BlueCross BlueShield Arizona

Prescription Medication Formulary

Portfolio and PPO HSA Plans

Effective 1/1/24

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

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

Questions?

Additional information about your benefits, including the formulary, claim forms, other resources, and pharmacy coverage guidelines for precertification, may be found on our public website at https://www.azblue.com/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
AZ Blue	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 Blue Cross® Blue Sheild® of Arizona (AZ Blue) Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists.

AZ Blue covers the medications listed as long as:

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

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

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

What if my Medication is not on the Formulary?

Sometimes our members need access to drugs that are not listed on the plan's formulary (drug list). These medications are often referred to as non-formulary medications. Non-Formulary medications are not covered unless an exception is made. Requirements are outlined in the 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 AZ Blue through the formulary exception review process. If your request is denied, you have the right to an external review and detailed instructions will be provided on your denial letter.

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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). AZ Blue's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

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

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

Mandatory Generics

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

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

Legal Disclaimer

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

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

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

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

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

QL: Quantity Limit

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

R&M: Retail & Mail Distribution

Distribution limitations may apply.

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

SP: Specialty Pharmacy Distribution

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

ST: Step Therapy

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

Blue Cross Blue Shield of Arizona Formulary

Portfolio and Portfolio HSA Plans

Table of Contents

List of Abbreviations
$0: Zero Cost Share Preventive

MB: Medical Benefit

SP: Coinsurance Specialty

T1: Coinsurance Retail and Mail Order

AI: Additional Information

F: Female Only

M: Male Only

N: Notes

PA: PA Applies

QL: Quantity Limit

SP: Specialty Pharmacy Only

ST: Step Therapy Applies

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 Status	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
Adhd Agent - Selective Alpha Adrenergic Agonists**			
clonidine hcl er oral tablet extended release 12 hour		T1	QL (2 EA per 1 day)
guanfacine hcl er		T1	AG (Min 6 Years)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**			
atomoxetine hcl oral capsule 10 mg		T1	AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 80 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 18 mg		T1	AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 25 mg		T1	AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 40 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 60 mg		T1	AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	T1		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (1 capsule per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T1		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (3 capsules per 1 day)
Amphetamine Mixtures**			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg		T1	QL (3 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg		T1	QL (2 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1	QL (3 EA per 1 day); AG (Min 6 Years)
Amphetamines**			
ADZENYS XR-ODT	T1		PA
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	T1		PA; QL (8 ML per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	T1		PA

Drug Name	Brand	Generic Status	Additional Information
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	T1		PA
EVEKEO	T1		PA; AG (Min 6 Years)
EVEKEO ODT	T1		PA
lisdexamfetamine dimesylate		T1	QL (1 EA per 1 day); AG (Min 6 Years)
methamphetamine hcl		T1	QL (3 EA per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET *(Dextroamphetamine Sulfate)* **10 MG, 5 MG**	T1	T1	QL (6 EA per 1 day)
Anorexiants Non-Amphetamine**			
phendimetrazine tartrate		T1	
phentermine hcl oral capsule 15 mg, 30 mg		T1	
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**			
SUNOSI	T1		PA
Histamine H3-Receptor Antagonist/Inverse Agonists**			
WAKIX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Stimulant Combinations**			
AZSTARYS	T1		PA; QL (1 EA per 1 day); AG (Min 6 Years)
Stimulants - Misc.**			
ADHANSIA XR	T1		PA; QL (1 EA per 1 day); AG (Min 6 Years)
APTENSIO XR *(Methylphenidate HCl ER (XR))*	T1	T1	PA; QL (1 EA per 1 day); AG (Min 6 Years)
armodafinil oral tablet 150 mg, 200 mg, 250 mg		T1	QL (1 EA per 1 day); AG (Min 18 Years)
armodafinil oral tablet 50 mg		T1	QL (2 EA per 1 day); AG (Min 18 Years)
DAYTRANA	T1		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		T1	QL (1 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg		T1	QL (2 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg		T1	QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 10 mg		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)

