BlueCross BlueShield Arizona

Prescription Medication Formulary

Standardized Plans

Effective 1/1/23

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

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

Questions?

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

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

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

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What Is Covered on the Formulary?

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

BCBSAZ covers the medications listed as long as:

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

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

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

What if my Medication is not on the Formulary?

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

Non-Formulary Exception Process

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

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

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

These medications are initially reviewed by BCBSAZ through the formulary exception review process. If your request is denied, you have the right to an external 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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Utilization Management & Limitation Abbreviations with Explanations

AL: Age Limit

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

DS: Days' Supply Limit

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

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

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

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

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

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

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

What is a Pharmacy Coverage Guideline?

The BCBSAZ Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a

non-covered claim, the provider has the option to appeal the decision.

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

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

QL: Quantity Limit

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

R&M: Retail & Mail Distribution

Distribution limitations may apply.

- **Retail**—BCBSAZ uses Optum's National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for BCBSAZ members. Certain benefit plans may offer a limited network that excludes CVS and Target.
- **Mail order**—BCBSAZ does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is BCBSAZ's exclusive mail order pharmacy provider. Complete the Mail Order Pharmacy Form on azblue.com to get started.

SP: Specialty Pharmacy Distribution

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

ST: Step Therapy

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

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List of Abbreviations
$0: Zero Cost Share

MB: Medical Benefit

SP: Specialty Medications

T1: Tier 1

T2: Tier 2

T3: Tier 3

AI: Additional Information

F: Female Only

M: Male Only

N: Notes

PA: PA Applies

QL: Quantity Limit

SP: Specialty Pharmacy Only

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
Adhd Agent - Selective Alpha Adrenergic Agonists**			
clonidine hcl er oral tablet extended release 12 hour		T3	QL (2 EA per 1 day)
guanfacine hcl er		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	T3		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (1 EA per 1 day)
Amphetamine Mixtures**			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg		T2	QL (3 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg		T2	QL (2 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1	QL (3 EA per 1 day); AG (Min 6 Years)
Amphetamines**			
ADZENYS XR-ODT	T3		PA
amphetamine sulfate		T1	QL (4 EA per 1 day); AG (Min 6 Years)
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	T3		PA; QL (8 ML per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	T3		PA
EVEKEO	T1		PA; AG (Min 6 Years)
EVEKEO ODT	T3		PA

Drug Name	Brand	Generic	Additional Information
lisdexamfetamine dimesylate		T3	QL (1 EA per 1 day); AG (Min 6 Years)
methamphetamine hcl		T1	QL (3 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE *(Lisdexamfetamine Dimesylate)* **10 MG**	T3	T3	QL (1 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T3		QL (1 EA per 1 Day); AG (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE *(Lisdexamfetamine Dimesylate)*	T3	T3	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		T3	
phentermine hcl oral capsule 15 mg, 30 mg		T3	
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**			
SUNOSI	T3		PA
Histamine H3-Receptor Antagonist/Inverse Agonists**			
WAKIX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Stimulant Combinations**			
AZSTARYS	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
Stimulants - Misc.**			
ADHANSIA XR	T3		PA; QL (1 EA per 1 day); AG (Min 6 Years)
APTENSIO XR *(Methylphenidate HCl ER (XR))*	T3	T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)
armodafinil oral tablet 150 mg, 200 mg, 250 mg		T3	QL (1 EA per 1 day); AG (Min 18 Years)
armodafinil oral tablet 50 mg		T3	QL (2 EA per 1 day); AG (Min 18 Years)
DAYTRANA	T3		PA; QL (1 EA per 1 Day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg		T2	QL (1 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T2	QL (2 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T2	QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 10 mg		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
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		T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg		T2	AI (Max #90 Mail Order); QL (2 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)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg		T2	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		T3	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg		T1	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release		T2	QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T2	QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T3	QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg		T2	QL (6 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 20 mg		T2	QL (3 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T3	QL (2 EA per 1 day); AG (Min 6 Years)
modafinil		T2	QL (2 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK	T3		PA
PALFORZIA (12 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
PALFORZIA (300 MG MAINTENANCE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T3		PA
Mixed Allergenic Extracts**			
ODACTRA	T3		PA
ORALAIR	T3		PA
Amebicides			
Amebicides**			
SOLOSEC	T3		QL (1 EA per 6 Monthss)
Aminoglycosides			
Aminoglycosides**			
ARIKAYCE	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
BETHKIS	SP		PA; SP; AI (30 day supply max)
KITABIS PAK	SP		PA; SP; AI (30 day supply max)
neomycin sulfate oral		T3	
paromomycin sulfate oral		T3	
TOBI	SP		PA; SP; AI (30 day supply max)
TOBI PODHALER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
tobramycin inhalation		SP	SP; AI (30 day supply max)
Analgesics - Anti-Inflammatory			
Antirheumatic - Janus Kinase (Jak) Inhibitors**			
OLUMIANT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RINVOQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 1 day); AG (Max 18 Years)
XELJANZ ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XELJANZ XR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Anti-Tnf-Alpha - Monoclonal Antibodies**			
ABRILADA	SP		PA; SP
ABRILADA (1 PEN)	SP		PA; SP
ABRILADA (2 PEN)	SP		PA; SP
ABRILADA (2 SYRINGE)	SP		PA; SP
adalimumab-aacf		SP	PA; SP
adalimumab-fkjp		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CYLTEZO *(Adalimumab-adbm)*	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO-CD/UC/HS STARTER *(Adalimumab-adbm)*	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO-PSORIASIS STARTER *(Adalimumab-adbm)*	SP	SP	PA; SP; AI (30 day supply max)
HADLIMA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HADLIMA PUSHTOUCH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HULIO	SP		PA; SP; AI (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-CD/UC/HS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYRIMOZ	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-CROHNS/UC STARTER	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-PED<40KG CROHN STARTER	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-PED>/=40KG CROHN START	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-PLAQUE PSORIASIS START	SP		PA; SP; AI (30 day supply max)
IDACIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IDACIO FOR CROHNS DISEASE/UC	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IDACIO FOR PLAQUE PSORIASIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
YUFLYMA 1-PEN KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA 2-PEN KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA 2-SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA-CD/UC/HS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUSIMRY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cyclooxygenase 2 (Cox-2) Inhibitors**			
celecoxib oral		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
Gold Compounds**			
RIDAURA	T3		
Interleukin-1 Receptor Antagonist (Il-1Ra)**			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Interleukin-1Beta Blockers**			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Interleukin-6 Receptor Inhibitors**			
ACTEMRA ACTPEN	SP		PA; SP
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KEVZARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nonsteroidal Anti-Inflammatory Agent Combinations**			
diclofenac-misoprostol oral tablet delayed release		T1	

Drug Name	Brand	Generic	Additional Information
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
COXANTO *(Oxaprozin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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		T3	
flurbiprofen oral		T1	
ibuprofen oral suspension		T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		T1	
INDOCIN ORAL	T3		
indomethacin er		T3	
indomethacin oral capsule 25 mg, 50 mg		T1	
ketorolac tromethamine oral		T1	QL (20 EA per 5 days)
meclofenamate sodium oral capsule 100 mg		T2	
meclofenamate sodium oral capsule 50 mg		T3	
mefenamic acid oral		T3	
meloxicam oral tablet 15 mg		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 oral tablet		T1	
piroxicam oral		T1	
RELAFEN ORAL TABLET *(Nabumetone)* **500 MG**	T1	T1	
sulindac oral		T1	
tolmetin sodium oral tablet 600 mg		T3	

Drug Name	Brand	Generic	Additional Information
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Soluble Tumor Necrosis Factor Receptor Agents**			
ENBREL MINI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
Analgesics - Nonnarcotic			
Analgesics-Sedatives**			
butalbital-acetaminophen oral tablet 50-325 mg		T1	
butalbital-apap-caffeine oral capsule		T1	QL (6 EA per 1 day); AG (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg		T1	

Drug Name	Brand	Generic	Additional Information
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	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin childrens		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin ec low dose		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin ec low strength		$0	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	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	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin regimen		$0	QL (1 EA per 1 day); AG (Min 45 Years)
ASPIR-LOW *(Aspirin)*	$0	$0	QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST *(Aspirin)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE *(Aspirin 81)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET *(Aspirin)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE *(Aspirin EC)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE *(Aspirin)*	$0	$0	QL (1 EA per 1 Day); AG (Min 45 Years)
childrens aspirin		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin adult low dose		$0	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	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)

Drug Name	Brand	Generic	Additional Information
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	QL (1 EA per 1 day); AG (Min 45 Years)
cvs genuine aspirin		$0	QL (1 EA per 1 day); AG (Min 45 Years)
diflunisal oral		T1	
ECOTRIN *(Aspirin EC)*	$0	$0	QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN ARTHRTIS PAIN *(Aspirin EC)*	$0	$0	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	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	QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin oral tablet		$0	QL (1 EA per 1 day); AG (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg		$0	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)
ft aspirin		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
ft aspirin low dose		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
ft enteric coated aspirin		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
genuine aspirin		$0	QL (1 EA per 1 day); AG (Min 45 Years)
gnp adult aspirin low strength oral tablet chewable		$0	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	QL (1 EA per 1 day); AG (Min 45 Years)
gnp aspirin oral tablet delayed release 325 mg		$0	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	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	QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin ec		$0	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	QL (1 EA per 1 day); AG (Min 45 Years)
hm aspirin oral tablet chewable		$0	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	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	QL (1 EA per 1 day); AG (Min 45 Years)
px aspirin oral tablet chewable		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
px enteric aspirin oral tablet delayed release 325 mg		$0	QL (1 EA per 1 day); AG (Min 45 Years)
px enteric aspirin oral tablet delayed release 81 mg		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
qc aspirin		$0	QL (1 EA per 1 day); AG (Min 45 Years)
qc aspirin low dose oral tablet delayed release		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
qc childrens aspirin		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin adult low dose		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin adult low strength oral tablet chewable		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin childrens		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec adult low st		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 325 mg		$0	QL (0.5 EA per 1 Day); AG (Min 45 Years)
ra aspirin ec oral tablet delayed release 81 mg		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ra aspirin oral tablet 325 mg		$0	QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
ra pain relief aspirin		$0	QL (1 EA per 1 day); AG (Min 45 Years)
sb aspirin ec		$0	QL (0.5 EA per 1 Day); AG (Min 45 Years)
sb aspirin oral tablet		$0	QL (1 EA per 1 day); AG (Min 45 Years)
sb childrens aspirin		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
sb low dose asa ec		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin		$0	QL (1 EA per 1 day); AG (Min 45 Years)
sm aspirin adult low strength		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin ec		$0	QL (0.5 EA per 1 Day); AG (Min 45 Years)
sm aspirin ec low strength		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin low dose oral tablet delayed release		$0	QL (1 EA per 1 day); AG (Min 45 Years)
sm childrens aspirin		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE *(Aspirin)*	$0	$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE *(Aspirin 81)*	$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)

Drug Name	Brand	Generic	Additional Information
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		T2	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (136 ML per 1 day)
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	QL (60 EA per 1 Copay)
Dihydrocodeine Combinations**			
TREZIX ORAL CAPSULE *(APAP-Caff-Dihydrocodeine)* **320.5-30-16 MG**	T3	T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
Hydrocodone Combinations**			
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		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)

Drug Name	Brand	Generic	Additional Information
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)
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 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)*	T3	T3	PA; AI (30 day supply max); 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)

Drug Name	Brand	Generic	Additional Information
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)
fentanyl		T1	PA; AI (30 day supply max); QL (0.34 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg		T3	PA; AI (30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
fentanyl citrate buccal tablet		T3	PA; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T3		PA; QL (90 EA per 1 Copay); AG (Min 18 Years)
hydrocodone bitartrate er oral capsule extended release 12 hour		T3	PA; QL (2 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg		T3	PA; QL (1 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg		T3	PA; QL (1 EA per 1 day); AG (Min 4 Years)
hydromorphone hcl oral liquid		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)

Drug Name	Brand	Generic	Additional Information
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		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
HYSINGLA ER *(HYDROcodone Bitartrate ER)*	T2	T2	PA; QL (1 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T3		PA; AI (30 day supply max); QL (0.34 EA per 1 day)
levorphanol tartrate oral tablet 2 mg		T3	PA; QL (8 EA per 1 day)
levorphanol tartrate oral tablet 3 mg		T3	PA; QL (8 EA per 1 Day)
meperidine hcl oral solution		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		T3	PA
morphine sulfate (concentrate) oral solution 10 mg/0.5ml		T1	QL (2.4 EA per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml		T1	QL (2.4 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
morphine sulfate (concentrate) oral solution 20 mg/ml		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 ML per 1 day)
morphine sulfate er beads		T3	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		T3	PA; QL (1 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml		T1	QL (24.5 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml		T1	QL (12.5 ML per 1 day)
morphine sulfate oral tablet 15 mg		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
morphine sulfate oral tablet 30 mg		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
morphine sulfate rectal suppository 10 mg		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
morphine sulfate rectal suppository 20 mg		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
morphine sulfate rectal suppository 30 mg		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
morphine sulfate rectal suppository 5 mg		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (8 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE *(Morphine Sulfate ER)*	T3	T1	PA
NUCYNTA ER	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
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)

Drug Name	Brand	Generic	Additional Information
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		T2	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg		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)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT *(oxyCODONE HCl ER)*	T3	T3	PA; AI (PA applies to new starts); QL (2 EA per 1 day)
oxymorphone hcl er		T3	PA; AI (PA applies to new starts); 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)

Drug Name	Brand	Generic	Additional Information
ROXICODONE ORAL TABLET *(oxyCODONE HCl)* **5 MG**	T3	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	T3		PA; AI (30 day supply max)
tramadol hcl (er biphasic) oral tablet extended release 24 hour		T3	ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); QL (1 EA per 1 day); AG (Min 16 Years)
tramadol hcl er		T3	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)
XTAMPZA ER	T3		PA; QL (2 EA per 1 day)
Opioid Combinations**			
benzhydrocodone-acetaminophen		T3	QL (3 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **10-325 MG**	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		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
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	T3		AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
Opioid Partial Agonists			
BELBUCA	T3		PA; QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg		T1	QL (8 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg		T3	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg		T3	QL (8 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg		T3	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg		T3	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1	QL (2 EA per 1 Day)
butorphanol tartrate nasal		T3	
BUTRANS *(Buprenorphine)*	T3	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, 1.4-0.36 MG	T2		QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2		QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		QL (2 EA per 1 day)
Tramadol Combinations			
tramadol-acetaminophen		T1	QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
Androgens-Anabolic			
Androgens**			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T3		PA
danazol oral		T3	QL (4 EA per 1 day)
JATENZO	T3		PA
KYZATREX	T3		PA
methitest		T3	PA
methyltestosterone oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TESTIM *(Testosterone)*	T3	T1	PA
testosterone cypionate intramuscular solution 100 mg/ml		T1	QL (10 ML per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml		T1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution		T1	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%)		T2	QL (150 GM per 30 days); AG (Min 18 Years)
testosterone transdermal gel 25 mg/2.5gm (1%)		T1	PA
TLANDO	T3		PA
XYOSTED	T3		PA
Anorectal And Related Products			
Intrarectal Steroids**			
hydrocortisone rectal enema		T1	
Nitrate Vasodilating Agents**			
RECTIV	T3		
Antacids			
Antacids - Calcium Salts**			
calcium carbonate antacid oral tablet 648 mg		T3	PA
Anthelmintics			
Anthelmintics**			
albendazole oral		T3	PA
benznidazole		T3	QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
praziquantel oral		T3	
STROMECTOL *(Ivermectin)*	T3	T1	PA
Antianginal Agents			
Antianginals-Other**			
ranolazine er oral tablet extended release 12 hour 1000 mg		T2	QL (2 EA per 1 Day); AG (Min 16 Years)
ranolazine er oral tablet extended release 12 hour 500 mg		T2	QL (2 EA per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
Nitrates**			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		T1	
isosorbide mononitrate		T2	
isosorbide mononitrate er		T2	
NITRO-BID	T2		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin sublingual		T1	
nitroglycerin transdermal patch 24 hour		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin translingual solution		T3	
NITROMIST	T3		QL (0.6 GM per 1 day)
Antianxiety Agents			
Antianxiety Agents - Misc.**			
buspirone hcl oral tablet 10 mg		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		T3	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		T3	
hydroxyzine hcl oral syrup		T1	
hydroxyzine hcl oral tablet		T1	
hydroxyzine pamoate oral capsule 100 mg		T2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		T1	
meprobamate oral tablet 200 mg		T3	
Benzodiazepines**			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
alprazolam er oral tablet extended release 24 hour 1 mg		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 1 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 2 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg		T3	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet dispersible 1 mg		T3	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet dispersible 2 mg		T3	AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 18 Years)
alprazolam xr		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
chlordiazepoxide hcl oral capsule 25 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (8 EA per 1 day); AG (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 9 Years)
diazepam oral solution 5 mg/5ml		T3	AI (Limitation of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
diazepam oral tablet 10 mg, 5 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day)
diazepam oral tablet 2 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	T1		AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral concentrate 2 mg/ml		T1	AI (Max of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
oxazepam oral capsule 10 mg, 15 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 6 Years)
oxazepam oral capsule 30 mg		T1	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
Antiarrhythmics			
Antiarrhythmics Type I-A**			
disopyramide phosphate oral		T1	

Drug Name	Brand	Generic	Additional Information
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T3		
quinidine gluconate er		T2	
quinidine sulfate oral		T3	
Antiarrhythmics Type I-B**			
mexiletine hcl oral		T3	
Antiarrhythmics Type I-C**			
flecainide acetate		T1	
propafenone hcl		T1	
propafenone hcl er		T3	
Antiarrhythmics Type Iii**			
dofetilide		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
MULTAQ	T2		AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 16 Years)
PACERONE ORAL TABLET *(Amiodarone HCl)* **100 MG, 200 MG, 400 MG**	T1	T1	
Antiasthmatic And Bronchodilator Agents			
5-Lipoxygenase Inhibitors**			
zileuton er		T3	AI (Max #360 Mail Order); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); QL (2 EA per 1 day); AG (Min 12 Years)
ZYFLO	T3		ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); QL (4 EA per 1 day); AG (Min 12 Years)
Adrenergic Combinations**			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	T2	T2	QL (2 EA per 1 day)
ADVAIR HFA	T2		QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGIHALER	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (0.035 EA per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
AIRDUO RESPICLICK 113/14	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (0.035 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 232/14	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (0.035 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (0.035 EA per 1 day); AG (Min 12 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2		
BEVESPI AEROSPHERE	T3		ST (Step Therapy required: both of the following in the last 12 months - Anoro Ellipta AND Stiolto Respimat); QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone Furoate-Vilanterol)* **100-25 MCG/ACT, 200-25 MCG/ACT**	T2	T2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2		AG (Min 5 Years)
BREYNA *(Budesonide-Formoterol Fumarate)*	T3	T3	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
BREZTRI AEROSPHERE	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Bevespi, Duaklir Pressair, or Lonhala Magnair); QL (0.383 GM per 1 day); AG (Min 18 Years)
COMBIVENT RESPIMAT	T3		AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T3		ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); QL (0.0358 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 Days)
fluticasone-salmeterol inhalation aerosol		T2	QL (12 GM per 30 days); AG (Min 3 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		T1	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	T2		QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T2		AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	T2	T2	QL (2 EA per 1 day)
Anti-Ige Monoclonal Antibodies**			
XOLAIR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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		T3	QL (60 ML per 30 days); AG (Min 18 Years)
formoterol fumarate inhalation		T3	QL (120 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml		T2	AI (Max #810ml mail order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T2	AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml		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	T3		
PROAIR HFA *(Albuterol Sulfate HFA)*	T3	T1	
PROAIR RESPICLICK	T3		
PROVENTIL HFA *(Albuterol Sulfate HFA)*	T3	T1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2		QL (1 EA per 30 days)
STRIVERDI RESPIMAT	T3		ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva); QL (0.15 GM per 1 day); AG (Min 18 Years)
terbutaline sulfate oral		T1	
VENTOLIN HFA *(Albuterol Sulfate HFA)*	T3	T1	
XOPENEX HFA *(Levalbuterol Tartrate)*	T3	T3	ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 GM per 1 day)
Bronchodilators - Anticholinergics**			
ATROVENT HFA	T2		AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2		
ipratropium bromide inhalation		T1	
LONHALA MAGNAIR REFILL KIT	T3		AI (Limited to 30 day supply); QL (2 ML per 1 day); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	T3		AI (Limited to 30 day supply); QL (2 ML per 1 day); AG (Min 18 Years)
SPIRIVA HANDIHALER	T3		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T3		
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3		QL (4 GM per 30 days)
tiotropium bromide monohydrate		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T3		QL (1 inhaler per 30 days)
YUPELRI	T3		PA

