringe 29g x 1/2" 1 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
valumark pen needles		T1b	QL (6 EA per 1 day)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	T1b		QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
VANISHPOINT INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1b	T1b	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1b	T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1b	T1b	QL (200 EA per 30 days)
VIDA MIA UNIFINE PENTIPS *(Kroger Pen Needles)*	T1b	T1b	QL (6 EA per 1 day)
vp insulin syringe		T1b	QL (200 EA per 30 days)
wegmans unifine pentips plus		T1b	QL (6 EA per 1 day)
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml		T1b	QL (200 EA per 30 days)
zevrx insulin syringe 30g x 5/16" 0.5 ml		T1b	AI ($0 cost share when purchase insulin vial first, otherwise L1); QL (200 EA per 30 days)
zevrx pen needles		T1b	QL (6 EA per 1 day)
Spacer/Aerosol-Holding Chambers & Supplies**			
AEROCHAMBER MINI CHAMBER	T1b		QL (2 EA per 1 Year)
AEROCHAMBER MV	T1b		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU	T1b		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE	T1b		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM	T1b		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL	T1b		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK	T1b		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU	T1b		QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL	T1b		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS	T1b		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T1b		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE	T1b		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T1b		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL	T1b		QL (2 EA per 1 year)
AEROVENT PLUS	T1b		QL (2 EA per 1 year)
CLEVER CHOICE HOLDING CHAMBER	T1b		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER	T1b		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T1b		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK	T1b		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T1b		QL (2 EA per 1 year)
EASIVENT	T1b		QL (2 EA per 1 year)
EASIVENT MASK LARGE	T1b		QL (2 EA per 1 year)
EASIVENT MASK MEDIUM	T1b		QL (2 EA per 1 year)
EASIVENT MASK SMALL	T1b		QL (2 EA per 1 year)
eq space chamber anti-static		T1b	
eq space chamber anti-static l		T1b	
eq space chamber anti-static m		T1b	

Drug Name	Brand	Generic	Additional Information
eq space chamber anti-static s		T1b	
FLEXICHAMBER	T1b		QL (2 EA per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T1b		QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1b		QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1b		QL (2 EA per 1 Year)
INSPIRACHAMBER/LARGE	T1b		QL (2 EA per 1 year)
INSPIRACHAMBER/MEDIUM	T1b		QL (1 EA per 2 Years)
INSPIRACHAMBER/MOUTHPIECE	T1b		QL (1 EA per 2 Years)
INSPIRACHAMBER/SMALL	T1b		QL (1 EA per 2 Years)
INSPIREASE	T1b		QL (1 EA per 2 Years)
INSPIREASE RESERVOIR BAGS	T1b		QL (2 EA per 1 Year)
MICROSPACER	T1b		QL (2 EA per 1 year)
OPTICHAMBER DIAMOND	T1b		QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK	T1b		QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK	T1b		QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK	T1b		QL (2 EA per 1 year)
POCKET CHAMBER	T1b		QL (2 EA per 1 year)
POCKET SPACER	T1b		QL (2 EA per 1 year)
RITEFLO	T1b		QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER	T1b		QL (2 EA per 1 year)
Migraine Products			
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
QULIPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UBRELVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (16 EA per 30 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies**			
AIMOVIG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AJOVY	SP		PA; 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)

Drug Name	Brand	Generic	Additional Information
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)
Ergot Combinations**			
ergotamine-caffeine		T3	
MIGERGOT	T3		
Migraine Products**			
dihydroergotamine mesylate injection		T3	PA; AI (;)
ERGOMAR	T3		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL *(Dihydroergotamine Mesylate)*	T3	T3	PA; QL (0.54 ML per 1 day)
TRUDHESA	T3		PA
Selective Serotonin Agonists 5-Ht(1)**			
almotriptan malate		T3	QL (25 EA per 30 days)
eletriptan hydrobromide		T1b	QL (0.9 EA per 1 day)
frovatriptan succinate		T1b	ST; AI (ST: through 2 of the following in last 12 mo-almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan.); QL (20 EA per 28 days)
naratriptan hcl oral tablet 1 mg		T1b	QL (5 EA per 1 day); AG (Min 16 Years)
naratriptan hcl oral tablet 2.5 mg		T1b	QL (2 EA per 1 day); AG (Min 16 Years)
rizatriptan benzoate oral tablet 10 mg		T1b	QL (3 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg		T1b	QL (6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg		T1b	QL (3 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg		T1b	QL (6 EA per 1 day)
sumatriptan nasal solution 20 mg/act		T1b	QL (6 EA per 30 days)
sumatriptan nasal solution 5 mg/act		T1b	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg		T1b	QL (10 tabs per 1 month)
sumatriptan succinate oral tablet 25 mg		T1b	QL (40 tabs per 1 month)
sumatriptan succinate oral tablet 50 mg		T1b	QL (20 tabs per 1 month)
sumatriptan succinate refill subcutaneous solution cartridge		T1b	QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		T1b	QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml		T1b	QL (10 ML per 30 days)
TOSYMRA	T3		QL (30 EA per 30 days)
zolmitriptan nasal		T3	QL (6 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
zolmitriptan oral tablet 2.5 mg		T1b	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
zolmitriptan oral tablet 5 mg		T1b	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg		T1b	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
zolmitriptan oral tablet dispersible 5 mg		T1b	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)
Selective Serotonin Agonists 5-Ht(1F)**			
REYVOW	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 Month)
Minerals & Electrolytes			
Fluoride**			
NAFRINSE *(Sodium Fluoride)*	$0	$0	AG (Max 6 Years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml		$0	AG (Max 6 Years)
sodium fluoride oral tablet		$0	AG (Max 6 Years)
sodium fluoride oral tablet chewable		$0	AG (Max 6 Years)
Potassium Combinations**			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T2		
Potassium**			
KLOR-CON 10 *(Potassium Chloride ER)*	T1b	T1b	
KLOR-CON M10 *(Potassium Chloride Crys ER)*	T1b	T1b	
KLOR-CON M15 *(Potassium Chloride Crys ER)*	T1b	T1b	
KLOR-CON M20 *(Potassium Chloride Crys ER)*	T1b	T1b	
KLOR-CON ORAL PACKET *(Potassium Chloride)* **20 MEQ**	T1b	T1b	
KLOR-CON ORAL TABLET EXTENDED RELEASE *(Potassium Chloride ER)*	T1b	T1b	
potassium chloride er oral capsule extended release		T1b	
potassium chloride er oral tablet extended release 20 meq		T3	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		T1b	
Miscellaneous Therapeutic Classes			
Antileprotics**			
THALOMID	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Chelating Agents**			
penicillamine oral tablet		T3	
SYPRINE *(Trientine HCl)*	SP	SP	PA; SP; 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)
LUPKYNIS	SP		PA; 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)
Farnesyltransferase Inhibitors**			
ZOKINVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Immunomodulators For Myelodysplastic Syndromes**			
lenalidomide		T1b	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)
REVLIMID	T1b		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 oral		T1b	
mycophenolate sodium oral tablet delayed release 180 mg		T1b	QL (6 EA per 1 day)
Macrolide Immunosuppressants**			
ASTAGRAF XL	T3		
ENVARSUS XR	T3		PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 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)
PROGRAF ORAL *(Tacrolimus)*	T3	T1b	
sirolimus oral solution		T3	
sirolimus oral tablet		T1b	
Monoclonal Antibodies**			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**			
VIJOICE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Potassium Removing Agents**			
LOKELMA	T3		PA
sodium polystyrene sulfonate oral powder		T1b	
SPS	T1b		
VELTASSA	T3		PA
Purine Analogs**			
azathioprine oral tablet 50 mg		T1b	