Drug Name	Brand	Generic Status	Additional Information
methylphenidate		T1	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		T1	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		T1	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, 60 mg		T1	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg		T1	QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg		T1	QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release		T1	QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T1	QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T1	QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg		T1	QL (6 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 20 mg		T1	QL (3 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T1	QL (2 EA per 1 day); AG (Min 6 Years)
modafinil oral		T1	QL (2 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
Allergenic Extracts**			
GRASTEK	T1		PA
PALFORZIA (12 MG DAILY DOSE)	T1		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T1		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T1		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T1		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T1		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T1		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	T1		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T1		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic Status	Additional Information
PALFORZIA (300 MG TITRATION)	T1		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T1		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T1		QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T1		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T1		AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T1		PA
Mixed Allergenic Extracts			
ODACTRA	T1		PA
ORALAIR	T1		PA
Amebicides			
Amebicides*			
SOLOSEC	T1		QL (1 EA per 6 Monthss)
Aminoglycosides			
Aminoglycosides*			
ARIKAYCE	SP		PA; SP; AI (Limited distribution 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		T1	
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 (30 day supply max)
RINVOQ LQ	SP		PA; SP; AI (30 day supply max)
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)

Drug Name	Brand	Generic Status	Additional Information
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**			
adalimumab-adbm (2 pen)		SP	PA; SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 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)
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml		SP	PA; SP
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-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)
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml		SP	PA; SP
adalimumab-adbm(ps/uv starter) subcutaneous auto-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)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT *(Adalimumab-adbm (2 Pen))* **40 MG/0.4ML**	SP	SP	PA; SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT *(Adalimumab-adbm)* **40 MG/0.8ML**	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT *(Adalimumab-adbm)* **10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML**	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT *(Adalimumab-adbm (2 Syringe))* **40 MG/0.4ML**	SP	SP	PA; SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT *(Adalimumab-adbm (2 Pen))* **40 MG/0.4ML**	SP	SP	PA; SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT *(Adalimumab-adbm)* **40 MG/0.8ML**	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT *(Adalimumab-adbm (2 Pen))* **40 MG/0.4ML**	SP	SP	PA; SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT *(Adalimumab-adbm)* **40 MG/0.8ML**	SP	SP	PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
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)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 PEN) 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 (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA (2 SYRINGE) 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 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 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 SUBCUTANEOUS AUTO-INJECTOR KIT	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	SP		PA; SP; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA-PED<40KG CROHNS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PED>/=40KG CROHNS START	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PS/UV/ADOL HS STARTER 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-PSORIASIS/UVEIT STARTER	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cyclooxygenase 2 (Cox-2) Inhibitors**			
celecoxib oral		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
Gold Compounds**			
RIDAURA	T1		
Interleukin-1 Receptor Antagonist (Il-1Ra)**			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
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	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**			
COXANTO	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		T1	
flurbiprofen oral		T1	
ibuprofen oral suspension		T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		T1	
INDOCIN ORAL	T1		PA
indomethacin er		T1	
indomethacin oral capsule 25 mg, 50 mg		T1	
ketorolac tromethamine oral		T1	QL (20 EA per 5 days)

Drug Name	Brand	Generic Status	Additional Information
meclofenamate sodium oral		T1	
mefenamic acid oral		T1	
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 capsule		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
oxaprozin oral tablet		T1	
piroxicam oral		T1	
RELAFEN ORAL TABLET *(Nabumetone)* **500 MG**	T1	T1	
sulindac oral		T1	
TOLECTIN 600 *(Tolmetin Sodium)*	T1	T1	
Phosphodiesterase 4 (Pde4) Inhibitors**			
OTEZLA ORAL TABLET	SP		PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	SP		PA; SP; QL (1 EA per 1 Year)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	SP		PA; SP; QL (1 pack per 1 Year)
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)

