BlueCross BlueShield Arizona

Prescription Medication Formulary

Portfolio Plans

Effective 1/1/22

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

Tier	Description
$0	**Preventive Medications** including Women's Prevention (primarily generics)
1	**Retail and Mail Order Coinsurance**
SP	**Specialty Coinsurance** (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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Portfolio

Table of Contents

List of Abbreviations
$0: Zero Cost Share Preventive

MB: Medical Benefit

SP: Coinsurance Specialty

T1: Coinsurance Retail and Mail Order

$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		T1	QL (2 EA per 1 day)
guanfacine hcl er		T1	AG (Min 6 Years)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**			
atomoxetine hcl oral capsule 10 mg		T1	AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 80 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 18 mg		T1	AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 25 mg		T1	AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 40 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 60 mg		T1	AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
QELBREE	T1		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		T1	QL (3 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg		T1	QL (2 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1	QL (3 EA per 1 day); AG (Min 6 Years)
Amphetamines**			
ADZENYS XR-ODT	T1		PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg		T1	QL (3 EA per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg		T1	QL (4 EA per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	T1		PA; QL (8 ML per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	T1		PA
EVEKEO *(Amphetamine Sulfate)*	T1	T1	PA
EVEKEO ODT	T1		PA
methamphetamine hcl		T1	QL (3 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
VYVANSE ORAL CAPSULE 10 MG	T1		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	T1		QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T1		QL (1 EA per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET *(Dextroamphetamine Sulfate)* **10 MG, 5 MG**	T1	T1	QL (6 EA per 1 day)
Anorexiants Non-Amphetamine**			
phendimetrazine tartrate		T1	
phentermine hcl oral capsule 15 mg, 30 mg		T1	
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**			
SUNOSI	T1		PA
Histamine H3-Receptor Antagonist/Inverse Agonists**			
WAKIX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Stimulant Combinations**			
AZSTARYS	T1		PA; QL (1 EA per 1 day); AG (Min 6 Years)
Stimulants - Misc.**			
ADHANSIA XR	T1		PA; QL (1 EA per 1 day); AG (Min 6 Years)
APTENSIO XR *(Methylphenidate HCl ER (XR))*	T1	T1	PA; QL (1 EA per 1 day); AG (Min 6 Years)
armodafinil		T1	PA
DAYTRANA	T1		PA; AI (;); 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		T1	QL (1 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T1	QL (2 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T1	QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 10 mg		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)
methylphenidate		T1	PA; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd)		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg		T1	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, 60 mg		T1	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		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release		T1	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T1	QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T1	QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet		T1	QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T1	QL (2 EA per 1 day); AG (Min 6 Years)
modafinil		T1	QL (2 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK	T1		PA
PALFORZIA (12 MG DAILY DOSE)	T1		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T1		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T1		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T1		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T1		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T1		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T1		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T1		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T1		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T1		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T1		QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T1		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T1		AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T1		PA

Drug Name	Brand	Generic	Additional Information
Mixed Allergenic Extracts**			
ODACTRA	T1		PA
ORALAIR	T1		PA
Amebicides			
Amebicides**			
SOLOSEC	T1		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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
neomycin sulfate oral		T1	
paromomycin sulfate oral		T1	
TOBI *(Tobramycin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TOBI PODHALER	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RINVOQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 ML per 1 day); AG (Max 18 Years)

Drug Name	Brand	Generic	Additional Information
XELJANZ ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-CD/UC/HS STARTER	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 the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cyclooxygenase 2 (Cox-2) Inhibitors**			
celecoxib oral		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
Gold Compounds**			
RIDAURA	T1		
Interleukin-1 Receptor Antagonist (Il-1Ra)**			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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
Interleukin-1Beta Blockers**			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Interleukin-6 Receptor Inhibitors**			
ACTEMRA ACTPEN	SP		PA; SP
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Nonsteroidal Anti-Inflammatory Agent Combinations**			
diclofenac-misoprostol oral tablet delayed release		T1	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
diclofenac potassium oral tablet 50 mg		T1	
diclofenac sodium er		T1	
diclofenac sodium oral		T1	
etodolac er oral tablet extended release 24 hour 400 mg		T1	QL (3 EA per 1 day)
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg		T1	QL (2 EA per 1 day)
etodolac oral capsule 200 mg		T1	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
etodolac oral capsule 300 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
etodolac oral tablet 400 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
etodolac oral tablet 500 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenoprofen calcium oral tablet		T1	
flurbiprofen oral		T1	
ibuprofen oral suspension		T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		T1	
INDOCIN ORAL	T1		
INDOCIN RECTAL	T1		
indomethacin er		T1	
indomethacin oral capsule 25 mg, 50 mg		T1	
ketorolac tromethamine oral		T1	QL (20 EA per 5 days)
meclofenamate sodium oral		T1	
mefenamic acid oral		T1	

Drug Name	Brand	Generic	Additional Information
meloxicam oral tablet 15 mg		T1	QL (1 EA per 1 Day)
meloxicam oral tablet 7.5 mg		T1	QL (2 EA per 1 day)
naproxen oral tablet		T1	
naproxen sodium oral tablet 275 mg		T1	
oxaprozin		T1	
piroxicam oral		T1	
RELAFEN ORAL TABLET *(Nabumetone)* **500 MG**	T1	T1	
sulindac oral		T1	
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Selective Costimulation Modulators**			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.15 ML per 1 day)
Analgesics - Nonnarcotic			
Analgesics-Sedatives**			
butalbital-acetaminophen oral tablet 50-325 mg		T1	
butalbital-apap-caffeine oral capsule 50-300-40 mg		T1	AI (;); QL (6 EA per 1 day); AG (Min 12 Years)
butalbital-apap-caffeine oral capsule 50-325-40 mg		T1	QL (6 EA per 1 day); AG (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg		T1	
butalbital-asa-caffeine		T1	
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 oral tablet delayed release 81 mg		$0	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	QL (1 EA per 1 Day); AG (Min 45 Years)
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 EC Low Strength)*	$0	$0	AI (;); QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
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	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	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	QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low dose		$0	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)
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		T1	

Drug Name	Brand	Generic	Additional Information
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	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	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	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	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)
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	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	QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
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	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	QL (1 EA per 1 Day); AG (Min 45 Years)
kp aspirin		$0	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)
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)

Drug Name	Brand	Generic	Additional Information
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)
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)

Drug Name	Brand	Generic	Additional Information
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 EC Low Strength)*	$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		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (13 EA per 1 day)
acetaminophen-codeine #3		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (10 EA per 1 day)
acetaminophen-codeine #4		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
acetaminophen-codeine oral solution		T1	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)

Drug Name	Brand	Generic	Additional Information
acetaminophen-codeine oral tablet 300-15 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (5 EA per 1 day)
ASCOMP-CODEINE *(Butalbital-ASA-Caff-Codeine)*	T1	T1	QL (6 EA per 1 Day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		T1	AI (60 tablets per copay); QL (60 EA per 1 Copay)
Dihydrocodeine Combinations**			
TREZIX ORAL CAPSULE *(APAP-Caff-Dihydrocodeine)* **320.5-30-16 MG**	T1	T1	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		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg		T1	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		T1	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)

Drug Name	Brand	Generic	Additional Information
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		T1	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)*	T1	T1	PA; AI (Limited to 30 day supply.); QL (3 EA per 1 day); AG (Min 16 Years)
codeine sulfate oral tablet 15 mg		T1	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		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (10 EA per 1 day)
codeine sulfate oral tablet 60 mg		T1	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)

Drug Name	Brand	Generic	Additional Information
fentanyl		T1	PA; AI (;); QL (0.34 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg		T1	PA; AI (Limited to 30 day supply.); QL (3 EA per 1 day); AG (Min 16 Years)
fentanyl citrate buccal tablet		T1	PA; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; ST; AI (;); QL (90 EA per 1 Copay); AG (Min 18 Years)
hydrocodone bitartrate er oral capsule extended release 12 hour		T1	PA; QL (2 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour		T1	PA; QL (1 EA per 1 day)
hydromorphone hcl oral liquid		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (12.25 ML per 1 day)
hydromorphone hcl oral tablet 2 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
hydromorphone hcl oral tablet 4 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)
hydromorphone hcl oral tablet 8 mg		T1	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		T1	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)*	T1	T1	PA; AI (;); QL (1 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T1		PA; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
levorphanol tartrate oral tablet 2 mg		T1	PA; QL (8 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
levorphanol tartrate oral tablet 3 mg		T1	PA; QL (8 EA per 1 Day)
meperidine hcl oral solution		T1	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		T1	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		T1	PA
morphine sulfate (concentrate) oral solution 10 mg/0.5ml		T1	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, 20 mg/ml		T1	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 er beads		T1	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		T1	PA; AI (;); QL (1 EA per 1 day)
morphine sulfate er oral tablet extended release		T1	PA; AI (;)
morphine sulfate oral solution 10 mg/5ml		T1	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		T1	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 (12.25 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
morphine sulfate oral tablet 15 mg		T1	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		T1	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		T1	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		T1	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		T1	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		T1	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)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T1		PA
NUCYNTA ER	T1		PA; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T1		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)

Drug Name	Brand	Generic	Additional Information
NUCYNTA ORAL TABLET 50 MG	T1		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	T1		PA
oxycodone hcl oral capsule		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
oxycodone hcl oral concentrate 10 mg/0.5ml		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1.6 EA per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1.6 ML per 1 day)
oxycodone hcl oral solution		T1	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		T1	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		T1	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)

Drug Name	Brand	Generic	Additional Information
oxycodone hcl oral tablet 20 mg, 30 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
oxycodone hcl oral tablet 5 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT *(oxyCODONE HCl ER)*	T1	T1	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		T1	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		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg		T1	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 5 MG	T1		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)
SUBSYS	T1		PA; AI (Limited to 30 day supply.); QL (60 EA per 1 Copay); AG (Min 18 Years)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg		T1	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		T1	QL (1 EA per 1 day); AG (Min 18 Years)
tramadol hcl oral tablet 50 mg		T1	AI (Max #720 Mail Order); QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
XTAMPZA ER	T1		PA; AI (ST: PA applies to new starts only; 1 fill in last 90 days will bypass PA); QL (2 EA per 1 day)
Opioid Combinations**			
benzhydrocodone-acetaminophen		T1	QL (3 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **10-325 MG**	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (3 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **5-325 MG**	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification); QL (6 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **7.5-325 MG**	T1	T1	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		T1	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		T1	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)
PERCOCET ORAL TABLET 10-325 MG	T1		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	T1		PA; QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg		T1	QL (8 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1	QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg		T1	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg		T1	QL (8 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg		T1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg		T1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1	QL (2 EA per 1 Day)
buprenorphine transdermal		T1	PA; AI (;); QL (0.143 EA per 1 day); AG (Min 18 Years)
butorphanol tartrate nasal		T1	
BUTRANS	T1		PA; QL (0.143 EA per 1 day); AG (Min 18 Years)
pentazocine-naloxone hcl		T1	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	T1		QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	T1		AI (;); QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG	T1		QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	T1		AI (;); QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T1		QL (22 EA per 1 day)
Tramadol Combinations**			
tramadol-acetaminophen		T1	QL (8 EA per 1 Day)
Androgens-Anabolic			
Anabolic Steroids**			
oxandrolone oral		T1	PA
Androgens**			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T1		PA; M
danazol oral		T1	QL (4 EA per 1 day)
JATENZO	T1		PA
KYZATREX	T1		PA
methitest		T1	PA
methyltestosterone oral		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
TESTIM *(Testosterone)*	T1	T1	PA; M
testosterone cypionate intramuscular solution 100 mg/ml		T1	AI (;); M; QL (10 ML per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml		T1	M; QL (4 ML per 28 days)
testosterone enanthate intramuscular solution		T1	M
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%)		T1	PA; M
TLANDO	T1		PA
XYOSTED	T1		PA
Anorectal And Related Products			
Intrarectal Steroids**			
hydrocortisone rectal enema		T1	
Nitrate Vasodilating Agents**			
RECTIV	T1		
Antacids			
Antacids - Calcium Salts**			
calcium carbonate antacid oral tablet 648 mg		T1	PA
Anthelmintics			
Anthelmintics**			
albendazole oral		T1	PA
benznidazole		T1	AI (.); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
praziquantel oral		T1	
STROMECTOL *(Ivermectin)*	T1	T1	PA
Antianginal Agents			
Antianginals-Other**			
ranolazine er oral tablet extended release 12 hour 1000 mg		T1	QL (2 EA per 1 Day); AG (Min 16 Years)
ranolazine er oral tablet extended release 12 hour 500 mg		T1	QL (2 EA per 1 day); AG (Min 16 Years)
Nitrates**			
IMDUR *(Isosorbide Mononitrate ER)*	T1	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		T1	
isosorbide mononitrate		T1	
NITRO-BID	T1		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin sublingual		T1	
nitroglycerin transdermal patch 24 hour		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin translingual solution		T1	
NITROMIST	T1		QL (0.6 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
Antianxiety Agents			
Antianxiety Agents - Misc.**			
buspirone hcl oral tablet 10 mg		T1	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
buspirone hcl oral tablet 15 mg		T1	AI (Max #120 Mail Order); QL (4 EA per 1 Day)
buspirone hcl oral tablet 30 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
buspirone hcl oral tablet 5 mg		T1	AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
buspirone hcl oral tablet 7.5 mg		T1	
hydroxyzine hcl oral syrup		T1	
hydroxyzine hcl oral tablet		T1	
hydroxyzine pamoate oral		T1	
meprobamate oral tablet 200 mg		T1	
Benzodiazepines**			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (1 EA per 1 day); AG (Min 18 Years)
alprazolam er oral tablet extended release 24 hour 1 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (1 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (4 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 1 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (3 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 2 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (2 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet dispersible 1 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (3 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet dispersible 2 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (5 EA per 1 day); AG (Min 18 Years)
alprazolam xr		T1	AI (max 2 fills of any benzodiazepir per month); QL (1 EA per 1 day); AG (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (4 EA per 1 day); AG (Min 6 Years)
chlordiazepoxide hcl oral capsule 25 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (8 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (2 EA per 1 day); AG (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (3 EA per 1 Day); AG (Min 9 Years)
diazepam oral solution 5 mg/5ml		T1	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		T1	AI (max 2 fills of any benzodiazepir per month); QL (2 EA per 1 day)
diazepam oral tablet 2 mg		T1	AI (max 2 fills of any benzodiazepir per month); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1		QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral concentrate 2 mg/ml		T1	QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg		T1	AI (Max of 2 fills of any benzodiazepir per month); QL (4 EA per 1 day); AG (Min 18 Years)
oxazepam oral capsule 10 mg, 15 mg		T1	AI (Max of 2 fills of any benzodiazepir per month); QL (5 EA per 1 day); AG (Min 6 Years)
oxazepam oral capsule 30 mg		T1	AI (Max of 2 fills of any benzodiazepir per month); QL (4 EA per 1 day); AG (Min 6 Years)
Antiarrhythmics			
Antiarrhythmics Type I-A**			
disopyramide phosphate oral		T1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T1		
quinidine gluconate er		T1	
quinidine sulfate oral		T1	
Antiarrhythmics Type I-B**			
mexiletine hcl oral		T1	
Antiarrhythmics Type I-C**			
flecainide acetate		T1	
propafenone hcl		T1	
propafenone hcl er		T1	
Antiarrhythmics Type Iii**			
dofetilide		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MULTAQ	T1		AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
PACERONE ORAL TABLET *(Amiodarone HCl)* **100 MG, 200 MG, 400 MG**	T1	T1	
Antiasthmatic And Bronchodilator Agents			
5-Lipoxygenase Inhibitors**			
zileuton er		T1	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	T1		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**	T1	T1	QL (2 EA per 1 day)
ADVAIR HFA	T1		QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGIHALER	T1		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	T1		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 232/14	T1		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	T1		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	T1		

Drug Name	Brand	Generic	Additional Information
BEVESPI AEROSPHERE	T1		PA; ST; 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, 100-25 MCG/INH**	T1	T1	
BREZTRI AEROSPHERE	T1		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 inhalation aerosol 80-4.5 mcg/act		T1	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	T1		AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T1		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, 200-5 MCG/ACT	T1		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 50-5 MCG/ACT	T1		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 furoate-vilanterol inhalation aerosol powder breath activated 200-25 mcg/act		T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		T1	AI (;); QL (0.035 EA per 1 day); AG (Min 12 Years)
ipratropium-albuterol		T1	AI (Max #1620ml mail order); QL (540 ML per 30 Days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T1		QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T1		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	T1		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	T1	T1	QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Anti-Ige Monoclonal Antibodies**			
XOLAIR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Anti-Inflammatory Agents**			
cromolyn sodium inhalation		T1	
Beta Adrenergics**			
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%		T1	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%		T1	AI (Max #15 Mail Order)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1	AI (Max #1125ml Mail Order)
albuterol sulfate oral		T1	
arformoterol tartrate		T1	QL (60 ML per 30 days); AG (Min 18 Years)
formoterol fumarate inhalation		T1	AI (;); QL (120 ML per 30 days); AG (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml		T1	AI (Max #810ml mail order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1	AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml		T1	AI (Max #270 vials mail order); QL (90 EA per 30 Days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T1		
PROAIR HFA *(Albuterol Sulfate HFA)*	T1	T1	AI (;)
PROAIR RESPICLICK	T1		ST; AI (Step through Albuterol Sulfate HFA)
PROVENTIL HFA *(Albuterol Sulfate HFA)*	T1	T1	AI (;)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T1		QL (1 EA per 30 days)
STRIVERDI RESPIMAT	T1		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		T1	
VENTOLIN HFA *(Albuterol Sulfate HFA)*	T1	T1	AI (;)
XOPENEX HFA *(Levalbuterol Tartrate)*	T1	T1	PA; ST; AI (Trial of the following in the last 1 month: Albuterol HFA); QL (1 GM per 1 day)
Bronchodilators - Anticholinergics**			
ATROVENT HFA	T1		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	T1		