Drug Name	Brand	Generic	Additional Information
Rock Inhibitors**			
REZUROCK	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			
Anesthetics Topical Oral**			
lidocaine viscous hcl		T1b	AI (Limited to 1 fill per month); QL (100 ML per 10 days)
Anti-Infectives - Throat**			
clotrimazole mouth/throat troche		T1b	
nystatin mouth/throat		T1b	
Antiseptic Combinations - Mouth/Throat**			
DEBACTEROL	T3		
Antiseptics - Mouth/Throat**			
PERIOGARD *(Chlorhexidine Gluconate)*	T1b	T1b	
Fluoride Dental Products**			
NAFRINSE DAILY/NEUTRAL	$0		AG (Max 6 Years)
NAFRINSE WEEKLY	$0		AI (;); AG (Max 6 Years)
Periodontal Anti-Infectives**			
ARESTIN	T3		PA
Saliva Stimulants**			
cevimeline hcl		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral		T1b	
Steroids - Mouth/Throat/Dental**			
ORALONE *(Triamcinolone Acetonide)*	T1b	T1b	
Multivitamins			
Prenatal Mv & Min W/Fe-Fa**			
c-nate dha		T3	F
completenate		T3	F
CO-NATAL FA	T3		F
CONCEPT DHA	T3		F
CONCEPT OB	T3		F
ELITE-OB	T3		F
INATAL GT	T3		F
OB COMPLETE ONE	T3		F
OB COMPLETE ORAL TABLET	T3		F
OB COMPLETE/DHA	T3		F
pnv-select		T3	F
PRENATABS RX *(Thrivite Rx)*	T3	T3	F
prenatal 19 oral tablet 29-1 mg		T3	F
prenatal 19 oral tablet chewable		T3	F

Drug Name	Brand	Generic	Additional Information
se-natal 19		T3	F
virt-nate dha		T3	F
VIVA DHA *(Relnate DHA)*	T3	T3	F
Prenatal Mv & Min W/Fe-Fa-Dha**			
pnv-dha+docusate		T3	F
prenaissance		T3	F
prenaissance plus		T3	F
TARON-PREX	T3		F
virt-pn dha		T3	F
ZATEAN-PN DHA *(PNV-DHA)*	T3	T3	F
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
baclofen oral tablet 10 mg, 20 mg		T1b	
carisoprodol oral tablet 350 mg		T1b	AI (Max #84 per 21 days); QL (84 EA per 21 days)
chlorzoxazone oral tablet 500 mg		T1b	QL (4 EA per 1 day); AG (Min 18 Years)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		T2	
LYVISPAH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
metaxalone oral tablet 800 mg		T2	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
methocarbamol oral tablet 500 mg, 750 mg		T1b	
orphenadrine citrate er		T1b	
tizanidine hcl oral tablet 2 mg		T1b	QL (18 EA per 1 day)
tizanidine hcl oral tablet 4 mg		T1b	QL (9 EA per 1 day)
Direct Muscle Relaxants**			
dantrolene sodium oral		T2	
Nasal Agents - Systemic And Topical			
Nasal Anticholinergics**			
ipratropium bromide nasal solution 0.03 %		T1b	AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
ipratropium bromide nasal solution 0.06 %		T1b	AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
Nasal Antihistamines**			
azelastine hcl nasal solution 0.1 %		T1b	AI (;)
azelastine hcl nasal solution 0.15 %		T1b	
olopatadine hcl nasal		T1b	QL (1.02 GM per 1 day); AG (Min 6 Years)
Nasal Steroids**			
BECONASE AQ	T3		AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)

Drug Name	Brand	Generic	Additional Information
flunisolide nasal solution 25 mcg/act (0.025%)		T1b	AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T3		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
Neuromuscular Agents			
AIs Agent Combinations**			
RELYVRIO	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AIs Agents - Miscellaneous**			
RADICAVA	SP		PA; SP; AI (Limited Distribution AllianceRx, US Bioservices, Option Care Health; 30 day supply limit applies)
RADICAVA ORS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RADICAVA ORS STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Benzathiazoles**			
EXSERVAN	SP		PA; SP; AI (Limited Distribution available with PantheRX; limited to a 30 day supply)
riluzole		T1b	
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**			
EVRYSDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ophthalmic Agents			
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**			
SIMBRINZA	T3		
Artificial Tear Inserts**			
LACRISERT	T3		
Beta-Blockers - Ophthalmic Combinations**			
brimonidine tartrate-timolol		T2	
dorzolamide hcl-timolol mal		T1b	
dorzolamide hcl-timolol mal pf		T1b	PA
Beta-Blockers - Ophthalmic**			
BETOPTIC-S	T3		
carteolol hcl		T1b	