Drug Name	Brand	Generic Status	Additional Information
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	
butalbital-asa-caffeine		T1	
Salicylates**			
adult aspirin regimen		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin 81 oral tablet delayed release		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin adult low dose		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin adult low strength oral tablet delayed release		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin childrens		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin ec adult low dose		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin ec low dose		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
aspirin ec low strength		$0	QL (1 tablet 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 tablet per 1 day); AG (Min 45 Years)
aspirin low strength		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin oral tablet delayed release 81 mg		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
aspirin regimen		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
ASPIR-LOW *(Aspirin EC)*	$0	$0	QL (1 tablet 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)

Drug Name	Brand	Generic Status	Additional Information
BAYER ASPIRIN EC LOW DOSE *(Aspirin EC)*	$0	$0	QL (1 tablet 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 ORAL TABLET CHEWABLE *(Aspirin)*	$0	$0	QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE *(Aspirin EC)*	$0	$0	QL (1 tablet 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 tablet 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 tablet per 1 day); AG (Min 45 Years)
cvs aspirin low dose		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
cvs aspirin low strength oral tablet delayed release		$0	QL (1 tablet 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 EC)*	$0	$0	QL (1 tablet 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 tablet 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 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic Status	Additional Information
ft aspirin low dose		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
ft aspirin oral tablet		$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 tablet 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 tablet 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 tablet per 1 day); AG (Min 45 Years)
h-e-b aspirin		$0	QL (1 tablet 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 tablet 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 tablet per 1 day); AG (Min 45 Years)
kp aspirin		$0	QL (1 tablet 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 tablet 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)

Drug Name	Brand	Generic Status	Additional Information
px enteric aspirin oral tablet delayed release 81 mg		$0	QL (1 tablet 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 tablet 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 tablet 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 tablet per 1 day); AG (Min 45 Years)
ra aspirin oral tablet 325 mg		$0	QL (1 EA per 1 day); AG (Min 45 Years)
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 tablet 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 oral tablet chewable		$0	QL (1 EA per 1 Day); AG (Min 45 Years)
sm aspirin adult low strength oral tablet delayed release		$0	QL (1 tablet 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 tablet per 1 day); AG (Min 45 Years)
sm aspirin low dose oral tablet delayed release		$0	QL (1 tablet 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 EC)*	$0	$0	QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic Status	Additional Information
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE *(Aspirin EC)*	$0	$0	QL (1 tablet per 1 day); AG (Min 45 Years)
Analgesics - Opioid			
Codeine Combinations**			
acetaminophen-codeine #2		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day)
acetaminophen-codeine #3		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)
acetaminophen-codeine #4		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
acetaminophen-codeine oral solution 120-12 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 (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)

Drug Name	Brand	Generic Status	Additional Information
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**	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
Hydrocodone Combinations**			
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		T1	QL (12 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)

Drug Name	Brand	Generic Status	Additional Information
hydrocodone-ibuprofen oral tablet 7.5-200 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
Opioid Agonists**			
ACTIQ *(fentaNYL Citrate)*	T1	T1	PA; AI (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)
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		T1	PA; AI (30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
fentanyl citrate buccal tablet		T1	PA; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; QL (90 EA per 1 Copay); AG (Min 18 Years)
hydrocodone bitartrate er oral capsule extended release 12 hour		T1	PA; QL (2 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg		T1	PA; QL (1 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg		T1	PA; QL (1 EA per 1 day); AG (Min 4 Years)

Drug Name	Brand	Generic Status	Additional Information
hydromorphone hcl oral liquid		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.25 ML per 1 day)
hydromorphone hcl oral tablet 2 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
hydromorphone hcl oral tablet 4 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
hydromorphone hcl oral tablet 8 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
hydromorphone hcl rectal		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
HYSINGLA ER *(HYDROcodone Bitartrate ER)*	T1	T1	PA; QL (1 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T1		PA; AI (30 day supply max); QL (0.34 EA per 1 day)
levorphanol tartrate oral tablet 2 mg		T1	PA; QL (8 EA per 1 day)
levorphanol tartrate oral tablet 3 mg		T1	PA; QL (8 EA per 1 Day)
meperidine hcl oral solution		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (49 ML per 1 day)