Drug Name	Brand	Generic	Additional Information
ipratropium bromide inhalation		T1	
LONHALA MAGNAIR REFILL KIT	T1		ST; AI (ST: Trial of both of the following for 3 months each in the last 12 months: Incruse Ellipta, Seebri Neohaler, Spiriva (Handihaler or Respimat), Tudorza Pressair); CI (Limited to 30 day supply); QL (2 ML per 1 day); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	T1		ST; AI (ST: Trial of both of the following for 3 months each in the last 12 months: Incruse Ellipta, Seebri Neohaler, Spiriva (Handihaler or Respimat), Tudorza Pressair); CI (Limited to 30 day supply); QL (2 ML per 1 day); AG (Min 18 Years)
SPIRIVA HANDIHALER	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T1		
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T1		QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T1		AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	T1		PA
Interleukin-5 Antagonists (Igg1 Kappa)**			
FASENRA PEN	SP		PA
NUCALA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Leukotriene Receptor Antagonists**			
montelukast sodium oral packet		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 4 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 5 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
zafirlukast		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
DALIRESP *(Roflumilast)*	T1	T1	QL (1 EA per 1 day); AG (Min 18 Years)
Steroid Inhalants**			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T1		AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARMONAIR DIGIHALER	T1		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	T1		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T1		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T1		
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	T1		AI (;)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml		T1	AI (Max #360ml Mail Order)
budesonide inhalation suspension 1 mg/2ml		T1	AI (Max #180ml per 90 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T1		QL (2 EA per 1 day)
FLOVENT HFA	T1		AI (;)
fluticasone propionate hfa		T1	
PULMICORT FLEXHALER	T1		AI (;)
QVAR REDIHALER	T1		
Xanthines**			
aminophylline anhydrous		T1	PA
ELIXOPHYLLIN *(Theophylline)*	T1	T1	
THEO-24	T1		
theophylline		T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg		T1	
theophylline er oral tablet extended release 24 hour		T1	
Anticoagulants			
Coumarin Anticoagulants**			
JANTOVEN *(Warfarin Sodium)*	T1	T1	
Direct Factor Xa Inhibitors**			
ELIQUIS	T1		QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T1		QL (74 EA per 28 days)
SAVAYSA	T1		PA; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	T1		QL (10 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T1		AI (;); QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	T1		QL (2 EA per 1 day)
XARELTO STARTER PACK	T1		AI (;); QL (51 EA per 28 days)
Low Molecular Weight Heparins**			
enoxaparin sodium injection		T1	
FRAGMIN INJECTION	T1		
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T1		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T1		
Synthetic Heparinoid-Like Agents**			
fondaparinux sodium		T1	
Thrombin Inhibitors - Selective Direct & Reversible**			
PRADAXA	T1		QL (2 EA per 1 day)
Anticonvulsants			
Ampa Glutamate Receptor Antagonists**			
FYCOMPA ORAL SUSPENSION	T1		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T1		AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T1		AI (Max #180 Mail Order); QL (2 EA per 1 day)
Anticonvulsants - Benzodiazepines**			
clobazam oral suspension		T1	
clobazam oral tablet 10 mg		T1	QL (2 EA per 1 day)
clobazam oral tablet 20 mg		T1	QL (8 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg		T1	QL (4 EA per 1 day)
clonazepam oral tablet 2 mg		T1	QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg		T1	QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.25 mg, 0.5 mg		T1	QL (4 EA per 1 day)
DIASTAT ACUDIAL *(DiazePAM)*	T1	T1	AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	T1		QL (3 EA per 1 day)
diazepam rectal		T1	AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
NAYZILAM	T1		PA
SYMPAZAN	T1		ST; AI (ST: trial of the following in the last 3 months: Onfi); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
VALTOCO 10 MG DOSE	T1		PA
VALTOCO 15 MG DOSE	T1		PA
VALTOCO 20 MG DOSE	T1		PA
VALTOCO 5 MG DOSE	T1		PA
Anticonvulsants - Misc.*			
APTIOM ORAL TABLET 200 MG, 400 MG	T1		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	T1		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)*	T1	T1	PA
BRIVIACT ORAL SOLUTION	T1		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)
BRIVIACT ORAL TABLET	T1		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		T1	
CARBATROL *(carBAMazepine ER)*	T1	T1	
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T1		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	T1		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	T1		PA
EPITOL *(carBAMazepine)*	T1	T1	
EPRONTIA	T1		ST; AI (Step Therapy though Topamax sprinkles 25mg for 1 fill in last 6 mo); QL (16 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
FINTEPLA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
gabapentin oral capsule		T1	
gabapentin oral solution 250 mg/5ml		T1	
gabapentin oral tablet 600 mg, 800 mg		T1	
lacosamide oral		T1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T1		AG (Max 6 Years)
lamotrigine er		T1	
lamotrigine oral kit 25 & 50 & 100 mg		T1	
lamotrigine oral tablet		T1	
lamotrigine oral tablet chewable		T1	
lamotrigine oral tablet dispersible		T1	
levetiracetam er oral tablet extended release 24 hour 500 mg		T1	QL (6 EA per 1 Day); AG (Min 12 Years)
levetiracetam er oral tablet extended release 24 hour 750 mg		T1	AG (Min 12 Years)
levetiracetam oral		T1	
LYRICA ORAL CAPSULE *(Pregabalin)* **100 MG, 150 MG, 25 MG, 50 MG, 75 MG**	T1	T1	QL (4 EA per 1 day)
LYRICA ORAL CAPSULE *(Pregabalin)* **200 MG**	T1	T1	QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T1		QL (2 EA per 1 day)
LYRICA ORAL SOLUTION	T1		PA
oxcarbazepine		T1	
pregabalin oral capsule 225 mg, 300 mg		T1	QL (2 EA per 1 Day)
pregabalin oral solution		T1	
primidone oral		T1	
QUDEXY XR *(Topiramate ER)*	T1	T1	ST; AI (ST: Trial of the following for 3 months in the last 12 months: topiramate (generic for Topamax)); QL (1 EA per 1 day); AG (Min 3 Years)
ROWEEPRA ORAL TABLET *(levETIRAcetam)* **500 MG**	T1	T1	
TEGRETOL-XR *(carBAMazepine ER)*	T1	T1	
topiramate oral capsule sprinkle		T1	QL (2 EA per 1 day)
topiramate oral tablet		T1	
TROKENDI XR	T1		ST; AI (ST: 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)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
zonisamide oral capsule 100 mg		T1	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
zonisamide oral capsule 25 mg, 50 mg		T1	
ZTALMY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Carbamates**			
felbamate		T1	
XCOPRI	T1		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)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T1		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)	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
tiagabine hcl		T1	
VIGADRONE *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hydantoins**			
DILANTIN ORAL CAPSULE *(Phenytoin Sodium Extended)*	T1	T1	
PHENYTEK *(Phenytoin Sodium Extended)*	T1	T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
phenytoin oral tablet chewable		T1	
Succinimides**			
CELONTIN	T1		
ethosuximide oral		T1	

Drug Name	Brand	Generic	Additional Information
Valproic Acid**			
divalproex sodium er oral tablet extended release 24 hour		T1	
divalproex sodium oral tablet delayed release		T1	
valproic acid oral capsule		T1	
valproic acid oral solution		T1	
Antidepressants			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
mirtazapine oral tablet 15 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet 30 mg		T1	AI (Max #270 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet 45 mg		T1	AI (Max #180 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet 7.5 mg		T1	
mirtazapine oral tablet dispersible 15 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
mirtazapine oral tablet dispersible 30 mg		T1	AI (Max #270 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet dispersible 45 mg		T1	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		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg		T1	QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg		T1	QL (15 EA per 1 day)
bupropion hcl oral		T1	
Monoamine Oxidase Inhibitors (Maois)**			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
MARPLAN	T1		
phenelzine sulfate oral		T1	
tranylcypromine sulfate		T1	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
citalopram hydrobromide oral solution		T1	
citalopram hydrobromide oral tablet 10 mg, 20 mg		T1	AI (Max #135 Mail Order)
citalopram hydrobromide oral tablet 40 mg		T1	AI (Max #180 Mail Order)
escitalopram oxalate oral solution		T1	
escitalopram oxalate oral tablet 10 mg		T1	AI (Max #135 Mail Order)

Drug Name	Brand	Generic	Additional Information
escitalopram oxalate oral tablet 20 mg, 5 mg		T1	AI (Max #90 Mail Order)
fluoxetine hcl oral capsule		T1	
fluoxetine hcl oral solution		T1	
fluoxetine hcl oral tablet 10 mg, 20 mg		T1	
fluvoxamine maleate		T1	
fluvoxamine maleate er		T1	AI (Max #180 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl er		T1	QL (1 EA per 1 day)
paroxetine hcl oral suspension		T1	
paroxetine hcl oral tablet 10 mg, 40 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
paroxetine hcl oral tablet 20 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl oral tablet 30 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
sertraline hcl oral concentrate		T1	
sertraline hcl oral tablet		T1	
Serotonin Modulators**			
nefazodone hcl		T1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1	
trazodone hcl oral tablet 300 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T1		ST; AI (Trial of one drug in EACH of the following classes for at least 2 months in last 12 months: selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T1		ST; AI (Trial of one drug in EACH of the following classes for at least 2 months in last 12 months: selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL TABLET	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
VIIBRYD STARTER PACK	T1		QL (1 EA per 1 Lifetime); AG (Min 18 Years)
vilazodone hcl		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
desvenlafaxine er		T1	QL (1 EA per 1 day)
desvenlafaxine succinate er		T1	QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DRIZALMA SPRINKLE	T1		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		T1	QL (2 EA per 1 Day)
duloxetine hcl oral capsule delayed release particles 30 mg		T1	QL (3 EA per 1 Day)
FETZIMA	T1		ST; AI (Trial of one drug in EACH of the following classes for at least 2 months in last 12 months: selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors); QL (1 EA per 1 day)
FETZIMA TITRATION	T1		ST; AI (Trial of one drug in EACH of the following classes for at least 2 months in last 12 months: selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors); QL (1 EA per 1 day)
venlafaxine hcl		T1	
venlafaxine hcl er		T1	
Tricyclic Agents**			
amitriptyline hcl oral		T1	
amoxapine oral tablet 100 mg		T1	
clomipramine hcl oral		T1	
desipramine hcl oral		T1	
doxepin hcl oral capsule		T1	
doxepin hcl oral concentrate		T1	
imipramine hcl oral		T1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
imipramine pamoate oral capsule 75 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
nortriptyline hcl oral capsule		T1	
protriptyline hcl		T1	
trimipramine maleate oral capsule 50 mg		T1	
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
acarbose oral		T1	
Antidiabetic - Amylin Analogs**			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		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	T1		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Biguanides**			
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg		T1	ST; AI (ST: Trial of the following for 3 months in the last 12 months: GLUCOPHAGE XR); QL (2 EA per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg		T1	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		T1	AI (Max #450 Mail Order); QL (5 EA per 1 Day)
metformin hcl er oral tablet extended release 24 hour 750 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		T1	
Diabetic Other - Combinations**			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1		
Diabetic Other**			
BAQSIMI ONE PACK	T1		QL (2 EA per 30 Days)
BAQSIMI TWO PACK	T1		QL (1 EA per 30 Days)
diazoxide oral		T1	
GLUCAGEN HYPOKIT	T1		
glucagon emergency injection kit		T1	QL (2 EA per 30 days)
glucagon emergency injection solution reconstituted		T1	QL (2 EA per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
JANUVIA	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA *(Alogliptin Benzoate)*	T1	T1	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	T1		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	T1		
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
JANUMET	T1		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	T1		QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T1		QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T1		
JENTADUETO XR	T1		QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
KAZANO *(Alogliptin-Metformin HCl)*	T1	T1	ST; AI (ST: Jamumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta for 3MO in last 12MO.)
KOMBIGLYZE XR	T1		ST; AI (ST: Jamumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta for 3MO in last 12MO.)
Dopamine Receptor Agonists - Ergot Derivatives**			
CYCLOSET	T1		
Dpp-4 Inhibitor-Thiazolidinedione Combinations**			
OSENI	T1		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)*	T1	T1	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))*	T1	T1	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	T1		PA; QL (2 EA per 1 day); AG (Min 18 Years)
APIDRA	T1		PA; ST; AI (Max #6 vials retail or #18 vials Mail Order); CI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		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)*	T1	T1	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
BASAGLAR TEMPO PEN	T1		ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T1		ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP INJECTION	T1		ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T1		ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
HUMALOG INJECTION	T1		QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T1		QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1		QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1		QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMALOG MIX 75/25	T1		QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1		QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T1		QL (2 ML per 1 day)
HUMULIN 70/30	T1		QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMULIN N	T1		QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMULIN R	T1		AI (;); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T1		AI (;); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		ST; AI (ST: through Humulin R U 100 for 3mo in last 6mo); QL (2 ML per 1 day)
insulin asp prot & asp flexpen		T1	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		T1	ST; AI (ST: trial of the following in the last 12 months: Humalog Mix 75/25); QL (2 ML per 1 day)
insulin lispro junior kwikpen		T1	ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
insulin lispro prot & lispro		T1	ST; AI (ST: HUMALOG); QL (2 ML per 1 day)
LANTUS	T1		AI (;); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		QL (2 ML per 1 day)
LEVEMIR	T1		ST; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T1		ST; AI (EST through Lantus for 1 month in the last 12 months); QL (2 ML per 1 day)
LYUMJEV	T1		QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T1		QL (0.5 ML per 1 day)
LYUMJEV TEMPO PEN	T1		QL (0.5 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30	T1		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	T1		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	T1		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	T1		PA; ST; AI (ST: trial of the following in the last 12 months: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	T1		PA; ST; AI (ST: trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T1		ST; AI (ST: trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T1		ST; AI (ST: trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T1		PA; ST; AI (ST: trial of the following in the last 12 months: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T1		PA; ST; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T1		ST; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T1		ST; AI (ST: trial of the following in the last 12 months: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T1		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)*	T1	T1	ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG INJECTION *(Insulin Aspart)*	T1	T1	ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T1		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	T1		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)*	T1	T1	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
NOVOLOG RELION INJECTION *(Insulin Aspart)*	T1	T1	ST; AI (ST: trial of the following in the last 12 months: Humalog); QL (2 ML per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	T1		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)*	T1	T1	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
SEMGLEE SUBCUTANEOUS SOLUTION *(Insulin Glargine)*	T1	T1	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Insulin Glargine Solostar)*	T1	T1	ST; AI (ST: Trial of the following in the last 12 months: LANTUS); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T1		QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T1		QL (2 ML per 1 day)
TRESIBA *(Insulin Degludec)*	T1	T1	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 *(Insulin Degludec FlexTouch)*	T1	T1	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	T1		PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
ADLYXIN	T1		PA; 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	T1		PA; 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	T1		QL (0.13 ML per 1 day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		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	T1		QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T1		QL (6 ML per 28 days)

Drug Name	Brand	Generic	Additional Information
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T1		QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T1		QL (0.11 ML per 1 day)
RYBELSUS	T1		QL (1 EA per 1 day)
TRULICITY	T1		QL (0.0715 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 10 Years)
Insulin-Incretin Mimetic Combinations**			
SOLIQUA	T1		QL (0.5 ML per 1 day); AG (Min 18 Years)
Meglitinide Analogues**			
nateglinide		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
repaglinide		T1	
Progesterone Receptor Antagonists**			
KORLYM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR	T1		QL (1 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI	T1		QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T1		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	T1		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	T1		QL (1 EA per 1 day)
INVOKANA	T1		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)

Drug Name	Brand	Generic	Additional Information
JARDIANCE	T1		AI (;); QL (1 EA per 1 day)
STEGLATRO	T1		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	T1		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	T1		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	T1		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	T1		
SYNJARDY XR	T1		AI (;)
XIGDUO XR	T1		
Sulfonylurea-Biguanide Combinations**			
glipizide-metformin hcl oral tablet 2.5-250 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
glyburide-metformin oral tablet 1.25-250 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
Sulfonylureas**			
glimepiride oral tablet 1 mg, 2 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
glimepiride oral tablet 4 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
glipizide er		T1	
glipizide oral		T1	
glipizide xl		T1	

Drug Name	Brand	Generic	Additional Information
glyburide micronized		T1	
glyburide oral		T1	
Thiazolidinedione-Biguanide Combinations**			
pioglitazone hcl-metformin hcl		T1	AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
Thiazolidinediones**			
pioglitazone hcl		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
Antidiarrheal - Chloride Channel Antagonists**			
MYTESI	T1		
Antiperistaltic Agents**			
diphenoxylate-atropine oral liquid		T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg		T1	
loperamide hcl oral capsule		T1	
MOTOFEN	T1		
Antidotes And Specific Antagonists			
Antidotes - Chelating Agents**			
CHEMET	SP		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
deferasirox granules oral packet 180 mg, 360 mg		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
deferasirox granules oral packet 90 mg		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy- some medications may have limitied distribution and some may be available at retial. 30 days limit applies)
EXJADE *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX TWICE-A-DAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
JADENU *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
JADENU SPRINKLE *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antidotes And Specific Antagonists**			
RADIOGARDASE	T1		QL (18 EA per 1 day); AG (Min 2 Years)
Opioid Antagonists**			
KLOXXADO	T1		QL (1 box per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		T1	
naloxone hcl injection solution cartridge		T1	
naloxone hcl injection solution prefilled syringe		T1	
naloxone hcl nasal		T1	QL (1 box per 30 days)
naltrexone hcl oral		T1	
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZIMHI	T1		ST; AI (limited to 1ml in 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	T1		AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
granisetron hcl oral		T1	AI (#6 per copay mail or retail. Max #36.); QL (2 EA per 1 day)
ondansetron		T1	AI (;); QL (4 EA per 1 day)
ondansetron hcl injection solution 40 mg/20ml		T1	
ondansetron hcl oral solution		T1	
ondansetron hcl oral tablet 4 mg, 8 mg		T1	AI (;); QL (4 EA per 1 day)
SANCUSO	T1		AI (;); QL (0.67 EA per 1 day)
Antiemetic Combinations**			
AKYNZEO ORAL	T1		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	T1		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS *(Doxylamine-Pyridoxine)*	T1	T1	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
Antiemetics - Anticholinergic**			
meclizine hcl oral tablet 12.5 mg, 25 mg		T1	

Drug Name	Brand	Generic	Additional Information
scopolamine		T1	QL (0.34 EA per 1 day)
trimethobenzamide hcl oral		T1	
Antiemetics - Miscellaneous**			
dronabinol oral capsule 10 mg		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day)
dronabinol oral capsule 2.5 mg, 5 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T1		PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**			
aprepitant oral capsule		T1	AI (;)
CINVANTI	MB		
EMEND ORAL SUSPENSION RECONSTITUTED	T1		
VARUBI (180 MG DOSE)	T1		AI (Limited to 30 day supply); QL (4 EA per 28 days)
Antifungals			
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**			
BREXAFEMME	T1		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		T1	
griseofulvin microsize oral		T1	
griseofulvin ultramicrosize		T1	
nystatin oral tablet		T1	
terbinafine hcl oral		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Imidazoles**			
ketoconazole oral		T1	
miconazole		T1	
Tetrazoles**			
VIVJOA	SP		ST; SP; AI (Optum Specialty Pharmacy is the 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	T1		PA
fluconazole oral		T1	
itraconazole oral		T1	
NOXAFIL ORAL	T1		PA