Drug Name	Brand	Generic	Additional Information
levobunolol hcl ophthalmic solution 0.5 %		T1b	
timolol maleate ophthalmic solution		T1b	
TIMOPTIC-XE *(Timolol Maleate)*	T3	T3	
Cholinergic Agonists**			
TYRVAYA	T3		PA; QL (0.28 ML per 1 day)
Cycloplegic Mydriatics**			
ALTAFRIN OPHTHALMIC SOLUTION *(Phenylephrine HCl)* **10 %, 2.5 %**	T1b	T1b	
cyclopentolate hcl ophthalmic solution 0.5 %		T2	
cyclopentolate hcl ophthalmic solution 1 %		T1b	
HOMATROPAIRE	T1b		
ISOPTO ATROPINE *(Atropine Sulfate)*	T1b	T1b	
tropicamide ophthalmic		T3	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**			
XIIDRA	T3		PA
Miotics - Cholinesterase Inhibitors**			
PHOSPHOLINE IODIDE	T1b		
Miotics - Direct Acting**			
pilocarpine hcl ophthalmic solution 1 %, 2 %		T1b	
VUITY	T3		ST; AI (EST: step thru Pilocarpine 1% in last 6mo for at least 1 fill); QL (0.09 ML per 1 day); AG (Min 18 Years)
Ophthalmic Antiallergic**			
ALOCRIL	T3		
ALOMIDE	T3		
azelastine hcl ophthalmic		T2	AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
bepotastine besilate		T3	QL (5 ML per 30 days)
cromolyn sodium ophthalmic		T1b	
epinastine hcl		T2	
LASTACAFT	T3		PA; ST; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years)
ZERVIATE	T3		PA; ST; AI (EST through Azelastine drops 0.05% for at least 2 month in last 6 months.); QL (1 EA per 1 day)
Ophthalmic Antibiotics**			
bacitracin ophthalmic		T3	
BESIVANCE	T3		
CILOXAN OPHTHALMIC OINTMENT	T3		
ciprofloxacin hcl ophthalmic		T1b	
erythromycin ophthalmic		T1b	
gatifloxacin ophthalmic		T1b	

Drug Name	Brand	Generic	Additional Information
GENTAK OPHTHALMIC OINTMENT	T3		
gentamicin sulfate ophthalmic solution		T1b	
levofloxacin ophthalmic solution 0.5 %		T2	
moxifloxacin hcl (2x day)		T3	
moxifloxacin hcl ophthalmic solution		T1b	
ofloxacin ophthalmic		T1b	
TOBREX OPHTHALMIC OINTMENT	T1b		
Ophthalmic Antifungal**			
NATACYN	T3		
Ophthalmic Anti-Infective Combinations**			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		T1b	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		T3	
NEO-POLYCIN *(Neomycin-Bacitracin Zn-Polymyx)*	T1b	T1b	
POLYCIN *(AK-Poly-Bac)*	T1b	T1b	
polymyxin b-trimethoprim		T1b	
Ophthalmic Antivirals**			
trifluridine ophthalmic		T3	
ZIRGAN	T2		
Ophthalmic Carbonic Anhydrase Inhibitors**			
brinzolamide		T3	
dorzolamide hcl ophthalmic		T1b	
Ophthalmic Immunomodulators**			
CEQUA	T3		QL (2 EA per 1 day)
cyclosporine ophthalmic		T3	QL (2 EA per 1 day)
VERKAZIA	T3		PA
Ophthalmic Local Anesthetics**			
proparacaine hcl ophthalmic		T1b	
tetracaine hcl ophthalmic		T1b	
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 Nonsteroidal Anti-Inflammatory Agents**			
bromfenac sodium (once-daily)		T2	
diclofenac sodium ophthalmic		T1b	
flurbiprofen sodium		T1b	
ketorolac tromethamine ophthalmic		T1b	
NEVANAC	T3		AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
Ophthalmic Rho Kinase Inhibitors**			
RHOPRESSA	T3		PA
Ophthalmic Selective Alpha Adrenergic Agonists**			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2		
apraclonidine hcl		T1b	
brimonidine tartrate ophthalmic		T1b	
Ophthalmic Steroid Combinations**			
bacitra-neomycin-polymyxin-hc		T1b	
BLEPHAMIDE S.O.P.	T3		
neomycin-polymyxin-dexameth ophthalmic ointment		T1b	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1		T1b	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		T3	
PRED-G	T3		
PRED-G S.O.P.	T3		
sulfacetamide-prednisolone ophthalmic solution		T3	
TOBRADEX OPHTHALMIC OINTMENT	T2		
TOBRADEX ST	T2		
tobramycin-dexamethasone		T1b	
Ophthalmic Steroids**			
ALREX	T3		
dexamethasone sodium phosphate ophthalmic		T3	
difluprednate		T3	
FLAREX	T3		
fluorometholone ophthalmic		T1b	
FML	T3		
FML FORTE	T3		
INVELTYS	T3		
LOTEMAX OPHTHALMIC GEL	T3		AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	T3		
LOTEMAX SM	T3		
loteprednol etabonate		T3	
MAXIDEX	T3		
PRED FORTE *(prednisoLONE Acetate)*	T1b	T1b	
PRED MILD	T3		
prednisolone acetate p-f		T1b	
prednisolone sodium phosphate ophthalmic		T3	
Ophthalmic Sulfonamides**			
sulfacetamide sodium ophthalmic ointment		T3	
sulfacetamide sodium ophthalmic solution		T1b	