Drug Name	Brand	Generic Status	Additional Information
meperidine hcl oral tablet 50 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
methadone hcl oral tablet		T1	PA
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 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		T1	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		T1	PA; 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		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
morphine sulfate oral tablet 30 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
morphine sulfate rectal suppository 10 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
morphine sulfate rectal suppository 20 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
morphine sulfate rectal suppository 30 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
morphine sulfate rectal suppository 5 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (8 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE *(Morphine Sulfate ER)*	T1	T1	PA
NUCYNTA ER	T1		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T1		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T1		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
oxycodone hcl oral capsule		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
oxycodone hcl oral concentrate 10 mg/0.5ml		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 EA per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 ML per 1 day)
oxycodone hcl oral solution		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)
oxycodone hcl oral tablet 10 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
oxycodone hcl oral tablet 15 mg, 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)

Drug Name	Brand	Generic Status	Additional Information
oxycodone hcl oral tablet abuse-deterrent 15 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT *(oxyCODONE HCl ER)*	T1	T1	PA; AI (PA applies to new starts); QL (2 EA per 1 day)
oxymorphone hcl er		T1	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)
ROXICODONE ORAL TABLET *(oxyCODONE HCl)* **5 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)
SUBSYS	T1		PA; AI (30 day supply max)
tramadol hcl (er biphasic) oral tablet extended release 24 hour		T1	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		T1	QL (1 EA per 1 day); AG (Min 18 Years)
tramadol hcl oral tablet 50 mg		T1	AI (Max #720 Mail Order); QL (8 EA per 1 Day)
XTAMPZA ER	T1		PA; QL (2 EA per 1 day)
Opioid Combinations**			
benzhydrocodone-acetaminophen		T1	QL (3 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **10-325 MG**	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **5-325 MG**	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
ENDOCET ORAL TABLET *(oxyCODONE-Acetaminophen)* **7.5-325 MG**	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5ml		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG	T1		AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
Opioid Partial Agonists**			
BELBUCA	T1		PA; QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg		T1	QL (8 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1	QL (4 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg		T1	QL (2 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg		T1	QL (8 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg		T1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg		T1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1	QL (2 EA per 1 Day)
butorphanol tartrate nasal		T1	AI (2x 2.5ml bottles per month); QL (5 ML per 30 days)
BUTRANS *(Buprenorphine)*	T1	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	T1		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	T1		QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T1		QL (2 EA per 1 day)
Tramadol Combinations**			
tramadol-acetaminophen		T1	QL (8 EA per 1 Day)
Androgens-Anabolic			
Androgens**			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T1		PA
danazol oral		T1	QL (4 EA per 1 day)
JATENZO	T1		PA
KYZATREX	T1		PA
methitest		T1	PA
methyltestosterone oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TESTIM	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 %, 20.25 mg/act (1.62%)		T1	QL (150 GM per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
testosterone transdermal gel 12.5 mg/act (1%)		T1	PA; QL (150 GM per 30 days); AG (Min 18 Years)
testosterone transdermal gel 25 mg/2.5gm (1%)		T1	AI (5mg per day); QL (5 MG per 1 day)
testosterone transdermal gel 50 mg/5gm (1%)		T1	QL (5 GM per 1 day)
TLANDO	T1		PA
XYOSTED	T1		PA
Anorectal And Related Products			
Intrarectal Steroids**			
hydrocortisone rectal enema		T1	
Nitrate Vasodilating Agents**			
RECTIV *(Nitroglycerin)*	T1	T1	
Antacids			
Antacids - Calcium Salts**			
calcium carbonate antacid oral tablet 648 mg		T1	PA
Anthelmintics			
Anthelmintics**			
albendazole oral		T1	PA
benznidazole		T1	QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
praziquantel oral		T1	
STROMECTOL *(Ivermectin)*	T1	T1	PA
Antianginal Agents			
Antianginals-Other**			
ranolazine er oral tablet extended release 12 hour 1000 mg		T1	QL (2 EA per 1 Day); AG (Min 16 Years)
ranolazine er oral tablet extended release 12 hour 500 mg		T1	QL (2 EA per 1 day); AG (Min 16 Years)
Nitrates**			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		T1	
isosorbide mononitrate		T1	
isosorbide mononitrate er		T1	
NITRO-BID	T1		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin sublingual		T1	
nitroglycerin transdermal patch 24 hour		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nitroglycerin translingual solution		T1	
NITROMIST	T1		QL (0.6 GM per 1 day)