Drug Name	Brand	Generic	Additional Information
tolsura		T1	ST; AI (ST: itraconazole 100mg cap in last 6 months); QL (4 EA per 1 day); AG (Min 18 Years)
voriconazole oral		T1	AI (;)
Antihistamines			
Antihistamines - Alkylamines**			
RYCLORA ORAL SOLUTION	T1		AI (118MG per 30 days)
Antihistamines - Ethanolamines**			
carbinoxamine maleate oral solution		T1	
carbinoxamine maleate oral tablet 4 mg		T1	
diphenhydramine hcl oral elixir		T1	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T1		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		T1	PA
desloratadine oral tablet		T1	AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
levocetirizine dihydrochloride oral solution		T1	
Antihistamines - Phenothiazines**			
promethazine hcl injection		T1	
promethazine hcl oral		T1	
PROMETHEGAN	T1		
Antihistamines - Piperidines**			
cyproheptadine hcl oral		T1	
Antihyperlipidemics			
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**			
NEXLIZET	T1		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	T1		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		T1	ST; AI (ST: Any statin in last 6 months)
LOVAZA	T1		PA; AI (Alt: Generic Lovaza); QL (4 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
omega-3-acid ethyl esters		T1	QL (4 EA per 1 day); AG (Min 18 Years)
VASCEPA	T1		PA
Bile Acid Sequestrants**			
cholestyramine oral		T1	
colesevelam hcl oral packet		T1	QL (1 EA per 1 day)
colesevelam hcl oral tablet		T1	QL (6 EA per 1 day)
colestipol hcl oral packet		T1	
colestipol hcl oral tablet		T1	
PREVALITE *(Cholestyramine Light)*	T1	T1	
Fibric Acid Derivatives**			
fenofibrate oral tablet 145 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
fenofibrate oral tablet 160 mg		T1	QL (1 EA per 1 day)
fenofibrate oral tablet 48 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenofibric acid oral capsule delayed release		T1	QL (1 EA per 1 day); AG (Min 18 Years)
fenofibric acid oral tablet 105 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
gemfibrozil oral		T1	
Hmg Coa Reductase Inhibitors**			
atorvastatin calcium oral tablet 10 mg, 40 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
atorvastatin calcium oral tablet 20 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 80 mg		T1	AI (Max #135 Mail Order); QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
fluvastatin sodium oral capsule 40 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	T1		PA; ST; AI (ST: trial of two of the following in the last 12 months: atrorvastatn, simvastatin, rosuvastatin); QL (1 EA per 1 day); AG (Min 8 Years)
lovastatin oral tablet 10 mg, 20 mg		T1	
lovastatin oral tablet 40 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
pravastatin sodium oral tablet 40 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rosuvastatin calcium		T1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
simvastatin oral tablet 80 mg		T1	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	T1		ST; AI (ST: trial of two of the following in the last 12 months: atrorvastatn, 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		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg		T1	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		T1	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 the 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		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T1	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 the 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 the 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 the 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 the 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		T1	
trandolapril-verapamil hcl er		T1	
Ace Inhibitors & Thiazide/Thiazide-Like**			
benazepril-hydrochlorothiazide		T1	
enalapril-hydrochlorothiazide		T1	
fosinopril sodium-hctz		T1	
lisinopril-hydrochlorothiazide		T1	
quinapril-hydrochlorothiazide		T1	
Ace Inhibitors**			
benazepril hcl oral		T1	
captopril oral		T1	
enalapril maleate oral tablet		T1	
fosinopril sodium		T1	
lisinopril oral		T1	
moexipril hcl		T1	
perindopril erbumine		T1	
quinapril hcl		T1	
ramipril		T1	
trandolapril		T1	
Agents For Pheochromocytoma**			
DEMSER	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
METYROSINE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**			
amlodipine besylate-valsartan		T1	AI (;); QL (1 EA per 1 day)
amlodipine-olmesartan		T1	AI (;); QL (1 EA per 1 day)
telmisartan-amlodipine		T1	

Drug Name	Brand	Generic	Additional Information
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
candesartan cilexetil-hctz		T1	AI (;)
EDARBYCLOR	T1		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
losartan potassium-hctz		T1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Angiotensin Ii Receptor Antagonists**			
candesartan cilexetil		T1	AI (;)
EDARBI	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
irbesartan oral tablet 150 mg, 75 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
irbesartan oral tablet 300 mg		T1	AI (Max #90 Mail Order)
losartan potassium oral		T1	
olmesartan medoxomil oral tablet 20 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil oral tablet 40 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 5 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 day)
telmisartan		T1	
valsartan oral tablet		T1	QL (2 EA per 1 day)
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**			
amlodipine-valsartan-hctz		T1	QL (1 EA per 1 day)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg		T1	
Antiadrenergics - Centrally Acting**			
CATAPRES-TTS-1 *(CloNIDine)*	T1	T1	
CATAPRES-TTS-2 *(CloNIDine)*	T1	T1	
CATAPRES-TTS-3 *(CloNIDine)*	T1	T1	
clonidine hcl oral		T1	
guanfacine hcl oral		T1	
methyldopa oral		T1	

Drug Name	Brand	Generic	Additional Information
Antiadrenergics - Peripherally Acting**			
doxazosin mesylate oral		T1	
prazosin hcl oral		T1	
terazosin hcl oral		T1	
Beta Blocker & Diuretic Combinations**			
atenolol-chlorthalidone		T1	
bisoprolol-hydrochlorothiazide		T1	
metoprolol-hydrochlorothiazide		T1	
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	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Direct Renin Inhibitors**			
aliskiren fumarate		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
Selective Aldosterone Receptor Antagonists (Saras)**			
eplerenone oral tablet 25 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
eplerenone oral tablet 50 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Vasodilators**			
hydralazine hcl oral		T1	
minoxidil oral		T1	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
AEMCOLO	T1		AI (Limited to two fills per year); QL (12 EA per 3 days)
metronidazole oral tablet		T1	
pentamidine isethionate inhalation		SP	
tinidazole oral		T1	
trimethoprim oral		T1	
XIFAXAN	T1		PA; AI (;)
Anti-Infective Misc. - Combinations**			
sulfamethoxazole-trimethoprim oral tablet		T1	
SULFATRIM PEDIATRIC *(Sulfamethoxazole-Trimethoprim)*	T1	T1	
Antiprotozoal Agents**			
ALINIA ORAL SUSPENSION RECONSTITUTED	T1		AI (30 days must pass before able to refill); QL (60 ML per 3 days)
ALINIA ORAL TABLET *(Nitazoxanide)*	T1	T1	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
atovaquone oral		T1	
Glycopeptides**			
FIRVANQ	T1		QL (300 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
vancomycin hcl oral capsule		T1	
Leprostatics**			
dapsone oral		T1	
Lincosamides**			
clindamycin hcl oral		T1	
clindamycin palmitate hcl		T1	
Monobactams**			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Oxazolidinones**			
linezolid oral suspension reconstituted		T1	AI (Max 28 day supply); QL (60 ML per 1 day)
linezolid oral tablet		T1	AI (Max 14 days treatment in 30 days); QL (2 EA per 1 day)
SIVEXTRO ORAL	T1		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T1		PA; AI (Max 28 day supply); QL (60 ML per 1 day)
ZYVOX ORAL TABLET	T1		PA; AI (Max 14 days treatment in 30 days); QL (2 EA per 1 day)
Urinary Anti-Infectives**			
methenamine hippurate		T1	
MONUROL *(Fosfomycin Tromethamine)*	T1	T1	
nitrofurantoin macrocrystal oral		T1	
nitrofurantoin monohyd macro		T1	
nitrofurantoin oral suspension		T1	
Antimalarials			
Antimalarial Combinations**			
atovaquone-proguanil hcl		T1	
COARTEM	T1		
Antimalarials**			
chloroquine phosphate oral		T1	AI (Limited to 30 day supply.); QL (2 EA per 1 day)
DARAPRIM *(Pyrimethamine)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
hydroxychloroquine sulfate oral tablet 200 mg		T1	QL (3 EA per 1 day)
mefloquine hcl		T1	AI (Max #15 per 90 days)
quinine sulfate oral		T1	

Drug Name	Brand	Generic	Additional Information
Antimyasthenic/Cholinergic Agents			
Antimyasthenic/Cholinergic Agents**			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
pyridostigmine bromide oral solution		T1	
pyridostigmine bromide oral tablet 60 mg		T1	
Antimycobacterial Agents			
Antimycobacterial Agents**			
cycloserine oral		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ethambutol hcl oral		T1	
isoniazid oral syrup		T1	
isoniazid oral tablet 100 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
isoniazid oral tablet 300 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
PASER	T1		PA; ST
pretomanid		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIFTIN	T1		
pyrazinamide oral		T1	
rifabutin		T1	
rifampin oral		T1	
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRECATOR	T1		
Antineoplastics And Adjunctive Therapies			
Alkylating Agents**			
MYLERAN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Androgen Biosynthesis Inhibitors**			
YONSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ZYTIGA *(Abiraterone Acetate)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiadrenals			
LYSODREN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiandrogens			
CASODEX *(Bicalutamide)*	T1	T1	
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
flutamide		T1	
NILANDRON *(Nilutamide)*	T1	T1	M
NUBEQA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XTANDI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiestrogens			
FARESTON *(Toremifene Citrate)*	T1	T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
SOLTAMOX	T1		
tamoxifen citrate oral		$0	AI (Limited to 30 day supply.); $0
Antimetabolites			
mercaptopurine oral		T1	
methotrexate oral		T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		T1	
ONUREG	T1		PA; AI (Limited to 30 day supply.)
PURIXAN	T1		
TABLOID	T1		
TREXALL	T1		
XATMEP	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA ORAL TABLET *(Capecitabine)* **150 MG**	T1	T1	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
XELODA ORAL TABLET 500 MG	T1		AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Alk Inhibitors			
ALECENSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LORBRENA	T1		PA
XALKORI	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
Antineoplastic - Bcl-2 Inhibitors			
VENCLEXTA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
VENCLEXTA STARTING PACK	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
Antineoplastic - Bcr-Abl Kinase Inhibitors			
BOSULIF	T1		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
GLEEVEC ORAL TABLET *(Imatinib Mesylate)* **100 MG**	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day)
GLEEVEC ORAL TABLET *(Imatinib Mesylate)* **400 MG**	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
ICLUSIG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SCEMBLIX	T1		PA; AI (Limited to 30 day supply.)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
TASIGNA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
TAFINLAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Btk Inhibitors			
BRUKINSA	T1		PA; SP; AI (LIMITED DISTRIBUTION BY DIPLOMAT, BIOLOGICS OR ONCO360)
CALQUENCE	T1		PA; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
IMBRUVICA ORAL CAPSULE 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL SUSPENSION	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Egfr Inhibitors**			
EXKIVITY	SP		PA; SP; AI (Limited Distribution available with ONCO360; limited to a 30 day supply)
GILOTRIF	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IRESSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TAGRISSO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA *(Erlotinib HCl)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIZIMPRO	T1		PA
Antineoplastic - Fgfr Kinase Inhibitors**			
BALVERSA	T1		PA; AI (Limited to 30 day supply.)
lytgobi (12 mg daily dose)		T1	PA; AI (30-day supply maximum applies.)
lytgobi (16 mg daily dose)		T1	PA; AI (30-day supply maximum applies.)
lytgobi (20 mg daily dose)		T1	PA; AI (30-day supply maximum applies.)
PEMAZYRE	T1		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)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (125MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (50MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRUSELTIQ (75MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Hedgehog Pathway Inhibitors			
DAURISMO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ERIVEDGE	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		PA; AI (Limited to 30 day supply.)
Antineoplastic - Histone Deacetylase Inhibitors			
ZOLINZA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 16 Years)
Antineoplastic - Immunomodulators			
POMALYST	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Kras Inhibitors			
KRAZATI	T1		PA; AI (Limited to 30 day supply.)
LUMAKRAS	T1		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
Antineoplastic - Mek Inhibitors**			
COTELLIC	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KOSELUGO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKINIST	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
Antineoplastic - Met Inhibitors**			
TABRECTA	T1		PA
TEPMETKO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Methyltransferase Inhibitors**			
TAZVERIK	T1		PA; AI (Limited Distribution Onco360)
Antineoplastic - Mtor Kinase Inhibitors**			
AFINITOR *(Everolimus)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ *(Everolimus)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T1		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
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FOTIVDA	T1		PA; SP; AI (Limited to a 30 day supply; Limited Specialty distribution by Biologics and OncoMed.)
lapatinib ditosylate		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
NERLYNX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
NEXAVAR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day); AG (Min 16 Years)
QINLOCK	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RYDAPT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sorafenib tosylate		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 16 Years)
STIVARGA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT *(SUNItinib Malate)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG	T1		PA

Drug Name	Brand	Generic	Additional Information
TYKERB	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 Day)
VOTRIENT	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XOSPATA	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		PA; SP; AI (Limited distribution Biologics & PantheRx); CI (Limited to 30 day supply)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T1		PA; SP; AI (Limited distribution Biologics & PantheRx); CI (Limited to 30 day supply)
Antineoplastic - Proteasome Inhibitors			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1		PA
NINLARO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antineoplastic - Ret Inhibitors			
GAVRETO	T1		PA; AI (Limited to 30 day supply.)
RETEVMO	T1		PA; SP; AI (Limited to 30 day supply.)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors			
ROZLYTREK	T1		PA
VITRAKVI	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		PA; AI (Limited to 30 day supply.)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA; AI (Limited to 30 day supply.)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA; AI (Limited to 30 day supply.)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1		PA; AI (Limited to 30 day supply.)
XPOVIO (60 MG TWICE WEEKLY)	T1		PA; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA; AI (Limited to 30 day supply.)
XPOVIO (80 MG TWICE WEEKLY)	T1		PA; AI (Limited to 30 day supply.)
Antineoplastic Combinations**			
DARZALEX FASPRO	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
LONSURF	T1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum); AG (Min 18 Years)
RITUXAN HYCELA	MB		
Antineoplastics Misc.**			
ACTIMMUNE	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BESREMI	T1		PA; AI (Limited to 30 day supply.)
HYDREA *(Hydroxyurea)*	T1	T1	
INTRON A INJECTION SOLUTION RECONSTITUTED	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		AI (Limited to 30 day supply.); QL (1 EA per 1 day)
AROMASIN	T1		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)

Drug Name	Brand	Generic	Additional Information
FEMARA	T1		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)
Chemotherapy Adjuncts - Hyperuricemia Agents**			
ELITEK	MB		
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
IBRANCE	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI (200 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI (400 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI (600 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VERZENIO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Estrogen Receptor Antagonist**			
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE *(Fulvestrant)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Estrogens-Antineoplastic**			
EMCYT	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Folic Acid Antagonists Rescue Agents**			
leucovorin calcium oral		T1	
Gonadotropin Releasing Hormone (Gnrh) Antagonists**			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORGOVYX	T1		PA; AI (Limited to 30 day supply.)

Drug Name	Brand	Generic	Additional Information
Imidazotetrazines**			
TEMODAR ORAL CAPSULE *(Temozolomide)* **250 MG**	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
temozolomide		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA	T1		PA; AI (Limited to 30 day supply.)
TIBSOVO	T1		PA
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**			
IDHIFA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Janus Associated Kinase (Jak) Inhibitors**			
INREBIC	T1		PA
JAKAFI	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VONJO	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Lhrh Analogs**			
CAMCEVI	T1		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	T1		SP; AI (Optum Specialty Pharmacy is the 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	T1		SP; AI (Optum Specialty Pharmacy is the 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
ELIGARD SUBCUTANEOUS KIT 45 MG	T1		SP; AI (Optum Specialty Pharmacy is the 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	T1		SP; AI (Optum Specialty Pharmacy is the 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 injection		T1	SP; AI (Optum Specialty Pharmacy is the 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		T1	SP; AI (Optum Specialty Pharmacy is the 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 the 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	T1		SP; AI (Optum Specialty Pharmacy is the 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 the 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)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is the 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)	T1		SP; AI (Optum Specialty Pharmacy is the 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)
LUPRON DEPOT (6-MONTH)	T1		SP; AI (Optum Specialty Pharmacy is the 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	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Mitotic Inhibitors**			
etoposide oral		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Nitrogen Mustards And Related Analogues**			
ALKERAN ORAL *(Melphalan)*	T1	T1	
cyclophosphamide oral capsule		T1	
cyclophosphamide oral tablet		T1	PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Nitrosoureas**			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
COPIKTRA	T1		PA

Drug Name	Brand	Generic	Additional Information
PIQRAY (200 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PIQRAY (250 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PIQRAY (300 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYDELIG	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RUBRACA ORAL TABLET 200 MG, 300 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 250 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALZENNA	T1		PA
ZEJULA	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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		T1	
megestrol acetate oral tablet		T1	
Retinoids**			
tretinoin oral		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Selective Retinoid X Receptor Agonists**			
TARGRETIN ORAL *(Bexarotene)*	T1	T1	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
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Urinary Tract Protective Agents**			
MESNEX ORAL	SP		SP
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
INLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (10 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (12 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (14 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (18 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (20 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (24 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (4 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LENVIMA (8 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiparkinson And Related Therapy Agents			
Adenosine Receptor Antagonist**			
NOURIANZ	T1		PA; QL (1 EA per 1 day)
Antiparkinson Anticholinergics**			
benztropine mesylate oral		T1	

Drug Name	Brand	Generic	Additional Information
trihexyphenidyl hcl oral tablet		T1	
Antiparkinson Dopaminergics**			
amantadine hcl oral capsule		T1	
bromocriptine mesylate oral		T1	
GOCOVRI	T1		PA
INBRIJA	T1		PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T1		PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T1		PA
Antiparkinson Monoamine Oxidase Inhibitors**			
rasagiline mesylate oral		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
selegiline hcl oral		T1	
XADAGO	T1		PA
Central/Peripheral Comt Inhibitors**			
TASMAR ORAL TABLET *(Tolcapone)* **100 MG**	T1	T1	PA
Decarboxylase Inhibitors**			
carbidopa oral		T1	
Levodopa Combinations**			
carbidopa-levodopa		T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		T1	
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		T1	AI (Max #270 Mail Order); QL (8 EA per 1 Day)
RYTARY	T1		PA
Nonergoline Dopamine Receptor Agonists**			
KYNMOBI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
pramipexole dihydrochloride		T1	
ropinirole hcl		T1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg		T1	QL (6 EA per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg		T1	QL (8 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg		T1	QL (4 EA per 1 Day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
ropinirole hcl er oral tablet extended release 24 hour 8 mg		T1	QL (3 EA per 1 Day); AG (Min 16 Years)
Peripheral Comt Inhibitors**			
entacapone		T1	
ONGENTYS	T1		PA
Antipsychotics/Antimanic Agents			
Antimanic Agents**			
lithium carbonate er		T1	
lithium carbonate oral		T1	
Antipsychotics - Misc.**			
CAPLYTA	T1		PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T1		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T1		QL (8 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T1		QL (5 EA per 1 day)
GEODON INTRAMUSCULAR *(Ziprasidone Mesylate)*	SP	SP	PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LATUDA	T1		QL (1 EA per 1 Day); AG (Min 10 Years)
NUPLAZID ORAL CAPSULE	T1		PA
NUPLAZID ORAL TABLET 10 MG	T1		PA
VRAYLAR ORAL CAPSULE	T1		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	T1		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		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Benzisoxazoles**			
FANAPT	T1		AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T1		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
INVEGA HAFYERA	SP		PA; 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
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	SP		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	SP		PA; AI (Optum Specialty Pharmacy is the 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		T1	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		T1	AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
risperidone oral solution		T1	
risperidone oral tablet		T1	
risperidone oral tablet dispersible 1 mg		T1	
Butyrophenones**			
haloperidol lactate oral		T1	
haloperidol oral		T1	
Dibenzodiazepines**			
clozapine oral tablet 100 mg, 25 mg		T1	AI (Max #810 Mail Order); QL (9 EA per 1 Day)
clozapine oral tablet 200 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
clozapine oral tablet 50 mg		T1	AI (Max #540 per 90days); QL (6 EA per 1 Day)
Dibenzo-Oxepino Pyrroles**			
asenapine maleate		T1	QL (2 EA per 1 day)
SECUADO	T1		QL (1 EA per 1 day)
Dibenzothiazepines**			
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg		T1	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		T1	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 100 mg, 300 mg		T1	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 200 mg, 25 mg		T1	QL (3 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 400 mg		T1	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		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 10 Years)
Dibenzoxazepines**			
loxapine succinate oral		T1	
Phenothiazines**			
chlorpromazine hcl injection		T1	PA
chlorpromazine hcl oral tablet		T1	
fluphenazine decanoate injection		T1	PA
fluphenazine hcl injection		T1	PA
fluphenazine hcl oral		T1	
perphenazine oral		T1	
prochlorperazine		T1	
prochlorperazine edisylate injection solution 10 mg/2ml		T1	PA
prochlorperazine maleate oral		T1	
thioridazine hcl oral		T1	
trifluoperazine hcl oral		T1	
Quinolinone Derivatives**			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day limit applies)
aripiprazole oral solution		T1	QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 2 mg, 5 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
aripiprazole oral tablet 15 mg, 20 mg, 30 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
ARISTADA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ARISTADA INITIO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REXULTI ORAL TABLET 0.25 MG	T1		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	T1		PA; AI (;); QL (1 EA per 1 day); AG (Min 18 Years)
Thienbenzodiazepines**			
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
olanzapine oral tablet 15 mg, 20 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine oral tablet 7.5 mg		T1	AI (Max #90 Mail Order); QL (3 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg		T1	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	SP		PA; SP; AI (Limited Distribution Accredo, AllianceRx and Caremark 30 day supply limit applies)
Thioxanthenes**			
thiothixene oral		T1	
Antiseptics & Disinfectants			
Antiseptics & Disinfectants**			
formaldehyde external solution 10 %		T1	
Iodine Antiseptics**			
IODOSORB	T1		
Antivirals			
Antiretroviral Combinations**			
abacavir sulfate-lamivudine		T1	
ATRIPLA	T1		AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T1		QL (1 EA per 1 day)
CIMDUO	T1		QL (1 EA per 1 day)
COMPLERA	T1		AI (;)
DELSTRIGO	T1		ST; AI (ST: No prior history of antiretroviral therapy within the last 6 months); QL (1 EA per 1 day); AG (Min 12 Years)
DESCOVY	T1		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	T1		AI (;)
efavirenz-emtricitab-tenofo df		T1	QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-emtricitab-tenofovir		T1	QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-lamivudine-tenofovir		T1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg		T1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg		$0	$0; QL (1 EA per 1 day)
EVOTAZ	T1		AI (;)