Drug Name	Brand	Generic	Additional Information
Ophthalmics - Cystinosis Agents*			
CYSTADROPS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CYSTARAN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Prostaglandins - Ophthalmic**			
latanoprost ophthalmic		T1b	AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2		AI (;)
travoprost (bak free)		T2	
VYZULTA	T3		ST; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan); QL (0.1 ML per 1 day); AG (Min 17 Years)
XELPROS	T3		
ZIOPTAN *(Tafluprost (PF))*	T3	T3	
Otic Agents			
Otic Agents - Miscellaneous**			
acetic acid otic		T1b	
Otic Anti-Infectives**			
ciprofloxacin hcl otic		T3	
ofloxacin otic		T1b	
Otic Steroid-Anti-Infective Combinations**			
CIPRO HC	T2		
ciprofloxacin-dexamethasone		T2	QL (7.5 ML per 30 days)
neomycin-polymyxin-hc otic solution 3.5-10000-1		T1b	
neomycin-polymyxin-hc otic suspension		T1b	
Otic Steroids**			
ACETASOL HC *(Hydrocortisone-Acetic Acid)*	T3	T2	
FLAC	T1b		QL (1.333 ML per 1 day)
fluocinolone acetonide otic		T1b	AI (;); QL (1.333 ML per 1 day)
Oxytocics			
Oxytocics**			
METHERGINE ORAL *(Methylergonovine Maleate)*	T1b	T1b	
Passive Immunizing And Treatment Agents			
Immune Serums**			
HIZENTRA 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)

Drug Name	Brand	Generic	Additional Information
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)
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)
Penicillins			
Aminopenicillins**			
amoxicillin oral capsule		T1a	
amoxicillin oral suspension reconstituted		T1a	
amoxicillin oral tablet		T1b	
amoxicillin oral tablet chewable 125 mg, 250 mg		T1b	
ampicillin oral capsule 500 mg		T1b	
Natural Penicillins**			
penicillin v potassium oral solution reconstituted		T1b	
penicillin v potassium oral tablet		T1a	
Penicillin Combinations**			
amoxicillin-pot clavulanate er		T3	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml		T1a	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml, 600-42.9 mg/5ml		T1b	
amoxicillin-pot clavulanate oral tablet 250-125 mg		T1b	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg		T1a	
amoxicillin-pot clavulanate oral tablet chewable		T3	
Penicillinase-Resistant Penicillins**			
dicloxacillin sodium		T1b	
Progestins			
Progestins**			
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	
medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg		T1b	

Drug Name	Brand	Generic	Additional Information
megestrol acetate oral suspension 625 mg/5ml		T1b	AI (Max #450ml Mail Order); QL (150 ML per 30 days)
norethindrone acetate oral		T1b	F
progesterone intramuscular		T3	F
Psychotherapeutic And Neurological Agents - Misc.			
Agents For Opioid Withdrawal**			
LUCEMYRA	T3		PA; QL (224 EA per 14 days)
Alcohol Deterrents**			
acamprosate calcium		T1b	QL (6 EA per 1 day)
disulfiram oral		T1b	
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)
Anti-Cataplectic Combinations**			
XYWAV	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antisense Oligonucleotide (Aso) Inhibitor Agents**			
TEGSEDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cholinomimetics - Ache Inhibitors**			
donepezil hcl oral tablet 10 mg, 5 mg		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
donepezil hcl oral tablet 23 mg		T1b	
donepezil hcl oral tablet dispersible		T1b	
galantamine hydrobromide er		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
galantamine hydrobromide oral solution		T3	
galantamine hydrobromide oral tablet 12 mg, 8 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
galantamine hydrobromide oral tablet 4 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
rivastigmine		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1b	AI (Max #180 Mail Order); QL (2 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
Fibromyalgia Agent - Snris**			
SAVELLA	T3		
SAVELLA TITRATION PACK	T3		
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 ORAL CAPSULE	SP		PA; SP; AI (Limited Distribution available with PantheRX, Genoa or Orsini Pharm; limited to a 30 day supply); QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	SP		PA; SP; AI (Limited Distribution available with PantheRX, Genoa or Orsini Pharm; limited to a 30 day supply); QL (56 EA per 1 Year)
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 - 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)

Drug Name	Brand	Generic	Additional Information
MAVENCLAD (9 TABS)	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			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 - Monoclonal Antibodies			
KESIMPTA	SP		PA; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TECFIDERA *(Dimethyl Fumarate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Multiple Sclerosis Agents - Potassium Channel Blockers**			
AMPYRA *(Dalfampridine ER)*	SP	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)*	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	
memantine hcl oral solution 2 mg/ml		T1b	AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
memantine hcl oral tablet 10 mg		T1b	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		T1b	
memantine hcl oral tablet 5 mg		T1b	AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)
Phenothiazines & Tricyclic Agents**			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg		T2	
Pseudobulbar Affect Agent Combinations**			
NUEDEXTA	T3		PA
Psychotherapeutic And Neurological Agents - Misc.**			
ergoloid mesylates oral		T1b	PA
pimozide		T2	