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

Drug Name	Brand	Generic Status	Additional Information
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		T1	AI (Limitation of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
diazepam oral tablet 10 mg, 5 mg		T1	AI (Max 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	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T1		
quinidine gluconate er		T1	
quinidine sulfate oral		T1	
Antiarrhythmics Type I-B**			
mexiletine hcl oral		T1	
Antiarrhythmics Type I-C**			
flecainide acetate		T1	
propafenone hcl		T1	
propafenone hcl er		T1	

Drug Name	Brand	Generic Status	Additional Information
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	T1		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		T1	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	T1		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**	T1	T1	QL (2 EA per 1 day)
ADVAIR HFA	T1		QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO DIGIHALER	T1		ST (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 113/14	T1		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	T1		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 Status	Additional Information
AIRDUO RESPICLICK 55/14	T1		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	T1		
BEVESPI AEROSPHERE	T1		ST (Step Therapy required: Required trial of ALL of the following in the last 12 months: Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or 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**	T1	T1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T1		AG (Min 5 Years)
BREYNA *(Budesonide-Formoterol Fumarate)*	T1	T1	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	T1		ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Trelegy Ellipta, Bevespi Aerosphere, and Duaklir Pressair); QL (0.383 GM per 1 day); AG (Min 18 Years)
COMBIVENT RESPIMAT	T1		AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DUAKLIR PRESSAIR	T1		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)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	T1		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T1		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)

Drug Name	Brand	Generic Status	Additional Information
fluticasone-salmeterol inhalation aerosol		T1	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	T1		QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T1		AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T1		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone-Salmeterol)* **100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT**	T1	T1	QL (2 EA per 1 day)
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%, 2.5 mg/0.5ml		T1	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%		T1	AI (Max #15 Mail Order)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1	AI (Max #1125ml Mail Order)
albuterol sulfate oral		T1	
arformoterol tartrate		T1	QL (60 ML per 30 days); AG (Min 18 Years)
formoterol fumarate inhalation		T1	QL (120 ML per 30 days); AG (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml		T1	AI (Max #810ml mail order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		T1	AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml		T1	AI (Max #270 vials mail order); QL (90 EA per 30 Days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T1		
PROAIR HFA *(Albuterol Sulfate HFA)*	T1	T1	
PROAIR RESPICLICK	T1		