Drug Name	Brand	Generic	Additional Information
GENVOYA	T1		AI (;)
JULUCA	T1		PA
lamivudine-zidovudine		T1	AI (;)
lopinavir-ritonavir		T1	
ODEFSEY	T1		AI (;)
PREZCOBIX	T1		AI (;)
STRIBILD	T1		AI (;)
SYMTUZA	T1		
TRIUMEQ	T1		AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
TRIUMEQ PD	T1		QL (6 EA per 1 day); AG (Max 10 Years)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
maraviroc		T1	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	T1		
SELZENTRY ORAL TABLET 25 MG, 75 MG	T1		QL (2 EA per 1 day)
Antiretrovirals - Fusion Inhibitors**			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**			
RUKOBIA	T1		PA
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS	T1		AI (;)
ISENTRESS HD	T1		
TIVICAY ORAL TABLET 10 MG, 25 MG	T1		
TIVICAY ORAL TABLET 50 MG	T1		AI (;)
TIVICAY PD	T1		
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE	T1		AI (;)
atazanavir sulfate oral capsule 150 mg, 200 mg		T1	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg		T1	QL (1 EA per 1 day)
fosamprenavir calcium		T1	
LEXIVA ORAL SUSPENSION	T1		AI (;)
NORVIR ORAL PACKET	T1		
NORVIR ORAL SOLUTION	T1		AI (;)
PREZISTA ORAL SUSPENSION	T1		AI (;)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T1		AI (;)
REYATAZ ORAL PACKET	T1		AI (;)
ritonavir		T1	

Drug Name	Brand	Generic	Additional Information
VIRACEPT ORAL TABLET	T1		AI (;)
Antiretrovirals - Rti-Non-Nucleoside Analogues			
EDURANT	T1		AI (;); QL (1 EA per 1 Day)
efavirenz oral capsule 200 mg		T1	QL (1 EA per 1 day)
efavirenz oral capsule 50 mg		T1	QL (2 EA per 1 day)
efavirenz oral tablet		T1	QL (1 EA per 1 day)
etravirine		T1	
INTELENCE ORAL TABLET 25 MG	T1		AI (;)
nevirapine		T1	AI (;)
nevirapine er oral tablet extended release 24 hour 100 mg		T1	
nevirapine er oral tablet extended release 24 hour 400 mg		T1	AI (;)
PIFELTRO	T1		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		T1	
abacavir sulfate oral tablet		T1	AI (;)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines			
emtricitabine		T1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	T1		AI (;); QL (1 EA per 1 Day)
EMTRIVA ORAL SOLUTION	T1		AI (;); QL (720 ML per 30 Days)
lamivudine oral solution		T1	AI (;)
lamivudine oral tablet 150 mg, 300 mg		T1	AI (;)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines			
stavudine oral capsule		T1	AI (;)
zidovudine		T1	AI (;)
Antiretrovirals - Rti-Nucleotide Analogues			
tenofovir disoproxil fumarate		T1	
VIREAD ORAL POWDER	T1		AI (;)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T1		AI (;); QL (1 EA per 1 day)
Antiretrovirals Adjuvants			
TYBOST	T1		
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)

Drug Name	Brand	Generic	Additional Information
Cmv Agents**			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PREVYMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
valganciclovir hcl oral solution reconstituted		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
valganciclovir hcl oral tablet		SP	SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BARACLUDE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
lamivudine oral tablet 100 mg		SP	SP
VEMLIDY	SP		SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sofosbuvir-velpatasvir		SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOSEVI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ribavirin oral capsule		SP	
ribavirin oral tablet 200 mg		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOVALDI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Herpes Agents - Purine Analogues**			
acyclovir oral		T1	
SITAVIG	T1		PA; AI (;); QL (15 EA per 90 days); AG (Min 16 Years)
valacyclovir hcl oral tablet 1 gm		T1	AI (;); QL (3 EA per 1 Day)
valacyclovir hcl oral tablet 500 mg		T1	QL (2 EA per 1 Day)
Herpes Agents - Thymidine Analogues**			
famciclovir oral		T1	
Influenza Agents**			
rimantadine hcl		T1	
Misc. Antivirals**			
LAGEVRIO	$0		AI (Max 80 capsules per 1 year); QL (8 EA per 1 day)
Neuraminidase Inhibitors**			
oseltamivir phosphate oral capsule		T1	AI (;); QL (10 EA per 5 Dayss)
oseltamivir phosphate oral suspension reconstituted		T1	AI (;); QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T1		QL (0.67 EA per 1 day)
Beta Blockers			
Alpha-Beta Blockers**			
carvedilol		T1	
labetalol hcl oral		T1	
Beta Blockers Cardio-Selective**			
acebutolol hcl oral		T1	
atenolol oral		T1	
betaxolol hcl oral tablet 10 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
betaxolol hcl oral tablet 20 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
bisoprolol fumarate oral		T1	
KAPSPARGO SPRINKLE	T1		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)

Drug Name	Brand	Generic	Additional Information
metoprolol succinate er		T1	
metoprolol tartrate oral		T1	
nebivolol hcl		T1	
Beta Blockers Non-Selective**			
HEMANGEOL	T1		
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1	
pindolol		T1	
propranolol hcl er		T1	
propranolol hcl oral		T1	
SORINE *(Sotalol HCl)*	T1	T1	
sotalol hcl (af)		T1	
timolol maleate oral		T1	
Calcium Channel Blockers			
Calcium Channel Blockers**			
AFEDITAB CR *(NIFEdipine ER)*	T1	T1	
amlodipine besylate oral		T1	
CARTIA XT *(dilTIAZem HCl ER Coated Beads)*	T1	T1	
CONJUPRI *(Levamlodipine Maleate)*	T1	T1	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		T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg		T1	
diltiazem hcl oral		T1	
dilt-xr		T1	
felodipine er		T1	
isradipine		T1	
nicardipine hcl oral		T1	
nifedipine er osmotic release		T1	
nifedipine oral		T1	
nimodipine oral		T1	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		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nisoldipine er oral tablet extended release 24 hour 30 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT *(Diltiazem HCl ER Beads)*	T1	T1	
TIADYLT ER *(Diltiazem HCl ER Beads)*	T1	T1	
verapamil hcl er oral capsule extended release 24 hour		T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		T1	
verapamil hcl oral		T1	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR *(Verapamil HCl ER)* **200 MG**	T1	T1	

Drug Name	Brand	Generic	Additional Information
Cardiotonics			
Cardiac Glycosides**			
DIGITEK *(Digoxin)*	T1	T1	
DIGOX *(Digoxin)*	T1	T1	
Cardiovascular Agents - Misc.			
Cardiac Myosin Inhibitors**			
CAMZYOS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO DPI MAINTENANCE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO REFILL	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Pulmonary Hypertension - Endothelin Receptor Antagonists**			
LETAIRIS *(Ambrisentan)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**			
ADCIRCA *(Tadalafil (PAH))*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
UPTRAVI ORAL TABLET THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		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		T1	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)
Sinus Node Inhibitors*			
CORLANOR	T1		PA
Transthyretin Stabilizers**			
VYNDAMAX	SP		PA
VYNDAQEL	SP		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**			
VERQUVO	T1		PA; QL (1 EA per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
cefadroxil		T1	
cephalexin oral capsule 250 mg, 500 mg		T1	
cephalexin oral suspension reconstituted		T1	
Cephalosporins - 2Nd Generation**			
cefaclor er		T1	
cefaclor oral capsule		T1	AI (one fill per month); QL (3 EA per 10 days)
cefaclor oral suspension reconstituted		T1	
cefprozil		T1	
cefuroxime axetil oral tablet		T1	
Cephalosporins - 3Rd Generation**			
cefdinir		T1	

Drug Name	Brand	Generic	Additional Information
cefixime oral suspension reconstituted		T1	
cefpodoxime proxetil		T1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T1		
SUPRAX ORAL TABLET CHEWABLE	T1		
Chemicals			
Bulk Chemicals - Be's**			
belladonna		T1	
Bulk Chemicals - En**			
enalapril maleate		T1	
Bulk Chemicals - Va's**			
vancomycin hcl		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 *(Desogestrel-Ethinyl Estradiol)*	$0	$0	AI (;); 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	AI (;); 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	$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	T1		F; QL (1.34 EA per 1 day)
CHATEAL *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
CHATEAL EQ	$0		F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
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		T1	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)
FINZALA	T1		F; QL (1.34 EA per 1 day)
HAILEY 1.5/30	$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)*	T1	T1	F; QL (1.34 EA per 1 day)
JULEBER	$0		AI (;); F; 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)*	T1	T1	AI (;); F; QL (1.34 EA per 1 day)
KALLIGA	$0		AI (;); 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	AI (;); F; QL (1.34 EA per 1 day)
LARIN 1.5/30	$0		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)*	T1	T1	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	AI (;); F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21)	$0		F; $0; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
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)*	T1	T1	F; QL (1.34 EA per 1 day)
LOW-OGESTREL	$0		AI (;); F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	T1		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	AI (;); F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30	$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)
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)*	T1	T1	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		T1	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	AI (;); 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)*	T1	T1	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)*	T1	T1	AI (;); F; QL (1.34 EA per 1 day)
VESTURA *(Drospirenone-Ethinyl Estradiol)*	T1	T1	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
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	$0		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 *(Drospirenone-Ethinyl Estradiol)*	$0	$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	$0		AI (;); F; QL (1 EA per 30 days)
HALOETTE *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1 EA per 30 days)
NUVARING *(Etonogestrel-Ethinyl Estradiol)*	T1	$0	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	AI (;); F; $0; QL (3 EA per 30 days)
AFTERPILL	$0		F; QL (3 EA per 30 days)
ECONTRA EZ *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
ECONTRA ONE-STEP *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
ELLA	T1		AI (;); F; QL (3 EA per 30 Days)
MY CHOICE *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
MY WAY *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
NEW DAY *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
OPCICON ONE-STEP *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
OPTION 2 *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
PLAN B ONE-STEP	T1		AI (;); F; QL (3 EA per 30 Days)
REACT *(Levonorgestrel)*	$0	$0	AI (;); F; $0; QL (3 EA per 30 days)
TAKE ACTION *(Levonorgestrel)*	$0	$0	AI (;); 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)*	T1	T1	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)

Drug Name	Brand	Generic	Additional Information
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	T1		F; QL (91 EA per 91 days)
RIVELSA *(Levonorgest-Eth Est & Eth Est)*	T1	T1	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	T1		AI (;); F; QL (28 EA per 30 Days)
Progestin Contraceptives - Injectable**			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T1		F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1		F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T1		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	$0		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	T1		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)

Drug Name	Brand	Generic	Additional Information
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	$0		AI (;); F; QL (1.34 EA per 1 day)
TRI-ESTARYLLA	$0		AI (;); F; QL (1.34 EA per 1 day)
TRI-LEGEST FE	$0		AI (;); F; $0; QL (28 EA per 30 Days)
TRI-LINYAH	$0		AI (;); F; QL (1.34 EA per 1 day)
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 *(Norgestim-Eth Estrad Triphasic)*	$0	$0	AI (;); 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)	$0		AI (;); 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	$0		AI (;); 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 *(Norgestim-Eth Estrad Triphasic)*	$0	$0	AI (;); F; QL (1.34 EA per 1 day)
VELIVET	$0		AI (;); F; QL (1.34 EA per 1 day)
Corticosteroids			
Glucocorticosteroids**			
budesonide oral		T1	
DEXAMETHASONE INTENSOL	T1		
dexamethasone oral elixir		T1	
dexamethasone oral solution		T1	
dexamethasone oral tablet		T1	
EMFLAZA	T1		PA; AG (Min 5 Years)
hydrocortisone oral		T1	
MEDROL ORAL TABLET 2 MG	T1		
methylprednisolone oral tablet		T1	
ORTIKOS	T1		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		T1	
prednisolone oral syrup 15 mg/5ml		T1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 6.7 (5 base) mg/5ml		T1	

Drug Name	Brand	Generic	Additional Information
prednisolone sodium phosphate oral tablet dispersible		T1	
PREDNISONE INTENSOL	T1		
prednisone oral		T1	
SOLU-CORTEF	T1		
TARPEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Mineralocorticoids**			
fludrocortisone acetate oral		T1	
Cough/Cold/Allergy			
Antitussive - Nonnarcotic**			
benzonatate oral capsule 100 mg, 200 mg		T1	
Antitussive - Opioid**			
hydrocodone bit-homatrop mbr oral solution		T1	AI (Limited to 10 day supply and 1 fill per month); QL (15 ML per 1 day)
hydrocodone bit-homatrop mbr oral tablet		T1	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 2 days)
hydromet oral solution		T1	AI (Limited to 10 day supply and 1 fill per month); QL (15 ML per 1 day)
Antitussive-Expectorant**			
g tussin ac		T1	QL (240 ML per 10 days)
guaiatussin ac		T1	QL (240 ML per 10 days)
guaifenesin ac		T1	QL (240 ML per 10 days)
guaifenesin-codeine oral solution		T1	QL (240 ML per 10 days)
virtussin a/c		T1	QL (240 ML per 10 days)
Decongestant & Antihistamine**			
CLARINEX-D 12 HOUR	T1		ST; AI (Max #180 Mail Order); CI (ST: through Desloratadine tablets in last 30 days); QL (2 EA per 1 Day)
promethazine vc		T1	
promethazine-phenylephrine		T1	
Expectorants**			
guaifenesin oral tablet 200 mg		T1	
Misc. Respiratory Inhalants**			
sodium chloride inhalation nebulization solution 0.9 %, 7 %		T1	
Mucolytics**			
acetylcysteine inhalation		T1	

Drug Name	Brand	Generic	Additional Information
Non-Narc Antitussive-Antihistamine**			
promethazine-dm oral syrup		T1	
Non-Narc Antitussive-Decongestant-Antihistamine**			
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml		T1	
Opioid Antitussive-Antihistamine**			
promethazine-codeine oral syrup		T1	AI (one fill per month); QL (150 ML per 10 days)
Opioid Antitussive-Decongestant-Antihistamine**			
M-END PE	T1		
promethazine vc/codeine		T1	AI (one fill per month); QL (150 ML per 10 days)
promethazine-phenyleph-codeine		T1	AI (one fill per month); QL (150 ML per 10 days)
Dermatologicals			
Acne Antibiotics**			
AMZEEQ	T1		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)*	T1	T1	
CLINDACIN-P *(Clindamycin Phosphate)*	T1	T1	
clindamycin phosphate external foam		T1	QL (50 GM per 30 days)
clindamycin phosphate external gel		T1	
clindamycin phosphate external lotion		T1	
clindamycin phosphate external solution		T1	
dapsone external gel 5 %		T1	PA
ery		T1	
erythromycin external gel		T1	
erythromycin external solution		T1	
sulfacetamide sodium (acne)		T1	
Acne Combinations**			
clindamycin phos-benzoyl perox external gel 1-5 %		T1	
Acne Products**			
ACCUTANE *(ISOtretinoin)*	T1	T1	
AKLIEF	T1		ST; AI (ST: 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	T1		QL (1.5 GM per 1 day)
AMNESTEEM *(ISOtretinoin)*	T1	T1	
bpo external gel 4 %		T1	
CLARAVIS *(ISOtretinoin)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
MYORISAN *(ISOtretinoin)*	T1	T1	
tretinoin external		T1	
tretinoin microsphere external gel 0.04 %		T1	
tretinoin microsphere pump external gel 0.04 %		T1	
WINLEVI	T1		ST; AI (ST: Trial of 2 of the following within l 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)*	T1	T1	
Agents For External Genital And Perianal Warts**			
VEREGEN	T1		AI (;); QL (1 GM per 1 day)
Antibiotics - Topical**			
ALTABAX	T1		QL (1 GM per 1 day)
gentamicin sulfate external		T1	
mupirocin external		T1	
XEPI	T1		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		T1	
nystatin-triamcinolone		T1	
Antifungals - Topical**			
ciclopirox external		T1	
ciclopirox olamine external		T1	
MENTAX	T1		
naftifine hcl external cream		T1	
NYAMYC *(Nystatin)*	T1	T1	
nystatin external		T1	
NYSTOP *(Nystatin)*	T1	T1	
Antineoplastic Alkylating Agents - Topical**			
VALCHLOR	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
Antineoplastic Antimetabolites - Topical**			
CARAC *(Fluorouracil)*	T1	T1	PA; AI (Limited to 30 day supply.); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM	T1		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
fluorouracil external cream 5 %		T1	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
fluorouracil external solution		T1	
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**			
diclofenac sodium external gel 3 %		T1	PA; AI (Limited to 30 day supply.); QL (3.34 GM per 1 day)
Antineoplastic Retinoids - Topical**			
PANRETIN	T1		PA
Antipruritics - Topical**			
PRUDOXIN *(Doxepin HCl)*	T1	T1	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)*	T1	T1	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		T1	
COSENTYX	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
methoxsalen rapid		SP	AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
SILIQ	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
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TREMFYA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antipsoriatics**			
calcipotriene external cream		T1	
calcipotriene external solution		T1	
CALCITRENE *(Calcipotriene)*	T1	T1	
tazarotene external cream		T1	QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T1		
TAZORAC EXTERNAL GEL *(Tazarotene)* **0.05 %**	T1	T1	
TAZORAC EXTERNAL GEL *(Tazarotene)* **0.1 %**	T1	T1	AI (Limited to 30 day supply.); QL (1 GM per 1 day)
VECTICAL *(Calcitriol)*	T1	T1	AI (Max #300 Mail Order); QL (100 GM per 30 Days)
VTAMA	T1		PA
ZORYVE	T1		PA
Antiseborrheic Products**			
selenium sulfide external lotion		T1	
Antiviral Topical Combinations**			
XERESE	T1		
Antivirals - Topical**			
acyclovir external		T1	