Drug Name	Brand	Generic	Additional Information
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**			
ADDYI	T3		F; QL (1 EA per 1 day); AG (Min 18 Years)
Smoking Deterrents**			
apo-varenicline		$0	QL (2 EA per 1 day); AG (Min 18 Years)
bupropion hcl er (smoking det)		$0	AI (;); QL (2 EA per 1 Day); AG (Min 18 Years)
cvs nicotine		$0	AI (;); AG (Min 18 Years)
cvs nicotine polacrilex		$0	AI (;); AG (Min 18 Years)
eq nicotine mouth/throat gum 4 mg		$0	AG (Min 18 Years)
eq nicotine mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
eq nicotine polacrilex		$0	AI (;); AG (Min 18 Years)
eq nicotine step 3		$0	AI (;); AG (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AI (;); AG (Min 18 Years)
eql nicotine polacrilex mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
gnp nicotine mini mouth/throat lozenge 2 mg		$0	AI (;); AG (Min 18 Years)
gnp nicotine mini mouth/throat lozenge 4 mg		$0	AG (Min 18 Years)
gnp nicotine mouth/throat		$0	AG (Min 18 Years)
gnp nicotine polacrilex		$0	AI (;); AG (Min 18 Years)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr		$0	AI (;); AG (Min 18 Years)
gnp nicotine transdermal patch 24 hour 21 mg/24hr		$0	AG (Min 18 Years)
goodsense nicotine mouth/throat gum 2 mg		$0	AG (Min 18 Years)
goodsense nicotine mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
goodsense nicotine mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
HABITROL *(Nicotine)*	$0	$0	AI (;); AG (Min 18 Years)
hm nicotine		$0	AI (;); AG (Min 18 Years)
hm nicotine polacrilex		$0	AI (;); AG (Min 18 Years)
KLS QUIT2 *(Nicotine Polacrilex)*	$0	$0	AI (;); AG (Min 18 Years)
KLS QUIT4 *(Nicotine Polacrilex)*	$0	$0	AI (;); AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AI (;); AG (Min 18 Years)
nicotine		$0	AI (;); AG (Min 18 Years)
nicotine mini		$0	AI (;); AG (Min 18 Years)
nicotine polacrilex mini		$0	AG (Min 18 Years)
nicotine step 1		$0	AI (;); AG (Min 18 Years)
nicotine step 2		$0	AI (;); AG (Min 18 Years)
nicotine step 3		$0	AI (;); AG (Min 18 Years)
NICOTROL	$0		AI (;); AG (Min 18 Years)
NICOTROL NS	$0		AI (;); QL (4 ML per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
px stop smoking aid		$0	AI (;); AG (Min 18 Years)
qc nicotine transdermal system		$0	AG (Min 18 Years)
ra mini nicotine		$0	AI (;); AG (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg		$0	AI (;); AG (Min 18 Years)
ra nicotine mouth/throat		$0	AI (;); AG (Min 18 Years)
ra nicotine polacrilex mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AI (;); AG (Min 18 Years)
sm nicotine		$0	AI (;); AG (Min 18 Years)
sm nicotine polacrilex mouth/throat gum		$0	AI (;); AG (Min 18 Years)
sm nicotine polacrilex mouth/throat lozenge 2 mg		$0	AG (Min 18 Years)
sm nicotine polacrilex mouth/throat lozenge 4 mg		$0	AI (;); AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AI (;); AG (Min 18 Years)
varenicline tartrate		$0	QL (2 EA per 1 day); AG (Min 18 Years)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
GILENYA *(Fingolimod HCl)*	SP	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)
PONVORY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PONVORY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Thienbenzodiazepines & Opioid Antagonists**			
LYBALVI	T3		PA
Thienbenzodiazepines & Ssris**			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
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)
Cystic Fibrosis Agent - Combinations**			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	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)
ORKAMBI ORAL PACKET 75-94 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications 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	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 28 day limit applies); QL (3 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy / some medications may be available at retail / 28 day supply limit applies); QL (3 EA per 1 day); AG (Min 1 Years)

Drug Name	Brand	Generic	Additional Information
Cystic Fibrosis Agents - Miscellaneous**			
BRONCHITOL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hydrolytic Enzymes**			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (180 ML per 30 days)
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**			
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 *(Pirfenidone)* **267 MG**	SP	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 *(Pirfenidone)* **801 MG**	SP	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)
pirfenidone oral tablet 534 mg		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)
Sulfonamides			
Sulfonamides**			
sulfadiazine oral		T3	
Tetracyclines			
Aminomethylcyclines**			
NUZYRA ORAL TABLET 150 MG	T3		PA
Tetracyclines**			
demeclocycline hcl oral		T3	
doxycycline hyclate oral capsule 100 mg		T1a	
doxycycline hyclate oral capsule 50 mg		T1b	
doxycycline hyclate oral tablet 100 mg		T2	

Drug Name	Brand	Generic	Additional Information
doxycycline hyclate oral tablet 20 mg		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline hyclate oral tablet delayed release 100 mg		T1b	QL (2 EA per 1 day)
doxycycline hyclate oral tablet delayed release 75 mg		T2	AI (;); QL (2 EA per 1 Day)
doxycycline monohydrate oral capsule 100 mg, 50 mg		T2	
doxycycline monohydrate oral suspension reconstituted		T1b	
doxycycline monohydrate oral tablet 100 mg		T2	
doxycycline monohydrate oral tablet 50 mg, 75 mg		T1b	
minocycline hcl oral capsule		T1b	
minocycline hcl oral tablet		T3	
SEYSARA	T3		PA
tetracycline hcl oral		T1b	
VIBRAMYCIN ORAL SYRUP	T3		
Thyroid Agents			
Antithyroid Agents**			
methimazole oral		T1b	
propylthiouracil oral		T1b	
Thyroid Hormones**			
ARMOUR THYROID ORAL TABLET 120 MG	T3		
ARMOUR THYROID ORAL TABLET 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	T1b		
ERMEZA	T3		
EUTHYROX *(Levothyroxine Sodium)*	T1b	T1b	
LEVO-T *(Levothyroxine Sodium)*	T1b	T1b	
LEVOXYL *(Levothyroxine Sodium)*	T1b	T1b	
liothyronine sodium oral		T2	
NP THYROID ORAL TABLET 120 MG	T3		
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	T1b		
SYNTHROID *(Levothyroxine Sodium)*	T2	T1b	
TIROSINT *(Levothyroxine Sodium)*	T3	T3	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG**	T1b	T1b	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **150 MCG**	T2	T1b	
Toxoids			
Toxoid Combinations**			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year)