Drug Name	Brand	Generic Status	Additional Information
PROVENTIL HFA *(Albuterol Sulfate HFA)*	T1	T1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T1		QL (1 EA per 30 days)
STRIVERDI RESPIMAT	T1		ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva (Handihaler or Respimat)); QL (0.15 GM per 1 day); AG (Min 18 Years)
terbutaline sulfate oral		T1	
VENTOLIN HFA *(Albuterol Sulfate HFA)*	T1	T1	
XOPENEX HFA *(Levalbuterol Tartrate)*	T1	T1	ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 GM per 1 day)
Bronchodilators - Anticholinergics**			
ATROVENT HFA	T1		AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T1		
ipratropium bromide inhalation		T1	
LONHALA MAGNAIR REFILL KIT	T1		ST (Step Therapy required: 2 of the following for 3 months Incruse Ellipta, Tudorza Pressair, Spiriva); QL (2 ML per 1 day); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	T1		ST (Step Therapy required: 2 of the following for 3 months Incruse Ellipta, Tudorza Pressair, Spiriva); QL (2 ML per 1 day); AG (Min 18 Years)
SPIRIVA HANDIHALER	T1		QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T1		QL (4 GM per 30 days)
tiotropium bromide monohydrate		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T1		QL (1 inhaler per 30 days)
YUPELRI	T1		PA
Interleukin-5 Antagonists (Igg1 Kappa)**			
FASENRA PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	SP		PA; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/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 Status	Additional Information
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		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 4 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 5 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
zafirlukast		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
roflumilast		T1	QL (1 EA per 1 day); AG (Min 18 Years)
Steroid Inhalants**			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T1		AI (Max #36.6GM Mail Order); QL (0.41 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		AI (Max #18.3GM Mail Order); QL (0.21 GM per 1 day)
ARMONAIR DIGIHALER	T1		ST (Step Therapy required: 1 fill in the last 3 months - Flovent); QL (0.0358 EA per 1 day); AG (Min 12 Years)
ARNUITY ELLIPTA	T1		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T1		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T1		
ASMANEX HFA	T1		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml		T1	AI (Max #360ml Mail Order)
budesonide inhalation suspension 1 mg/2ml		T1	AI (Max #180ml per 90 days)

Drug Name	Brand	Generic Status	Additional Information
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED *(Fluticasone Propionate Diskus)* **100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT**	T1	T1	QL (2 EA per 1 day)
FLOVENT HFA *(Fluticasone Propionate HFA)*	T1	T1	
PULMICORT FLEXHALER	T1		
QVAR REDIHALER	T1		
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)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP
Xanthines**			
aminophylline anhydrous		T1	PA
ELIXOPHYLLIN *(Theophylline)*	T1	T1	
THEO-24	T1		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg		T1	QL (3 tabs per 1 day)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg		T1	
theophylline er oral tablet extended release 24 hour		T1	
Anticoagulants			
Coumarin Anticoagulants**			
JANTOVEN *(Warfarin Sodium)*	T1	T1	
Direct Factor Xa Inhibitors**			
ELIQUIS	T1		QL (3 tablets per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T1		QL (74 EA per 28 days)
SAVAYSA	T1		PA; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	T1		QL (10 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	T1		QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	T1		QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	T1		QL (2 EA per 1 day)
XARELTO STARTER PACK	T1		QL (51 EA per 28 days)
Heparins And Heparinoid-Like Agents**			
BD HEPARIN POSIFLUSH *(Heparin Na (Pork) Lock Flsh PF)*	T1	T1	QL (120 ML per 30 days)
heparin na (pork) lock flsh pf		T1	QL (120 ML per 30 days)
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml		T1	QL (120 ML per 30 days)

Drug Name	Brand	Generic Status	Additional Information
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		T1	QL (120 ML per 30 days)
heparin sodium (porcine) injection solution prefilled syringe		T1	QL (120 ML per 30 days)
heparin sodium (porcine) pf		T1	QL (120 ML per 30 days)
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)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T1		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T1		
Synthetic Heparinoid-Like Agents**			
fondaparinux sodium		T1	
Thrombin Inhibitors - Selective Direct & Reversible**			
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg		T1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE *(Dabigatran Etexilate Mesylate)* **110 MG**	T1	T1	QL (2 capsules per 1 day)
Anticonvulsants			
Ampa Glutamate Receptor Antagonists**			
FYCOMPA ORAL SUSPENSION	T1		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T1		AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T1		AI (Max #180 Mail Order); QL (2 EA per 1 day)
Anticonvulsants - Benzodiazepines**			
clobazam oral suspension		T1	QL (8 ML per 1 day)
clobazam oral tablet		T1	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 PEDIATRIC	T1		QL (10 EA per 30 days)
diazepam rectal gel 2.5 mg		T1	AI (Max #9 per fill Retail or Mail Order); QL (10 EA per 30 days)
LIBERVANT	T1		PA
NAYZILAM	T1		PA
SYMPAZAN	T1		PA; QL (2 EA per 1 Day)
VALTOCO 10 MG DOSE	T1		PA
VALTOCO 15 MG DOSE	T1		PA