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

Drug Name	Brand	Generic	Additional Information
ASMANEX HFA	T2		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml		T2	AI (Max #360ml Mail Order)
budesonide inhalation suspension 1 mg/2ml		T2	AI (Max #180ml per 90 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone Propionate Diskus)* **100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT**	T2	T2	QL (2 EA per 1 day)
FLOVENT HFA *(Fluticasone Propionate HFA)*	T2	T2	
PULMICORT FLEXHALER	T2		
QVAR REDIHALER	T2		
Thymic Stromal Lymphopoietin (Tslp) Antagonists**			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Xanthines**			
aminophylline anhydrous		T3	PA
ELIXOPHYLLIN *(Theophylline)*	T1	T1	
THEO-24	T3		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg		T3	QL (3 tabs per 1 day)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg		T3	
theophylline er oral tablet extended release 24 hour		T1	
Anticoagulants			
Coumarin Anticoagulants**			
JANTOVEN *(Warfarin Sodium)*	T1	T1	
Direct Factor Xa Inhibitors**			
ELIQUIS	T2		QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2		QL (74 EA per 28 days)
SAVAYSA	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2		QL (10 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T2		QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	T2		QL (2 EA per 1 day)
XARELTO STARTER PACK	T2		QL (51 EA per 28 days)
Heparins And Heparinoid-Like Agents**			
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION *(Heparin Na (Pork) Lock Flsh PF)* **10 UNIT/ML**	Non-Formulary	Non-Formulary	
Low Molecular Weight Heparins**			
enoxaparin sodium injection solution 300 mg/3ml		T1	
enoxaparin sodium injection solution prefilled syringe		T1	QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
FRAGMIN INJECTION	T3		
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T3		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3		
Synthetic Heparinoid-Like Agents**			
fondaparinux sodium		T1	
Thrombin Inhibitors - Selective Direct & Reversible**			
dabigatran etexilate mesylate		T2	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG	T2		QL (2 EA per 1 day)
Anticonvulsants			
Ampa Glutamate Receptor Antagonists**			
FYCOMPA ORAL SUSPENSION	T2		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day)
Anticonvulsants - Benzodiazepines**			
clobazam oral suspension		T3	QL (8 ML per 1 day)
clobazam oral tablet		T3	QL (2 EA per 1 day); AG (Min 2 Years)
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)*	T3	T3	AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	T3		QL (3 EA per 1 day)
diazepam rectal		T3	AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
NAYZILAM	T3		PA
SYMPAZAN	T2		PA; QL (2 EA per 1 Day)
VALTOCO 10 MG DOSE	T3		PA
VALTOCO 15 MG DOSE	T3		PA
VALTOCO 20 MG DOSE	T3		PA
VALTOCO 5 MG DOSE	T3		PA
Anticonvulsants - Misc.**			
APTIOM ORAL TABLET 200 MG, 400 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
APTIOM ORAL TABLET 600 MG, 800 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (2 EA per 1 day)
BANZEL *(Rufinamide)*	T3	T3	PA
BRIVIACT ORAL SOLUTION	T3		ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (20 ML per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET	T3		ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (2 EA per 1 day); AG (Min 4 Years)
carbamazepine oral		T1	
CARBATROL *(carBAMazepine ER)*	T3	T1	
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T3		ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); QL (3 EA per 1 day); AG (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	T3		ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); QL (2 EA per 1 day); AG (Min 12 Years)
EPIDIOLEX	T3		PA
EPITOL *(carBAMazepine)*	T1	T1	
EPRONTIA	T3		ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (16 ML per 1 day)
FINTEPLA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
gabapentin oral capsule		T1	
gabapentin oral solution 250 mg/5ml		T1	
gabapentin oral tablet 600 mg, 800 mg		T1	
lacosamide oral solution		T3	

Drug Name	Brand	Generic	Additional Information
lacosamide oral tablet		T2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T3		AG (Max 6 Years)
lamotrigine er		T1	
lamotrigine oral kit 25 & 50 & 100 mg		T3	AG (Max 6 Years)
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	
oxcarbazepine		T1	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		T1	QL (4 EA per 1 day)
pregabalin oral capsule 200 mg		T1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg		T1	QL (2 EA per 1 Day)
pregabalin oral solution		T1	
primidone oral tablet 250 mg, 50 mg		T1	
QUDEXY XR *(Topiramate ER)*	T3	T3	ST (Step Therapy required: 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 ORAL TABLET EXTENDED RELEASE 12 HOUR *(carBAMazepine ER)* **100 MG**	T2	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR *(carBAMazepine ER)* **200 MG, 400 MG**	T3	T1	
topiramate oral capsule sprinkle		T1	QL (2 EA per 1 day)
topiramate oral tablet		T1	
TROKENDI XR *(Topiramate ER)*	T3	T3	ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (1 EA per 1 day); AG (Min 6 Years)
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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Carbamates**			
felbamate		T1	
XCOPRI	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 EA per 1 day); AG (Min 18 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 EA per 1 day); AG (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 EA per 1 day); AG (Min 18 Years)
Gaba Modulators**			
SABRIL *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
tiagabine hcl		T3	
VIGADRONE *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hydantoins**			
DILANTIN ORAL CAPSULE *(Phenytoin Sodium Extended)*	T3	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 *(Methsuximide)*	T3	T3	
ethosuximide oral		T2	
Valproic Acid**			
divalproex sodium er oral tablet extended release 24 hour		T1	
divalproex sodium oral tablet delayed release		T1	
valproic acid oral capsule		T1	

Drug Name	Brand	Generic	Additional Information
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		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
mirtazapine oral tablet dispersible 30 mg		T3	AI (Max #270 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet dispersible 45 mg		T3	AI (Max #180 Mail Order); QL (1 EA per 1 day)
Antidepressants - Misc.**			
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg		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	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
bupropion hcl oral		T1	
maprotiline hcl oral tablet 25 mg		T1	
Gaba Receptor Modulator - Neuroactive Steroid**			
ZURZUVAE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Monoamine Oxidase Inhibitors (Maois)**			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Day); AG (Min 16 Years)
MARPLAN	T3		
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	

Drug Name	Brand	Generic	Additional Information
escitalopram oxalate oral tablet 10 mg		T1	AI (Max #135 Mail Order)
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		T2	
fluvoxamine maleate er		T2	AI (Max #180 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl er		T3	QL (1 EA per 1 day)
paroxetine hcl oral suspension		T3	
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		T3	
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	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD STARTER PACK	T3		QL (1 EA per 1 Lifetime); AG (Min 18 Years)
vilazodone hcl		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
desvenlafaxine er		T3	QL (1 EA per 1 day)
desvenlafaxine succinate er		T1	QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DRIZALMA SPRINKLE	T3		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	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day)
FETZIMA TITRATION	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day)
venlafaxine hcl		T1	
venlafaxine hcl er		T1	
Tricyclic Agents**			
amitriptyline hcl oral		T1	
amoxapine oral tablet 100 mg		T1	
amoxapine oral tablet 150 mg, 25 mg, 50 mg		T2	
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		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
imipramine pamoate oral capsule 75 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
nortriptyline hcl oral capsule		T1	
protriptyline hcl		T1	
trimipramine maleate oral capsule 50 mg		T3	
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
acarbose oral		T1	
Antidiabetic - Amylin Analogs**			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
Biguanides**			
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	T2		QL (2 EA per 30 days)
BAQSIMI TWO PACK	T2		QL (1 EA per 30 days)
diazoxide oral		T3	
GLUCAGEN HYPOKIT	T2		
glucagon emergency injection kit		T2	QL (2 EA per 30 days)
glucagon emergency injection solution reconstituted		T2	QL (2 EA per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
JANUVIA	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA *(Alogliptin Benzoate)*	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 18 Years)
ONGLYZA	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 Day); AG (Min 16 Years)
saxagliptin hcl		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 16 Years)
TRADJENTA	T2		
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
JANUMET	T2		AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2		QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T2		

Drug Name	Brand	Generic	Additional Information
JENTADUETO XR	T2		QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO *(Alogliptin-Metformin HCl)*	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
KOMBIGLYZE XR *(sAXagliptin-metFORMIN ER)*	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
Dopamine Receptor Agonists - Ergot Derivatives**			
CYCLOSET	T3		
Dpp-4 Inhibitor-Thiazolidinedione Combinations**			
OSENI ORAL TABLET *(Alogliptin-Pioglitazone)* **12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG**	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
Human Insulin**			
ADMELOG INJECTION *(Insulin Lispro)*	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
ADMELOG SOLOSTAR *(Insulin Lispro (1 Unit Dial))*	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3		PA; QL (6 EA per 1 day); AG (Min 18 Years)
APIDRA	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
BASAGLAR KWIKPEN *(Insulin Glargine Solostar)*	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
BASAGLAR TEMPO PEN	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
FIASP INJECTION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP PUMPCART	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
HUMALOG INJECTION	T2		QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T2		QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2		QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1		QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2		QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T2		QL (2 ML per 1 day)
HUMULIN 70/30	T1		QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMULIN N	T1		QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		QL (2 ML per 1 day)
HUMULIN R	T1		QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T2		ST (Step Therapy required: trial of Humulin R U 100 for 3 mo in the last 6 months); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100); QL (2 ML per 1 day)
insulin asp prot & asp flexpen		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
insulin aspart prot & aspart		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
insulin lispro junior kwikpen		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
insulin lispro prot & lispro		T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
LANTUS	T2		QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		QL (2 ML per 1 day)
LEVEMIR	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T3		QL (2 ML per 1 day)
LYUMJEV	T1		QL (0.5 ML per 1 day)
LYUMJEV KWIKPEN	T2		QL (0.5 ML per 1 day)
LYUMJEV TEMPO PEN	T2		QL (0.5 ML per 1 day)
NOVOLIN 70/30	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T2		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T2		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Insulin Aspart FlexPen)*	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG INJECTION *(Insulin Aspart)*	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T3		ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE *(Insulin Aspart PenFill)*	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION *(Insulin Aspart)*	T3	T3	ST (Step Therapy required: 1 fill in the last 12 months - Humalog); QL (2 ML per 1 day)
SEMGLEE (YFGN) *(Insulin Glargine-yfgn)*	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
SEMGLEE SUBCUTANEOUS SOLUTION *(Insulin Glargine)*	T3	T3	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T2		QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T2		QL (2 ML per 1 day)
TRESIBA *(Insulin Degludec)*	T3	T3	ST (Step Therapy required: 3 months in the last 12 months - Lantus); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH *(Insulin Degludec FlexTouch)*	T3	T3	ST (Step Therapy required: 3 months in the last 12 months - Lantus); QL (2 ML per 1 day); AG (Min 1 Years)
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**			
MOUNJARO	T3		PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
BYDUREON BCISE	T2		PA; QL (4 pens per 1 Month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		PA; QL (2.4 ML per 1 Month); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		PA; QL (1.2 ML per 1 Month); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T2		PA; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2		PA; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE)	T2		PA; QL (1 pen per 28 days)
RYBELSUS	T2		PA; QL (1 tab per 1 day)

Drug Name	Brand	Generic	Additional Information
TRULICITY	T2		PA; QL (4 pens per 1 Month); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		PA; QL (3 pens per 1 Month); AG (Min 10 Years)
Insulin-Incretin Mimetic Combinations**			
SOLIQUA	T2		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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR	T2		QL (1 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI	T2		QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
STEGLUJAN	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**			
FARXIGA	T2		QL (1 EA per 1 day)
INVOKANA	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
JARDIANCE	T2		QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
STEGLATRO	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**			
INVOKAMET	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
INVOKAMET XR	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
SEGLUROMET	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
SYNJARDY	T2		
SYNJARDY XR	T2		
XIGDUO XR	T2		
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 tablet 10 mg, 5 mg		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	T3		
Antiperistaltic Agents**			
diphenoxylate-atropine oral liquid		T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg		T1	
ft anti-diarrheal oral capsule		T1	
loperamide hcl oral capsule		T1	
MOTOFEN	T3		
Antidotes And Specific Antagonists			
Antidotes - Chelating Agents**			
CHEMET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
deferasirox granules		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EXJADE *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FERRIPROX *(Deferiprone)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FERRIPROX TWICE-A-DAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JADENU *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JADENU SPRINKLE *(Deferasirox)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Antidotes And Specific Antagonists**			
RADIOGARDASE	T3		QL (18 EA per 1 day); AG (Min 2 Years)
Opioid Antagonists**			
KLOXXADO	T2		QL (1 box per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		T1	
naloxone hcl injection solution cartridge		T1	
naloxone hcl injection solution prefilled syringe		T1	
naloxone hcl nasal		T2	QL (1 box per 30 days)
naltrexone hcl oral		T1	
OPVEE	T2		QL (2 EA per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZIMHI	T3		AI (Limited to 1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); QL (0.034 ML per 1 day); AG (Min 12 Years)
Antiemetics			
5-Ht3 Receptor Antagonists**			
ANZEMET ORAL TABLET 50 MG	T3		QL (4 EA per 1 Copay)
granisetron hcl oral		T1	AI (1 per day); QL (2 EA per 1 day)
ondansetron		T1	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	QL (4 EA per 1 day)
SANCUSO	T3		QL (0.67 EA per 1 day)
Antiemetic Combinations**			
AKYNZEO ORAL	T3		ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); QL (1 EA per 1 1st treatment day); AG (Min 18 Years)
BONJESTA	T3		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS *(Doxylamine-Pyridoxine)*	T3	T3	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
Antiemetics - Anticholinergic**			
meclizine hcl oral tablet 12.5 mg, 25 mg		T1	
scopolamine		T3	QL (0.34 EA per 1 day)
trimethobenzamide hcl oral		T2	

Drug Name	Brand	Generic	Additional Information
Antiemetics - Miscellaneous**			
dronabinol oral capsule 10 mg		T3	AI (Max #180 Mail Order); QL (3 EA per 1 day)
dronabinol oral capsule 2.5 mg, 5 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T3		PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**			
aprepitant oral capsule		T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T3		
VARUBI (180 MG DOSE)	T3		AI (30 day supply max); QL (4 EA per 28 days)
Antifungals			
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**			
BREXAFEMME	T3		AI (4 tablets per day, 1 fill per month.); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole); QL (4 EA per 1 day)
Antifungals**			
flucytosine oral		T3	
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		T3	
Tetrazoles**			
VIVJOA	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (0.215 EA per 1 day)
Triazoles**			
CRESEMBA ORAL CAPSULE 186 MG	T3		PA
CRESEMBA ORAL CAPSULE 74.5 MG	SP		PA
fluconazole oral		T1	
itraconazole oral		T3	
NOXAFIL ORAL PACKET	T3		PA
NOXAFIL ORAL TABLET DELAYED RELEASE *(Posaconazole)*	T3	T3	PA
voriconazole oral		T1	

Drug Name	Brand	Generic	Additional Information
Antihistamines			
Antihistamines - Alkylamines**			
RYCLORA ORAL SOLUTION	T3		AI (118MG per 30 days)
Antihistamines - Ethanolamines**			
carbinoxamine maleate oral solution		T1	
carbinoxamine maleate oral tablet 4 mg		T1	
clemastine fumarate oral tablet 2.68 mg		T3	QL (1 tab per 1 day)
diphenhydramine hcl injection		T1	
diphenhydramine hcl oral elixir		T3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T3		ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); 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	
QUZYTTIR	MB		
Antihistamines - Phenothiazines**			
promethazine hcl injection		T3	
promethazine hcl oral		T1	
PROMETHEGAN RECTAL SUPPOSITORY *(Promethazine HCl)* **12.5 MG, 25 MG**	T1	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T2		
Antihistamines - Piperidines**			
cyproheptadine hcl oral		T1	
Antihyperlipidemics			
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**			
NEXLIZET	T2		ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**			
NEXLETOL	T2		ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
Antihyperlipidemics - Misc.**			
icosapent ethyl		T3	
LOVAZA	T3		PA; 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	T3		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		T3	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	T3		ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or 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)
pitavastatin calcium		T3	ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 tablet per 1 day); AG (Min 8 Years)
pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
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)
simvastatin oral tablet 80 mg		T2	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)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T3		ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or 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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nicotinic Acid Derivatives**			
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T2	AI (Max #270 Mail Order); QL (3 EA per 1 day)
Pcsk9 Inhibitors**			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
REPATHA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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		T3	
Ace Inhibitors & Thiazide/Thiazide-Like**			
benazepril-hydrochlorothiazide		T1	
enalapril-hydrochlorothiazide		T1	
fosinopril sodium-hctz		T3	
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		T2	
perindopril erbumine		T2	
quinapril hcl		T1	
ramipril		T1	
trandolapril		T1	
Agents For Pheochromocytoma**			
DEMSER *(metyroSINE)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DIBENZYLINE *(Phenoxybenzamine HCl)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**			
amlodipine besylate-valsartan		T1	QL (1 EA per 1 day)
amlodipine-olmesartan		T3	QL (1 EA per 1 day)
telmisartan-amlodipine		T1	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
candesartan cilexetil-hctz		T3	
EDARBYCLOR	T3		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg		T1	AI (Max #90 Mail Order); QL (2 tabs per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg		T1	AI (Max #90 Mail Order); QL (1 tab 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		T3	
EDARBI	T3		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**			
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg		T3	
Antiadrenergics - Centrally Acting**			
CATAPRES-TTS-1 *(cloNIDine)*	T3	T3	
CATAPRES-TTS-2 *(cloNIDine)*	T3	T3	
CATAPRES-TTS-3 *(cloNIDine)*	T3	T3	
clonidine hcl oral		T1	

Drug Name	Brand	Generic	Additional Information
guanfacine hcl oral		T1	
methyldopa oral		T3	
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	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Direct Renin Inhibitors**			
aliskiren fumarate		T2	QL (1 EA per 1 Day); AG (Min 18 Years)
Selective Aldosterone Receptor Antagonists (Saras)**			
eplerenone oral tablet 25 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
eplerenone oral tablet 50 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Vasodilators**			
hydralazine hcl oral		T1	
minoxidil oral		T1	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
AEMCOLO	T3		AI (Limited to two fills per year); QL (12 EA per 3 days)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T2		AI (1 fill per 30 days); QL (150 ML per 10 days)
METRONIDAZOLE BENZO+SYRSPEND	T2		
metronidazole oral tablet		T1	
pentamidine isethionate inhalation		SP	SP
tinidazole oral		T1	
XIFAXAN	T3		PA
Anti-Infective Misc. - Combinations**			
sulfamethoxazole-trimethoprim oral tablet		T1	
SULFATRIM PEDIATRIC *(Sulfamethoxazole-Trimethoprim)*	T1	T1	
Antiprotozoal Agents**			
ALINIA ORAL SUSPENSION RECONSTITUTED	T3		AI (30 days must pass before able to refill); QL (60 ML per 3 days)