Drug Name	Brand	Generic	Additional Information
DENAVIR *(Penciclovir)*	T1	T1	
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**			
CIBINQO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OPZELURA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Atopic Dermatitis - Monoclonal Antibodies**			
ADBRY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DUPIXENT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Burn Products**			
SSD *(Silver Sulfadiazine)*	T1	T1	
SULFAMYLON EXTERNAL CREAM	T1		
THERMAZENE *(Silver Sulfadiazine)*	T1	T1	
Corticosteroids - Topical**			
ala-cort external cream 2.5 %		T1	
alclometasone dipropionate		T1	
amcinonide		T1	
betamethasone dipropionate aug		T1	
betamethasone dipropionate external		T1	
betamethasone valerate external		T1	
clobetasol propionate e		T1	
clobetasol propionate emulsion		T1	AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years)
clobetasol propionate external		T1	
clocortolone pivalate		T1	AI (Limited to 30 day supply.); QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO *(Clobetasol Propionate)*	T1	T1	
CORDRAN EXTERNAL TAPE	T1		ST; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone (Rx), Triamcinolone); QL (0.034 EA per 1 day)
desonide external cream		T1	
desonide external gel		T1	QL (60 GM per 30 days)
desonide external lotion		T1	

Drug Name	Brand	Generic	Additional Information
desonide external ointment		T1	
desoximetasone external cream		T1	
desoximetasone external gel		T1	
desoximetasone external ointment 0.25 %		T1	
diflorasone diacetate external cream		T1	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		T1	PA; 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		T1	
fluocinolone acetonide external		T1	
fluocinolone acetonide scalp		T1	
fluocinonide external cream 0.05 %		T1	
fluocinonide external gel		T1	
fluocinonide external ointment		T1	
fluocinonide external solution		T1	
flurandrenolide external cream		T1	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		T1	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		T1	ST; AI (EST through at least 2 of the following in the last 6 months: Betamethasone, Clobetasol, Hydrocortisone (Rx), Triamcinolone); QL (2 GM per 1 day)
fluticasone propionate external		T1	
halcinonide		T1	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		T1	QL (1 GM per 1 day)
halobetasol propionate external ointment		T1	QL (1 GM per 1 day)
hydrocortisone butyrate external cream		T1	AI (Limited to 1 fill per month); QL (15 GM per 10 days)
hydrocortisone butyrate external ointment		T1	
hydrocortisone butyrate external solution		T1	

Drug Name	Brand	Generic	Additional Information
hydrocortisone external cream 2.5 %		T1	
hydrocortisone external lotion 2.5 %		T1	
hydrocortisone external ointment 2.5 %		T1	
hydrocortisone valerate		T1	
mometasone furoate external		T1	
triamcinolone acetonide external aerosol solution		T1	
triamcinolone acetonide external cream		T1	
triamcinolone acetonide external lotion		T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		T1	
Enzymes - Topical**			
SANTYL	T1		
Imidazole-Related Antifungals - Topical**			
clotrimazole external solution		T1	
econazole nitrate external		T1	
EXELDERM	T1		
JUBLIA	T1		PA; QL (0.27 ML per 1 day); AG (Min 18 Years)
ketoconazole external cream		T1	
ketoconazole external shampoo 2 %		T1	
oxiconazole nitrate		T1	AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 days)
Immunomodulators Imidazoquinolinamines - Topical**			
imiquimod external cream 5 %		T1	
Keratolytic/Antimitotic Agents**			
CONDYLOX EXTERNAL GEL	T1		
podofilox external		T1	
Macrolide Immunosuppressants - Topical**			
ELIDEL	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
pimecrolimus		T1	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T1		QL (30 GM per 30 days); AG (Min 2 Years and Max 15 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T1		QL (30 GM per 30 days); AG (Min 16 Years)
tacrolimus external ointment 0.03 %		T1	AI (;); QL (30 GM per 30 days); AG (Min 2 Years and Max 15 Years)
tacrolimus external ointment 0.1 %		T1	AI (;); QL (30 GM per 30 days); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
Microtubule Inhibitors - Topical**			
KLISYRI	T1		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)*	T1	T1	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**			
EUCRISA	T1		PA; QL (2 GM per 1 day); AG (Min 2 Years)
Rosacea Agents**			
ivermectin external cream		T1	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	T1		PA
RHOFADE	T1		
ROSADAN EXTERNAL CREAM *(metroNIDAZOLE)*	T1	T1	
ROSADAN EXTERNAL GEL *(MetroNIDAZOLE)*	T1	T1	
ZILXI	T1		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	T1		PA
ivermectin external lotion		T1	PA; QL (117 GM per 30 days)
lindane external shampoo		T1	
malathion external		T1	QL (2.7 ML per 1 day)
NATROBA *(Spinosad)*	T1	T1	PA
OVIDE	T1		PA; QL (2.7 ML per 1 day)
permethrin external cream		T1	
Steroid-Local Anesthetic Combinations**			
CORTANE-B EXTERNAL	T1		
EPIFOAM	T1		
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T1		
Tar Products**			
SCYTERA	T1		
Topical Anesthetic Combinations**			
ITCH-X EXTERNAL SOLUTION	T1		

Drug Name	Brand	Generic	Additional Information
Topical Selective Retinoid X Receptor Agonists**			
bexarotene external		T1	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 days)
TARGRETIN EXTERNAL	T1		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 Days)
Topical Steroid Combinations**			
calcipotriene-betameth diprop external ointment		T1	QL (60 GM per 30 days); AG (Min 16 Years)
calcipotriene-betameth diprop external suspension		T1	QL (2 GM per 1 day); AG (Min 18 Years)
Wound Care - Growth Factor Agents**			
REGRANEX	T1		PA; AI (Limited to 30 day supply.)
Diagnostic Products			
Diagnostic Tests**			
ACCU-CHEK AVIVA PLUS IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK GUIDE IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ACCUTREND GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVANCE INTUITION TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVANCE MICRO-DRAW TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ADVOCATE REDI-CODE IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX AMP TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX KEYNOTE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE 3 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE 4 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE II *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ASSURE II CHECK *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE PLATINUM *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE PRISM MULTI TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE PRO TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
BLULINK GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CARESENS N GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CHEMSTRIP K	T1		AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
CLEVER CHEK AUTO-CODE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CLEVER CHEK TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE AUTO-CODE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE NO CODING *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CONTOUR NEXT TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CONTOUR TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
cvs glucose meter test strips		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
D-CARE BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE+ GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
diatrue plus test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
DUO-CARE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
easy plus ii glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASY STEP TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
easy talk blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
easy talk plus ii test strips		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
easy trak blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
easy trak ii glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYGLUCO IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYMAX 15 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYMAX TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYPRO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EASYPRO PLUS IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
element compact test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ELEMENT TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
eq blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
EVOLUTION AUTOCODE IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FIFTY50 GLUCOSE TEST 2.0 *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA 6 CONNECT *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA D15G BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA D20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA D40/G31 BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA G20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA G30/PREM V10 GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA GD20 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA TN'G/TN'G VOICE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA V10 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORA V30A BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORACARE GD40 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORACARE PREMIUM V10 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORACARE TEST N GO TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FORTISCARE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE INSULINX TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LITE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ge100 blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GENULTIMATE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ght test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCO PERFECT 3 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD SHINE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
GLUCOCARD VITAL TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCARD X-SENSOR *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
glucose meter test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
gnp easy touch glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GNP TRUETRACK TEST STRIPS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
GOJJI BLOOD TEST STRIP/LANCETS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense blood glucose in vitro		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
HW EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
IGLUCOSE TEST STRIPS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
IN TOUCH BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
INFINITY VOICE IN VITRO STRIP *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
KETOSTIX	T1		AI (Max #300 Mail Order); QL (100 EA per 30 Days)
kroger blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
kroger premium glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
LIBERTY NEXT GENERATION TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
liberty test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
meijer blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
meijer essential glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
meijer premium glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER TRUETEST TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER TRUETRACK TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
MICRODOT TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
MM EASY TOUCH GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MYGLUCOHEALTH TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
NEUTEK 2TEK TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
one drop test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	T1		AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH ULTRA STRIP IN VITRO	T1		AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH ULTRA STRIP IN VITRO	T1		AI (Maximum of #100 per 30 days.); QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1		AI (Maximum of #100 per 30 days.); QL (200 EA per 30 days)
OPTIUMEZ TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
PHARMACIST CHOICE AUTOCODE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
pharmacist choice no coding		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
POCKETCHEM EZ TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
POGO AUTOMATIC TEST CARTRIDGES	T1		ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (3.3 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
premium blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
pro voice v8/v9 glucose		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
PTS PANELS EGLU TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
QUICKTEK TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
QUINTET AC BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION CONFIRM/MICRO TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION PREMIER TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION PRIME TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION TRUE METRIX TEST STRIPS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RELION ULTIMA TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
REXALL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE PREMIUM TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE VALUE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
SMARTEST BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
SOLUS V2 TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
SUPREME TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
tgt blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
true focus blood glucose strip		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TRUETEST TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
TRUETRACK TEST *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTRIP1 GENERIC *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
verasens blood glucose test		T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIPS *(Blood Glucose Test)*	T1	T1	ST; AI (ST: Insulin for at least 2 months in last 3 months AND One touch test strips at least 1 in last 3 months. Limited to 30 day supply.); QL (200 EA per 30 days)
Digestive Aids			
Digestive Enzymes**			
CREON	T1		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	T1		ST; AI (ST: trial of both of the following in the last 12 months: Creon, Zenpep); QL (12 EA per 1 day)
PERTZYE	T1		ST; AI (ST: trial of both of the following in the last 12 months: Creon, Zenpep); QL (12 EA per 1 day)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIOKACE	T1		ST; AI (ST: trial of both of the following in the last 12 months: Creon, 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	T1		QL (12 EA per 1 day)
Diuretics			
Carbonic Anhydrase Inhibitors**			
acetazolamide er		T1	

Drug Name	Brand	Generic	Additional Information
acetazolamide oral		T1	
KEVEYIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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		T1	
Diuretic Combinations**			
ALDACTAZIDE ORAL TABLET 50-50 MG	T1		
amiloride-hydrochlorothiazide		T1	
spironolactone-hctz		T1	
triamterene-hctz oral capsule 37.5-25 mg		T1	
triamterene-hctz oral tablet		T1	
Loop Diuretics**			
bumetanide oral		T1	
ethacrynic acid oral		T1	
furosemide oral solution 10 mg/ml, 8 mg/ml		T1	
furosemide oral tablet		T1	
torsemide oral		T1	
Potassium Sparing Diuretics**			
amiloride hcl oral		T1	
DYRENIUM *(Triamterene)*	T1	T1	
spironolactone oral		T1	
Thiazides And Thiazide-Like Diuretics**			
chlorthalidone oral tablet 25 mg, 50 mg		T1	
DIURIL	T1		
hydrochlorothiazide oral		T1	
indapamide oral		T1	
metolazone		T1	
THALITONE	T1		
Endocrine And Metabolic Agents - Misc.			
Bisphosphonates**			
alendronate sodium oral tablet 10 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
alendronate sodium oral tablet 35 mg		T1	AI (Max #12 Mail Order); QL (4 EA per 30 Days)
alendronate sodium oral tablet 70 mg		T1	AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
ibandronate sodium oral		T1	AI (Max #3 Mail Order); QL (1 EA per 30 Days)
risedronate sodium oral tablet 150 mg		T1	AI (Max #3 Mail Order); QL (1 EA per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
risedronate sodium oral tablet 35 mg		T1	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		T1	
calcitonin (salmon) nasal		T1	AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
Carnitine Replenisher - Agents**			
levocarnitine oral solution		T1	PA; ST
levocarnitine oral tablet		T1	
Corticotropin**			
ACTHAR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CORTROPHIN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cortisol Synthesis Inhibitors**			
ISTURISA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RECORLEV	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Dopamine Receptor Agonists**			
cabergoline		T1	
Fabry Disease - Agents**			
GALAFOLD	SP		PA; AI (limited distribution Accredo Pharmacy.)
Gnrh/Lhrh Antagonists**			
ORILISSA	T1		PA
Growth Hormone Receptor Antagonists**			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Growth Hormone Releasing Hormones (Ghrh)**			
EGRIFTA SV	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Growth Hormones**			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZENPREP	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
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYTROFA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hereditary Orotic Aciduria Treatment - Agents*			
XURIDEN	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORFADIN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Homocystinuria Treatment - Agents**			
betaine		SP	SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hyperparathyroid Treatment - Vitamin D Analogs**			
calcitriol oral		T1	
doxercalciferol oral		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
paricalcitol oral capsule 1 mcg, 2 mcg		T1	QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
paricalcitol oral capsule 4 mcg		T1	QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	T1		PA
Hypophosphatasia (Hpp) Agents**			
STRENSIQ	SP		PA; SP; AI (Limited Distribution-PatheRX. Some medications may be available at retail. 30ds limit applies.)
Insulin-Like Growth Factors (Somatomedins)**			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Leptin Analogues**			
MYALEPT	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Mucopolysaccharidosis Ii (Mps Ii) - Agents**			
ELAPRASE	MB		
Natriuretic Peptides**			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Non-Steroidal Mineralocorticoid Receptor Antagonists**			
KERENDIA	T1		PA; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Parathyroid Hormone And Derivatives**			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
teriparatide (recombinant)		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Phenylketonuria Treatment - Agents**			
JAVYGTOR *(Sapropterin Dihydrochloride)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PALYNZIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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)*	T1	$0	AI (Limited to 30 day supply.); QL (1 EA per 1 day)
OSPHENA	T1		PA
Selective Vasopressin V2-Receptor Antagonists**			
JYNARQUE	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
SAMSCA ORAL TABLET *(Tolvaptan)* **15 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAMSCA ORAL TABLET 30 MG	SP		PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Somatostatic Agents**			
MYCAPSSA	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
octreotide acetate subcutaneous		SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	MB		
Urea Cycle Disorder - Agents**			
RAVICTI	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
sodium phenylbutyrate oral tablet		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Vasopressin**			
desmopressin ace spray refrig		T1	AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
desmopressin acetate injection		T1	
desmopressin acetate oral tablet 0.1 mg		T1	AI (Max #270 Mail Order); QL (8 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
desmopressin acetate oral tablet 0.2 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
desmopressin acetate spray		T1	
NOCDURNA	T1		PA
STIMATE	T1		
Estrogens			
Estrogen & Progestin**			
AMABELZ	T1		F
COMBIPATCH	T1		F
FYAVOLV ORAL TABLET *(Norethindrone-Eth Estradiol)* **0.5-2.5 MG-MCG**	T1	T1	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY *(Estradiol-Norethindrone Acet)*	T1	T1	AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T1		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	T1		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T1		AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
Estrogen-Progestin-Gnrh Antagonist**			
MYFEMBREE	T1		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**	T1	T1	AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T1		
DOTTI	T1		QL (2 EA per 1 Week)
estradiol oral		T1	
estradiol transdermal patch weekly 0.025 mg/24hr		T1	AI (Max #12 Mail Order); F; QL (0.145 mg per 1 day)
estradiol transdermal patch weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr		T1	AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml		T1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	T1		QL (2 EA per 1 Week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T1		
MENOSTAR	T1		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T1		
Estrogen-Selective Estrogen Receptor Modulator Comb**			
DUAVEE	T1		PA; F; QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Fluoroquinolones			
Fluoroquinolones**			
BAXDELA ORAL	T1		PA
ciprofloxacin hcl oral		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
levofloxacin oral solution		T1	
levofloxacin oral tablet 250 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
levofloxacin oral tablet 500 mg, 750 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
moxifloxacin hcl oral		T1	
ofloxacin oral tablet 300 mg, 400 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
5-Ht4 Receptor Agonists**			
MOTEGRITY	T1		PA
Bile Acid Synthesis Disorder Agents**			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**			
TRULANCE	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Gallstone Solubilizing Agents**			
CHENODAL	T1		
ursodiol oral capsule 300 mg		T1	
ursodiol oral tablet		T1	
Gastrointestinal Antiallergy Agents**			
cromolyn sodium oral		T1	
Gastrointestinal Chloride Channel Activators**			
AMITIZA *(Lubiprostone)*	T1	T1	ST; AI (ST: Trial of the following in last 6 months: Linzess); QL (2 EA per 1 day); AG (Min 18 Years)
Gastrointestinal Stimulants**			
metoclopramide hcl oral solution 5 mg/5ml		T1	
metoclopramide hcl oral tablet		T1	
metoclopramide hcl oral tablet dispersible 5 mg		T1	

Drug Name	Brand	Generic	Additional Information
Glucagon-Like Peptide-2 (Glp-2) Analogs**			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**			
LINZESS	T1		QL (1 EA per 1 day); AG (Min 18 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**			
VIBERZI	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BYLVAY (PELLETS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LIVMARLI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
Inflammatory Bowel Agents**			
balsalazide disodium		T1	
DIPENTUM	T1		AI (Max #360 Mail Order); QL (4 EA per 1 Day)
mesalamine er oral capsule extended release 24 hour		T1	QL (4 EA per 1 day)
mesalamine oral capsule delayed release		T1	
mesalamine oral tablet delayed release 1.2 gm		T1	QL (4 EA per 1 Day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T1	QL (6 EA per 1 day)
mesalamine rectal enema		T1	
mesalamine rectal suppository		T1	QL (1 EA per 1 Day)
mesalamine-cleanser		T1	
PENTASA	T1		
SFROWASA	T1		
sulfasalazine oral		T1	
Interleukin Antagonists**			
SKYRIZI INTRAVENOUS	MB		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	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
Intestinal Acidifiers**			
enulose		T1	
generlac		T1	
lactulose encephalopathy		T1	
Live Fecal Microbiota (Human)*			
REBYOTA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Peripheral Opioid Receptor Antagonists**			
MOVANTIK	T1		QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMPROIC	T1		PA
Phosphate Binder Agents**			
FOSRENOL ORAL TABLET CHEWABLE *(Lanthanum Carbonate)* **1000 MG, 500 MG, 750 MG**	SP	SP	SP; AI (Optum Specialty Pharmacy is the 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		T1	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer carbonate oral packet 2.4 gm		T1	AI (Max #450 Mail Order); QL (5 EA per 1 day)
sevelamer carbonate oral tablet		T1	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer hcl oral tablet 400 mg		T1	QL (35 EA per 1 day)
sevelamer hcl oral tablet 800 mg		T1	QL (17.5 EA per 1 day)
VELPHORO	T1		PA
Tryptophan Hydroxylase Inhibitors**			
XERMELO	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Genitourinary Agents - Miscellaneous			
5-Alpha Reductase Inhibitors**			
dutasteride oral		T1	AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
finasteride oral tablet 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Alpha 1-Adrenoceptor Antagonists**			
alfuzosin hcl er		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
CARDURA XL	T1		
silodosin		T1	
tamsulosin hcl		T1	
Citrates**			
potassium citrate er		T1	
Cystinosis Agents**			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Genitourinary Irrigants**			
ARGYLE STERILE SALINE *(Sodium Chloride)*	T1	T1	
CURITY STERILE SALINE *(Sodium Chloride)*	T1	T1	
RENACIDIN	T1		
Interstitial Cystitis Agents**			
ELMIRON	T1		QL (3 EA per 1 day)
Prostatic Hypertrophy Agent Combinations**			
dutasteride-tamsulosin hcl		T1	M
Urinary Stone Agents**			
THIOLA *(Tiopronin)*	T1	T1	PA
THIOLA EC	T1		PA
Gout Agents			
Gout Agent Combinations**			
colchicine-probenecid		T1	
Gout Agents**			
allopurinol oral tablet 100 mg, 300 mg		T1	
colchicine oral tablet		T1	