Drug Name	Brand	Generic Status	Additional Information
VALTOCO 20 MG DOSE	T1		PA
VALTOCO 5 MG DOSE	T1		PA
Anticonvulsants - Misc.			
APTIOM ORAL TABLET 200 MG, 400 MG	T1		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)
APTIOM ORAL TABLET 600 MG, 800 MG	T1		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)*	T1	T1	PA
BRIVIACT ORAL SOLUTION	T1		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	T1		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 suspension 100 mg/5ml		T1	
carbamazepine oral tablet chewable		T1	
CARBATROL *(carBAMazepine ER)*	T1	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	T1		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	T1		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	T1		PA
EPITOL *(carBAMazepine)*	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
EPRONTIA	T1		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		T1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T1		AG (Max 6 Years)
lamotrigine er		T1	
lamotrigine oral kit 25 & 50 & 100 mg		T1	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 solution 100 mg/ml		T1	
levetiracetam oral tablet		T1	
oxcarbazepine		T1	
oxcarbazepine er		T1	
pregabalin oral		T1	
primidone oral tablet 250 mg, 50 mg		T1	
QUDEXY XR *(Topiramate ER)*	T1	T1	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	
SUBVENITE ORAL TABLET *(lamoTRIgine)* **100 MG**	T1	T1	
TEGRETOL-XR *(carBAMazepine ER)*	T1	T1	
topiramate oral capsule sprinkle		T1	QL (2 EA per 1 day)
topiramate oral tablet		T1	
TROKENDI XR *(Topiramate ER)*	T1	T1	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)

Drug Name	Brand	Generic Status	Additional Information
zonisamide oral capsule 100 mg		T1	AI (Max #540 Mail Order)
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)
Carbamates**			
felbamate		T1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T1		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)	T1		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T1		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET 25 MG	T1		QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK	T1		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
Gaba Modulators**			
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		T1	

Drug Name	Brand	Generic Status	Additional Information
VIGADRONE *(Vigabatrin)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIGPODER	SP		PA; SP
Hydantoins**			
DILANTIN ORAL CAPSULE *(Phenytoin Sodium Extended)*	T1	T1	
PHENYTEK *(Phenytoin Sodium Extended)*	T1	T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
phenytoin oral tablet chewable		T1	
Succinimides**			
ethosuximide oral		T1	
methsuximide		T1	
Valproic Acid**			
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE *(Divalproex Sodium)*	T1	T1	
divalproex sodium er oral tablet extended release 24 hour		T1	
divalproex sodium oral tablet delayed release		T1	
valproic acid oral capsule		T1	
valproic acid oral solution 250 mg/5ml		T1	
Antidepressants			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
mirtazapine oral tablet		T1	
mirtazapine oral tablet dispersible 15 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
mirtazapine oral tablet dispersible 30 mg		T1	AI (Max #270 Mail Order); QL (1 EA per 1 day)
mirtazapine oral tablet dispersible 45 mg		T1	AI (Max #180 Mail Order); QL (1 EA per 1 day)
Antidepressants - Misc.**			
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg		T1	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	