Drug Name	Brand	Generic	Additional Information
ALINIA ORAL TABLET *(Nitazoxanide)*	T3	T3	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
atovaquone oral		T2	
Carbapenems**			
ertapenem sodium		MB	
Glycopeptides**			
FIRVANQ *(Vancomycin HCl)*	T3	T3	QL (300 ML per 10 days)
vancomycin hcl oral capsule		T1	
Leprostatics**			
dapsone oral		T2	
Lincosamides**			
clindamycin hcl oral		T1	
clindamycin palmitate hcl		T3	
Monobactams**			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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 per 30 days); QL (2 EA per 1 day)
SIVEXTRO ORAL	T3		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T3		PA; AI (Max 28 day supply); QL (60 ML per 1 day)
ZYVOX ORAL TABLET	T3		PA; AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
Urinary Anti-Infectives**			
methenamine hippurate		T1	
MONUROL *(Fosfomycin Tromethamine)*	T3	T3	
nitrofurantoin macrocrystal oral		T1	
nitrofurantoin monohyd macro		T1	
nitrofurantoin oral suspension 25 mg/5ml		T1	
Antimalarials			
Antimalarial Combinations**			
atovaquone-proguanil hcl oral tablet 250-100 mg		T3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg		T2	
COARTEM	T3		
Antimalarials**			
chloroquine phosphate oral		T3	AI (30 day supply max); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DARAPRIM *(Pyrimethamine)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
hydroxychloroquine sulfate oral tablet 200 mg		T1	QL (3 EA per 1 day)
mefloquine hcl		T3	AI (Max #15 per 90 days)
quinine sulfate oral		T1	
Antimyasthenic/Cholinergic Agents			
Antimyasthenic/Cholinergic Agents**			
FIRDAPSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
guanidine hcl oral		T3	
pyridostigmine bromide oral solution		T3	
pyridostigmine bromide oral tablet 60 mg		T1	
Antimycobacterial Agents			
Antimycobacterial Agents**			
cycloserine oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ethambutol hcl oral tablet 100 mg		T1	
ethambutol hcl oral tablet 400 mg		T2	
isoniazid oral syrup		T3	
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	T3		PA
pretomanid		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN	T2		
pyrazinamide oral		T3	
rifabutin		T1	
rifampin oral		T1	
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRECATOR	T3		

Drug Name	Brand	Generic	Additional Information
Antineoplastics And Adjunctive Therapies			
Alkylating Agents**			
MYLERAN	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Androgen Biosynthesis Inhibitors**			
YONSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYTIGA *(Abiraterone Acetate)*	T1	T1	PA; SP; AI (Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.)
Antiadrenals**			
LYSODREN	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiandrogens**			
CASODEX *(Bicalutamide)*	T1	T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERLEADA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
flutamide		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NILANDRON *(Nilutamide)*	T1	T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); M
NUBEQA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XTANDI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Antiestrogens**			
FARESTON *(Toremifene Citrate)*	T1	T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
SOLTAMOX	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
tamoxifen citrate oral		$0	
Antimetabolites**			
JYLAMVO	T1		PA; AI (30 day supply max)
mercaptopurine oral		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methotrexate oral		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methotrexate sodium injection solution 1000 mg/40ml		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methotrexate sodium oral		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ONUREG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PURIXAN	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TABLOID	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREXALL	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
XATMEP	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XELODA *(Capecitabine)*	T1	T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Akt Inhibitors**			
TRUQAP	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Alk Inhibitors**			
ALECENSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T1		PA; SP
XALKORI ORAL CAPSULE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 Day); AG (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYKADIA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 EA per 1 day); AG (Min 16 Years)
Antineoplastic - Anti-Her2 Agents**			
TUKYSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Bcl-2 Inhibitors**			
VENCLEXTA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENCLEXTA STARTING PACK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
BOSULIF	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GLEEVEC	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
ICLUSIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
imatinib mesylate oral tablet 100 mg		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day)
SCEMBLIX	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 Day)
TASIGNA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Braf Kinase Inhibitors**			
BRAFTOVI ORAL CAPSULE 75 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAFINLAR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZELBORAF	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Btk Inhibitors**			
BRUKINSA	T1		PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic	Additional Information
CALQUENCE	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL CAPSULE 140 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL SUSPENSION	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAYPIRCA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Egfr Inhibitors**			
EXKIVITY	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
gefitinib		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILOTRIF	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IRESSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAGRISSO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TARCEVA *(Erlotinib HCl)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
VIZIMPRO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Fgfr Kinase Inhibitors**			
BALVERSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (12 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (16 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (20 MG DAILY DOSE)	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEMAZYRE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (100MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (125MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (50MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUSELTIQ (75MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Gamma Secretase Inhibitors**			
OGSIVEO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Hedgehog Pathway Inhibitors**			
DAURISMO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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

Drug Name	Brand	Generic	Additional Information
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Met Inhibitors**			
TABRECTA	T1		PA
TEPMETKO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Methyltransferase Inhibitors**			
TAZVERIK	T1		PA; AI (30 day supply max)
Antineoplastic - Mtor Kinase Inhibitors**			
AFINITOR *(Everolimus)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AFINITOR DISPERZ *(Everolimus)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAPRELSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (60 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FOTIVDA	T1		PA; SP; AI (30 day supply max)
lapatinib ditosylate		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
NERLYNX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEXAVAR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 Day); AG (Min 16 Years)
QINLOCK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RYDAPT	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sorafenib tosylate		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day); AG (Min 16 Years)
STIVARGA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SUTENT *(SUNItinib Malate)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
TURALIO	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYKERB	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 EA per 1 Day)
VANFLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VOTRIENT *(PAZOPanib HCl)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XOSPATA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Antineoplastic - Pdgfr-Alpha Inhibitors**			
AYVAKIT	T1		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Antineoplastic - Proteasome Inhibitors**			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1		PA
NINLARO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Ret Inhibitors**			
GAVRETO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RETEVMO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**			
AUGTYRO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ROZLYTREK ORAL CAPSULE	T1		PA; SP
ROZLYTREK ORAL PACKET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VITRAKVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Xpo1 Inhibitors**			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1		PA; AI (30 day supply max)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA; AI (30 day supply max)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA; AI (30 day supply max)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1		PA; AI (30 day supply max)
XPOVIO (60 MG TWICE WEEKLY)	T1		PA; AI (30 day supply max)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1		PA; AI (30 day supply max)
XPOVIO (80 MG TWICE WEEKLY)	T1		PA; AI (30 day supply max)

Drug Name	Brand	Generic	Additional Information
Antineoplastic Combinations**			
DARZALEX FASPRO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INQOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LONSURF	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
Antineoplastics Misc.**			
ACTIMMUNE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYDREA *(Hydroxyurea)*	T1	T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INTRON A INJECTION SOLUTION RECONSTITUTED	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MATULANE	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYNRIBO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Aromatase Inhibitors**			
anastrozole oral		$0	QL (1 EA per 1 day)
ARIMIDEX	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
AROMASIN	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 EA per 1 day)
exemestane		$0	F; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FEMARA	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 EA per 1 day)
letrozole oral		$0	F; QL (1 EA per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
IBRANCE	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (200 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (400 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (600 MG DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VERZENIO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Estrogen Receptor Antagonist**			
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE *(Fulvestrant)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Estrogens-Antineoplastic**			
EMCYT	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Folic Acid Antagonists Rescue Agents**			
leucovorin calcium oral tablet 10 mg, 15 mg		T3	
leucovorin calcium oral tablet 25 mg, 5 mg		T1	
Gonadotropin Releasing Hormone (Gnrh) Antagonists**			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORGOVYX	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Imidazotetrazines**			
TEMODAR ORAL CAPSULE *(Temozolomide)* **250 MG**	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
temozolomide		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TIBSOVO	T1		PA
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**			
IDHIFA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Janus Associated Kinase (Jak) Inhibitors**			
INREBIC	T1		PA
JAKAFI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJJAARA	T1		PA; SP
VONJO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Lhrh Analogs**			
CAMCEVI	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (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 preferred Pharmacy - some medications may be available at Retail); N (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 preferred Pharmacy - some medications may be available at Retail); N (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 preferred pharmacy - some medications may be available at Retail); N (30 day supply max. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
leuprolide acetate (3 month)		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (84 to 90 day supply. FDA approved only for Prostate Cancer); M; QL (1 EA per 90 days); AG (Min 18 Years)
leuprolide acetate injection		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (30 day supply max. 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 preferred pharmacy - some medications may be available at Retail); N (30 day supply max. FDA approved only for Prostate Cancer.); M; QL (1 Inj per 90 days); AG (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (30 day supply max. 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 preferred pharmacy - some medications may be available at Retail); N (30 day supply max. FDA approved only for Prostate Cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (84 to 90 day supply. FDA approved only for Endometriosis and Fibroids.); F; QL (1 inj per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (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 preferred Pharmacy - some medications may be available at Retail); N (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 preferred Pharmacy - some medications may be available at Retail); N (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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZOLADEX	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Mitotic Inhibitors**			
etoposide oral		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nitrogen Mustards And Related Analogues**			
ALKERAN ORAL	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
cyclophosphamide oral capsule		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
cyclophosphamide oral tablet		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LEUKERAN	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
melphalan		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nitrosoureas**			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ornithine Decarboxylase (Odc) Inhibitors**			
IWILFIN	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
COPIKTRA	T1		PA; SP
PIQRAY (200 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (250 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (300 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYDELIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEJULA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Progestins-Antineoplastic**			
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
megestrol acetate oral tablet		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Retinoids**			
tretinoin oral		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Selective Estrogen Receptor Degraders**			
ORSERDU	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Selective Retinoid X Receptor Agonists**			
TARGRETIN ORAL *(Bexarotene)*	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL	T1		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Urinary Tract Protective Agents**			
MESNEX ORAL	SP		SP
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
FRUZAQLA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
INLYTA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (10 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (12 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (14 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (18 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (20 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (24 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (4 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (8 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiparkinson And Related Therapy Agents			
Adenosine Receptor Antagonist**			
NOURIANZ	T3		PA; QL (1 EA per 1 day)
Antiparkinson Anticholinergics**			
benztropine mesylate oral		T1	
trihexyphenidyl hcl oral tablet		T1	
Antiparkinson Dopaminergics**			
amantadine hcl oral capsule		T1	
amantadine hcl oral solution		T1	
bromocriptine mesylate oral		T1	
GOCOVRI	T3		PA
INBRIJA	T3		PA

Drug Name	Brand	Generic	Additional Information
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T3		PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T3		PA
Antiparkinson Monoamine Oxidase Inhibitors**			
rasagiline mesylate oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
selegiline hcl oral		T1	
XADAGO	T3		PA
Central/Peripheral Comt Inhibitors**			
TASMAR ORAL TABLET *(Tolcapone)* **100 MG**	T3	T1	PA
Decarboxylase Inhibitors**			
carbidopa oral		T1	
Levodopa Combinations**			
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		T1	
carbidopa-levodopa oral tablet		T1	
carbidopa-levodopa oral tablet dispersible		T3	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		T3	AI (Max #270 Mail Order); QL (8 EA per 1 Day)
RYTARY	T3		PA
Nonergoline Dopamine Receptor Agonists**			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE *(Apomorphine HCl)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KYNMOBI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pramipexole dihydrochloride		T1	
ropinirole hcl		T1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg		T3	QL (6 EA per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg		T3	QL (8 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg		T3	QL (4 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 8 mg		T3	QL (3 EA per 1 Day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
Peripheral Comt Inhibitors**			
entacapone		T1	
ONGENTYS	T3		PA
Antipsychotics/Antimanic Agents			
Antimanic Agents**			
lithium		T1	AG (Min 7 Years)
lithium carbonate er		T1	
lithium carbonate oral		T1	
Antipsychotics - Misc.**			
CAPLYTA	T3		PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		QL (8 EA per 1 Day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		QL (5 EA per 1 Day)
GEODON INTRAMUSCULAR *(Ziprasidone Mesylate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
lurasidone hcl oral tablet 120 mg		T1	QL (1 EA per 1 day); AG (Min 10 Years)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg		T1	QL (2 EA per 1 day); AG (Min 10 Years)
NUPLAZID ORAL CAPSULE	T3		PA
NUPLAZID ORAL TABLET 10 MG	T3		PA
VRAYLAR ORAL CAPSULE	T3		ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); QL (1 EA per 1 day); AG (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3		ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or 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	T3		AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T3		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
INVEGA HAFYERA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg		T3	AI (2 tablets per day); QL (2 EA per 1 day); AG (Min 12 Years)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg		T3	AI (1 tablet per day); QL (1 EA per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
risperidone oral solution		T1	
risperidone oral tablet		T1	
risperidone oral tablet dispersible 1 mg		T1	
RYKINDO	SP		PA; SP
UZEDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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		T3	QL (2 EA per 1 day)
SECUADO	T3		QL (1 EA per 1 day)
Dibenzothiazepines			
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg		T3	QL (1 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg		T3	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 100 mg, 300 mg		T1	QL (2 EA per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
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)
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		T3	PA
chlorpromazine hcl oral tablet		T1	
fluphenazine decanoate injection		T3	PA
fluphenazine hcl injection		T3	PA
fluphenazine hcl oral concentrate		T3	
fluphenazine hcl oral elixir		T3	
fluphenazine hcl oral tablet		T1	
perphenazine oral		T1	
prochlorperazine		T2	
prochlorperazine edisylate injection solution 10 mg/2ml		T3	PA
prochlorperazine maleate oral		T2	
thioridazine hcl oral		T1	
trifluoperazine hcl oral		T1	
Quinolinone Derivatives**			
ABILIFY ASIMTUFII	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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 preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ARISTADA INITIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REXULTI ORAL TABLET 0.25 MG	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3		PA; 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)
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		T3	AI (Max #90 Mail Order); QL (2 EA per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
ZYPREXA INTRAMUSCULAR *(OLANZapine)*	SP	SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	SP		PA; SP
Thioxanthenes**			
thiothixene oral		T3	
Antivirals			
Antiretroviral Combinations**			
abacavir sulfate-lamivudine		T1	
ATRIPLA	T2		QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T3		QL (1 EA per 1 day)
CIMDUO	T2		QL (1 EA per 1 day)
COMPLERA	T2		
DELSTRIGO	T3		QL (1 EA per 1 day); AG (Min 12 Years)
DESCOVY	T3		ST (Step Therapy required: 3 months in the last 6 months - emtricitabine-tenofovir disoproxil fumarate (generic for Truvada)); QL (1 EA per 1 day)
DOVATO	T3		
efavirenz-emtricitab-tenofo df		T2	QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-emtricitab-tenofovir		T2	QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		T2	QL (1 EA per 11 days)

Drug Name	Brand	Generic	Additional Information
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg		T2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg		T3	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg		$0	QL (1 EA per 1 day)
EVOTAZ	T3		
GENVOYA	T2		
JULUCA	T3		PA
lamivudine-zidovudine		T1	
lopinavir-ritonavir		T2	
ODEFSEY	T2		
PREZCOBIX	T3		
STRIBILD	T2		
SYMTUZA	T3		
TRIUMEQ	T3		QL (1 EA per 1 day); AG (Min 16 Years)
TRIUMEQ PD	T3		QL (6 EA per 1 day); AG (Max 10 Years)
Antiretrovirals - Capsid Inhibitors**			
SUNLENCA ORAL	SP		PA; SP; AI (Limited to 1 fill per month); QL (5 EA per 30 days)
SUNLENCA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); N (3ml per 6 months with a minimum 167 days supply and maximum of 180 days supply); QL (3 ML per 180 days)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
maraviroc		T2	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	T2		
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		QL (2 EA per 1 day)
Antiretrovirals - Fusion Inhibitors**			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**			
RUKOBIA	T3		PA
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS	T2		
ISENTRESS HD	T2		
TIVICAY	T2		

Drug Name	Brand	Generic	Additional Information
TIVICAY PD	T2		
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE	T3		
atazanavir sulfate oral capsule 150 mg, 200 mg		T2	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg		T2	QL (1 EA per 1 day)
fosamprenavir calcium		T2	
LEXIVA ORAL SUSPENSION	T2		
NORVIR ORAL PACKET	T2		
NORVIR ORAL SOLUTION	T2		
PREZISTA ORAL SUSPENSION	T2		
PREZISTA ORAL TABLET 150 MG, 75 MG	T2		
PREZISTA ORAL TABLET *(Darunavir)* **600 MG**	T2	T2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	T2		QL (1 EA per 2 days)
REYATAZ ORAL PACKET	T2		
ritonavir		T2	
VIRACEPT ORAL TABLET	T2		
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
EDURANT	T2		QL (1 EA per 1 Day)
efavirenz oral capsule 200 mg		T2	QL (1 EA per 1 day)
efavirenz oral capsule 50 mg		T2	QL (2 EA per 1 day)
efavirenz oral tablet		T1	QL (2 EA per 2 days)
etravirine		T3	
INTELENCE ORAL TABLET 25 MG	T3		
nevirapine er		T1	
nevirapine oral suspension		T2	
nevirapine oral tablet		T1	
PIFELTRO	T3		QL (1 EA per 1 day); AG (Min 12 Years)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
abacavir sulfate oral solution		T2	
abacavir sulfate oral tablet		T1	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
EMTRIVA ORAL CAPSULE *(Emtricitabine)*	T3	T3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T2		QL (720 ML per 30 Days)
lamivudine oral solution		T1	
lamivudine oral tablet 150 mg, 300 mg		T1	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**			
stavudine oral capsule		T1	
zidovudine oral capsule		T1	
zidovudine oral syrup		T1	

Drug Name	Brand	Generic	Additional Information
zidovudine oral tablet		T2	
Antiretrovirals - Rti-Nucleotide Analogues**			
tenofovir disoproxil fumarate		T2	
VIREAD ORAL POWDER	T2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2		QL (1 EA per 1 day)
Antiretrovirals Adjuvants**			
TYBOST	T3		
Antiviral Combinations**			
PAXLOVID (150/100)	T2		AI (Max 2 fills per year); QL (4 EA per 1 day)
PAXLOVID (300/100)	T2		AI (Max 2 fills per year); QL (6 EA per 1 day)
Cmv Agents**			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PREVYMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
valganciclovir hcl oral solution reconstituted		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
valganciclovir hcl oral tablet		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day)
Hepatitis B Agents**			
adefovir dipivoxil		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BARACLUDE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (20 ML per 1 Day); AG (Min 16 Years)
entecavir		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 16 Years)
EPIVIR HBV ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
lamivudine oral tablet 100 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VEMLIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
Hepatitis C Agent - Combinations**			
EPCLUSA ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
HARVONI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET 45-200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HARVONI ORAL TABLET *(Ledipasvir-Sofosbuvir)* **90-400 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
MAVYRET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sofosbuvir-velpatasvir		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
VIEKIRA PAK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VOSEVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ZEPATIER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hepatitis C Agents**			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ribavirin oral capsule		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ribavirin oral tablet 200 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOVALDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Herpes Agents - Purine Analogues**			
acyclovir oral		T1	
SITAVIG	T3		PA; QL (15 EA per 90 days); AG (Min 16 Years)
valacyclovir hcl oral tablet 1 gm		T1	QL (4 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		T3	
Misc. Antivirals**			
LAGEVRIO	T2		PA
Neuraminidase Inhibitors**			
oseltamivir phosphate oral capsule		T1	AI (Limited to 5 day supply); QL (2 Capsules per 1 day)
oseltamivir phosphate oral suspension reconstituted		T1	QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3		QL (0.67 EA per 1 day)
Beta Blockers			
Alpha-Beta Blockers**			
carvedilol		T1	
labetalol hcl oral		T1	

Drug Name	Brand	Generic	Additional Information
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	T3		ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); QL (1 EA per 1 day); AG (Min 6 Years)
metoprolol succinate er		T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg		T1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg		T3	
nebivolol hcl		T2	
Beta Blockers Non-Selective**			
HEMANGEOL	T3		AG (Max 2 Years)
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1	
pindolol		T1	
propranolol hcl er		T1	
propranolol hcl oral solution		T2	
propranolol hcl oral tablet		T1	
SORINE *(Sotalol HCl)*	T1	T1	
sotalol hcl (af)		T1	
timolol maleate oral		T2	
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	T3		ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate); 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		T2	
isradipine		T1	
levamlodipine maleate		T2	QL (1 EA per 1 day)
nicardipine hcl oral		T1	