Drug Name	Brand	Generic	Additional Information
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0		AI (3 doses (1.5ml) per year)
diphtheria-tetanus toxoids dt		$0	AI (3 doses (1.5ml) per year)
INFANRIX	$0		AI (3 doses (1.5ml) per year)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (3 doses (1.5ml) per year); AG (Max 6 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION	$0		AI (1 dose (.5ml) per lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX *(Tetanus-Diphtheria Toxoids Td)*	$0	$0	AI (3 doses (1.5ml) per year)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	$0		AI (3 doses (1.5ml) per year)
VAXELIS	$0		$0; AG (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics			
Anticholinergic Combinations**			
chlordiazepoxide-clidinium		T1b	
Antispasmodics**			
dicyclomine hcl intramuscular		T3	
dicyclomine hcl oral		T1b	
H-2 Antagonists**			
cimetidine hcl oral solution 300 mg/5ml		T3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		T1b	
famotidine oral suspension reconstituted		T1b	
famotidine oral tablet 20 mg, 40 mg		T1b	
nizatidine oral capsule 150 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
nizatidine oral capsule 300 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Misc. Anti-Ulcer**			
CARAFATE ORAL SUSPENSION *(Sucralfate)*	T2	T2	
sucralfate oral tablet		T1b	
Proton Pump Inhibitors**			
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG	T3		QL (1 EA per 1 Day)
DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG	T3		AI (;); QL (1 EA per 1 Day)
dexlansoprazole oral capsule delayed release 30 mg		T3	QL (1 EA per 1 day)
dexlansoprazole oral capsule delayed release 60 mg		T3	AI (;); QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg		T1b	QL (4 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 40 mg		T1b	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	T2		
FIRST-OMEPRAZOLE	T2		
lansoprazole oral capsule delayed release		T1b	
lansoprazole oral tablet delayed release dispersible 15 mg		T3	AI (;); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
lansoprazole oral tablet delayed release dispersible 30 mg		T3	AI (;)
omeprazole oral capsule delayed release		T1b	
OMEPRAZOLE+SYRSPEND SF ALKA	T2		
pantoprazole sodium oral tablet delayed release		T1b	
rabeprazole sodium oral tablet delayed release		T1b	
Quaternary Anticholinergics**			
glycopyrrolate oral tablet 1 mg, 2 mg		T1b	
methscopolamine bromide oral tablet 2.5 mg		T1b	AI (Max #1080 Mail Order); QL (8 EA per 1 day)
methscopolamine bromide oral tablet 5 mg		T1b	QL (4 EA per 1 day)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**			
TALICIA	T3		ST; AI (Must step thru clarithromycin, amoxicillin, and pantoprazole in last 90 days.); QL (12 EA per 1 day); AG (Min 18 Years)
Ulcer Drugs - Prostaglandins**			
misoprostol oral		T1b	QL (4 EA per 1 day)
Urinary Antispasmodics			
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**			
darifenacin hydrobromide er		T2	QL (1 EA per 1 day); AG (Min 18 Years)
fesoterodine fumarate er		T3	PA; QL (1 EA per 1 day); AG (Min 18 Years)
oxybutynin chloride er		T1b	
oxybutynin chloride oral		T1b	
solifenacin succinate		T1b	QL (1 EA per 1 Day); AG (Min 18 Years)
tolterodine tartrate		T1b	
TOVIAZ	T3		PA; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
trospium chloride		T1b	
trospium chloride er		T1b	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**			
GEMTESA	T3		PA
MYRBETRIQ	T2		
Urinary Antispasmodics - Cholinergic Agonists**			
bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg		T1b	
Urinary Antispasmodics - Direct Muscle Relaxants**			
flavoxate hcl		T1b	

Drug Name	Brand	Generic	Additional Information
Vaccines			
Bacterial Vaccines**			
BEXSERO	$0		AI (2 doses (1ml) per year); $0; AG (Min 10 Years)
MENVEO	$0		
PNEUMOVAX 23	$0		AI (2 doses (1ml) per year)
PREVNAR 13	$0		QL (0.5 ML per 1 Lifetime)
PREVNAR 20	$0		QL (0.5 ML per 1 Lifetime)
TRUMENBA	$0		AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T3		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T3		
VAXCHORA	T3		
VAXNEUVANCE	$0		QL (0.5 ML per 1 Lifetime)
Viral Vaccine Combinations**			
PRIORIX	$0		$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (3 doses (3ml) per year); AG (Min 18 Years)
Viral Vaccines**			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0		QL (1 ML per 274 days); AG (Min 6 Months)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
COMIRNATY *(Pfizer-BioNT COVID-19 Vac-TriS)*	$0	$0	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	$0		
FLUAD QUADRIVALENT	$0		QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK QUADRIVALENT	$0		$0; QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0		QL (1 ML per 274 days); AG (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		QL (1 ML per 274 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUMIST QUADRIVALENT	$0		QL (2 ml per 274 days); AG (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	$0		QL (0.7 ML per 274 days); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0		QL (1 ML per 274 days); AG (Min 6 Months)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	$0		QL (1 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	$0		AI (3 doses (1.5ml) oer lifetime); QL (0.5 ML per 1 dose); AG (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (3 doses (1.5ml) per lifetime); QL (0.5 ML per 1 dose); AG (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	$0		AI (4 doses (4ml) per lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	$0		AI (4 doses (2ml) per lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0		AI (3 doses (1.5ml) per year); AG (Min 18 Years)
janssen covid-19 vaccine		$0	$0
moderna covid-19 bival 6m-5y		$0	
moderna covid-19 bival booster		$0	
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml		$0	
moderna covid-19 vacc 6m-5y		$0	
novavax covid-19 vaccine		$0	
pfizer covid-19 bival 6mo-4yr		$0	
pfizer covid-19 vac bival 5-11		$0	
pfizer covid-19 vac bivalent		$0	
pfizer covid-19 vac-tris 5-11y		$0	
pfizer covid-19 vac-tris 6m-4y		$0	
pfizer-biontech covid-19 vacc		$0	$0
prehevbrio		$0	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	$0		
sanofi covid-19 vac (booster)		$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0		AI (2 doses per lifetime); AG (Min 50 Years)
SPIKEVAX COVID-19 VACCINE *(Moderna COVID-19 Vaccine)*	$0	$0	$0
TICOVAC	$0		$0
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	$0		AI (4 doses (2ml) per lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$0		AI (4 doses (4ml) per lifetime)