Drug Name	Brand	Generic	Additional Information
febuxostat		T1	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	T1		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	T1		ST; AI (STEP: Through the following for 3 months in last 6 months: Allopurinol); QL (1 EA per 1 day); AG (Min 18 Years)
Uricosurics**			
probenecid oral		T1	
Hematological Agents - Misc.			
Anti-Von Willebrand Factor Agents**			
CABLIVI	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CINRYZE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RUCONEST	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
Complement C3 Inhibitors**			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		
Hematorheologic Agents**			
pentoxifylline er		T1	
Phosphodiesterase Iii Inhibitors**			
cilostazol		T1	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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Platelet Aggregation Inhibitor Combinations**			
aspirin-dipyridamole er		T1	
Platelet Aggregation Inhibitors**			
dipyridamole oral		T1	
Protease-Activated Receptor-1 (Par-1) Antagonists**			
ZONTIVITY	T1		QL (1 EA per 1 day); AG (Min 16 Years)
Pyruvate Kinase Activators**			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PYRUKYND TAPER PACK	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
Quinazoline Agents**			
anagrelide hcl		T1	
Spleen Tyrosine Kinase (Syk) Inhibitors**			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Thienopyridine Derivatives**			
clopidogrel bisulfate oral tablet 75 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
prasugrel hcl		T1	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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZAVESCA *(Miglustat)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cobalamins**			
DODEX *(Cyanocobalamin)*	T1	T1	
NASCOBAL	T1		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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	SP		AI (Optum Specialty Pharmacy is the 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)

Drug Name	Brand	Generic	Additional Information
Granulocyte Colony-Stimulating Factors (G-Csf)**			
FYLNETRA	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEULASTA ONPRO	SP		SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail); QL (16 ML per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail); QL (8 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
NYVEPRIA	SP		PA; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the 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 the 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 the 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 the 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. Some medications may be available at retail. This medication is limited to a 10 day supply.); 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. Some medications may be available at retail. This medication is limited to a 10 day supply.); QL (0.8 ML per 1 day)
Hemoglobin S (Hbs) Polymerization Inhibitors**			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
Iron W/ Folic Acid**			
FOLIVANE-F	T1		
INTEGRA F	T1		
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; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MULPLETA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NPLATE	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
Hemostatics - Systemic**			
aminocaproic acid oral solution		T1	
tranexamic acid oral		T1	F
Hypnotics/Sedatives/Sleep Disorder Agents			
Barbiturate Hypnotics**			
phenobarbital oral tablet		T1	
Benzodiazepine Hypnotics**			
estazolam		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
midazolam hcl oral		T1	AI (Limited to one fill of any hypnotic per month,); QL (10 ML per 1 day); AG (Min 6 Years and Max 16 Years)
temazepam		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
triazolam oral tablet 0.125 mg, 0.25 mg		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Non-Benzodiazepine - Gaba-Receptor Modulators**			
eszopiclone		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day); AG (Min 18 Years)
zaleplon		T1	AI (Limited to one fill of any hypnotic per month,); QL (15 EA per 1 Copay)
zolpidem tartrate er oral tablet extended release 12.5 mg		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 Day)
zolpidem tartrate er oral tablet extended release 6.25 mg		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 day)
zolpidem tartrate oral		T1	AI (Limited to one fill of any hypnotic per month,); QL (1 EA per 1 Day)
Orexin Receptor Antagonists**			
BELSOMRA	T1		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	T1		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	T1		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 the 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; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ramelteon		T1	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		T1	
peg-kcl-nacl-nasulf-na asc-c		T1	
SUPREP BOWEL PREP KIT *(Na Sulfate-K Sulfate-Mg Sulf)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
Laxatives - Miscellaneous**			
constulose		T1	
lactulose oral solution		T1	
Saline Laxative Mixtures**			
OSMOPREP	T1		QL (1.34 EA per 1 day)
Macrolides			
Azithromycin**			
azithromycin oral packet		T1	
azithromycin oral suspension reconstituted		T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg		T1	
Clarithromycin**			
clarithromycin er		T1	
clarithromycin oral suspension reconstituted		T1	QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1	
clarithromycin oral tablet 500 mg		T1	QL (3 EA per 1 day)
Erythromycins**			
E.E.S. 400 ORAL TABLET *(Erythromycin Ethylsuccinate)*	T1	T1	
ERY-TAB	T1		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1		
erythromycin base oral capsule delayed release particles		T1	
erythromycin base oral tablet		T1	
erythromycin ethylsuccinate oral		T1	
Fidaxomicin**			
DIFICID ORAL SUSPENSION RECONSTITUTED	T1		PA
DIFICID ORAL TABLET	T1		PA; QL (4 EA per 1 day)
Medical Devices And Supplies			
Applicators,Cotton Balls,Etc**			
alcohol swabs pad		T1	
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)
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

Drug Name	Brand	Generic	Additional Information
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
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

Drug Name	Brand	Generic	Additional Information
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
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

Drug Name	Brand	Generic	Additional Information
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		
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

Drug Name	Brand	Generic	Additional Information
WIDE-SEAL DIAPHRAGM 95	$0		F
Glucose Monitoring Test Supplies			
1st tier unilet comfortouch		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance lite lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance special lancets 17g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
acti-lance universal 23g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
advanced mobile lancet		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
aimsco twist lancets 32g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
AIMSCO TWIST LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
AQUALANCE LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
assure comfort lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS HIGH *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS LOW *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS MICRO *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS PED *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ASSURE LANCE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 25G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ASSURE LANCE SAFETY LANCET 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
aurora lancet super thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
aurora lancet thin 23g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
BD LANCET ULTRAFINE 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
BD LANCET ULTRAFINE 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
BD MICROTAINER LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CAREONE LANCET SUPER THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
careone lancet thin 23g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARESENS LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CARETOUCH TWIST MC LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEANLET LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHEK LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 23G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
COAGUCHEK LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
comfort assured lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
comfort assured lancets 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
comfort lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COMFORT TOUCH LANCETS 31G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COMFORT TOUCH PLUS LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
COMFORT TOUCH PLUS LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets micro thin 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets original		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets thin 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets ultra thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs lancets ultra-thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
cvs ultra thin lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DEXCOM G6 RECEIVER	T1		PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	T1		PA; ST; AI (ST: Covered if on any insulin within last 90 days.); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	T1		PA; ST; AI (ST: Covered if on any insulin within last 90 days.); QL (1 EA per 3 months)
DEXCOM G7 RECEIVER	T1		PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (1 EA per 1 Lifetime)
DEXCOM G7 SENSOR *(FreeStyle Libre 3 Sensor)*	T1	T1	PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (2 EA per 28 days)
DIATHRIVE LANCET ULTRA THIN 30 *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DIATHRIVE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
DROPLET LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DROPLET PERSONAL LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
drug mart lancets thin 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART ON-THE-GO LANCET 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
easy comfort lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
easy comfort lancets twist top		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 23G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G/TWIST *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G/TWIST *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G/TWIST *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH LANCETS 33G/TWIST *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EMBRACE LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EMBRACE PRESSURE ACTIVATED 21G *(SB Lancets Thin)*	T1	T1	QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 28G *(SB Lancets Thin)*	T1	T1	QL (200 EA per 30 days)
eql color lancets 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
eql color lancets micro 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
eql super thin lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
eql thin lancets 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCET MICRO-THIN 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCET SUPER THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
E-Z JECT LANCETS THIN 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
EZ-LETS LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FIFTY50 SAFETY SEAL LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FIFTY50 UNILET LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FINE 30 *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FINGERSTIX LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FORA LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
freds pharmacy unilet lanc 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
freds pharmacy unilet lanc 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
FREESTYLE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE 14 DAY READER	T1		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	T1		PA; ST; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T1		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 *(FreeStyle Libre 3 Sensor)*	T1	T1	PA; ST; AI (ST: history if diabetic meds with hypoglycemia potential-within last 90 days); QL (2 EA per 28 days)
FREESTYLE LIBRE READER	T1		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)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GENTLE-LET GP LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GENTLE-LET LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
global inject ease lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
global inject ease lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
GLUCOCOM LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
gnp lancets 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
gnp lancets thin 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
gnp sterile lancets 28g		T1	QL (200 EA per 30 days)
gnp sterile lancets 30g		T1	QL (200 EA per 30 days)
gnp sterile lancets 33g		T1	QL (200 EA per 30 days)
GOJJI STERILE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense color lancets 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
goodsense lancets 26g univ		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 30g univ		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
goodsense lancets 33g univ		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE LOW FLOW LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS HIGH FLOW *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS LOW FLOW *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS MAX FLOW *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
healthy accents unilet lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
h-e-b incontrol lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
h-e-b incontrol lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
h-e-b incontrol lancets 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
HY-VEE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
hy-vee thin lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
IN TOUCH STERILE LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kinney lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kinney thin lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
KROGER HEALTHPRO LANCET 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
kroger lancets micro thin 33g		T1	QL (200 EA per 30 days)
kroger lancets super thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets thin 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
kroger lancets ultrathin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets micro thin 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets super thin 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lancets ultra thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LIBERTY MEDICAL LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LIFESCAN UNISTIK 2 *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LIFESCAN UNISTIK II LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
lite touch lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
LITETOUCH LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
live better lancet super thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
live better lancet ultra thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
longs lancets standard		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
longs lancets thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
longs lancets ultra thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
medichoice safety lancet		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
medichoice safety lancet extra		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
medichoice safety lancet norm		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE EXTRA 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE LITE 25G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS EXTRA 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS LITE 25G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS SUPERLITE 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE PLUS UNIVERSAL 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEDLANCE UNIVERSAL 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS THIN *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MEIJER SUPER THIN LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MICROLET LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MM TWIST LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MONOLET LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MONOLET OPD LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MONOLETTOR SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 23g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
mpd safety lancet 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
mpd safety lancet 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
MYGLUCOHEALTH LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
NOVA SUREFLEX LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH CLUB LANCETS FINE PT *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH FINEPOINT LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ONETOUCH ULTRASOFT LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pc lancets super thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PERFECT LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PERFECT LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PHARMACIST CHOICE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PHARMACY COUNTER LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pip lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pip lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRECISION THINS GP LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
preferred plus lancets colored		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
preferred plus lancets thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pro comfort lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pro comfort lancets 31g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
PRODIGY LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PSS SELECT GP LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
PSS SELECT SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
pure comfort lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
px lancets microthin 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
px lancets ultra thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
px lancets ultra thin 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc lancets super thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc lancets ultra thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc unilet lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
qc unilet lancets micro thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RA E-ZJECT LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
READYLANCE SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
reality lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
reality trigger lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION LANCETS MICRO-THIN 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION LANCETS THIN 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION LANCETS ULTRA-THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RELION ULTRA THIN LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION ULTRA THIN PLUS LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
REXALL LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFE-T-LANCE *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFE-T-LANCE PLUS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
safety lancet 30g/pressure act		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SAFETY LANCETS 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
safety lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
saps health plus lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
saps health twist top lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
saps twist top lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sapscare twist top lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sb lancets ultra thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SHOPKO ON-THE-GO LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SINGLE-LET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sm lancets 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE COLOR LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE STANDARD LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE SUPER THIN LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMART SENSE THIN LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SMARTEST LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
SOLUS V2 LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SOLUS V2 TWIST LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
STERILANCE TL *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
super thin lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 18g		T1	QL (200 EA per 30 days)
sure comfort lancets 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 23g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
sure comfort lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
SURELITE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TECHLITE AST LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TECHLITE LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TECHLITE LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
tgt lancet micro thin 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
tgt lancet thin 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
tgt lancet ultra thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
THINLETS GP LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
todays health thin lancets 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
todays health thin lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
topcare lancets micro-thin 33g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
travel lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRAVEL LANCETS ADVANCED 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
true comfort safety lancets		T1	QL (200 EA per 30 days)
true comfort twist top lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TRUEPLUS LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS LANCETS 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
TRUEPLUS SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET CLASSIC LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET SAFETY LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTILET SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ultra thin lancets 31g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ultra-care lancets 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTRA-THIN II AUTO LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
ULTRA-THIN II LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET EXCELITE *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET EXCELITE II *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET G.P. LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET G.P. SUPERLITE LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET GP 28 ULTRA THIN *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET MICRO-THIN 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET SUPERLITE LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET SUPER-THIN 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNILET ULTRA-THIN 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK 3 GENTLE *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
UNISTIK PRO SAFETY LANCET *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 21G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 23G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 26G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 33G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
value plus lancet standard 21g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
value plus lancets super thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
value plus lancets thin 26g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
valumark lancet super thin 30g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
valumark lancet ultra thin 28g		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
VIDA MIA UNILET LANCETS 28G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
VIDA MIA UNILET LANCETS 30G *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
VIVAGUARD LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
walgreens adv travel lancets		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
WALGREENS LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
walgreens lancets micro thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
walgreens lancets super thin		T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
WALGREENS THIN LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)
WALGREENS ULTRA THIN LANCETS *(Lancets)*	T1	T1	AI (Limited to 30 day supply.); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
zevrx twist top lancets 30g		T1	QL (200 EA per 30 days)
Insulin Administration Supplies**			
OMNIPOD 5 G6 INTRO (GEN 5)	T1		PA; QL (1 EA per 1 lifetime)
OMNIPOD 5 G6 POD (GEN 5)	T1		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)	T1		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)	T1		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	T1		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)
Needles & Syringes**			
1st tier unifine pentips		T1	QL (200 EA per 30 days)
1st tier unifine pentips plus		T1	QL (200 EA per 30 days)
ABOUTTIME PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
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**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM	T1		QL (6 EA per 1 day)
ASSURE ID SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1	T1	QL (200 EA per 30 days)
aum mini insulin pen needle		T1	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
aurora pen needles		T1	QL (200 EA per 30 days)
aurora unifine pentips		T1	QL (200 EA per 30 days)
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	T1		QL (200 EA per 30 days)
BD AUTOSHIELD DUO *(Pen Needles)*	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYR ULTRAFINE II *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	T1	T1	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	T1		QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **27G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
BD INSULIN SYRINGE HALF-UNIT *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	T1		QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F *(Sure Comfort Insulin Syringe)*	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE *(Kmart Valu Insulin Syringe 29G)* **U-100 1 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U-500	T1		QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BD INSULIN SYRINGE ULTRAFINE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO U/F *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
BD SAFETY-LOK INSULIN SYRINGE *(Insulin Syringe)*	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT *(TechLITE Insulin Syringe)*	T1	T1	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F *(TechLITE Insulin Syringe)*	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
careone insulin syringe		T1	QL (200 EA per 30 days)
careone unifine pentips		T1	QL (200 EA per 30 days)
careone unifine pentips plus		T1	QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
clickfine pen needles 31g x 8 mm		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CLICKFINE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT ASSIST INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
COMFORT EZ SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Raya Sure Pen Needle)*	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	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**	T1	T1	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	T1		QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
DROPLET INSULIN SYRINGE *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
DROPLET MICRON	T1		QL (200 EA per 30 days)
DROPLET PEN NEEDLES	T1		QL (200 EA per 30 days)
dropsafe safety pen needles		T1	QL (200 EA per 30 days)
drug mart unifine pentips		T1	QL (200 EA per 30 days)
drug mart unifine pentips plus		T1	QL (200 EA per 30 days)
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
easy comfort pen needles		T1	QL (200 EA per 30 days)
easy glide pen needles		T1	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
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**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe)* **27G X 1/2" 0.5 ML**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	T1		QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH PEN NEEDLES *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES	T1		QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	QL (200 EA per 30 days)
eql insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1	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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
EXEL COMFORT POINT PEN NEEDLE *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
FIFTY50 SUPERIOR COMFORT SYR *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
freds pharmacy unifine pentip+		T1	QL (200 EA per 30 days)
freds pharmacy unifine pentips		T1	QL (200 EA per 30 days)
global ease inject pen needles		T1	QL (200 EA per 30 days)
global easy glide insulin syr		T1	QL (200 EA per 30 days)
global easy glide pen needles		T1	QL (200 EA per 30 days)
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 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" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
global inject ease insulin syr 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
global insulin syringes 30g x 1/2" 0.3 ml		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
global insulin syringes 30g x 5/16" 0.3 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(GNP Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
gnp clickfine pen needles		T1	QL (200 EA per 30 days)
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		T1	QL (200 EA per 30 days)
gnp insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
gnp insulin syringes		T1	QL (200 EA per 30 days)
gnp insulin syringes 28gx1/2"		T1	QL (200 EA per 30 days)
gnp insulin syringes 29gx1/2"		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
gnp insulin syringes 30gx5/16"		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
gnp insulin syringes 31gx5/16"		T1	QL (200 EA per 30 days)
gnp ulticare pen needles		T1	QL (200 EA per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
gnp ultra com insulin syringe 28g x 1/2" 1 ml		T1	QL (200 EA per 30 days)
goodsense clickfine pen needle		T1	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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		T1	QL (200 EA per 30 days)
healthwise micron pen needles		T1	QL (200 EA per 30 days)
healthwise mini pen needles		T1	QL (200 EA per 30 days)
healthwise pen needles		T1	QL (200 EA per 30 days)
healthwise short pen needles		T1	QL (200 EA per 30 days)
healthwise unifine pentips		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
healthy accents unifine pentip		T1	QL (200 EA per 30 days)
h-e-b incontrol pen needles		T1	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
HM ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
HM ULTICARE MINI PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
HM ULTICARE SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
insulin syringe 27g x 1/2" 1 ml, 30g x 1/2" 1 ml		T1	QL (200 EA per 30 days)
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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
insulin syringe/needle		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
insulin syringes		T1	QL (200 EA per 30 days)
insupen pen needles		T1	QL (200 EA per 30 days)
INSUPEN SENSITIVE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
INSUPEN ULTRAFIN *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1	T1	QL (200 EA per 30 days)
INSUPEN ULTRAFIN *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
INSUPEN ULTRAFIN *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
kinray insulin syringe 29g x 1/2" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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		T1	QL (200 EA per 30 days)
kmart valu insulin syringe 29g		T1	QL (200 EA per 30 days)
kmart valu insulin syringe 30g		T1	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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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		T1	QL (200 EA per 30 days)
leader 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" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
leader 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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
longs insulin syringe 31g x 5/16" 0.5 ml		T1	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
MAXICOMFORT II PEN NEEDLE *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE *(Reality Insulin Syringe)*	T1	T1	QL (200 EA per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE	T1		QL (200 EA per 30 days)
MAXICOMFORT SYR 27G X 1/2" *(Insulin Syringe/Needle)*	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
medic insulin syringe		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
medicine shoppe pen needles		T1	QL (200 EA per 30 days)
meijer pen needles		T1	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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		T1	QL (200 EA per 30 days)
MM PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	T1		QL (200 EA per 30 days)
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**	T1	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Kmart Valu Insulin Syringe 29G)* **U-100 1 ML**	T1	T1	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	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		T1	QL (200 EA per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
NOVOFINE PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
pc unifine pentips		T1	QL (200 EA per 30 days)
pen needles		T1	QL (200 EA per 30 days)
PENTIPS *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
PENTIPS *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
PENTIPS *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
PENTIPS *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
PENTIPS *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 EA per 30 days)
pip pen needles 31g x 5mm		T1	QL (200 EA per 30 days)
pip pen needles 32g x 4mm		T1	QL (200 EA per 30 days)
PRECISION SURE-DOSE SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
preferred plus 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" 1 ml		T1	QL (200 EA per 30 days)
preferred plus 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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
preferred plus unifine pentips		T1	QL (200 EA per 30 days)
PREVENT DROPSAFE PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
PREVENT SAFETY PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
pro comfort pen needles		T1	QL (200 EA per 30 days)
PRODIGY INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
pure comfort pen needle		T1	QL (200 EA per 30 days)
px extra short pen needles		T1	QL (200 EA per 30 days)
px insulin syringe 30g x 1/2" 0.5 ml		T1	QL (200 EA per 30 days)
px mini pen needles		T1	QL (200 EA per 30 days)
px pen needle		T1	QL (200 EA per 30 days)
px shortlength pen needles		T1	QL (200 EA per 30 days)
qc pen needles		T1	QL (200 EA per 30 days)
qc unifine pentips		T1	QL (200 EA per 30 days)
ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ra insulin syringe 30g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
ra pen needles		T1	QL (200 EA per 30 days)
raya sure pen needle		T1	QL (200 EA per 30 days)
reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	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**	T1	T1	QL (200 EA per 30 days)
RELION MINI PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
RELION PEN NEEDLES *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
RELION SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
safety insulin syringes 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
safety insulin syringes 30g x 1/2" 1 ml		T1	QL (6 EA per 1 day)
safety pen needles 30g x 5 mm		T1	QL (200 EA per 30 days)
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
sb insulin syringe 30g x 5/16" 1 ml, 31g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
SECURESAFE INSULIN SYRINGE *(Insulin Syringe)*	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
SECURESAFE SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
SHOPKO UNIFINE PENTIPS *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
SHOPKO UNIFINE PENTIPS PLUS *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 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		T1	QL (200 EA per 30 days)
sure comfort 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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
techlite insulin syringe 29g x 1/2" 0.3 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		T1	QL (200 EA per 30 days)
techlite 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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
TECHLITE PEN NEEDLES	T1		QL (200 EA per 30 days)
todays health mini pen needles		T1	QL (200 EA per 30 days)
todays health pen needles		T1	QL (200 EA per 30 days)
todays health short pen needle		T1	QL (200 EA per 30 days)
topcare clickfine pen needles		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
topcare ultra comfort ins syr 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		T1	QL (200 EA per 30 days)
topcare ultra comfort ins syr 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		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
true comfort insulin syringe		T1	QL (200 EA per 30 days)
true comfort pen needles		T1	QL (200 EA per 30 days)
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 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		T1	QL (200 EA per 30 days)
true comfort pro insulin syr 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
true comfort pro pen needles		T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SAFETY SYR *(Insulin Syringe)*	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Reality Insulin Syringe)* **28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
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**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ULTICARE MINI PEN NEEDLES *(Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
ULTICARE SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
ultiguard safepack pen needle		T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE *(Sure Comfort Insulin Syringe)*	T1	T1	QL (200 EA per 30 days)
ULTILET PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ultra comfort insulin syringe 30g x 5/16" 0.3 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
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**	T1	T1	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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTRA THIN PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
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		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ultracare insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ultracare pen needles		T1	QL (200 EA per 30 days)
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**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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**	T1	T1	QL (200 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
ULTRA-THIN II MINI PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
UNIFINE PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS *(Pen Needles)*	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Pen Needles)*	T1	T1	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE *(Pen Needles)*	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
value health insulin syringe		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
valumark pen needles		T1	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 1 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); 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	T1		QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
VIDA MIA UNIFINE PENTIPS *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
vp insulin syringe		T1	QL (200 EA per 30 days)
wegmans unifine pentips plus		T1	QL (200 EA per 30 days)
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
zevrx insulin syringe 30g x 5/16" 0.5 ml		T1	AI ($0 cost share if purchase insulin vial first, otherwise Co-Ins applies); QL (200 EA per 30 days)
zevrx pen needles		T1	QL (200 EA per 30 days)
Spacer/Aerosol-Holding Chambers & Supplies**			
AEROCHAMBER MINI CHAMBER	T1		QL (2 EA per 1 Year)
AEROCHAMBER MV	T1		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU	T1		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE	T1		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM	T1		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL	T1		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK	T1		QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU	T1		QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL	T1		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS	T1		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T1		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE	T1		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T1		QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL	T1		QL (2 EA per 1 year)
AEROVENT PLUS	T1		QL (2 EA per 1 year)
CLEVER CHOICE HOLDING CHAMBER	T1		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER	T1		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T1		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK	T1		QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T1		QL (2 EA per 1 year)
EASIVENT	T1		QL (2 EA per 1 year)
EASIVENT MASK LARGE	T1		QL (1 EA per 2 Years)
EASIVENT MASK MEDIUM	T1		QL (1 EA per 2 Years)
EASIVENT MASK SMALL	T1		QL (1 EA per 2 Years)
eq space chamber anti-static		T1	
eq space chamber anti-static l		T1	
eq space chamber anti-static m		T1	
eq space chamber anti-static s		T1	
FLEXICHAMBER	T1		QL (1 EA per 2 Years)
FLEXICHAMBER ADULT MASK/SMALL	T1		QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1		QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1		QL (2 EA per 1 Year)
INSPIRACHAMBER/LARGE	T1		QL (1 EA per 2 Years)
INSPIRACHAMBER/MEDIUM	T1		QL (1 EA per 2 Years)
INSPIRACHAMBER/MOUTHPIECE	T1		QL (1 EA per 2 Years)
INSPIRACHAMBER/SMALL	T1		QL (1 EA per 2 Years)
INSPIREASE	T1		QL (1 EA per 2 Years)