Drug Name	Brand	Generic	Additional Information
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		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nisoldipine er oral tablet extended release 24 hour 30 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT *(Diltiazem HCl ER Beads)*	T1	T1	
TIADYLT ER *(Diltiazem HCl ER Beads)*	T1	T1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg		T3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		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	
Cardiotonics			
Cardiac Glycosides**			
DIGITEK *(Digoxin)*	T1	T1	
DIGOX *(Digoxin)*	T1	T1	
digoxin oral solution		T1	
digoxin oral tablet 62.5 mcg		T3	
Cardiovascular Agents - Misc.			
Cardiac Myosin Inhibitors**			
CAMZYOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cardiovascular Sglt2 Inhibitors*			
INPEFA ORAL TABLET 200 MG	T3		ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); QL (1 EA per 1 day); AG (Min 18 Years)
INPEFA ORAL TABLET 400 MG	T3		ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); QL (1 tablet per 1 day); AG (Min 18 Years)
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO	T3		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Prostaglandin Vasodilators**			
ORENITRAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 1	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 2	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 3	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI MAINTENANCE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO DPI TITRATION KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO REFILL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**			
ADEMPAS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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 preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
OPSUMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRACLEER ORAL TABLET *(Bosentan)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**			
ADCIRCA *(Tadalafil (PAH))*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
ALYQ *(Tadalafil (PAH))*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
LIQREV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVATIO ORAL SUSPENSION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVATIO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
sildenafil citrate oral suspension reconstituted		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 ML per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
sildenafil citrate oral tablet 20 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
TADLIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**			
UPTRAVI ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
UPTRAVI TITRATION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**			
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3		ST (Step Therapy required: BOTH of the following for 3 months in the last 18 months - tadalafil AND a benign prostatic hyperplasia (BPH) medication to include alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, or dutasteride-tamsulosin (generic for Jalyn)); QL (1 EA per 1 day); AG (Min 18 Years)
tadalafil oral tablet 2.5 mg, 5 mg		T1	QL (1 EA per 1 day); AG (Min 18 Years)
Sinus Node Inhibitors*			
CORLANOR	T3		PA
Transthyretin Stabilizers**			
VYNDAMAX	SP		PA; SP
VYNDAQEL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**			
VERQUVO	T3		PA; QL (1 EA per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
cefadroxil oral capsule		T1	
cefadroxil oral suspension reconstituted		T1	

Drug Name	Brand	Generic	Additional Information
cefadroxil oral tablet		T3	
cephalexin oral capsule 250 mg, 500 mg		T1	
cephalexin oral suspension reconstituted		T1	
Cephalosporins - 2Nd Generation**			
cefaclor er		T3	
cefaclor oral capsule		T2	AI (one fill per month); QL (3 EA per 10 days)
cefaclor oral suspension reconstituted		T3	
cefprozil		T3	
cefuroxime axetil oral tablet		T1	
Cephalosporins - 3Rd Generation**			
cefdinir oral capsule		T1	
cefdinir oral suspension reconstituted		T3	
cefixime oral suspension reconstituted		T1	
cefpodoxime proxetil oral suspension reconstituted		T1	
cefpodoxime proxetil oral tablet		T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		
SUPRAX ORAL TABLET CHEWABLE	T3		
Chemicals			
Bulk Chemicals - Be's**			
belladonna		T3	
Bulk Chemicals - En**			
enalapril maleate		T3	
Bulk Chemicals - Va's**			
vancomycin hcl		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Contraceptives			
Biphasic Contraceptives - Oral**			
AZURETTE	$0		F; QL (28 EA per 30 Days)
KARIVA *(Viorele)*	$0	$0	F; QL (28 EA per 30 Days)
LO LOESTRIN FE	$0		F; QL (1.34 EA per 1 day)
PIMTREA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (28 EA per 30 days)
SIMLIYA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (28 EA per 30 days)
VOLNEA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (28 EA per 30 days)
Combination Contraceptives - Oral**			
AFIRMELLE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
ALTAVERA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
APRI *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
AUBRA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
AUBRA EQ *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
AUROVELA 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
AUROVELA 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
AUROVELA 24 FE	$0		F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
AVIANE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
AYUNA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
BALZIVA *(Briellyn)*	$0	$0	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 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
CHARLOTTE 24 FE *(Norethin Ace-Eth Estrad-FE)*	T3	T3	F; QL (1.34 EA per 1 day)
CHATEAL *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
CHATEAL EQ *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
CRYSELLE-28	$0		F; QL (1.34 EA per 1 day)
CYRED *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
CYRED EQ *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
DASETTA 1/35 *(Alyacen 1/35)*	$0	$0	F; QL (1.34 EA per 1 day)
DELYLA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
drospiren-eth estrad-levomefol		T3	F; QL (1.34 EA per 1 day)
ELINEST	$0		F; QL (1.34 EA per 1 day)
EMOQUETTE *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET *(Desogestrel-Ethinyl Estradiol)* **0.15-30 MG-MCG**	$0	$0	F; QL (1.34 EA per 1 day)
ESTARYLLA *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
FALMINA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
FEMYNOR *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
FINZALA *(Norethin Ace-Eth Estrad-FE)*	T3	T3	F; QL (1.34 EA per 1 day)
HAILEY 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
HAILEY 24 FE	$0		F; QL (1.34 EA per 1 day)
HAILEY FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
HAILEY FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
ISIBLOOM *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
JASMIEL *(Drospirenone-Ethinyl Estradiol)*	T1	T1	F; QL (1.34 EA per 1 day)
JULEBER *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
JUNEL 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
JUNEL 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
JUNEL FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
JUNEL FE 24	$0		F; QL (1.34 EA per 1 day)
KAITLIB FE *(Norethin-Eth Estradiol-Fe)*	T3	T3	F; QL (1.34 EA per 1 day)
KALLIGA	$0		F; QL (1.34 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
KELNOR 1/35 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
KELNOR 1/50 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
KURVELO *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
LARIN 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
LARIN 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
LARIN 24 FE	$0		F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
LARIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
LARISSIA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
LAYOLIS FE *(Norethin-Eth Estradiol-Fe)*	T3	T3	F; QL (1.34 EA per 1 day)
LESSINA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21) *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1/20 (21) *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
LOESTRIN FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
LOESTRIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	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		F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	T1		F; QL (1.34 EA per 1 Day)
LUTERA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
marlissa		$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 *(Norethindrone Acet-Ethinyl Est)*	$0	$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 24 FE	$0		F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1.5/30 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
MILI *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
MONO-LINYAH *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
NECON 0.5/35 (28)	$0		F; QL (1.34 EA per 1 day)
NECON 1/35 (28) *(Alyacen 1/35)*	$0	$0	F; QL (1.34 EA per 1 day)
NIKKI *(Drospirenone-Ethinyl Estradiol)*	T1	T1	F; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	$0		F; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) *(Alyacen 1/35)*	$0	$0	F; QL (1.34 EA per 1 day)
NORTREL 1/35 (28) *(Alyacen 1/35)*	$0	$0	F; QL (1.34 EA per 1 day)
NYLIA 1/35 *(Alyacen 1/35)*	$0	$0	F; QL (1.34 EA per 1 day)
NYMYO *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
OCELLA *(Drospirenone-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
ORSYTHIA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
PHILITH *(Briellyn)*	$0	$0	F; QL (1.34 EA per 1 day)
PIRMELLA 1/35 *(Alyacen 1/35)*	$0	$0	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PORTIA-28 *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
RECLIPSEN *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
SAFYRAL *(Drospiren-Eth Estrad-Levomefol)*	T3	T3	F; QL (1.34 EA per 1 day)
SOLIA *(Desogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
SPRINTEC 28 *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
SRONYX *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
SYEDA *(Drospirenone-Ethinyl Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
TARINA 24 FE	$0		F; QL (1.34 EA per 1 day)
TARINA FE 1/20 *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
TARINA FE 1/20 EQ *(Norethin Ace-Eth Estrad-FE)*	$0	$0	F; QL (1.34 EA per 1 day)
TURQOZ	$0		F; QL (1.34 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE	$0		F; QL (1.34 EA per 1 day)
TYDEMY *(Drospiren-Eth Estrad-Levomefol)*	T3	T3	F; QL (1.34 EA per 1 day)
VESTURA *(Drospirenone-Ethinyl Estradiol)*	T1	T1	F; QL (1.34 EA per 1 day)
VIENVA *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
VYFEMLA *(Briellyn)*	$0	$0	F; QL (1.34 EA per 1 day)
VYLIBRA *(Norgestimate-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
WERA	$0		F; QL (1.34 EA per 1 day)
WYMZYA FE *(Norethin-Eth Estradiol-Fe)*	$0	$0	F; QL (1.34 EA per 1 day)
ZOVIA 1/35 (28) *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	F; QL (1.34 EA per 1 day)
ZUMANDIMINE	$0		F; QL (1.34 EA per 1 Day)
Combination Contraceptives - Transdermal**			
XULANE *(Norelgestromin-Eth Estradiol)*	$0	$0	F; QL (3 EA per 30 days)
ZAFEMY *(Norelgestromin-Eth Estradiol)*	$0	$0	F; QL (3 EA per 30 days)
Combination Contraceptives - Vaginal**			
ELURYNG *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1 EA per 30 days)
ENILLORING *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1 EA per 30 days)
HALOETTE *(Etonogestrel-Ethinyl Estradiol)*	$0	$0	F; QL (1 EA per 30 days)
NUVARING *(Etonogestrel-Ethinyl Estradiol)*	T3	$0	F; QL (1 EA per 30 days)
Continuous Contraceptives - Oral**			
AMETHYST *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
DOLISHALE *(Levonorgestrel-Ethinyl Estrad)*	$0	$0	F; QL (1.34 EA per 1 day)
Emergency Contraceptives**			
AFTERA *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
AFTERPILL *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
CURAE *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
ECONTRA EZ *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
ECONTRA ONE-STEP *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
ELLA	T3		F; QL (3 EA per 30 Days)
MY CHOICE *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
MY WAY *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
NEW DAY *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
OPCICON ONE-STEP *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
OPTION 2 *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
PLAN B ONE-STEP *(Levonorgestrel)*	T3	$0	F; QL (3 EA per 30 days)
REACT *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
TAKE ACTION *(Levonorgestrel)*	$0	$0	F; QL (3 EA per 30 days)
Extended-Cycle Contraceptives - Oral**			
AMETHIA	$0		F; QL (91 EA per 90 days)
ASHLYNA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	F; QL (91 EA per 90 days)
CAMRESE	$0		F; QL (91 EA per 90 days)
CAMRESE LO *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	F; QL (91 EA per 90 Days)
DAYSEE	$0		F; QL (91 EA per 90 days)
FAYOSIM *(Levonorgest-Eth Est & Eth Est)*	T1	T1	F; QL (91 EA per 91 days)
ICLEVIA	$0		F; QL (91 EA per 90 days)
INTROVALE *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	F; QL (91 EA per 90 days)
JAIMIESS *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	F; QL (91 EA per 90 days)
JOLESSA *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	F; QL (91 EA per 90 days)
LOJAIMIESS	$0		F; QL (91 EA per 90 days)
QUARTETTE *(Levonorgest-Eth Est & Eth Est)*	T3	T1	F; QL (91 EA per 91 days)
RIVELSA *(Levonorgest-Eth Est & Eth Est)*	T1	T1	F; QL (91 EA per 91 days)
SETLAKIN	$0		F; QL (91 EA per 90 days)
SIMPESSE *(Levonorgest-Eth Estrad 91-Day)*	$0	$0	F; QL (91 EA per 90 days)
Four Phase Contraceptives - Oral**			
NATAZIA	T3		F; QL (28 EA per 30 Days)
Progestin Contraceptives - Injectable**			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3		F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE *(medroxyPROGESTERone Acetate)*	T3	$0	F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		F; QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension		$0	F; QL (1 ML per 90 Days)
Progestin Contraceptives - Oral**			
CAMILA *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
DEBLITANE *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
ERRIN *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
HEATHER *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
INCASSIA *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
JENCYCLA *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
LYLEQ *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
LYZA *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
NORA-BE *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
NORLYDA *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
NORLYROC *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
SHAROBEL *(Norethindrone)*	$0	$0	F; QL (1.34 EA per 1 day)
SLYND	T3		ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (1.34 EA per 1 day)
Triphasic Contraceptives - Oral**			
ARANELLE	$0		F; QL (1.34 EA per 1 day)
CAZIANT	$0		F; QL (1.34 EA per 1 day)
DASETTA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	F; QL (1.34 EA per 1 day)
ENPRESSE-28 *(Levonorg-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
LEENA	$0		F; QL (1.34 EA per 1 day)
LEVONEST *(Levonorg-Eth Estrad Triphasic)*	$0	$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	F; QL (1.34 EA per 1 day)
NYLIA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	F; QL (1.34 EA per 1 day)
PIRMELLA 7/7/7 *(Alyacen 7/7/7)*	$0	$0	F; QL (1.34 EA per 1 day)
TILIA FE	$0		F; QL (28 EA per 30 Days)
TRI FEMYNOR *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-ESTARYLLA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-LEGEST FE	$0		F; QL (28 EA per 30 Days)
TRI-LINYAH *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-LO-ESTARYLLA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-LO-MARZIA *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-LO-MILI *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-MILI *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRINESSA (28) *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-NYMYO *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRI-SPRINTEC *(Norgestim-Eth Estrad Triphasic)*	$0	$0	F; QL (1.34 EA per 1 day)
TRIVORA (28) *(Levonorg-Eth Estrad Triphasic)*	$0	$0	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	F; QL (1.34 EA per 1 day)
VELIVET	$0		F; QL (1.34 EA per 1 day)
Corticosteroids			
Glucocorticosteroids**			
budesonide oral		T3	
DEXAMETHASONE INTENSOL	T1		
dexamethasone oral elixir		T1	
dexamethasone oral solution		T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg		T1	

Drug Name	Brand	Generic	Additional Information
dexamethasone oral tablet 2 mg		T3	
EMFLAZA	T3		PA; AG (Min 5 Years)
hydrocortisone oral		T1	
MEDROL ORAL TABLET 2 MG	T3		
methylprednisolone oral tablet		T1	
ORTIKOS	T3		ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); QL (1 EA per 1 day); AG (Min 8 Years)
prednisolone oral solution		T3	
prednisolone oral syrup 15 mg/5ml		T2	
prednisolone sodium phosphate oral solution 10 mg/5ml		T3	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml		T1	
prednisolone sodium phosphate oral tablet dispersible		T2	
PREDNISONE INTENSOL	T2		
prednisone oral		T1	
SOLU-CORTEF	T3		
TARPEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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 (Max 10 day supply and 1 fill per month); QL (150 ML per 10 days)
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 1 day)
hydromet oral solution		T1	AI (Max 10 day supply and 1 fill per month); QL (150 ML per 10 days)
Antitussive-Expectorant**			
g tussin ac		T2	QL (240 ML per 10 days)
guaiatussin ac		T2	QL (240 ML per 10 days)
guaifenesin ac		T2	QL (240 ML per 10 days)
guaifenesin-codeine oral solution		T2	QL (240 ML per 10 days)

Drug Name	Brand	Generic	Additional Information
virtussin a/c		T2	QL (240 ML per 10 days)
Decongestant & Antihistamine**			
CLARINEX-D 12 HOUR	T3		AI (Max #180 Mail Order); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs); QL (2 EA per 1 Day)
promethazine vc		T1	QL (150 ML per 10 days)
promethazine-phenylephrine		T1	QL (150 ML per 10 days)
Expectorants**			
guaifenesin oral tablet 200 mg		T1	
Misc. Respiratory Inhalants**			
sodium chloride inhalation nebulization solution 0.9 %, 7 %		T1	
Mucolytics**			
acetylcysteine inhalation solution 10 %		T1	
acetylcysteine inhalation solution 20 %		T2	
Non-Narc Antitussive-Antihistamine**			
promethazine-dm oral syrup		T1	
Non-Narc Antitussive-Decongestant-Antihistamine**			
BROMFED DM ORAL SYRUP *(Pseudoeph-Bromphen-DM)* **2-30-10 MG/5ML**	T1	T1	
Opioid Antitussive-Antihistamine**			
hydrocod poli-chlorphe poli er		T2	AI (1 fill per 30 days); QL (120 ML per 7 days); AG (Min 18 Years)
hydrocod polst-cpm polst er oral suspension extended release		T2	AI (1 fill per 30 days); QL (120 ML per 7 days); AG (Min 18 Years)
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	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); QL (1 GM per 1 day); AG (Min 9 Years)
CLINDACIN *(Clindamycin Phosphate)*	T1	T1	QL (50 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
CLINDACIN ETZ EXTERNAL SWAB *(Clindamycin Phosphate)*	T1	T1	
CLINDACIN-P *(Clindamycin Phosphate)*	T1	T1	
clindamycin phosphate external gel		T1	
clindamycin phosphate external lotion		T1	
clindamycin phosphate external solution		T1	
dapsone external gel 5 %		T3	PA
ery		T3	
erythromycin external gel		T3	
erythromycin external solution		T1	
sulfacetamide sodium (acne)		T1	
Acne Combinations**			
clindamycin phos-benzoyl perox external gel 1-5 %		T3	
Acne Products**			
ACCUTANE *(ISOtretinoin)*	T3	T3	
AKLIEF	T3		AI (Limited to 30 day supply); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); QL (1.5 GM per 1 day); AG (Min 9 Years)
ALTRENO	T3		QL (1.5 GM per 1 day)
AMNESTEEM *(ISOtretinoin)*	T3	T3	
bpo external gel 4 %		T3	
CLARAVIS *(ISOtretinoin)*	T3	T3	
MYORISAN *(ISOtretinoin)*	T3	T3	
tretinoin external cream		T1	
tretinoin external gel 0.01 %, 0.025 %		T1	
tretinoin external gel 0.05 %		T3	
tretinoin microsphere external gel 0.04 %		T1	
tretinoin microsphere pump external gel 0.04 %		T1	
WINLEVI	T3		AI (Limited to 30 day supply); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); QL (2 GM per 1 day); AG (Min 12 Years)
ZENATANE *(ISOtretinoin)*	T3	T3	
Agents For External Genital And Perianal Warts**			
VEREGEN	T3		QL (1 GM per 1 day)
Alopecia Agents - Janus Kinus (Jak) Inhibitors**			
LITFULO	SP		PA; SP; AI (30 day supply max)
Antibiotics - Topical**			
ALTABAX	T3		QL (1 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
gentamicin sulfate external		T2	
mupirocin external		T1	
XEPI	T3		ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); QL (30 GM per 1 month); AG (Min 2 Years)
Antifungals - Topical Combinations**			
clotrimazole-betamethasone		T1	
nystatin-triamcinolone external cream		T1	
nystatin-triamcinolone external ointment		T3	
Antifungals - Topical**			
ciclopirox external gel		T2	
ciclopirox external shampoo		T1	
ciclopirox external solution		T2	
ciclopirox olamine external		T1	
MENTAX	T3		
naftifine hcl external cream 1 %		T1	
naftifine hcl external cream 2 %		T3	
NYAMYC *(Nystatin)*	T1	T1	
nystatin external		T1	
NYSTOP *(Nystatin)*	T1	T1	
Antineoplastic Alkylating Agents - Topical**			
VALCHLOR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
Antineoplastic Antimetabolites - Topical**			
CARAC *(Fluorouracil)*	T1	T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
fluorouracil external cream 5 %		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
fluorouracil external solution		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Antineoplastic Or Premalignant Lesions - Topical Misc.**			
PICATO	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**			
diclofenac sodium external gel 3 %		T1	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3.34 GM per 1 day)
Antineoplastic Retinoids - Topical**			
PANRETIN	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antipruritics - Topical**			
PRUDOXIN *(Doxepin HCl)*	T3	T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate); QL (30 GM per 30 days)
ZONALON *(Doxepin HCl)*	T3	T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate); QL (30 GM per 30 days)
Antipsoriatics - Systemic**			
acitretin		T3	
BIMZELX	SP		PA; AI (30 day supply max)
COSENTYX (300 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY (300 MG)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
COSENTYX UNOREADY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
methoxsalen rapid		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
SILIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOTYKTU	SP		PA; SP; AI (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antipsoriatics			
calcipotriene external cream		T1	AI (120GM per month)
calcipotriene external solution		T1	AI (120ML per month)
CALCITRENE *(Calcipotriene)*	T1	T1	
tazarotene external cream		T1	QL (30 GM per 30 days)
tazarotene external gel 0.05 %		T3	
tazarotene external gel 0.1 %		T3	AI (30 day supply max); QL (1 GM per 1 day)
TAZORAC EXTERNAL CREAM 0.05 %	T3		