Drug Name	Brand	Generic	Additional Information
VARIVAX	$0		AI (2 doses per year); QL (2 EA per 1 Year)
YF-VAX SUBCUTANEOUS INJECTABLE	T3		
Vaginal And Related Products			
Imidazole-Related Antifungals**			
GYNAZOLE-1	T3		F
terconazole vaginal cream		T2	F
Spermicides**			
ENCARE VAGINAL SUPPOSITORY	$0		AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE	$0		AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	$0		AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE	$0		AI (;); F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	$0		
Vaginal Anti-Infectives**			
CLEOCIN VAGINAL SUPPOSITORY	T3		AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
clindamycin phosphate vaginal		T1b	AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
metronidazole vaginal		T2	AI (;); F; QL (70 GM per 30 Days)
Vaginal Estrogens**			
estradiol vaginal cream		T1b	F
FEMRING VAGINAL RING 0.05 MG/24HR	T3		AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T3		AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T2		F
YUVAFEM *(Estradiol)*	T3	T3	F
Vaginal Progestins**			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
ENDOMETRIN	T3		PA; F
Vasopressors			
Anaphylaxis Therapy Agents**			
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml		T2	AI (Non Mylan pens are non formulary. Limit of 1 refill of 2 pens in one month); QL (2 EA per 2 days)

Drug Name	Brand	Generic	Additional Information
Neurogenic Orthostatic Hypotension (Noh) - Agents**			
NORTHERA ORAL CAPSULE *(Droxidopa)* **100 MG**	SP	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); AG (Min 18 Years)
NORTHERA ORAL CAPSULE *(Droxidopa)* **200 MG, 300 MG**	SP	SP	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); AG (Min 18 Years)
Vasopressors**			
epinephrine pf injection solution		T2	
midodrine hcl		T3	
Vitamins			
Paba**			
POTABA ORAL CAPSULE	T3		
Vitamin D**			
d 1000 oral capsule		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d 1000 oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d 10000		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d 400 oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d 5000 oral capsule		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d-1000		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d-1000 extra strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d2000 ultra strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d3 adult		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d3 high potency oral capsule 125 mcg (5000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); $0; AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
d3 high potency oral capsule 25 mcg (1000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d3 kids		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d3 maximum strength oral capsule		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d3 super strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d3-1000		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
D3-50 *(Vitamin D3)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d-400		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
d-5000		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DECARA ORAL CAPSULE *(Vitamin D3)* **1.25 MG (50000 UT)**	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	$0		AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
delta d3		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 *(D-3-5)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	$0		AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DRISDOL ORAL CAPSULE *(Ergocalciferol)*	T3	T3	
gnp vitamin d maximum strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
gnp vitamin d oral tablet 25 mcg (1000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
gnp vitamin d oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
gnp vitamin d super strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
gnp vitamin d3 extra strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 *(Vitamin D3)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
kp vitamin d oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0		AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); $0; AG (Min 65 Years)
OPTIMAL D3 *(Vitamin D3)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 *(Vitamin D3)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
qc vitamin d3 oral capsule		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
ra vitamin d-3		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
sm vitamin d		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
sm vitamin d3 oral capsule 100 mcg (4000 ut), 50 mcg (2000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
sm vitamin d3 oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
THERA-D 2000 *(Vitamin D)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
THERA-D 4000	$0		AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
THERA-D RAPID REPLETION *(Vitamin D)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
vitachew vitamin d3		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d (cholecalciferol) oral tablet chewable		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit		T3	
vitamin d high potency		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d oral capsule 50 mcg (2000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
VITAMIN D-1000 MAX ST *(Vitamin D3)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d3 maximum strength		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d-3 oral capsule		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); 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	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d3 oral tablet chewable 25 mcg (1000 ut)		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
vitamin d3 oral tablet dispersible		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); $0; AG (Min 65 Years)
vitamin d3 super strength oral tablet		$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
WEEKLY-D *(Vitamin D3)*	$0	$0	AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
Vitamin K			
phytonadione oral		T3	

Medical Benefit

Drug Name	Brand	Generic	Additional Information
ABELCET	MB		SP
ABRAXANE	MB		SP
ACTEMRA INTRAVENOUS	MB		
ADCETRIS	MB		SP
ADVATE	MB		
adynovate	MB		
AFSTYLA	MB		
ALDURAZYME	MB		
ALFERON N	MB		SP
ALIMTA	MB		SP
ALPHANINE SD	MB		
ALPROLIX	MB		
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		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	MB		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	MB		
ARCALYST	MB		
ARRANON	MB		SP
ARZERRA	MB		SP
ATGAM	MB		SP
AVASTIN	MB		SP
azacitidine	MB		SP
aztreonam	MB		SP
BAVENCIO	MB		
BELEODAQ	MB		SP
BELRAPZO	MB		
BENDEKA	MB		
BENLYSTA INTRAVENOUS	MB		
bermuda grass subcutaneous	MB		SP
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	MB		

Drug Name	Brand	Generic	Additional Information
bleomycin sulfate	MB		SP
BLINCYTO	MB		SP
BOTOX	MB		
BRIVIACT INTRAVENOUS	MB		SP
bupivacaine-epinephrine (pf) injection solution 0.5% - 1:200000	MB		
buprenorphine hcl injection solution 0.3 mg/ml	MB		SP
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML	MB		SP
carboplatin intravenous solution	MB		SP
cat hair extract subcutaneous	MB		SP
cefazolin sodium injection solution reconstituted 1 gm	MB		SP
cefazolin sodium intravenous solution reconstituted	MB		SP
cefepime hcl injection	MB		SP
cefepime hcl intravenous solution	MB		SP
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	MB		SP
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	MB		SP
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	MB		SP
ceftazidime injection solution reconstituted 1 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		
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		
CINVANTI	MB		
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		
CORIFACT	MB		
CRESEMBA INTRAVENOUS	MB		SP
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	MB		

Drug Name	Brand	Generic	Additional Information
cyclophosphamide injection	MB		SP
CYRAMZA	MB		SP
cytarabine (pf)	MB		SP
cytarabine injection solution	MB		SP
CYTOGAM	MB		
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
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		
eastern cottonwood	MB		SP
ELAPRASE	MB		
ELELYSO	MB		
ELITEK	MB		
ELOCTATE	MB		
EMPLICITI	MB		SP
ENTYVIO	MB		PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	MB		
epoprostenol sodium	MB		
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		SP
FABRAZYME	MB		
fentanyl citrate (pf) injection solution cartridge	MB		SP
FERRLECIT	MB		
FLEBOGAMMA DIF	MB		