Drug Name	Brand	Generic	Additional Information
INSPIREASE RESERVOIR BAGS	T1		QL (2 EA per 1 Year)
MICROSPACER	T1		QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND	T1		QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND-LG MASK	T1		QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK	T1		QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK	T1		QL (2 EA per 1 year)
POCKET CHAMBER	T1		QL (2 EA per 1 year)
POCKET SPACER	T1		QL (2 EA per 1 year)
RITEFLO	T1		QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER	T1		QL (2 EA per 1 year)
Migraine Products			
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
QULIPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UBRELVY	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AJOVY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)
EMGALITY	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ergot Combinations**			
ergotamine-caffeine		T1	
MIGERGOT	T1		

Drug Name	Brand	Generic	Additional Information
Migraine Products**			
dihydroergotamine mesylate injection		T1	PA; AI (.)
ERGOMAR	T1		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL *(Dihydroergotamine Mesylate)*	T1	T1	PA; QL (0.54 ML per 1 day)
TRUDHESA	T1		PA
Selective Serotonin Agonists 5-Ht(1)**			
almotriptan malate		T1	QL (25 EA per 30 days)
eletriptan hydrobromide		T1	QL (0.9 EA per 1 day)
frovatriptan succinate		T1	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		T1	QL (5 EA per 1 day); AG (Min 16 Years)
naratriptan hcl oral tablet 2.5 mg		T1	QL (2 EA per 1 day); AG (Min 16 Years)
rizatriptan benzoate oral tablet 10 mg		T1	QL (3 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg		T1	QL (6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg		T1	QL (3 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg		T1	QL (6 EA per 1 day)
sumatriptan nasal solution 20 mg/act		T1	QL (6 EA per 30 days)
sumatriptan nasal solution 5 mg/act		T1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg		T1	QL (10 tabs per 1 month)
sumatriptan succinate oral tablet 25 mg		T1	QL (40 tabs per 1 month)
sumatriptan succinate oral tablet 50 mg		T1	QL (20 tabs per 1 month)
sumatriptan succinate refill subcutaneous solution cartridge		T1	QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		T1	QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml		T1	QL (10 ML per 30 days)
TOSYMRA	T1		QL (30 EA per 30 days)
zolmitriptan nasal		T1	QL (6 EA per 30 days)
zolmitriptan oral tablet 2.5 mg		T1	AI (Max 10 day supply with one fill per month); QL (4 EA per 1 day)
zolmitriptan oral tablet 5 mg		T1	AI (Max 10 day supply with one fill per month); QL (2 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg		T1	AI (Max 10 day supply with one fill per month); QL (4 EA per 1 day)
zolmitriptan oral tablet dispersible 5 mg		T1	AI (Max 10 day supply with one fill per month); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Selective Serotonin Agonists 5-Ht(1F)**			
REYVOW	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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	T1		
Potassium**			
KLOR-CON 10 *(Potassium Chloride ER)*	T1	T1	
KLOR-CON M10 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON M15 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON M20 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON ORAL PACKET *(Potassium Chloride)* **20 MEQ**	T1	T1	
KLOR-CON ORAL TABLET EXTENDED RELEASE *(Potassium Chloride ER)*	T1	T1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		T1	
Miscellaneous Therapeutic Classes			
Antileprotics**			
THALOMID	T1		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Chelating Agents**			
penicillamine oral tablet		T1	
SYPRINE *(Trientine HCl)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cyclosporine Analogs**			
cyclosporine modified oral capsule 25 mg		SP	SP

Drug Name	Brand	Generic	Additional Information
cyclosporine modified oral capsule 50 mg		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
cyclosporine oral capsule		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE *(cycloSPORINE Modified)* **100 MG**	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 25 MG	SP		SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LUPKYNIS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE INTRAVENOUS *(CycloSPORINE)*	SP	SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Farnesyltransferase Inhibitors**			
ZOKINVY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Immunomodulators For Myelodysplastic Syndromes**			
lenalidomide		T1	PA; SP; AI (Optum Specialty Pharmacy is the 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
REVLIMID	T1		PA; SP; AI (Optum Specialty Pharmacy is the 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		T1	
mycophenolate sodium oral tablet delayed release 180 mg		T1	QL (6 EA per 1 day)
Macrolide Immunosuppressants**			
ASTAGRAF XL	T1		
ENVARSUS XR	T1		PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg		SP	SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
PROGRAF ORAL *(Tacrolimus)*	T1	T1	
sirolimus oral		T1	
Monoclonal Antibodies**			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Potassium Removing Agents**			
LOKELMA	T1		PA
sodium polystyrene sulfonate oral powder		T1	
SPS	T1		
VELTASSA	T1		PA
Purine Analogs**			
azathioprine oral tablet 50 mg		T1	
Rock Inhibitors**			
REZUROCK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Mouth/Throat/Dental Agents			
Anesthetics Topical Oral**			
lidocaine viscous hcl		T1	AI (Limited to 1 fill per month); QL (100 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
Anti-Infectives - Throat**			
clotrimazole mouth/throat troche		T1	
nystatin mouth/throat		T1	
Antiseptic Combinations - Mouth/Throat**			
DEBACTEROL	T1		
Antiseptics - Mouth/Throat**			
PERIOGARD *(Chlorhexidine Gluconate)*	T1	T1	
Fluoride Dental Products**			
NAFRINSE DAILY/NEUTRAL	$0		AG (Max 6 Years)
NAFRINSE WEEKLY	$0		AI (;); AG (Max 6 Years)
Periodontal Anti-Infectives**			
ARESTIN	T1		PA
Saliva Stimulants**			
cevimeline hcl		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral		T1	
Steroids - Mouth/Throat/Dental**			
ORALONE *(Triamcinolone Acetonide)*	T1	T1	
Multivitamins			
Prenatal Mv & Min W/Fe-Fa**			
c-nate dha		T1	F
completenate		T1	F
CO-NATAL FA	T1		F
CONCEPT DHA	T1		F
CONCEPT OB	T1		F
ELITE-OB	T1		F
INATAL GT	T1		F
OB COMPLETE ONE	T1		F
OB COMPLETE ORAL TABLET	T1		F
OB COMPLETE/DHA	T1		F
pnv-select		T1	F
PRENATABS RX *(Thrivite Rx)*	T1	T1	F
prenatal 19 oral tablet 29-1 mg		T1	F
prenatal 19 oral tablet chewable		T1	F
se-natal 19		T1	F
virt-nate dha		T1	F
VIVA DHA *(Relnate DHA)*	T1	T1	F
Prenatal Mv & Min W/Fe-Fa-Dha**			
pnv-dha+docusate		T1	F
prenaissance		T1	F
prenaissance plus		T1	F
TARON-PREX	T1		F

Drug Name	Brand	Generic	Additional Information
virt-pn dha		T1	F
ZATEAN-PN DHA *(PNV-DHA)*	T1	T1	F
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
baclofen oral tablet 10 mg, 20 mg		T1	
carisoprodol oral tablet 350 mg		T1	AI (Max #84 per 21 days); QL (84 EA per 21 days)
chlorzoxazone oral tablet 500 mg		T1	QL (4 EA per 1 day); AG (Min 18 Years)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		T1	
LYVISPAH	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
metaxalone oral tablet 800 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
methocarbamol oral tablet 500 mg, 750 mg		T1	
orphenadrine citrate er		T1	
tizanidine hcl oral tablet 2 mg		T1	QL (18 EA per 1 day)
tizanidine hcl oral tablet 4 mg		T1	QL (9 EA per 1 day)
Direct Muscle Relaxants**			
dantrolene sodium oral		T1	
Nasal Agents - Systemic And Topical			
Nasal Anticholinergics**			
ipratropium bromide nasal solution 0.03 %		T1	AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
ipratropium bromide nasal solution 0.06 %		T1	AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
Nasal Antihistamines**			
azelastine hcl nasal solution 0.1 %		T1	AI (;)
azelastine hcl nasal solution 0.15 %		T1	
olopatadine hcl nasal		T1	QL (1.02 GM per 1 day); AG (Min 6 Years)
Nasal Steroids**			
BECONASE AQ	T1		AI (Max #75gm Mail Order); QL (25 GM per 30 Days)
flunisolide nasal solution 25 mcg/act (0.025%)		T1	AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T1		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
Neuromuscular Agents			
AIs Agent Combinations**			
RELYVRIO	SP		PA; AI (Optum Specialty Pharmacy is the 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 the 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 the 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		T1	
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**			
EVRYSDI	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ophthalmic Agents			
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**			
SIMBRINZA	T1		
Artificial Tear Inserts**			
LACRISERT	T1		
Beta-Blockers - Ophthalmic Combinations**			
brimonidine tartrate-timolol		T1	
dorzolamide hcl-timolol mal		T1	
dorzolamide hcl-timolol mal pf		T1	PA
Beta-Blockers - Ophthalmic**			
BETOPTIC-S	T1		
carteolol hcl		T1	
levobunolol hcl ophthalmic solution 0.5 %		T1	
timolol maleate ophthalmic		T1	
TIMOPTIC-XE *(Timolol Maleate)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
Cholinergic Agonists**			
TYRVAYA	T1		PA; QL (0.28 ML per 1 day)
Cycloplegic Mydriatics**			
ALTAFRIN OPHTHALMIC SOLUTION *(Phenylephrine HCl)* **10 %, 2.5 %**	T1	T1	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %		T1	
HOMATROPAIRE	T1		
ISOPTO ATROPINE *(Atropine Sulfate)*	T1	T1	
tropicamide ophthalmic		T1	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**			
XIIDRA	T1		PA
Miotics - Cholinesterase Inhibitors**			
PHOSPHOLINE IODIDE	T1		
Miotics - Direct Acting**			
pilocarpine hcl ophthalmic solution 1 %, 2 %		T1	
VUITY	T1		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	T1		
ALOMIDE	T1		
azelastine hcl ophthalmic		T1	AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
bepotastine besilate		T1	QL (5 ML per 30 days)
cromolyn sodium ophthalmic		T1	
epinastine hcl		T1	
LASTACAFT	T1		PA; ST; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years)
ZERVIATE	T1		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		T1	
BESIVANCE	T1		
CILOXAN OPHTHALMIC OINTMENT	T1		
ciprofloxacin hcl ophthalmic		T1	
erythromycin ophthalmic		T1	
gatifloxacin ophthalmic		T1	
GENTAK OPHTHALMIC OINTMENT	T1		
gentamicin sulfate ophthalmic solution		T1	
levofloxacin ophthalmic solution 0.5 %		T1	
moxifloxacin hcl (2x day)		T1	

Drug Name	Brand	Generic	Additional Information
moxifloxacin hcl ophthalmic solution		T1	
ofloxacin ophthalmic		T1	
TOBREX OPHTHALMIC OINTMENT	T1		
Ophthalmic Antifungal**			
NATACYN	T1		
Ophthalmic Anti-Infective Combinations**			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		T1	
NEO-POLYCIN *(Neomycin-Bacitracin Zn-Polymyx)*	T1	T1	
POLYCIN *(AK-Poly-Bac)*	T1	T1	
polymyxin b-trimethoprim		T1	
Ophthalmic Antivirals**			
trifluridine ophthalmic		T1	
ZIRGAN	T1		
Ophthalmic Carbonic Anhydrase Inhibitors**			
brinzolamide		T1	
dorzolamide hcl ophthalmic		T1	
Ophthalmic Immunomodulators**			
CEQUA	T1		QL (2 EA per 1 day)
cyclosporine ophthalmic		T1	QL (2 EA per 1 day)
VERKAZIA	T1		PA
Ophthalmic Local Anesthetics**			
proparacaine hcl ophthalmic		T1	
tetracaine hcl ophthalmic		T1	
Ophthalmic Nerve Growth Factors**			
OXERVATE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**			
bromfenac sodium (once-daily)		T1	
diclofenac sodium ophthalmic		T1	
flurbiprofen sodium		T1	
ketorolac tromethamine ophthalmic		T1	
NEVANAC	T1		AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
Ophthalmic Rho Kinase Inhibitors**			
RHOPRESSA	T1		PA

Drug Name	Brand	Generic	Additional Information
Ophthalmic Selective Alpha Adrenergic Agonists**			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T1		
apraclonidine hcl		T1	
brimonidine tartrate ophthalmic		T1	
Ophthalmic Steroid Combinations**			
bacitra-neomycin-polymyxin-hc		T1	
BLEPHAMIDE S.O.P.	T1		
neomycin-polymyxin-dexameth ophthalmic ointment		T1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1		T1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		T1	
PRED-G	T1		
PRED-G S.O.P.	T1		
sulfacetamide-prednisolone ophthalmic solution		T1	
TOBRADEX OPHTHALMIC OINTMENT	T1		
TOBRADEX ST	T1		
tobramycin-dexamethasone		T1	
Ophthalmic Steroids**			
ALREX	T1		
dexamethasone sodium phosphate ophthalmic		T1	
difluprednate		T1	
FLAREX	T1		
fluorometholone ophthalmic		T1	
FML	T1		
FML FORTE	T1		
INVELTYS	T1		
LOTEMAX OPHTHALMIC GEL	T1		AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	T1		
LOTEMAX SM	T1		
loteprednol etabonate		T1	
MAXIDEX	T1		
PRED FORTE *(prednisoLONE Acetate)*	T1	T1	
PRED MILD	T1		
prednisolone acetate p-f		T1	
prednisolone sodium phosphate ophthalmic		T1	
Ophthalmic Sulfonamides**			
sulfacetamide sodium ophthalmic		T1	