Drug Name	Brand	Generic	Additional Information
VECTICAL *(Calcitriol)*	T3	T3	AI (Max #300 Mail Order); QL (100 GM per 30 Days)
VTAMA	T3		PA
ZORYVE EXTERNAL CREAM	T3		PA
Antiseborrheic Products**			
selenium sulfide external lotion		T2	
ZORYVE EXTERNAL FOAM	T3		PA
Antiviral Topical Combinations**			
XERESE	T3		
Antivirals - Topical**			
acyclovir external		T3	
penciclovir		T3	
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**			
CIBINQO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OPZELURA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 GM per 1 day)
Atopic Dermatitis - Monoclonal Antibodies**			
ADBRY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DUPIXENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Burn Products**			
SSD *(Silver sulfADIAZINE)*	T1	T1	
SULFAMYLON EXTERNAL CREAM	T3		
THERMAZENE *(Silver sulfADIAZINE)*	T1	T1	
Corticosteroids - Topical**			
ala-cort external cream 2.5 %		T1	
alclometasone dipropionate		T1	
amcinonide		T3	
betamethasone dipropionate aug external cream		T1	
betamethasone dipropionate aug external gel		T3	
betamethasone dipropionate aug external lotion		T1	
betamethasone dipropionate aug external ointment		T1	
betamethasone dipropionate external		T1	
betamethasone valerate external		T1	

Drug Name	Brand	Generic	Additional Information
clobetasol propionate e		T1	
clobetasol propionate emulsion		T3	AI (1x 100gm can per month); QL (100 GM per 1 Copay); AG (Min 12 Years)
clobetasol propionate external cream		T1	
clobetasol propionate external foam		T1	
clobetasol propionate external gel		T1	
clobetasol propionate external liquid		T1	
clobetasol propionate external lotion		T3	
clobetasol propionate external ointment		T1	
clobetasol propionate external solution		T1	
clocortolone pivalate		T3	AI (30 day supply max); QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO *(Clobetasol Propionate)*	T3	T3	
CORDRAN EXTERNAL TAPE	T3		ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (0.034 EA per 1 day)
desonide external cream		T1	
desonide external gel		T3	QL (60 GM per 30 days)
desonide external lotion		T3	
desonide external ointment		T1	
desoximetasone external cream 0.05 %		T1	
desoximetasone external cream 0.25 %		T2	
desoximetasone external gel		T2	
desoximetasone external ointment 0.25 %		T2	
diflorasone diacetate external		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)
fluocinolone acetonide body		T2	
fluocinolone acetonide external		T2	
fluocinolone acetonide scalp		T2	
fluocinonide external cream 0.05 %		T1	
fluocinonide external gel		T1	
fluocinonide external ointment		T1	
fluocinonide external solution		T1	
flurandrenolide external cream		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
flurandrenolide external lotion		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 ML per 30 days)
flurandrenolide external ointment		T3	QL (2 GM per 1 day)
fluticasone propionate external cream		T1	
fluticasone propionate external lotion		T3	
fluticasone propionate external ointment		T1	
halcinonide		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or 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		T3	AI (Limited to 1 fill per month); QL (15 GM per 10 days)
hydrocortisone butyrate external ointment		T1	
hydrocortisone butyrate external solution		T3	
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	T3		
Imidazole-Related Antifungals - Topical**			
clotrimazole external solution		T1	
econazole nitrate external		T1	
EXELDERM	T3		
JUBLIA	T3		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 Dayss)
Immunomodulators Imidazoquinolinamines - Topical**			
imiquimod external cream 5 %		T1	

Drug Name	Brand	Generic	Additional Information
Keratolytic/Antimitotic Agents**			
CONDYLOX EXTERNAL GEL *(Podofilox)*	T3	T3	
podofilox external solution		T1	
Macrolide Immunosuppressants - Topical**			
ELIDEL	T3		PA; AI (Max 2 refills in 6 months); QL (30 GM per 1 month); AG (Min 2 Years)
HYFTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pimecrolimus		T3	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		PA; QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; QL (60 GM per 30 days); AG (Min 16 Years)
tacrolimus external ointment 0.03 %		T1	QL (60 GM per 30 days); AG (Min 2 Years)
tacrolimus external ointment 0.1 %		T1	QL (60 GM per 30 days); AG (Min 16 Years)
Microtubule Inhibitors - Topical**			
KLISYRI	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara))
Oxaborole-Related Antifungals - Topical**			
KERYDIN *(Tavaborole)*	T3	T3	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**			
EUCRISA	T3		PA; QL (2 GM per 1 day); AG (Min 2 Years)
Rosacea Agents**			
ivermectin external cream		T3	AI (Limited to 1 fill per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%); QL (45 GM per 10 days)
MIRVASO *(Brimonidine Tartrate)*	T3	T3	PA
RHOFADE	T3		
ROSADAN EXTERNAL CREAM *(metroNIDAZOLE)*	T1	T1	
ROSADAN EXTERNAL GEL *(MetroNIDAZOLE)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
ZILXI	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); QL (30 GM per 30 days); AG (Min 18 Years)
Scabicides & Pediculicides**			
CROTAN	T3		PA
ivermectin external lotion		T3	PA; QL (117 GM per 30 days)
lindane external shampoo		T3	
malathion external		T1	QL (2.7 ML per 1 day)
NATROBA *(Spinosad)*	T3	T3	PA
OVIDE	T3		PA; QL (2.7 ML per 1 day)
permethrin external cream		T1	
Seborrheic Keratosis Products*			
ESKATA	MB		
Steroid-Local Anesthetic Combinations**			
CORTANE-B EXTERNAL	T3		
EPIFOAM	T2		
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3		
Tar Products**			
SCYTERA	T3		
Topical Anesthetic Combinations**			
ITCH-X EXTERNAL SOLUTION	T3		
Topical Selective Retinoid X Receptor Agonists**			
bexarotene external		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (120 GM per 30 days)
TARGRETIN EXTERNAL	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (120 GM per 30 Days)
Topical Steroid Combinations**			
calcipotriene-betameth diprop external ointment		T3	QL (60 GM per 30 days); AG (Min 16 Years)
calcipotriene-betameth diprop external suspension		T3	QL (2 GM per 1 day); AG (Min 18 Years)
Wound Care - Growth Factor Agents**			
REGRANEX	T3		PA; AI (30 day supply max)
Diagnostic Products			
Diagnostic Drugs**			
METOPIRONE	SP		PA

Drug Name	Brand	Generic	Additional Information
Diagnostic Tests			
ACCU-CHEK AVIVA PLUS IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCU-CHEK GUIDE IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCUTREND GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVANCE INTUITION TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVANCE MICRO-DRAW TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE REDI-CODE IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX AMP TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX KEYNOTE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
AGAMATRIX PRESTO TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE 3 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE 4 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE II *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE II CHECK *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PLATINUM *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PRISM MULTI TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PRO TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
BIOTEL CARE TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
blood glucose test strips 333		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
BLULINK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CARESENS N GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CARETOUCH TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); 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)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHEK TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE AUTO-CODE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE NO CODING *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CONTOUR NEXT TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CONTOUR TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
cvs glucose meter test strips		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
D-CARE BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DIATHRIVE GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DIATHRIVE+ GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
diatrue plus test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
DUO-CARE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
easy plus ii glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY STEP TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
easy talk blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
easy talk plus ii test strips		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASY TOUCH TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
easy trak blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
easy trak ii glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYGLUCO IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYMAX 15 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYMAX TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYPRO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EASYPRO PLUS IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
element compact test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ELEMENT TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T3		PA; QL (200 strips per 30 days)
eq blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
EVOLUTION AUTOCODE IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FIFTY50 GLUCOSE TEST 2.0 *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA 6 CONNECT IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA 6 CONNECT/GTEL TEST	T3		QL (200 test strips per 30 days)
FORA BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D15G BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D40/G31 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA G20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA G30/PREM V10 GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GD20 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA GTEL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA TN'G/TN'G VOICE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V10 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V20 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA V30A BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORACARE GD40 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORACARE PREMIUM V10 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORACARE TEST N GO TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORTISCARE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE INSULINX TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LITE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FREESTYLE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ge100 blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GENULTIMATE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ght test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCO PERFECT 3 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD SHINE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD VITAL TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCARD X-SENSOR *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GLUCOCOM TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
GLUCONAVII BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
glucose meter test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
gnp easy touch glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GNP TRUETRACK TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
goodsense blood glucose in vitro		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
HW EMBRACE PRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
IGLUCOSE TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
IN TOUCH BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
INFINITY BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
INFINITY VOICE IN VITRO STRIP *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
KETOSTIX	T2		AI (Max #300 Mail Order); QL (100 EA per 30 Days)
kroger blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
kroger premium glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
LIBERTY NEXT GENERATION TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
liberty test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
meijer blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
meijer essential glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
meijer premium glucose test		T3	QL (200 EA per 30 days)
MEIJER TRUETEST TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MEIJER TRUETRACK TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MICRODOT TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MM EASY TOUCH GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
MYGLUCOHEALTH TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
NEUTEK 2TEK TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
one drop test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	T1		AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1		AI (30 day supply max); QL (200 EA per 30 days)
OPTIUMEZ TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PHARMACIST CHOICE AUTOCODE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
pharmacist choice no coding		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
POCKETCHEM EZ TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
POGO AUTOMATIC TEST CARTRIDGES	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (3.3 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
premium blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
pro voice v8/v9 glucose		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
PTS PANELS EGLU TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
QUICKTEK TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
QUINTET AC BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION CONFIRM/MICRO TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION PREMIER TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION PRIME TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RELION TRUE METRIX TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION ULTIMA TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
REXALL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SMART SENSE PREMIUM TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SMART SENSE VALUE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SMARTEST BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SOLUS V2 TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
SUPREME TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
tgt blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
true focus blood glucose strip		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUETEST TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUETRACK TEST *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
UNISTRIP1 GENERIC *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
verasens blood glucose test		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIPS *(Blood Glucose Test)*	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
Digestive Aids			
Digestive Enzymes**			
CREON	T2		QL (12 EA per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	T3		ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 EA per 1 day)
PERTZYE	T3		ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 EA per 1 day)
SUCRAID	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIOKACE	T3		ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T2		QL (12 EA per 1 day)
Diuretics			
Carbonic Anhydrase Inhibitors**			
acetazolamide er		T3	
acetazolamide oral		T1	
dichlorphenamide		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 4 days); AG (Min 18 Years)
KEVEYIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day); AG (Min 18 Years)
methazolamide oral		T2	
Diuretic Combinations**			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		
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		T3	
DYRENIUM *(Triamterene)*	T3	T3	
spironolactone oral tablet		T1	
Thiazides And Thiazide-Like Diuretics**			
chlorthalidone oral tablet 25 mg, 50 mg		T1	
DIURIL	T2		
hydrochlorothiazide oral		T1	
indapamide oral		T1	
metolazone		T1	
THALITONE	T2		

Drug Name	Brand	Generic	Additional Information
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		T2	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)
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		T3	
calcitonin (salmon) nasal		T2	AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
Carnitine Replenisher - Agents**			
levocarnitine oral solution		T3	
levocarnitine oral tablet		T3	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**			
XPHOZAH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Corticotropin**			
ACTHAR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CORTROPHIN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cortisol Synthesis Inhibitors**			
ISTURISA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
RECORLEV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Dopamine Receptor Agonists**			
cabergoline		T3	
Fabry Disease - Agents**			
GALAFOLD	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Gaa Deficiency Treatment - Agents**			
OPFOLDA	T3		PA
Gnrh/Lhrh Antagonists**			
ORILISSA	T3		PA
Growth Hormone Receptor Antagonists**			
SOMAVERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Growth Hormone Releasing Hormones (Ghrh)**			
EGRIFTA SV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Growth Hormones**			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMATROPE INJECTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NGENLA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SAIZEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SAIZENPREP	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYTROFA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOGROYA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZOMACTON	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hereditary Orotic Aciduria Treatment - Agents*			
XURIDEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**			
NITYR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORFADIN *(Nitisinone)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Homocystinuria Treatment - Agents**			
betaine		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hyperammonemia Treatment - Agents**			
CARBAGLU ORAL TABLET SOLUBLE *(Carglumic Acid)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hyperparathyroid Treatment - Vitamin D Analogs**			
calcitriol oral		T2	
doxercalciferol oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
paricalcitol oral capsule 1 mcg, 2 mcg		T1	QL (1 EA per 1 day); AG (Min 18 Years)
paricalcitol oral capsule 4 mcg		T1	QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	T3		PA
Hypophosphatasia (Hpp) Agents**			
STRENSIQ	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Insulin-Like Growth Factors (Somatomedins)**			
INCRELEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Leptin Analogues**			
MYALEPT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**			
LUPRON DEPOT-PED (1-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (30 day supply max. 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); N (84 to 90 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 90 days)
LUPRON DEPOT-PED (6-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); N (172 to 180 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 EA per 180 days)
SYNAREL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Natriuretic Peptides**			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Non-Steroidal Mineralocorticoid Receptor Antagonists**			
KERENDIA	T3		PA; QL (1 EA per 1 day)
Ovulation Stimulants-Synthetic**			
CLOMID *(clomiPHENE Citrate)*	T3	T3	PA; AI (Quantity limit of 1 per day, up to a 5 day supply, with a fill limit of 1 fill per 30 days); F; QL (1 EA per 1 day)
Parathyroid Hormone And Derivatives**			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Teriparatide (Recombinant))* **600 MCG/2.4ML**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
teriparatide		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Phenylketonuria Treatment - Agents**			
JAVYGTOR *(Sapropterin Dihydrochloride)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KUVAN ORAL PACKET	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
KUVAN ORAL TABLET	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
PALYNZIQ	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Rank Ligand (Rankl) Inhibitors**			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (1 prefilled syringe per 180 days); AG (Min 18 Years)
Selective Estrogen Receptor Modulators (Serms)**			
EVISTA	T1		AI (30 day supply max); QL (1 EA per 1 day)
OSPHENA	T3		PA
raloxifene hcl		$0	QL (1 EA per 1 day)
Selective Vasopressin V2-Receptor Antagonists**			
JYNARQUE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SAMSCA *(Tolvaptan)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Somatostatic Agents**			
MYCAPSSA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
octreotide acetate subcutaneous		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDOSTATIN INJECTION SOLUTION *(Octreotide Acetate)* **100 MCG/ML, 50 MCG/ML, 500 MCG/ML**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDOSTATIN LAR DEPOT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Urea Cycle Disorder - Agents**			
OLPRUVA (2 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (3 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (4 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (5 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (6 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OLPRUVA (6.67 GM DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RAVICTI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sodium phenylbutyrate oral powder 3 gm/tsp		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
sodium phenylbutyrate oral tablet		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Vasopressin**			
desmopressin ace spray refrig		T3	AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)

Drug Name	Brand	Generic	Additional Information
desmopressin acetate injection		T3	
desmopressin acetate oral tablet 0.1 mg		T3	AI (Max #270 Mail Order); QL (8 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg		T3	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
desmopressin acetate spray		T3	
NOCDURNA	T3		PA
STIMATE	T3		
Estrogens			
Estrogen & Progestin**			
AMABELZ	T1		F
COMBIPATCH	T3		F
FYAVOLV ORAL TABLET *(Norethindrone-Eth Estradiol)* **0.5-2.5 MG-MCG**	T2	T2	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY *(Estradiol-Norethindrone Acet)*	T3	T3	AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T2		AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
Estrogen-Progestin-Gnrh Antagonist**			
MYFEMBREE	T3		PA; QL (1 EA per 1 day)
Estrogens**			
ALORA TRANSDERMAL PATCH TWICE WEEKLY *(Estradiol)* **0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR**	T3	T1	QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T3		
DOTTI *(Estradiol)*	T1	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 *(Estradiol)* **0.025 MG/24HR**	T1	T1	QL (2 EA per 1 Week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3		
MENOSTAR	T3		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T2		

Drug Name	Brand	Generic	Additional Information
Estrogen-Selective Estrogen Receptor Modulator Comb**			
DUAVEE	T3		PA; F; QL (1 EA per 1 day); AG (Min 18 Years)
Fluoroquinolones			
Fluoroquinolones**			
BAXDELA ORAL	T3		PA
ciprofloxacin hcl oral tablet 100 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
levofloxacin oral solution		T3	
levofloxacin oral tablet 250 mg		T2	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
levofloxacin oral tablet 500 mg, 750 mg		T2	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
moxifloxacin hcl oral		T1	
ofloxacin oral tablet 300 mg		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ofloxacin oral tablet 400 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
5-Ht4 Receptor Agonists**			
MOTEGRITY	T3		PA
Bile Acid Synthesis Disorder Agents**			
CHOLBAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**			
TRULANCE	T3		ST (Step Therapy required: 1 fill in the last 6 months - Linzess); QL (2 EA per 1 day); AG (Min 18 Years)
Farnesoid X Receptor (Fxr) Agonists**			
OCALIVA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Gallstone Solubilizing Agents**			
CHENODAL	T3		
ursodiol oral capsule 300 mg		T2	
ursodiol oral tablet		T3	
Gastrointestinal Antiallergy Agents**			
cromolyn sodium oral		T1	

Drug Name	Brand	Generic	Additional Information
Gastrointestinal Chloride Channel Activators**			
lubiprostone		T2	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		T3	
Glucagon-Like Peptide-2 (Glp-2) Analogs**			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T2		QL (1 EA per 1 day); AG (Min 6 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**			
VIBERZI	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
Ileal Bile Acid Transporter (Ibat) Inhibitors**			
BYLVAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BYLVAY (PELLETS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LIVMARLI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Inflammatory Bowel Agents**			
balsalazide disodium		T1	
DIPENTUM	T3		AI (Max #360 Mail Order); QL (4 EA per 1 Day)
mesalamine er oral capsule extended release		T3	
mesalamine er oral capsule extended release 24 hour		T3	QL (4 EA per 1 day)
mesalamine oral capsule delayed release		T2	
mesalamine oral tablet delayed release 1.2 gm		T3	QL (4 EA per 1 Day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T3	QL (6 EA per 1 day)
mesalamine rectal enema		T3	QL (60 ML per 1 day)
mesalamine rectal suppository		T3	QL (1 EA per 1 Day)
mesalamine-cleanser		T3	

Drug Name	Brand	Generic	Additional Information
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T3		
SFROWASA	T3		
sulfasalazine oral		T1	
Integrin Receptor Antagonists**			
ENTYVIO SUBCUTANEOUS	SP		PA; SP; AI (30 day supply max)
Interleukin Antagonists**			
OMVOH SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Intestinal Acidifiers**			
enulose		T1	
generlac		T1	
lactulose encephalopathy		T1	
Live Fecal Microbiota (Human)*			
VOWST	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Peripheral Opioid Receptor Antagonists**			
MOVANTIK	T3		QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T3		PA; QL (3 EA per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMPROIC	T3		PA
Phosphate Binder Agents**			
calcium acetate (phos binder) oral capsule		T1	
FOSRENOL ORAL TABLET CHEWABLE *(Lanthanum Carbonate)* **1000 MG, 500 MG, 750 MG**	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
sevelamer carbonate oral packet 0.8 gm		T3	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer carbonate oral packet 2.4 gm		T3	AI (Max #450 Mail Order); QL (5 EA per 1 day)
sevelamer carbonate oral tablet		T3	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer hcl oral tablet 400 mg		T1	QL (35 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
sevelamer hcl oral tablet 800 mg		T1	QL (17.5 EA per 1 day)
VELPHORO	T3		PA
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**			
VELSIPITY	SP		PA; AI (30 day supply max)
Tryptophan Hydroxylase Inhibitors**			
XERMELO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Tumor Necrosis Factor Alpha Blockers**			
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Genitourinary Agents - Miscellaneous			
5-Alpha Reductase Inhibitors**			
dutasteride oral		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	T3		
silodosin		T3	
tamsulosin hcl		T1	
Citrates**			
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)		T2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)		T3	