Drug Name	Brand	Generic	Additional Information
floxuridine injection	MB		SP
fludarabine phosphate intravenous solution 50 mg/2ml	MB		SP
fludarabine phosphate intravenous solution reconstituted	MB		SP
fluorouracil intravenous	MB		SP
FOLOTYN	MB		SP
GAMASTAN	MB		
GAMMAGARD	MB		
GAMMAGARD S/D LESS IGA	MB		
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB		
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	MB		
GAMUNEX-C	MB		
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		SP
GLASSIA	MB		
GLIADEL WAFER	MB		SP
GONAL-F	MB		SP
GONAL-F RFF	MB		SP
HALAVEN	MB		SP
HEMLIBRA	MB		
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	MB		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB		
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB		
HYALGAN INTRA-ARTICULAR SOLUTION	MB		PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	MB		SP
hydromorphone hcl pf injection solution 2 mg/ml	MB		SP
hydroxyprogesterone caproate intramuscular oil	MB		SP
HYMOVIS	MB		PA; SP
HYQVIA	MB		SP
idarubicin hcl	MB		SP

Drug Name	Brand	Generic	Additional Information
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	MB		SP
ifosfamide	MB		SP
IMFINZI	MB		SP
IMLYGIC	MB		PA; SP
INFLECTRA	MB		
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	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		
johnson grass	MB		SP
KADCYLA	MB		SP
KANUMA	MB		PA; SP
KCENTRA	MB		
KEYTRUDA INTRAVENOUS SOLUTION	MB		SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	MB		
KOGENATE FS	MB		
KOVALTRY	MB		
KRYSTEXXA	MB		
LEMTRADA	MB		
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	MB		
LUMIZYME	MB		
melphalan hcl	MB		SP
meropenem	MB		SP
methotrexate sodium injection solution reconstituted	MB		SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	MB		
mite (d. farinae) subcutaneous	MB		SP
mite (d. pteronyssinus) subcutaneous	MB		SP
mitoxantrone hcl	MB		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
mixed ragweed	MB		SP
mountain cedar	MB		SP
MOZOBIL	MB		
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	MB		SP

Drug Name	Brand	Generic	Additional Information
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB		
MYOBLOC	MB		
na ferric gluc cplx in sucrose	MB		
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	MB		SP
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	MB		SP
NAGLAZYME	MB		
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		
NOVOSEVEN RT	MB		
NULOJIX	MB		
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB		
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB		
obizur	MB		
OCREVUS	MB		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	MB		
ONCASPAR INJECTION	MB		SP
ONIVYDE	MB		SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	MB		PA; SP
ORENCIA INTRAVENOUS	MB		SP
OTIPRIO	MB		SP
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	MB		SP
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml	MB		SP
oxaliplatin intravenous solution reconstituted	MB		SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	MB		SP
pamidronate disodium intravenous solution	MB		
penicillin g pot in dextrose	MB		SP
penicillin g potassium	MB		SP
penicillin g procaine	MB		SP
penicillin g sodium	MB		SP

Drug Name	Brand	Generic	Additional Information
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
polymyxin b sulfate injection	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)
PREVYMIS INTRAVENOUS	MB		SP
PRIVIGEN	MB		
PROCRIT	MB		
PROFILNINE	MB		
PROGRAF INTRAVENOUS	MB		SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	MB		
PROLEUKIN	MB		SP
RECOMBINATE	MB		
REGONOL INTRAVENOUS	MB		SP
REMICADE	MB		
RENFLEXIS	MB		
REVATIO INTRAVENOUS	MB		
RIASTAP	MB		
ringers irrigation	MB		SP
RITUXAN HYCELA	MB		SP; AI (;)
RITUXAN INTRAVENOUS SOLUTION	MB		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
rixubis	MB		
saline bacteriostatic	MB		SP
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.5% -1:200000	MB		
SIGNIFOR	MB		
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB		

Drug Name	Brand	Generic	Additional Information
sildenafil citrate intravenous	MB		
SIMPONI ARIA	MB		
SIMULECT	MB		SP
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	MB		SP
SOMATULINE DEPOT	MB		
SPINRAZA	MB		PA; SP
STELARA INTRAVENOUS	MB		PA; SP
streptomycin sulfate intramuscular	MB		SP
SYLVANT	MB		
SYNAGIS	MB		
TEFLARO	MB		SP
TEMODAR INTRAVENOUS	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		
TYSABRI	MB		
UNITUXIN	MB		SP
VABOMERE	MB		
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB		SP
VELCADE INJECTION	MB		SP
VELETRI	MB		
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	MB		SP
VIMIZIM	MB		
vinblastine sulfate intravenous solution	MB		SP
vincristine sulfate intravenous	MB		SP
vinorelbine tartrate	MB		SP
VISUDYNE	MB		
VONVENDI	MB		
voriconazole intravenous	MB		SP
VPRIV	MB		
white oak	MB		SP
WILATE INTRAVENOUS KIT	MB		

Drug Name	Brand	Generic	Additional Information
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	MB		
XGEVA	MB		
XIAFLEX	MB		
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		
XYNTHA SOLOFUSE	MB		
YERVOY	MB		PA; SP
ZALTRAP	MB		SP
ZANOSAR	MB		SP
ZEMAIRA	MB		
ZEVALIN Y-90	MB		SP
zoledronic acid intravenous concentrate	MB		
zoledronic acid intravenous solution	MB		

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídílkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب .877-475-4799

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona について ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.

Assyrian:
ܐܢ ܐܢܬܘܢ، ܐܘ ܚܕ ܦܠܢܝܐ ܕܒܥܘܕܪܢܐ ܠܗ، ܐܝܬܠܗ ܫܘܐܠܐ ܒܘܬ Blue Cross Blue Shield of Arizona، ܐܝܬܠܘܟ ܙܕܩܐ ܕܩܒܠܬ ܗܝܪܐ ܘܡܘܕܥܢܘܬܐ ܒܠܫܢܘܟ ܡܓܢܐܝܬ. ܠܡܡܠܠܐ ܥܡ ܚܕ ܡܬܪܓܡܢܐ، ܩܪܝ ܠ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

BlueCross BlueShield of Arizona