Drug Name	Brand	Generic	Additional Information
Ophthalmics - Cystinosis Agents*			
CYSTADROPS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CYSTARAN	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Prostaglandins - Ophthalmic**			
latanoprost ophthalmic		T1	AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T1		AI (;)
travoprost (bak free)		T1	
VYZULTA	T1		ST; AI (ST: trial of two of the following in the last 12 months: Lumigan, Xalatan, Zioptan); QL (0.1 ML per 1 day); AG (Min 17 Years)
XELPROS	T1		
ZIOPTAN *(Tafluprost (PF))*	T1	T1	
Otic Agents			
Otic Agents - Miscellaneous**			
acetic acid otic		T1	
Otic Anti-Infectives**			
ciprofloxacin hcl otic		T1	
ofloxacin otic		T1	
Otic Steroid-Anti-Infective Combinations**			
CIPRO HC	T1		
ciprofloxacin-dexamethasone		T1	QL (7.5 ML per 30 days)
neomycin-polymyxin-hc otic solution 3.5-10000-1		T1	
neomycin-polymyxin-hc otic suspension		T1	
Otic Steroids**			
ACETASOL HC *(Hydrocortisone-Acetic Acid)*	T1	T1	
FLAC	T1		QL (1.333 ML per 1 day)
fluocinolone acetonide otic		T1	AI (;); QL (1.333 ML per 1 day)
Oxytocics			
Oxytocics**			
METHERGINE ORAL *(Methylergonovine Maleate)*	T1	T1	
Passive Immunizing And Treatment Agents			
Immune Serums**			
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	MB		
CYTOGAM	MB		
GAMASTAN	MB		
GAMMAGARD	MB		
GAMMAGARD S/D LESS IGA	MB		

Drug Name	Brand	Generic	Additional Information
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB		
GAMUNEX-C	MB		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Penicillins			
Aminopenicillins**			
amoxicillin oral capsule		T1	
amoxicillin oral suspension reconstituted		T1	
amoxicillin oral tablet		T1	
amoxicillin oral tablet chewable 125 mg, 250 mg		T1	
ampicillin oral capsule 500 mg		T1	
Natural Penicillins**			
penicillin v potassium		T1	
Penicillin Combinations**			
amoxicillin-pot clavulanate er		T1	
amoxicillin-pot clavulanate oral		T1	
Penicillinase-Resistant Penicillins**			
dicloxacillin sodium		T1	
Progestins			
Progestins**			
MAKENA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
medroxyprogesterone acetate oral		T1	
megestrol acetate oral suspension 625 mg/5ml		T1	AI (Max #450ml Mail Order); QL (150 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
norethindrone acetate oral		T1	F
progesterone intramuscular		T1	F
Psychotherapeutic And Neurological Agents - Misc.			
Agents For Opioid Withdrawal**			
LUCEMYRA	T1		PA; QL (224 EA per 14 days)
Alcohol Deterrents**			
acamprosate calcium		T1	QL (6 EA per 1 day)
disulfiram oral		T1	
Anti-Cataplectic Agents**			
XYREM	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Cholinomimetics - Ache Inhibitors**			
donepezil hcl oral tablet 10 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
donepezil hcl oral tablet 23 mg		T1	
donepezil hcl oral tablet dispersible		T1	
galantamine hydrobromide er		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
galantamine hydrobromide oral solution		T1	
galantamine hydrobromide oral tablet 12 mg, 8 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
galantamine hydrobromide oral tablet 4 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
rivastigmine		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
Fibromyalgia Agent - Snris**			
SAVELLA	T1		AI (;)

Drug Name	Brand	Generic	Additional Information
SAVELLA TITRATION PACK	T1		AI (;)
Movement Disorder Drug Therapy			
AUSTEDO	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (4 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (5 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (6 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (7 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (8 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (9 TABS)	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
Multiple Sclerosis Agents - Interferons**			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXTAVIA SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
BAFIERTAM	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
dimethyl fumarate oral capsule delayed release 120 mg		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
dimethyl fumarate oral capsule delayed release 240 mg		SP	PA; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
TECFIDERA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**			
memantine hcl er		T1	
memantine hcl oral solution 2 mg/ml		T1	AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
memantine hcl oral tablet 10 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg		T1	
memantine hcl oral tablet 5 mg		T1	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		T1	
Pseudobulbar Affect Agent Combinations**			
NUEDEXTA	T1		PA

Drug Name	Brand	Generic	Additional Information
Psychotherapeutic And Neurological Agents - Misc.**			
ergoloid mesylates oral		T1	PA
pimozide		T1	
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**			
ADDYI	T1		AI (;); F; QL (1 EA per 1 day); AG (Min 18 Years)
Smoking Deterrents**			
apo-varenicline		$0	AI (;); 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 mouth/throat gum		$0	AG (Min 18 Years)
cvs nicotine mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
cvs nicotine polacrilex mouth/throat gum 2 mg		$0	AG (Min 18 Years)
cvs nicotine polacrilex mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
cvs nicotine polacrilex mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
cvs nicotine transdermal		$0	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 mouth/throat gum 2 mg		$0	AG (Min 18 Years)
eq nicotine polacrilex mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
eq nicotine polacrilex mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
eq nicotine step 3		$0	AG (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AG (Min 18 Years)
eql nicotine polacrilex mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
gnp nicotine		$0	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 polacrilex mouth/throat gum 2 mg		$0	AG (Min 18 Years)
gnp nicotine polacrilex mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
gnp nicotine polacrilex mouth/throat lozenge		$0	AI (;); 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	AG (Min 18 Years)
hm nicotine		$0	AG (Min 18 Years)
hm nicotine polacrilex mouth/throat gum 2 mg		$0	AG (Min 18 Years)
hm nicotine polacrilex mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
hm nicotine polacrilex mouth/throat lozenge		$0	AI (;); AG (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
KLS QUIT2 MOUTH/THROAT LOZENGE *(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	AG (Min 18 Years)
nicotine		$0	AG (Min 18 Years)
nicotine mini		$0	AI (;); AG (Min 18 Years)
nicotine polacrilex mini		$0	AG (Min 18 Years)
nicotine step 1		$0	AG (Min 18 Years)
nicotine step 2		$0	AG (Min 18 Years)
nicotine step 3		$0	AG (Min 18 Years)
NICOTROL	$0		AI (;); AG (Min 18 Years)
NICOTROL NS	$0		AI (;); QL (4 ML per 1 Day); AG (Min 18 Years)
px stop smoking aid mouth/throat gum 2 mg		$0	AG (Min 18 Years)
px stop smoking aid mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
px stop smoking aid mouth/throat lozenge		$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		$0	AG (Min 18 Years)
ra nicotine gum mouth/throat gum 4 mg		$0	AI (;); AG (Min 18 Years)
ra nicotine mouth/throat gum 2 mg		$0	AG (Min 18 Years)
ra nicotine mouth/throat gum 4 mg		$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	AG (Min 18 Years)
sm nicotine mouth/throat		$0	AI (;); AG (Min 18 Years)
sm nicotine polacrilex mouth/throat gum 2 mg		$0	AG (Min 18 Years)
sm nicotine polacrilex mouth/throat gum 4 mg		$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)
sm nicotine transdermal		$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
varenicline tartrate oral		$0	AI (;); QL (2 EA per 1 day); AG (Min 18 Years)
varenicline tartrate oral tablet		$0	AI (;); QL (2 EA per 1 day); AG (Min 18 Years)
varenicline tartrate oral tablet therapy pack		$0	QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
GILENYA *(Fingolimod HCl)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PONVORY	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PONVORY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASCENSO ODT	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Thienbenzodiazepines & Opioid Antagonists**			
LYBALVI	T1		PA
Thienbenzodiazepines & Ssris**			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T1	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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KALYDECO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)

Drug Name	Brand	Generic	Additional Information
ORKAMBI ORAL PACKET 75-94 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMDEKO	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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)
Cystic Fibrosis Agents - Miscellaneous			
BRONCHITOL	SP		PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ESBRIET ORAL TABLET *(Pirfenidone)* **267 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the 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 the 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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
Sulfonamides			
Sulfonamides**			
sulfadiazine oral		T1	
Tetracyclines			
Aminomethylcyclines**			
NUZYRA ORAL TABLET 150 MG	T1		PA
Tetracyclines**			
demeclocycline hcl oral		T1	
doxycycline hyclate oral capsule		T1	
doxycycline hyclate oral tablet 100 mg		T1	
doxycycline hyclate oral tablet 20 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline hyclate oral tablet delayed release 100 mg, 75 mg		T1	QL (2 EA per 1 Day)
doxycycline monohydrate oral capsule 100 mg, 50 mg		T1	
doxycycline monohydrate oral suspension reconstituted		T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg		T1	
minocycline hcl oral		T1	
SEYSARA	T1		PA
tetracycline hcl oral		T1	
VIBRAMYCIN ORAL SYRUP	T1		
Thyroid Agents			
Antithyroid Agents**			
methimazole oral		T1	
propylthiouracil oral		T1	
Thyroid Hormones**			
ARMOUR THYROID	T1		
ERMEZA	T1		
EUTHYROX *(Levothyroxine Sodium)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
LEVO-T *(Levothyroxine Sodium)*	T1	T1	
LEVOXYL *(Levothyroxine Sodium)*	T1	T1	
liothyronine sodium oral		T1	
NP THYROID	T1		
SYNTHROID *(Levothyroxine Sodium)*	T1	T1	
TIROSINT *(Levothyroxine Sodium)*	T1	T1	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG**	T1	T1	
Toxoids			
Toxoid Combinations**			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year)
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		T1	
Antispasmodics**			
dicyclomine hcl intramuscular		T1	
dicyclomine hcl oral		T1	
H-2 Antagonists**			
cimetidine hcl oral solution 300 mg/5ml		T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		T1	
famotidine oral suspension reconstituted		T1	
famotidine oral tablet 20 mg, 40 mg		T1	
nizatidine oral capsule 150 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
nizatidine oral capsule 300 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Misc. Anti-Ulcer**			
CARAFATE ORAL SUSPENSION *(Sucralfate)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
Proton Pump Inhibitors**			
DEXILANT *(Dexlansoprazole)*	T1	T1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg		T1	QL (4 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 40 mg		T1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	T1		
FIRST-OMEPRAZOLE	T1		
lansoprazole oral capsule delayed release 15 mg		T1	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 30 mg		T1	
lansoprazole oral tablet delayed release dispersible 15 mg		T1	AI (;); QL (1 EA per 1 day)
lansoprazole oral tablet delayed release dispersible 30 mg		T1	AI (;)
omeprazole oral capsule delayed release		T1	
OMEPRAZOLE+SYRSPEND SF ALKA	T1		
pantoprazole sodium oral tablet delayed release 20 mg		T1	QL (3 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg		T1	QL (6 EA per 1 day)
rabeprazole sodium oral tablet delayed release		T1	
Quaternary Anticholinergics**			
glycopyrrolate oral tablet 1 mg, 2 mg		T1	
methscopolamine bromide oral tablet 2.5 mg		T1	AI (Max #1080 Mail Order); QL (8 EA per 1 day)
methscopolamine bromide oral tablet 5 mg		T1	QL (4 EA per 1 day)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**			
TALICIA	T1		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		T1	QL (4 EA per 1 day)
Urinary Antispasmodics			
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**			
darifenacin hydrobromide er		T1	QL (1 EA per 1 day); AG (Min 18 Years)
oxybutynin chloride er		T1	
oxybutynin chloride oral		T1	
solifenacin succinate		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
tolterodine tartrate		T1	
TOVIAZ *(Fesoterodine Fumarate ER)*	T1	T1	PA; QL (1 EA per 1 day); AG (Min 18 Years)
trospium chloride		T1	

Drug Name	Brand	Generic	Additional Information
trospium chloride er		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**			
GEMTESA	T1		PA
MYRBETRIQ	T1		
Urinary Antispasmodics - Cholinergic Agonists**			
bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg		T1	
Urinary Antispasmodics - Direct Muscle Relaxants**			
flavoxate hcl		T1	
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	T1		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T1		
VAXCHORA	T1		
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)

Drug Name	Brand	Generic	Additional Information
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)
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	$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)

Drug Name	Brand	Generic	Additional Information
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)
VARIVAX	$0		AI (2 doses per year); QL (2 EA per 1 Year)
YF-VAX SUBCUTANEOUS INJECTABLE	T1		
Vaginal And Related Products			
Imidazole-Related Antifungals**			
GYNAZOLE-1	T1		F
terconazole vaginal cream		T1	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	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	T1		AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
clindamycin phosphate vaginal		T1	AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
metronidazole vaginal		T1	AI (;); F; QL (70 GM per 30 Days)
Vaginal Estrogens**			
estradiol vaginal		T1	F
FEMRING VAGINAL RING 0.05 MG/24HR	T1		AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T1		AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T1		F
YUVAFEM *(Estradiol)*	T1	T1	F
Vaginal Progestins**			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F

Drug Name	Brand	Generic	Additional Information
ENDOMETRIN	T1		PA; F
Vasopressors			
Anaphylaxis Therapy Agents**			
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml		T1	AI (Non Mylan pens are non formualry. Limit to one fill of two pens in one month.); QL (2 EA per 2 days)
Neurogenic Orthostatic Hypotension (Noh) - Agents**			
droxidopa oral capsule 300 mg		SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE *(Droxidopa)* **100 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the 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**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE 300 MG	SP		PA; ST; SP; AI (Optum Specialty Pharmacy is the 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		T1	
midodrine hcl		T1	
Vitamins			
Paba**			
POTABA ORAL CAPSULE	T1		
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)

Drug Name	Brand	Generic	Additional Information
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)
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)

Drug Name	Brand	Generic	Additional Information
DIALYVITE VITAMIN D3 MAX	$0		AI (OTC product only covered under ACA prevention benefit; otherwise excluded.); AG (Min 65 Years)
DRISDOL ORAL CAPSULE *(Ergocalciferol)*	T1	T1	
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)
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)

Drug Name	Brand	Generic	Additional Information
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)
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		T1	
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)

Drug Name	Brand	Generic	Additional Information
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		T1	

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		SP
ARCALYST	MB		
ARRANON	MB		SP
ARZERRA	MB		SP
ATGAM	MB		SP
AVASTIN	MB		SP
azacitidine	MB		SP
aztreonam	MB		SP
BAVENCIO	MB		SP
BELEODAQ	MB		SP
BELRAPZO	MB		SP
BENDEKA	MB		SP
BENEFIX INTRAVENOUS KIT	MB		
BENLYSTA INTRAVENOUS	MB		SP
bermuda grass subcutaneous	MB		SP

Drug Name	Brand	Generic	Additional Information
BETASERON SUBCUTANEOUS KIT	SP		PA; SP
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	MB		SP
bleomycin sulfate	MB		SP
BLINCYTO	MB		SP
BOTOX	MB		
BRIVIACT INTRAVENOUS	MB		SP
bupivacaine-epinephrine (pf) injection solution 0.5% - 1:200000	MB		SP
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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
cidofovir intravenous	MB		SP
CINQAIR	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

Drug Name	Brand	Generic	Additional Information
cyclophosphamide injection	MB		SP
CYRAMZA	MB		SP
cytarabine (pf)	MB		SP
cytarabine injection solution	MB		SP
dacarbazine intravenous	MB		SP
decitabine	MB		SP
deferoxamine mesylate injection solution reconstituted 2 gm	MB		SP; AI (;)
deferoxamine mesylate injection solution reconstituted 500 mg	MB		SP
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
ELELYSO	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		SP
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		
FASENRA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
fentanyl citrate (pf) injection solution cartridge	MB		SP
FERRLECIT	MB		SP
FLEBOGAMMA DIF	MB		SP

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
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	MB		SP
ganciclovir sodium intravenous solution reconstituted	MB		SP
GAZYVA	MB		SP
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	MB		PA; SP
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	MB		SP
gemcitabine hcl intravenous solution reconstituted	MB		SP
GENVISC 850	MB		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		
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		SP
HYQVIA	MB		SP
idarubicin hcl	MB		SP
IDELVION	MB		
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

Drug Name	Brand	Generic	Additional Information
irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml	MB		SP
IXEMPRA KIT	MB		SP
IXIARO	MB		SP
IXINITY	MB		
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		SP
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
mixed ragweed	MB		SP
mountain cedar	MB		SP
MOZOBIL	MB		SP
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	MB		SP
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB		SP
MYOBLOC	MB		
na ferric gluc cplx in sucrose	MB		SP
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	MB		SP
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	MB		SP
NAGLAZYME	MB		SP

Drug Name	Brand	Generic	Additional Information
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NIPENT	MB		SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	MB		SP; AI (Optum Specialty Pharmacy is the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NOVOEIGHT	MB		
NOVOSEVEN RT	MB		
NULOJIX	MB		SP
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		SP
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		SP
penicillin g pot in dextrose	MB		SP
penicillin g potassium	MB		SP
penicillin g procaine	MB		SP
penicillin g sodium	MB		SP
PERJETA	MB		PA; SP
PHOTOFRIN	MB		SP
PHYSIOLYTE	MB		SP
PHYSIOSOL IRRIGATION	MB		SP

Drug Name	Brand	Generic	Additional Information
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 the preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PREVYMIS INTRAVENOUS	MB		SP
PRIVIGEN	MB		SP
PROCRIT	MB		SP
PROFILNINE	MB		
PROGRAF INTRAVENOUS	MB		SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	MB		
PROLEUKIN	MB		SP
REBINYN	MB		
RECOMBINATE	MB		
REGONOL INTRAVENOUS	MB		SP
REMICADE	MB		
RENFLEXIS	MB		
REVATIO INTRAVENOUS	MB		SP
RIASTAP	MB		
ringers irrigation	MB		SP
RITUXAN INTRAVENOUS SOLUTION	MB		SP; AI (Optum Specialty Pharmacy is the 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		SP
SIGNIFOR	MB		
sildenafil citrate intravenous	MB		SP
SIMPONI ARIA	MB		SP
SIMULECT	MB		SP
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	MB		SP
SOMATULINE DEPOT	MB		
SPINRAZA	MB		PA; SP

Drug Name	Brand	Generic	Additional Information
STELARA INTRAVENOUS	MB		PA; SP
streptomycin sulfate intramuscular	MB		SP
SYLVANT	MB		
SYNAGIS	MB		SP
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		SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB		SP
VELCADE INJECTION	MB		PA; 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		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	MB		
XGEVA	MB		
XIAFLEX	MB		SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB		
XYNTHA SOLOFUSE	MB		

Drug Name	Brand	Generic	Additional Information
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'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo 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 ܐܝܬ ܠܟ ܐܘ ܠܡܢ ܕܐܢܬ ܥܒܕ ܠܗ ܥܕܪܐ، ܫܐܠܬ̈ܐ ܥܠ Blue Cross Blue Shield of Arizona ، ܐܝܬ ܠܟ ܙܟܘܬܐ ܕܬܣܒ ܥܕܪܐ ܘܝܕܥܬܐ ܒܠܫܢܟ ܡܢ ܕܠܐ ܫܘܠܡܐ ܘܠܐ ܡܫܠܡ ܐܢ ܒܥܐ ܠܡܬܡܠܠ ܥܡ ܡܬܪܓܡ ܩܪܘ 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: หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 877-475-4799

BlueCross BlueShield of Arizona