Drug Name	Brand	Generic	Additional Information
Cystinosis Agents**			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PROCYSBI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Genitourinary Irrigants**			
ARGYLE STERILE SALINE *(Sodium Chloride)*	T1	T1	
CURITY STERILE SALINE *(Sodium Chloride)*	T1	T1	
RENACIDIN	T1		
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**			
FILSPARI	SP		PA; SP; AI (30 day supply max)
Interstitial Cystitis Agents**			
ELMIRON	T3		QL (3 EA per 1 day)
Prostatic Hypertrophy Agent Combinations**			
dutasteride-tamsulosin hcl		T1	M
Urinary Stone Agents**			
THIOLA *(Tiopronin)*	T3	T3	PA
THIOLA EC	T3		PA
Gout Agents			
Gout Agent Combinations**			
colchicine-probenecid		T1	
Gout Agents**			
allopurinol oral tablet 100 mg, 300 mg		T1	
colchicine oral tablet		T3	
febuxostat		T3	ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); QL (1 EA per 1 Day); AG (Min 18 Years)
GLOPERBA	T3		QL (150 ML per 1 month); AG (Min 18 Years)
ULORIC	T3		ST (Step Therapy required: both of the following for 3 months each in the last 12 months - allopurinol 100mg or 300mg tab AND febuxostat 40mg or 80mg tab); QL (1 EA per 1 day); AG (Min 18 Years)
Uricosurics**			
probenecid oral		T1	

Drug Name	Brand	Generic	Additional Information
Hematological Agents - Misc.			
Anti-Von Willebrand Factor Agents**			
CABLIVI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Bradykinin B2 Receptor Antagonists**			
FIRAZYR *(Icatibant Acetate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SAJAZIR *(Icatibant Acetate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
C1 Esterase Inhibitors**			
BERINERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CINRYZE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HAEGARDA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUCONEST	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Complement C3 Inhibitors**			
EMPAVELI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Complement C5a Receptor Inhibitors**			
TAVNEOS	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Complement Factor B Inhibitors**			
FABHALTA	SP		PA
Direct-Acting P2y12 Inhibitors**			
BRILINTA	T2		
Hematorheologic Agents**			
pentoxifylline er		T1	
Phosphodiesterase Iii Inhibitors**			
cilostazol		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**			
TAKHZYRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Plasma Kallikrein Inhibitors**			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Platelet Aggregation Inhibitor Combinations**			
aspirin-dipyridamole er		T2	
Platelet Aggregation Inhibitors**			
dipyridamole oral		T1	
Protease-Activated Receptor-1 (Par-1) Antagonists**			
ZONTIVITY	T2		QL (1 EA per 1 day); AG (Min 16 Years)
Pyruvate Kinase Activators**			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PYRUKYND TAPER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Quinazoline Agents**			
anagrelide hcl		T1	
Spleen Tyrosine Kinase (Syk) Inhibitors**			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Thienopyridine Derivatives**			
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)

Drug Name	Brand	Generic	Additional Information
Hematopoietic Agents			
Agents For Gaucher Disease**			
CERDELGA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YARGESA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZAVESCA *(Miglustat)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cobalamins**			
DODEX *(Cyanocobalamin)*	T1	T1	
NASCOBAL *(Cyanocobalamin)*	T3	T3	PA
Cytotoxic Agents**			
DROXIA	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); QL (1 EA per 1 day); AG (Min 18 Years)
SIKLOS ORAL TABLET 100 MG	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
Folic Acid/Folates**			
folic acid oral tablet 1 mg		$0	QL (2 EA per 1 Day)
Granulocyte Colony-Stimulating Factors (G-Csf)**			
FULPHILA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (0.086 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NEULASTA ONPRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (10 ML per 10 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (16 ML per 10 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (5 ML per 10 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); QL (8 ML per 10 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (8 day supply min / 10 day supply max); QL (10 ML per 10 days)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (8 day supply min / 10 day supply max); QL (16 ML per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (8 day supply min / 10 day supply max); QL (5 ML per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (8 day supply min / 10 day supply max); QL (8 ML per 10 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
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, 10 day supply max); 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, 10 day supply max); QL (0.8 ML per 1 day)
Hemoglobin S (Hbs) Polymerization Inhibitors**			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; SP; AI (30 day supply max)
Iron W/ Folic Acid**			
FOLIVANE-F	T2		
INTEGRA F	T2		
Iron**			
ferrous sulfate oral liquid 220 (44 fe) mg/5ml		$0	AG (Max 1 Years)
SPATONE PUR-ABSORB IRON ORAL LIQUID	$0		QL (60 ML per 1 day); AG (Max 1 Years)
SPATONE PUR-ABSORB IRON ORAL SOLUTION	$0		AG (Max 1 Years)
Thrombopoietin (Tpo) Receptor Agonists**			
DOPTELET ORAL TABLET 20 MG	SP		PA; SP
MULPLETA	SP		PA; SP
NPLATE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PROMACTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Hemostatics			
Hemostatics - Systemic**			
aminocaproic acid oral solution		T2	
tranexamic acid oral		T1	F
Hypnotics/Sedatives/Sleep Disorder Agents			
Barbiturate Hypnotics**			
phenobarbital oral tablet		T1	
Benzodiazepine Hypnotics**			
estazolam		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
midazolam hcl oral		T1	AI (Max fill of one hypnotic per month.); QL (10 ML per 1 day); AG (Min 6 Years and Max 16 Years)
temazepam		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
triazolam oral tablet 0.125 mg		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
triazolam oral tablet 0.25 mg		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
Hypnotics - Tricyclic Agents**			
doxepin hcl oral tablet 6 mg		T3	ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg cap); QL (1 EA per 1 day); AG (Min 18 Years)
Non-Benzodiazepine - Gaba-Receptor Modulators**			
eszopiclone		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
zaleplon		T1	AI (Max fill of one hypnotic per month.); QL (15 EA per 1 Copay)
zolpidem tartrate er		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day)
zolpidem tartrate oral tablet		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 Day)
Orexin Receptor Antagonists**			
BELSOMRA	T3		ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 EA per 1 day); AG (Min 18 Years)
DAYVIGO	T3		ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 EA per 1 day); AG (Min 18 Years)
QUVIVIQ	T3		ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem); QL (1 EA per 1 day)
Selective Melatonin Receptor Agonists**			
HETLIOZ *(Tasimelteon)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
HETLIOZ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ramelteon		T3	QL (1 EA per 1 day); AG (Min 18 Years)
Laxatives			
Bowel Evacuant Combinations**			
GAVILYTE-G *(PEG-3350/Electrolytes)*	$0	$0	
GAVILYTE-N WITH FLAVOR PACK *(PEG 3350-KCl-Na Bicarb-NaCl)*	$0	$0	
na sulfate-k sulfate-mg sulf		T3	
peg-3350/electrolytes/ascorbat		T3	
peg-kcl-nacl-nasulf-na asc-c		T3	
Laxatives - Miscellaneous**			
constulose		T1	
lactulose oral solution		T1	
Saline Laxative Mixtures**			
OSMOPREP	T3		QL (1.34 EA per 1 day)
Local Anesthetics-Parenteral			
Local Anesthetics - Amides**			
XARACOLL	MB		
Macrolides			
Azithromycin**			
azithromycin oral packet		T1	
azithromycin oral suspension reconstituted		T1	
azithromycin oral tablet 250 mg, 500 mg		T1	
azithromycin oral tablet 600 mg		T2	
Clarithromycin**			
clarithromycin er		T2	
clarithromycin oral suspension reconstituted		T3	QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1	
clarithromycin oral tablet 500 mg		T1	QL (3 EA per 1 day)
Erythromycins**			
E.E.S. 400 ORAL TABLET *(Erythromycin Ethylsuccinate)*	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
erythromycin base oral capsule delayed release particles		T3	
erythromycin base oral tablet		T3	
erythromycin ethylsuccinate oral suspension reconstituted		T1	

Drug Name	Brand	Generic	Additional Information
Fidaxomicin**			
DIFICID ORAL SUSPENSION RECONSTITUTED	T3		PA
DIFICID ORAL TABLET	T3		PA; QL (4 EA per 1 day)
Medical Devices And Supplies			
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
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 EXTRA SENSITIVE THIN *(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

Drug Name	Brand	Generic	Additional Information
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
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

Drug Name	Brand	Generic	Additional Information
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
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

Drug Name	Brand	Generic	Additional Information
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
WIDE-SEAL DIAPHRAGM 95	$0		F
Glucose Monitoring Test Supplies**			
1st tier unilet comfortouch		T1	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
acti-lance 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
acti-lance lite lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
acti-lance special lancets 17g		T1	AI (30 day supply max); QL (200 EA per 30 days)
acti-lance universal 23g		T1	AI (30 day supply max); QL (200 EA per 30 days)
advanced mobile lancet		T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ADVOCATE SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
aimsco twist lancets 32g		T1	AI (30 day supply max); QL (200 EA per 30 days)
AIMSCO TWIST LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
AQUALANCE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
assure comfort lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS HIGH *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS LOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS MICRO *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS PED *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE LANCE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE LANCE LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 25G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE LANCE PLUS SAFETY 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ASSURE LANCE SAFETY LANCET 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
aurora lancet super thin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
aurora lancet thin 23g		T1	AI (30 day supply max); QL (200 EA per 30 days)
AUTOLET PLATFORMS *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
BD LANCET ULTRAFINE 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
BD LANCET ULTRAFINE 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
BD MICROTAINER LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CAREONE LANCET SUPER THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
careone lancet thin 23g		T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CARESENS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CARESENS LANCETS 30G	T1		QL (200 lancets per 30 days)
CARETOUCH SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CARETOUCH SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CARETOUCH TWIST LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CARETOUCH TWIST MC LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CLEANLET LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CLEVER CHEK LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
CLEVER CHOICE LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
COAGUCHEK LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
comfort assured lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
comfort assured lancets 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
comfort lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
COMFORT TOUCH LANCETS 31G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
COMFORT TOUCH PLUS LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
COMFORT TOUCH PLUS LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
cvs lancets 21g		T1	AI (30 day supply max); QL (200 EA per 30 days)
cvs lancets micro thin 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
cvs lancets original		T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
cvs lancets thin 26g		T1	AI (30 day supply max); QL (200 EA per 30 days)
cvs lancets ultra thin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
cvs lancets ultra-thin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
cvs ultra thin lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
DEXCOM G6 RECEIVER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G6 SENSOR	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DEXCOM G6 TRANSMITTER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G7 SENSOR	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DIATHRIVE LANCET ULTRA THIN 30 *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DIATHRIVE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DROPLET LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DROPLET PERSONAL LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
drug mart lancets thin 26g		T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART ON-THE-GO LANCET 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
DRUG MART UNILET LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
easy comfort lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
easy comfort lancets twist top		T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 33G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EMBRACE LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 21G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 28G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
eql color lancets 21g		T1	AI (30 day supply max); QL (200 EA per 30 days)
eql color lancets micro 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
eql super thin lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
eql thin lancets 26g		T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCET MICRO-THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCET SUPER THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCETS THIN 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FIFTY50 SAFETY SEAL LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FIFTY50 UNILET LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FINE 30 *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FINGERSTIX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FORA LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
freds pharmacy unilet lanc 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
freds pharmacy unilet lanc 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
FREESTYLE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE 2 READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 lifetime)
FREESTYLE LIBRE 3 SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE UNISTICK II LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (BLUE) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (CLEAR) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (GREEN) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (ORANGE) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (VIOLET) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (YELLOW) *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTEEL NOZZLES *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
GENTLE-LET GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTLE-LET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTLE-LET PLATFORMS *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
global inject ease lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
global inject ease lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
GLUCOCOM LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GLUCOCOM LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GLUCOCOM LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
gnp lancets 21g		T1	AI (30 day supply max); QL (200 EA per 30 days)
gnp lancets thin 26g		T1	AI (30 day supply max); 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 (30 day supply max); QL (200 EA per 30 days)
goodsense color lancets 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
goodsense lancets 26g univ		T1	AI (30 day supply max); QL (200 EA per 30 days)
goodsense lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
goodsense lancets 30g univ		T1	AI (30 day supply max); QL (200 EA per 30 days)
goodsense lancets 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
goodsense lancets 33g univ		T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE LOW FLOW LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS HIGH FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS LOW FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS MAX FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
healthy accents unilet lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
h-e-b incontrol lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
h-e-b incontrol lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
h-e-b incontrol lancets 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
HY-VEE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
hy-vee thin lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
IN TOUCH STERILE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
kinney lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
kinney thin lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
KROGER HEALTHPRO LANCET 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets 21g		T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets micro thin 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets super thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets thin 26g		T1	AI (30 day supply max); QL (200 EA per 30 days)
kroger lancets ultrathin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
lancets 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
lancets micro thin 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
lancets super thin 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
lancets thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
lancets ultra thin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
LIBERTY MEDICAL LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
LIFESCAN UNISTIK 2 *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
LIFESCAN UNISTIK II LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
lite touch lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
LITETOUCH LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
live better lancet super thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
live better lancet ultra thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
longs lancets standard		T1	AI (30 day supply max); QL (200 EA per 30 days)
longs lancets thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
longs lancets ultra thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
medichoice safety lancet		T1	AI (30 day supply max); QL (200 EA per 30 days)
medichoice safety lancet extra		T1	AI (30 day supply max); QL (200 EA per 30 days)
medichoice safety lancet norm		T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE EXTRA 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE LITE 25G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE PLUS EXTRA 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE PLUS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE PLUS LITE 25G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE PLUS SUPERLITE 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE PLUS UNIVERSAL 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEDLANCE UNIVERSAL 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEIJER LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEIJER LANCETS THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
MEIJER LANCETS UNIVERSAL 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEIJER LANCETS UNIVERSAL 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MEIJER SUPER THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MICROLET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MM TWIST LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MONOLET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MONOLET OPD LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
MONOLETTOR SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
mpd safety lancet 21g		T1	AI (30 day supply max); QL (200 EA per 30 days)
mpd safety lancet 23g		T1	AI (30 day supply max); QL (200 EA per 30 days)
mpd safety lancet 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
mpd safety lancet 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
MYGLUCOHEALTH LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
NOVA SUREFLEX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH CLUB LANCETS FINE PT *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH FINEPOINT LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH SURESOFT LANCING DEV *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ONETOUCH ULTRASOFT LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
pc lancets super thin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
PENLET II REPLACEMENT CAP *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
PERFECT LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PERFECT LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PHARMACIST CHOICE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PHARMACY COUNTER LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
pip lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
pip lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
PRECISION THINS GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
preferred plus lancets colored		T1	AI (30 day supply max); QL (200 EA per 30 days)
preferred plus lancets thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
pro comfort lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
pro comfort lancets 31g		T1	AI (30 day supply max); QL (200 EA per 30 days)
pro comfort safety lancets 30g		T1	QL (200 EA per 30 days)
PRODIGY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PRODIGY SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PSS SELECT GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PSS SELECT PLATFORMS *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
PSS SELECT SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
pure comfort lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
px lancets microthin 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
px lancets ultra thin		T1	AI (30 day supply max); QL (200 EA per 30 days)

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

Drug Name	Brand	Generic	Additional Information
SAFETY LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SAFETY LANCETS 23G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
safety lancets 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
saps health plus lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
saps health twist top lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
saps twist top lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
sapscare twist top lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
sb lancets thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
sb lancets ultra thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
SHOPKO ON-THE-GO LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SHOPKO UNILET LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SINGLE-LET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
sm lancets 33g		T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE COLOR LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE STANDARD LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE SUPER THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE THIN LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMARTEST LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SOLUS V2 LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SOLUS V2 TWIST LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
STERILANCE PA *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
STERILANCE TL *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
super thin lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)

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

Drug Name	Brand	Generic	Additional Information
TRUEPLUS SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
twist top lancets 30g		T1	QL (200 EA per 30 days)
ULTILET CLASSIC LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ULTILET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ULTILET SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ULTILET SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ultra thin lancets 31g		T1	AI (30 day supply max); QL (200 EA per 30 days)
ultra-care lancets 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
ULTRA-THIN II AUTO LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ULTRA-THIN II LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET EXCELITE *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET EXCELITE II *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET G.P. LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET G.P. SUPERLITE LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET GP 28 ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET MICRO-THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET SUPERLITE LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET SUPER-THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNILET ULTRA-THIN 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK 1 *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 2 *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 2 COMFORT *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 2 EXTRA *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 2 NEONATAL *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 2 NORMAL *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
UNISTIK 2 SUPER *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 3 *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 3 COMFORT *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 3 EXTRA *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 3 GENTLE *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK 3 NEONATAL *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK 3 NORMAL *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK CZT COMFORT *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK CZT NORMAL *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK NORMAL *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
UNISTIK PRO SAFETY LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK SAFETY LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNISTIK TOUCH SAFETY LANC 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
value plus lancet standard 21g		T1	AI (30 day supply max); QL (200 EA per 30 days)
value plus lancets super thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
value plus lancets thin 26g		T1	AI (30 day supply max); QL (200 EA per 30 days)
valumark lancet super thin 30g		T1	AI (30 day supply max); QL (200 EA per 30 days)
valumark lancet ultra thin 28g		T1	AI (30 day supply max); QL (200 EA per 30 days)
VERIFINE SAFE LANCET MINI 21G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
VERIFINE SAFE LANCET MINI 23G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
VERIFINE SAFE LANCET MINI 28G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
VERIFINE SAFE LANCET MINI 30G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
VERIFINE UNIVERSAL LANCETS 28G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
VERIFINE UNIVERSAL LANCETS 30G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
VERIFINE UNIVERSAL LANCETS 33G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (200 EA per 30 days)
VIDA MIA UNILET LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
VIDA MIA UNILET LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
VIVAGUARD LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
walgreens adv travel lancets		T1	AI (30 day supply max); QL (200 EA per 30 days)
WALGREENS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
walgreens lancets micro thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
walgreens lancets super thin		T1	AI (30 day supply max); QL (200 EA per 30 days)
WALGREENS THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
WALGREENS ULTRA THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
Insulin Administration Supplies**			
OMNIPOD 5 G6 INTRO (GEN 5)	T3		PA
OMNIPOD 5 G6 POD (GEN 5)	T3		PA; AI (30 day supply max. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	T3		PA; AI (30 day supply max. 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 DASH PODS (GEN 4)	T3		PA; AI (30 day supply max. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
Needles & Syringes**			
1st tier unifine pentips		T1	QL (200 EA per 30 days)
1st tier unifine pentips plus		T1	QL (200 EA per 30 days)
ABOUTTIME PEN NEEDLE *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES *(Pen Needles 5/16")*	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	QL (200 EA per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
ADVOCATE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
aq insulin syringe 29g x 1/2" 1 ml, 31g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
aq insulin syringe 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
aqinject pen needle		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 *(Pen Needles)* **30G X 5 MM**	T1	T1	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM**	T1	T1	QL (200 EA per 30 days)
aum insulin safety pen needle		T1	QL (200 EA per 30 days)
aum mini insulin pen needle		T1	QL (200 EA per 30 days)
aum 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 *(Raya Sure Pen Needle)*	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)

Drug Name	Brand	Generic	Additional Information
BD INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	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 *(Insulin Syringe/Needle)* **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 1/2UNIT *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F *(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)
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	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes 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	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
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	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 *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
careone insulin syringe 30g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
careone insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml		T1	QL (200 syringes 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 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	T1		QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
CARETOUCH 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)
CARETOUCH PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ *(Insupen Pen Needles)* **33G X 4 MM**	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)
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 *(Insulin Syringe/Needle)* **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	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
COMFORT EZ INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PRO 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 *(Insupen Pen Needles)*	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	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	T1		QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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 *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes 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 *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
dropsafe safety pen needles		T1	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
drug mart unifine pentips		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
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, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml		T1	QL (200 syringes per 30 days)
easy comfort insulin syringe 30g x 5/16" 1 ml, 32g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
easy comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 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	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY *(Insulin Syringe-Needle U-100)* **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	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe/Needle)* **27G X 1/2" 0.5 ML, 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-Needle U-100)* **27G X 1/2" 1 ML, 30G X 5/16" 0.3 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 *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
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	QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES *(Kroger Pen Needles)*	T1	T1	QL (200 EA per 30 days)
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 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 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
eql insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe/Needle)* **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	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	QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML	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, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 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 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
global inject ease insulin syr 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
global insulin syringes		T1	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
GLUCOPRO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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" 1 ML**	T1	T1	QL (200 Syringes 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, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 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 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
gnp insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
gnp insulin syringes		T1	QL (200 Syringes per 30 days)
gnp insulin syringes 28gx1/2"		T1	QL (200 EA per 30 days)
gnp insulin syringes 29gx1/2"		T1	QL (200 EA per 30 days)
gnp insulin syringes 30gx5/16"		T1	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 *(Insupen 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, 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 insulin syr/needle 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
healthwise insulin syr/needle 30g x 5/16" 1 ml		T1	QL (200 Syringes 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)
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 *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
HM ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)
HM ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML**	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)

Drug Name	Brand	Generic	Additional Information
INCONTROL ULTICARE PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 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, 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)
insulin syringe 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes 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	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		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, 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)
kroger insulin syringe 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
kroger insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes 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, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 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 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
leader insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
LEADER UNIFINE PENTIPS *(Sure Comfort Pen Needles)*	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe/Needle)* **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	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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)

Drug Name	Brand	Generic	Additional Information
LITETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes 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	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
MARATHON MEDICAL PENTIPS *(Insupen 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 *(Insulin Syringe/Needle)*	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	QL (200 EA per 30 days)
medic insulin syringe 30g x 5/16" 0.3 ml		T1	QL (200 EA per 30 days)
medic insulin syringe 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
medicine shoppe pen needles		T1	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
mm insulin syringe/needle 30g x 5/16" 0.3 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 insulin syringe/needle 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
mm insulin syringe/needle 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
MM PEN NEEDLES *(Insupen 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" 0.3 ML, 31G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Insulin Syringe/Needle)* **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	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
MONOJECT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes 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 *(Insulin Syringe/Needle)* **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	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		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)
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	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, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml		T1	QL (200 EA per 30 days)
preferred plus insulin syringe 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
preferred plus insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes 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 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
pro comfort pen needles		T1	QL (200 EA per 30 days)
PRODIGY INSULIN SYRINGE *(Insulin Syringe/Needle)*	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 syringes 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		T1	QL (200 EA per 30 days)
ra insulin syringe 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
ra insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
ra pen needles		T1	QL (200 EA per 30 days)
reality insulin syringe		T1	QL (200 EA per 30 days)
RELION INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML**	T1	T1	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 *(Pen Needles 5/16")*	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 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	QL (200 EA per 30 days)
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, 31g x 5/16" 1 ml		T1	QL (200 EA per 30 days)
sb insulin syringe 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
sb insulin syringe 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
SECURESAFE INSULIN SYRINGE *(Insulin Syringe)*	T1	T1	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 *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
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, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 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 30g x 1/2" 1 ml		T1	QL (200 syringes per 30 days)
sure comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 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 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml		T1	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES *(Sure Comfort Pen Needles)*	T1	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)
topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 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 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml		T1	QL (200 syringes per 30 days)
true comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml		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		T1	QL (200 syringes per 30 days)
true comfort pro insulin syr 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml		T1	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 *(Insulin Syringe/Needle)* **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	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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 INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes 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	QL (200 EA per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT	T1		
ULTICARE INSULIN SYRINGE *(Insulin Syringe/Needle)* **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	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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" 0.5 ML, 30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
ULTICARE MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ULTICARE MINI PEN NEEDLES *(Meijer 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 *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTIGUARD SAFEPACK SYR/NEEDLE *(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)
ULTILET PEN NEEDLE *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
ultra comfort insulin syringe 30g x 5/16" 0.3 ml		T1	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)*	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	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE *(Sure Comfort Insulin Syringe)* **30G X 1/2" 0.5 ML**	T1	T1	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML**	T1	T1	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.3 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" 0.5 ML, 30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes 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		T1	QL (200 syringes per 30 days)
ultracare insulin syringe 30g x 5/16" 0.3 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)
ultracare insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 Syringes 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, 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 INS SYR SHORT *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	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)

Drug Name	Brand	Generic	Additional Information
UNIFINE PENTIPS *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Insupen 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 *(Pen Needles 5/16")*	T1	T1	QL (200 EA per 30 days)
value health insulin syringe		T1	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	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 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML**	T1	T1	QL (200 Syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE *(Insupen Pen Needles)*	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE *(Insupen Pen Needles)*	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		T1	QL (200 syringes per 30 days)
zevrx insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 Syringes per 30 days)
zevrx pen needles		T1	QL (200 EA per 30 days)
Spacer/Aerosol-Holding Chambers & Supplies**			
AEROCHAMBER HOLDING CHAMBER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER MINI CHAMBER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER MV *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLS FLOVU MTHPIECE *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU INTERM *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)

Drug Name	Brand	Generic	Additional Information
AEROCHAMBER PLUS FLO-VU W/MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
AEROVENT PLUS *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
CLEVER CHOICE HOLDING CHAMBER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
EASIVENT *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
EASIVENT MASK LARGE *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
EASIVENT MASK MEDIUM *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
EASIVENT MASK SMALL *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
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 *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
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 *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
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)
INSPIREASE RESERVOIR BAGS	T1		QL (2 EA per 1 Year)
MICROSPACER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)

Drug Name	Brand	Generic	Additional Information
OPTICHAMBER DIAMOND-LG MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
POCKET CHAMBER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
POCKET SPACER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
RITEFLO *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER *(ProChamber VHC)*	T1	T1	QL (2 EA per 1 year)
Migraine Products			
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
QULIPTA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
UBRELVY	SP		PA; AI (30 day supply max); QL (16 EA per 30 days)
ZAVZPRET	SP		PA; AI (30 day supply max)
Cgrp Receptor Antagonists - Monocolonal Antibodies**			
AIMOVIG	SP		PA; AI (30 day supply max)
AJOVY	SP		PA; AI (30 day supply max); QL (0.05 ML per 1 day)
EMGALITY	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EMGALITY (300 MG DOSE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ergot Combinations**			
ergotamine-caffeine		T3	
MIGERGOT	T3		
Migraine Products**			
dihydroergotamine mesylate injection		T3	PA
ERGOMAR	T3		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL *(Dihydroergotamine Mesylate)*	T3	T3	PA; QL (0.54 ML per 1 day)
TRUDHESA	T3		PA

Drug Name	Brand	Generic	Additional Information
Selective Serotonin Agonists 5-Ht(1)**			
almotriptan malate		T3	QL (25 EA per 30 days)
eletriptan hydrobromide		T1	QL (0.9 EA per 1 day)
frovatriptan succinate		T1	ST (Step Therapy required: 2 of the following in the last 12 months - 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	T3		QL (30 EA per 30 days)
zolmitriptan nasal		T3	QL (6 EA per 30 days)
zolmitriptan oral tablet 2.5 mg		T1	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
zolmitriptan oral tablet 5 mg		T1	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg		T1	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
zolmitriptan oral tablet dispersible 5 mg		T1	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)
Selective Serotonin Agonists 5-Ht(1F)**			
REYVOW	SP		PA; AI (30 day supply max); 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)

Drug Name	Brand	Generic	Additional Information
Potassium Combinations**			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T2		
Potassium**			
KLOR-CON 10 *(Potassium Chloride ER)*	T1	T1	
KLOR-CON M10 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON M15 *(Potassium Chloride 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 er oral capsule extended release		T1	
potassium chloride er oral tablet extended release 20 meq		T3	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		T1	
Miscellaneous Therapeutic Classes			
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**			
JOENJA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antileprotics**			
THALOMID	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Chelating Agents**			
CUVRIOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
penicillamine oral tablet		T3	
SYPRINE *(Trientine HCl)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
trientine hcl oral capsule 500 mg		SP	PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic	Additional Information
Cyclosporine Analogs**			
cyclosporine oral capsule		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL CAPSULE *(cycloSPORINE Modified)* **100 MG, 25 MG**	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL SOLUTION *(CycloSPORINE Modified)*	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LUPKYNIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEORAL *(cycloSPORINE Modified)*	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Farnesyltransferase Inhibitors**			
ZOKINVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Immunomodulators For Myelodysplastic Syndromes**			
lenalidomide		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
REVLIMID	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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	T3		
ENVARSUS XR	T3		PA

Drug Name	Brand	Generic	Additional Information
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
PROGRAF ORAL *(Tacrolimus)*	T3	T1	
sirolimus oral solution		T3	
sirolimus oral tablet		T1	
Monoclonal Antibodies**			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**			
VIJOICE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Potassium Removing Agents**			
LOKELMA	T3		PA
sodium polystyrene sulfonate oral powder		T1	
SPS	T1		
VELTASSA	T3		PA
Purine Analogs**			
azathioprine oral tablet 50 mg		T1	
Rock Inhibitors**			
REZUROCK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Mouth/Throat/Dental Agents			
Anesthetics Topical Oral**			
lidocaine viscous hcl		T1	AI (Limited to 1 fill per month); QL (100 ML per 10 days)
Anti-Infectives - Throat**			
clotrimazole mouth/throat troche		T1	
nystatin mouth/throat		T1	
Antiseptic Combinations - Mouth/Throat**			
DEBACTEROL	T3		
Antiseptics - Mouth/Throat**			
PERIOGARD *(Chlorhexidine Gluconate)*	T1	T1	
Fluoride Dental Products**			
NAFRINSE DAILY/NEUTRAL	$0		AG (Max 6 Years)
NAFRINSE WEEKLY	$0		AG (Max 6 Years)

Drug Name	Brand	Generic	Additional Information
Periodontal Anti-Infectives**			
ARESTIN	T3		PA
Saliva Stimulants**			
cevimeline hcl		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral		T1	
Steroids - Mouth/Throat/Dental**			
KOURZEQ *(Triamcinolone Acetonide)*	T1	T1	
ORALONE *(Triamcinolone Acetonide)*	T1	T1	
Multivitamins			
Prenatal Mv & Min W/Fe-Fa**			
c-nate dha		T3	F
completenate		T3	F
CO-NATAL FA	T3		F
CONCEPT DHA *(WesCap-C DHA)*	T3	T3	F
CONCEPT OB	T3		F
ELITE-OB	T3		F
INATAL GT	T3		F
OB COMPLETE ONE	T3		F
OB COMPLETE ORAL TABLET	T3		F
OB COMPLETE/DHA	T3		F
pnv-select		T3	F
prenatal 19 oral tablet 29-1 mg		T3	F
prenatal 19 oral tablet chewable		T3	F
se-natal 19		T3	F
virt-nate dha		T3	F
VIVA DHA *(Relnate DHA)*	T3	T3	F
wesnate dha		T3	F
Prenatal Mv & Min W/Fe-Fa-Dha**			
pnv-dha+docusate		T3	F
prenaissance		T3	F
prenaissance plus		T3	F
TARON-PREX	T3		F
virt-pn dha		T3	F
ZATEAN-PN DHA *(PNV-DHA)*	T3	T3	F
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
baclofen oral tablet 10 mg, 20 mg		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		T2	

Drug Name	Brand	Generic	Additional Information
metaxalone oral tablet 800 mg		T2	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		T2	
Muscle Relaxant Combinations**			
carisoprodol-aspirin-codeine		T3	AI (Quantity limit of 2 per day, up to a 10 day supply, with a fill limit of 1 fill per 30 days); QL (2 EA per 1 day)
Retinoic Acid Receptor Gamma Selective Agonists**			
SOHONOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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**			
olopatadine hcl nasal		T1	QL (1.02 GM per 1 day); AG (Min 6 Years)
Nasal Steroids**			
BECONASE AQ	T3		AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
flunisolide nasal solution 25 mcg/act (0.025%)		T1	AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T3		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
Neuromuscular Agents			
Als Agent Combinations**			
RELYVRIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Als Agents - Miscellaneous**			
RADICAVA ORS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
RADICAVA ORS STARTER KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Benzathiazoles**			
EXSERVAN	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
riluzole		T1	
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**			
SKYCLARYS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nondepolarizing Muscle Relaxants**			
atracurium besylate intravenous solution 50 mg/5ml		MB	
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**			
DAYBUE	SP		PA; SP; AI (30 day supply max)
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**			
EVRYSDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmic Agents			
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**			
SIMBRINZA	T3		
Artificial Tear Inserts**			
LACRISERT	T3		
Beta-Blockers - Ophthalmic Combinations**			
brimonidine tartrate-timolol		T2	
dorzolamide hcl-timolol mal		T1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %		T1	PA
Beta-Blockers - Ophthalmic**			
BETOPTIC-S	T3		
carteolol hcl		T1	
levobunolol hcl ophthalmic solution 0.5 %		T1	
timolol maleate ophthalmic solution		T1	
TIMOPTIC-XE *(Timolol Maleate)*	T3	T3	
Cholinergic Agonists**			
TYRVAYA	T3		PA; QL (0.28 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
Cycloplegic Mydriatics**			
ALTAFRIN OPHTHALMIC SOLUTION *(Phenylephrine HCl)* **10 %, 2.5 %**	T1	T1	
cyclopentolate hcl ophthalmic solution 0.5 %		T2	
cyclopentolate hcl ophthalmic solution 1 %		T1	
HOMATROPAIRE	T1		
ISOPTO ATROPINE *(Atropine Sulfate)*	T2	T2	
tropicamide ophthalmic		T3	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**			
XIIDRA	T3		PA
Miotics - Cholinesterase Inhibitors**			
PHOSPHOLINE IODIDE	T1		
Miotics - Direct Acting**			
pilocarpine hcl ophthalmic solution 1 %, 2 %		T1	
VUITY	T3		ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); QL (0.09 ML per 1 day); AG (Min 18 Years)
Ophthalmic Antiallergic**			
ALOCRIL	T3		
ALOMIDE	T3		
azelastine hcl ophthalmic		T2	AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
bepotastine besilate		T3	QL (5 ML per 30 days)
cromolyn sodium ophthalmic		T2	
epinastine hcl		T2	
LASTACAFT	T3		AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years)
ZERVIATE	T3		ST (Step Therapy required: 2 months in the last 6 months - azelastine drops 0.05%); QL (1 EA per 1 day)
Ophthalmic Antibiotics**			
bacitracin ophthalmic		T3	
BESIVANCE	T3		
CILOXAN OPHTHALMIC OINTMENT	T3		
ciprofloxacin hcl ophthalmic		T1	
erythromycin ophthalmic		T1	
gatifloxacin ophthalmic		T1	
GENTAK OPHTHALMIC OINTMENT	T3		
gentamicin sulfate ophthalmic solution		T1	
levofloxacin ophthalmic solution 0.5 %		T2	
moxifloxacin hcl (2x day)		T3	
moxifloxacin hcl ophthalmic solution		T1	

Drug Name	Brand	Generic	Additional Information
ofloxacin ophthalmic		T1	
Ophthalmic Antifungal**			
NATACYN	T3		
Ophthalmic Anti-Infective Combinations**			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		T3	
NEO-POLYCIN *(Neomycin-Bacitracin Zn-Polymyx)*	T1	T1	
POLYCIN *(AK-Poly-Bac)*	T1	T1	
polymyxin b-trimethoprim		T1	
Ophthalmic Antivirals**			
trifluridine ophthalmic		T3	
ZIRGAN	T2		
Ophthalmic Carbonic Anhydrase Inhibitors**			
brinzolamide		T3	
dorzolamide hcl ophthalmic		T1	
Ophthalmic Ectoparasiticide*			
XDEMVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (41 day supply min / 42 day supply max); QL (0.239 ML per 1 day)
Ophthalmic Immunomodulators**			
CEQUA	T3		QL (2 EA per 1 day)
cyclosporine ophthalmic		T3	QL (2 EA per 1 day)
VERKAZIA	T3		PA
Ophthalmic Local Anesthetics**			
proparacaine hcl ophthalmic		T1	
tetracaine hcl ophthalmic		T1	
Ophthalmic Nerve Growth Factors**			
OXERVATE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**			
bromfenac sodium (once-daily)		T2	
diclofenac sodium ophthalmic		T1	
flurbiprofen sodium		T1	
ketorolac tromethamine ophthalmic		T1	
NEVANAC	T3		AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
Ophthalmic Rho Kinase Inhibitors**			
RHOPRESSA	T3		PA
Ophthalmic Selective Alpha Adrenergic Agonists**			
ALPHAGAN P OPHTHALMIC SOLUTION *(Brimonidine Tartrate)* **0.1 %**	T2	T2	QL (2 bottles per 1 Month)
apraclonidine hcl		T3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %		T1	
Ophthalmic Steroid Combinations**			
bacitra-neomycin-polymyxin-hc		T1	
BLEPHAMIDE S.O.P.	T3		
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		T3	
PRED-G	T3		
PRED-G S.O.P.	T3		
sulfacetamide-prednisolone ophthalmic solution		T3	
TOBRADEX OPHTHALMIC OINTMENT	T2		
TOBRADEX ST	T2		
tobramycin-dexamethasone		T1	
Ophthalmic Steroids**			
ALREX	T3		
dexamethasone sodium phosphate ophthalmic		T3	
difluprednate		T3	
FLAREX	T3		
fluorometholone ophthalmic		T1	
FML	T3		
FML FORTE	T3		
INVELTYS	T3		
LOTEMAX OPHTHALMIC GEL *(Loteprednol Etabonate)*	T3	T3	
LOTEMAX OPHTHALMIC OINTMENT	T3		
LOTEMAX SM	T3		
loteprednol etabonate		T3	
MAXIDEX	T3		
PRED FORTE *(prednisoLONE Acetate)*	T1	T1	
PRED MILD	T3		
prednisolone acetate p-f		T1	
prednisolone sodium phosphate ophthalmic		T3	
Ophthalmic Sulfonamides**			
sulfacetamide sodium ophthalmic ointment		T3	

Drug Name	Brand	Generic	Additional Information
sulfacetamide sodium ophthalmic solution		T1	
Ophthalmics - Cystinosis Agents*			
CYSTADROPS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CYSTARAN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmics Misc. - Other**			
MIEBO	SP		PA; SP; AI (30 day supply max)
Prostaglandins - Ophthalmic**			
latanoprost ophthalmic		T1	AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2		ST (Step Therapy through 60 days trial of bimatoprost 0.03% in the last 6 months)
tafluprost (pf)		T3	
travoprost (bak free)		T2	
VYZULTA	T3		ST (Step Therapy required: through 60 days trial of either latanoprost (generic Xalatan) OR bimatoprost 0.03% in the last 6 months); QL (0.1 ML per 1 day); AG (Min 17 Years)
XELPROS	T3		
Otic Agents			
Otic Agents - Miscellaneous**			
acetic acid otic		T1	
Otic Anti-Infectives**			
ciprofloxacin hcl otic		T3	
ofloxacin otic		T1	
Otic Steroid-Anti-Infective Combinations**			
CIPRO HC	T2		
ciprofloxacin-dexamethasone		T2	QL (7.5 ML per 30 days)
neomycin-polymyxin-hc otic solution 3.5-10000-1		T1	
neomycin-polymyxin-hc otic suspension		T1	
OTOVEL *(Ciprofloxacin-Fluocinolone PF)*	T3	T3	
Otic Steroids**			
ACETASOL HC *(Hydrocortisone-Acetic Acid)*	T3	T3	QL (10 ML per 1 month)
FLAC *(Fluocinolone Acetonide)*	T1	T1	QL (1.333 ML per 1 day)
Oxytocics			
Oxytocics**			
METHERGINE ORAL *(Methylergonovine Maleate)*	T1	T1	

Drug Name	Brand	Generic	Additional Information
Passive Immunizing And Treatment Agents			
Immune Serums**			
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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		T3	
amoxicillin-pot clavulanate oral suspension reconstituted		T1	
amoxicillin-pot clavulanate oral tablet		T1	
amoxicillin-pot clavulanate oral tablet chewable		T3	
Penicillinase-Resistant Penicillins**			
dicloxacillin sodium		T1	
Progestins			
Progestins**			
medroxyprogesterone acetate oral tablet 10 mg		T2	
medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg		T1	
megestrol acetate oral suspension 625 mg/5ml		T1	AI (Max #450ml Mail Order); QL (150 ML per 30 days)
norethindrone acetate oral		T1	F

Drug Name	Brand	Generic	Additional Information
progesterone intramuscular		T3	F
PROMETRIUM	T1		F
Psychotherapeutic And Neurological Agents - Misc.			
Agents For Opioid Withdrawal**			
LUCEMYRA	T3		PA; QL (224 EA per 14 days)
Alcohol Deterrents**			
acamprosate calcium		T1	QL (6 EA per 1 day)
disulfiram oral		T1	
Anti-Cataplectic Agents**			
LUMRYZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years and Max 65 Years)
XYREM *(Sodium Oxybate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
Anti-Cataplectic Combinations**			
XYWAV	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antisense Oligonucleotide (Aso) Inhibitor Agents**			
TEGSEDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Benzodiazepines & Tricyclic Agents**			
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg		T2	
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		T3	
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		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
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	T3		
SAVELLA TITRATION PACK	T3		
Movement Disorder Drug Therapy**			
AUSTEDO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AUSTEDO XR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AUSTEDO XR PATIENT TITRATION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INGREZZA ORAL CAPSULE	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max); QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max); QL (56 EA per 1 Year)
XENAZINE *(Tetrabenazine)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ms Agents - Pyrimidine Synthesis Inhibitors**			
AUBAGIO *(Teriflunomide)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Antimetabolites**			
MAVENCLAD (10 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAVENCLAD (4 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAVENCLAD (5 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
MAVENCLAD (6 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAVENCLAD (7 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAVENCLAD (8 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAVENCLAD (9 TABS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Interferons**			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BETASERON SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EXTAVIA SUBCUTANEOUS KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Monoclonal Antibodies**			
KESIMPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
dimethyl fumarate oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
dimethyl fumarate starter pack oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
dimethyl fumarate starter pack oral capsule delayed release therapy pack		SP	QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	SP		PA; QL (2 EA per 1 day); AG (Min 18 Years)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Multiple Sclerosis Agents - Potassium Channel Blockers**			
AMPYRA *(Dalfampridine ER)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
Multiple Sclerosis Agents**			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE *(Glatiramer Acetate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GLATOPA *(Glatiramer Acetate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**			
memantine hcl er		T2	
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		T2	
Pseudobulbar Affect Agent Combinations**			
NUEDEXTA	T3		PA
Psychotherapeutic And Neurological Agents - Misc.**			
ergoloid mesylates oral		T1	PA
pimozide		T2	
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**			
ADDYI	T3		F; QL (1 EA per 1 day); AG (Min 18 Years)
Smoking Deterrents**			
apo-varenicline oral tablet 0.5 mg		$0	QL (2 EA per 1 day); AG (Min 18 Years)
apo-varenicline oral tablet 1 mg		$0	QL (2 tablets per 1 day); AG (Min 18 Years)
bupropion hcl er (smoking det)		$0	QL (2 EA per 1 Day); AG (Min 18 Years)
cvs nicotine		$0	AG (Min 18 Years)
cvs nicotine polacrilex		$0	AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
eq nicotine mouth/throat gum 4 mg		$0	AG (Min 18 Years)
eq nicotine mouth/throat lozenge		$0	AG (Min 18 Years)
eq nicotine polacrilex		$0	AG (Min 18 Years)
eq nicotine step 3		$0	AG (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AG (Min 18 Years)
eql nicotine polacrilex mouth/throat lozenge		$0	AG (Min 18 Years)
ft nicotine		$0	AG (Min 18 Years)
gnp nicotine		$0	AG (Min 18 Years)
gnp nicotine mini		$0	AG (Min 18 Years)
gnp nicotine polacrilex		$0	AG (Min 18 Years)
goodsense nicotine		$0	AG (Min 18 Years)
HABITROL *(Nicotine)*	$0	$0	AG (Min 18 Years)
hm nicotine		$0	AG (Min 18 Years)
hm nicotine polacrilex		$0	AG (Min 18 Years)
KLS QUIT2 *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)
KLS QUIT4 *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
nicotine		$0	AG (Min 18 Years)
nicotine mini		$0	AG (Min 18 Years)
nicotine polacrilex mini		$0	AG (Min 18 Years)
nicotine step 1		$0	AG (Min 18 Years)
nicotine step 2		$0	AG (Min 18 Years)
nicotine step 3		$0	AG (Min 18 Years)
NICOTROL	$0		AG (Min 18 Years)
NICOTROL NS	$0		QL (4 ML per 1 Day); AG (Min 18 Years)
px stop smoking aid		$0	AG (Min 18 Years)
qc nicotine transdermal system		$0	AG (Min 18 Years)
ra mini nicotine		$0	AG (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg		$0	AG (Min 18 Years)
ra nicotine mouth/throat		$0	AG (Min 18 Years)
ra nicotine polacrilex mouth/throat lozenge		$0	AG (Min 18 Years)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr		$0	AG (Min 18 Years)
sm nicotine		$0	AG (Min 18 Years)
sm nicotine polacrilex		$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
varenicline tartrate (starter)		$0	QL (2 tabs per 1 day); AG (Min 18 Years)
varenicline tartrate oral		$0	QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
varenicline tartrate oral tablet 0.5 mg		$0	QL (2 EA per 1 day); AG (Min 18 Years)
varenicline tartrate oral tablet 1 mg		$0	QL (2 tablets per 1 day); AG (Min 18 Years)
varenicline tartrate oral tablet therapy pack		$0	QL (2 EA per 1 day); AG (Min 18 Years)
varenicline tartrate(continue)		$0	QL (2 tablets per 1 day); AG (Min 18 Years)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
GILENYA ORAL CAPSULE 0.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILENYA ORAL CAPSULE *(Fingolimod HCl)* **0.5 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 10 Years)
MAYZENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MAYZENT STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PONVORY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PONVORY STARTER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TASCENSO ODT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZEPOSIA 7-DAY STARTER PACK	SP		PA; SP; AI (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	SP		PA; AI (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	SP		PA; SP; AI (30 day supply max)
Thienbenzodiazepines & Opioid Antagonists**			
LYBALVI	T3		PA
Thienbenzodiazepines & Ssris**			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Respiratory Agents - Misc.			
Cftr Potentiators**			
KALYDECO ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KALYDECO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 Day); AG (Min 6 Years)
Cystic Fibrosis Agent - Combinations**			
ORKAMBI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORKAMBI ORAL TABLET 100-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMDEKO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); 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, 30 day supply max); QL (3 EA per 1 day); AG (Min 1 Years)
TRIKAFTA ORAL THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cystic Fibrosis Agents - Miscellaneous**			
BRONCHITOL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
Hydrolytic Enzymes**			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (180 ML per 30 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors**			
OFEV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
Pulmonary Fibrosis Agents**			
ESBRIET ORAL CAPSULE *(Pirfenidone)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 EA per 1 day)
ESBRIET ORAL TABLET *(Pirfenidone)* **267 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 EA per 1 day)
ESBRIET ORAL TABLET *(Pirfenidone)* **801 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day)
pirfenidone oral tablet 534 mg		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 EA per 1 day)
Sulfonamides			
Sulfonamides**			
sulfadiazine oral		T3	
Tetracyclines			
Aminomethylcyclines**			
NUZYRA ORAL TABLET 150 MG	T3		PA
Tetracyclines**			
demeclocycline hcl oral		T3	
doxycycline hyclate oral capsule		T1	
doxycycline hyclate oral tablet 100 mg		T2	
doxycycline hyclate oral tablet 20 mg		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline hyclate oral tablet delayed release 100 mg		T1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet delayed release 75 mg		T2	QL (2 EA per 1 Day)
doxycycline monohydrate oral capsule 100 mg, 50 mg		T2	

Drug Name	Brand	Generic	Additional Information
doxycycline monohydrate oral suspension reconstituted		T1	
doxycycline monohydrate oral tablet 100 mg		T2	
doxycycline monohydrate oral tablet 50 mg, 75 mg		T1	
minocycline hcl oral capsule		T1	
minocycline hcl oral tablet		T3	
SEYSARA	T3		PA
tetracycline hcl oral		T1	
VIBRAMYCIN ORAL SYRUP	T3		
Thyroid Agents			
Antithyroid Agents**			
methimazole oral		T1	
propylthiouracil oral		T1	
Thyroid Hormones**			
ARMOUR THYROID ORAL TABLET *(Niva Thyroid)* **120 MG**	T3	T1	
ARMOUR THYROID ORAL TABLET *(Niva Thyroid)* **15 MG, 30 MG, 60 MG, 90 MG**	T1	T1	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	T3		
ERMEZA	T3		
EUTHYROX *(Levothyroxine Sodium)*	T1	T1	
LEVO-T *(Levothyroxine Sodium)*	T1	T1	
LEVOXYL *(Levothyroxine Sodium)*	T1	T1	
liothyronine sodium oral		T1	
NP THYROID ORAL TABLET *(Niva Thyroid)* **120 MG**	T3	T1	
NP THYROID ORAL TABLET *(Niva Thyroid)* **15 MG, 30 MG, 60 MG, 90 MG**	T1	T1	
SYNTHROID *(Levothyroxine Sodium)*	T2	T1	
TIROSINT *(Levothyroxine Sodium)*	T3	T3	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG**	T1	T1	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **150 MCG**	T2	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)

Drug Name	Brand	Generic	Additional Information
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (3 doses (1.5ml) per year); AG (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0		
QUADRACEL INTRAMUSCULAR SUSPENSION	$0		AI (1 dose (.5ml) per lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX	$0		QL (3 doses per 1 year)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	$0		AI (3 doses (1.5ml) per year)
VAXELIS	$0		AG (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics			
Anticholinergic Combinations**			
chlordiazepoxide-clidinium		T1	
Antispasmodics**			
dicyclomine hcl intramuscular		T3	
dicyclomine hcl oral		T1	
H-2 Antagonists**			
cimetidine hcl oral solution 300 mg/5ml		T3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		T1	
famotidine oral suspension reconstituted		T1	
nizatidine oral capsule 150 mg		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
nizatidine oral capsule 300 mg		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Misc. Anti-Ulcer**			
sucralfate oral suspension		T2	
sucralfate oral tablet		T1	
Proton Pump Inhibitors**			
dexlansoprazole		T3	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	T2		
FIRST-OMEPRAZOLE	T2		
lansoprazole oral capsule delayed release		T1	
lansoprazole oral tablet delayed release dispersible 15 mg		T3	QL (1 EA per 1 day)
lansoprazole oral tablet delayed release dispersible 30 mg		T3	
omeprazole oral capsule delayed release		T1	
OMEPRAZOLE+SYRSPEND SF ALKA	T2		
pantoprazole sodium oral tablet delayed release		T1	
rabeprazole sodium oral tablet delayed release		T1	

Drug Name	Brand	Generic	Additional Information
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	T3		ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); 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		T2	QL (1 EA per 1 day); AG (Min 18 Years)
fesoterodine fumarate er		T3	PA; QL (1 EA per 1 day); AG (Min 18 Years)
oxybutynin chloride er		T1	
oxybutynin chloride oral solution		T1	
oxybutynin chloride oral syrup		T1	
oxybutynin chloride oral tablet 5 mg		T1	
solifenacin succinate		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
tolterodine tartrate		T1	
tolterodine tartrate er		T1	QL (1 EA per 1 day)
TOVIAZ	T3		PA; QL (1 EA per 1 Day); AG (Min 18 Years)
trospium chloride		T1	
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	T3		PA
MYRBETRIQ	T2		
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**			
ACTHIB	$0		

Drug Name	Brand	Generic	Additional Information
BEXSERO	$0		AI (2 doses (1ml) per year); AG (Min 10 Years)
HIBERIX INJECTION	$0		
MENVEO	$0		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$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	$0		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0		
VAXCHORA	$0		
VAXNEUVANCE	$0		QL (0.5 ML per 1 Lifetime)
VIVOTIF	$0		QL (4 EA per 1 Monrh)
Viral Vaccine Combinations**			
PRIORIX	$0		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (3 doses (3ml) per year); AG (Min 18 Years)
Viral Vaccines**			
ABRYSVO	$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0		QL (1 ML per 274 days); AG (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
AREXVY	$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)
COMIRNATY	$0		AG (Min 12 Years)
DENGVAXIA	$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		QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX QUADRIVALENT	$0		QL (1 ML per 274 days); AG (Min 6 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
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 , 0.5 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)
IXIARO	$0		
janssen covid-19 vaccine		$0	
moderna covid-19 bival 6m-5y		$0	
moderna covid-19 bival booster		$0	
moderna covid-19 bivalent		$0	
MODERNA COVID-19 VAC 6M-11Y	$0		QL (2 doses per 1 year); AG (Min 6 Months and Max 11 Years)
moderna covid-19 vacc 6m-5y		$0	
novavax covid-19 vaccine		$0	QL (2 doses per 1 year); AG (Min 12 Years)
pfizer covid-19 bival 6mo-4yr		$0	
pfizer covid-19 vac bival 5-11		$0	
pfizer covid-19 vac bivalent		$0	
pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml		$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	$0		QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml		$0	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml		$0	QL (3 Doses per 1 Year); AG (Min 6 Months and Max 4 Years)
pfizer-biont covid-19 vac-tris		$0	
pfizer-biontech covid-19 vacc		$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	

Drug Name	Brand	Generic	Additional Information
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0		AI (2 doses per lifetime); AG (Min 50 Years)
SPIKEVAX	$0		AG (Min 12 Years)
SPIKEVAX COVID-19 VACCINE *(Moderna COVID-19 Vaccine)*	$0	$0	
stamaril		$0	
TICOVAC	$0		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	$0		AI (4 doses (2ml) per lifetime)
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	$0		
Vaginal And Related Products			
Imidazole-Related Antifungals**			
GYNAZOLE-1	T3		F
terconazole vaginal cream		T2	F
Spermicides**			
ENCARE VAGINAL SUPPOSITORY	$0		AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE	$0		AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	$0		AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE	$0		F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	$0		
Vaginal Anti-Infectives**			
CLEOCIN VAGINAL SUPPOSITORY	T3		AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
clindamycin phosphate vaginal		T1	AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
metronidazole vaginal		T2	F; QL (70 GM per 30 Days)
Vaginal Estrogens**			
estradiol vaginal cream		T1	F
FEMRING VAGINAL RING 0.05 MG/24HR	T3		AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T3		AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T2		F
YUVAFEM *(Estradiol)*	T3	T3	F

Drug Name	Brand	Generic	Additional Information
Vaginal Progestins**			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F
ENDOMETRIN	T3		PA; F
Vasopressors			
Anaphylaxis Therapy Agents**			
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml		T2	AI (Non Mylan pens are non formulary. Limit of 1 refill of 2 pens in one month); QL (2 EA per 2 days)
Neurogenic Orthostatic Hypotension (Noh) - Agents**			
NORTHERA ORAL CAPSULE *(Droxidopa)* **100 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE *(Droxidopa)* **200 MG, 300 MG**	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day); AG (Min 18 Years)
Vasopressors**			
epinephrine pf injection solution		T2	
midodrine hcl		T3	
Vitamins			
Paba**			
POTABA ORAL CAPSULE	T3		
Vitamin D**			
BABY DDROPS ORAL LIQUID *(Baby Super Daily D3)* **10 MCG /0.028ML**	$0	$0	AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG/0.03ML	$0		AG (Min 65 Years)
baby vitamin d3 oral liquid 10 mcg /0.028ml		$0	AG (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	$0		AG (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	$0		AG (Min 65 Years)
cvs d3 oral capsule		$0	AG (Min 65 Years)
cvs vitamin d3 oral tablet chewable		$0	AG (Min 65 Years)
d 1000 oral capsule		$0	AG (Min 65 Years)
d 10000		$0	AG (Min 65 Years)
d 400 oral tablet		$0	AG (Min 65 Years)
d 5000 oral capsule		$0	AG (Min 65 Years)
d-1000		$0	AG (Min 65 Years)
d-1000 extra strength		$0	AG (Min 65 Years)
d2000 ultra strength		$0	AG (Min 65 Years)

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

Drug Name	Brand	Generic	Additional Information
kp vitamin d3		$0	AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0		AG (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	$0		AG (Min 65 Years)
natural vitamin d-3		$0	
OPTIMAL D3 *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
OPURITY VITAMIN D *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
qc vitamin d3 oral capsule		$0	AG (Min 65 Years)
qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)		$0	AG (Min 65 Years)
ra vitamin d-3		$0	AG (Min 65 Years)
REPLESTA	$0		AG (Min 65 Years)
REPLESTA NX	$0		AG (Min 65 Years)
sm vitamin d		$0	AG (Min 65 Years)
sm vitamin d3 oral capsule		$0	AG (Min 65 Years)
sm vitamin d3 oral tablet 125 mcg (5000 ut)		$0	
sm vitamin d3 oral tablet 25 mcg (1000 ut)		$0	AG (Min 65 Years)
THERA-D 2000 *(Vitamin D)*	$0	$0	AG (Min 65 Years)
THERA-D 4000	$0		AG (Min 65 Years)
THERA-D RAPID REPLETION *(Vitamin D)*	$0	$0	AG (Min 65 Years)
vitachew vitamin d3		$0	AG (Min 65 Years)
VITAJOY DAILY D GUMMIES *(D 1000)*	$0	$0	AG (Min 65 Years)
VITAMELTS VITAMIN D	$0		AG (Min 65 Years)
vitamin d (cholecalciferol) oral capsule		$0	AG (Min 65 Years)
vitamin d (cholecalciferol) oral tablet chewable		$0	AG (Min 65 Years)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit		T3	
vitamin d high potency		$0	AG (Min 65 Years)
vitamin d oral capsule 50 mcg (2000 ut)		$0	AG (Min 65 Years)
vitamin d oral liquid 10 mcg/ml		$0	AG (Min 65 Years)
VITAMIN D-1000 MAX ST *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
vitamin d3 adult gummies		$0	AG (Min 65 Years)
vitamin d3 extra strength		$0	AG (Min 65 Years)
vitamin d3 gummies		$0	AG (Min 65 Years)
vitamin d3 gummies adult		$0	AG (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	$0		AG (Min 65 Years)
vitamin d3 maximum strength		$0	AG (Min 65 Years)
vitamin d-3 oral capsule		$0	AG (Min 65 Years)
vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml		$0	AG (Min 65 Years)
vitamin d-3 oral tablet		$0	

Drug Name	Brand	Generic	Additional Information
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)		$0	AG (Min 65 Years)
vitamin d3 oral tablet dispersible		$0	AG (Min 65 Years)
vitamin d-3 sublingual		$0	AG (Min 65 Years)
vitamin d3 super strength oral tablet		$0	AG (Min 65 Years)
vitamin d3 ultra strength		$0	AG (Min 65 Years)
WEEKLY-D *(Vitamin D3)*	$0	$0	AG (Min 65 Years)
YUMVS VITAMIN D3 *(D 1000)*	$0	$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO *(D 1000)*	$0	$0	AG (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO *(D 1000)*	$0	$0	AG (Min 65 Years)
Vitamin K			
phytonadione oral		T3	

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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 hólǫ 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:
ܐܝܬܘܗܝ ܠܗܘܢ ܫܐܠܬܐ ܥܠ Blue Cross Blue Shield of Arizona، ܠܗܘܢ ܙܟܘܬܐ ܕܡܬܝܠܦܐ ܒܠܫܢܟܘܢ ܕܠܝܬ ܠܗ ܡܢܝܢܐ ܕܬܪܓܡܢܐ ܠܡܠܬܐ ܕܝܠܟ ܠܐ ܡܫܠܡܐ. ܠܡܡܠܠܐ ܥܡ ܡܬܪܓܡܢܐ، ܡܬܨܠ ܠܡܠܬܐ ܚܢܢ 877-475-4799.

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

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

BlueCross BlueShield of Arizona

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