Drug Name	Brand	Generic Status	Additional Information
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	T1		
phenelzine sulfate oral		T1	
tranylcypromine sulfate		T1	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
citalopram hydrobromide oral solution		T1	
citalopram hydrobromide oral tablet 10 mg, 20 mg		T1	AI (Max #135 Mail Order)
citalopram hydrobromide oral tablet 40 mg		T1	AI (Max #180 Mail Order)
escitalopram oxalate oral solution		T1	
escitalopram oxalate oral tablet 10 mg		T1	AI (Max #135 Mail Order)
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	
fluoxetine hcl oral tablet 60 mg		T1	QL (1 TAB per 1 day)
fluvoxamine maleate		T1	
fluvoxamine maleate er		T1	AI (Max #180 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl er		T1	QL (1 EA per 1 day)
paroxetine hcl oral suspension		T1	
paroxetine hcl oral tablet 10 mg, 40 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
paroxetine hcl oral tablet 20 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
paroxetine hcl oral tablet 30 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
sertraline hcl oral concentrate		T1	
sertraline hcl oral tablet		T1	
Serotonin Modulators**			
nefazodone hcl		T1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1	
trazodone hcl oral tablet 300 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
TRINTELLIX ORAL TABLET 10 MG	T1		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	T1		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	T1		QL (1 EA per 1 Lifetime); AG (Min 18 Years)
vilazodone hcl		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
desvenlafaxine er		T1	QL (1 EA per 1 day)
desvenlafaxine succinate er		T1	QL (1 EA per 1 day)
DRIZALMA SPRINKLE	T1		ST (Step Therapy required: Through Cymbalta (brand or generic) for 3 months within last 6 months.); QL (1 EA per 1 day); AG (Min 7 Years)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg		T1	QL (2 EA per 1 Day)
duloxetine hcl oral capsule delayed release particles 30 mg		T1	QL (3 EA per 1 Day)
FETZIMA	T1		ST (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	T1		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	

Drug Name	Brand	Generic Status	Additional Information
amoxapine		T1	
clomipramine hcl oral		T1	
desipramine hcl oral		T1	
doxepin hcl oral capsule		T1	
doxepin hcl oral concentrate		T1	
imipramine hcl oral		T1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
imipramine pamoate oral capsule 75 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
nortriptyline hcl oral capsule		T1	
protriptyline hcl		T1	
trimipramine maleate oral capsule 50 mg		T1	
Antidiabetics			
Alpha-Glucosidase Inhibitors**			
acarbose oral		T1	
Antidiabetic - Amylin Analogs**			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
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	T1		QL (2 EA per 30 days)
BAQSIMI TWO PACK	T1		QL (1 EA per 30 days)
diazoxide oral		T1	
GLUCAGEN HYPOKIT	T1		
glucagon emergency injection kit		T1	QL (2 EA per 30 days)
glucagon emergency injection solution reconstituted		T1	QL (2 EA per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**			
JANUVIA	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
NESINA *(Alogliptin Benzoate)*	T1	T1	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	T1		QL (1 tablet per 1 day); AG (Min 16 Years)
saxagliptin hcl		T1	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	T1		
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**			
JANUMET	T1		AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T1		QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T1		QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T1		
JENTADUETO XR	T1		QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO *(Alogliptin-metFORMIN HCl)*	T1	T1	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)*	T1	T1	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)
ZITUVIMET *(Sitagliptin Base-Metformin HCl)*	T1	T1	ST (Step Therapy required: through at least one of each type of drug in BOTH categories for 3 months each in the last 12 months: Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)

Drug Name	Brand	Generic Status	Additional Information
ZITUVIMET XR	T1		ST (Step Therapy required: through at least one of each type of drug in BOTH categories for 3 months each in the last 12 months: Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
Dopamine Receptor Agonists - Ergot Derivatives			
CYCLOSET	T1		
Dpp-4 Inhibitor-Thiazolidinedione Combinations			
OSENI ORAL TABLET *(Alogliptin-Pioglitazone)* **12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG**	T1	T1	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)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
ADMELOG SOLOSTAR	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T1		PA; QL (6 EA per 1 day); AG (Min 18 Years)
APIDRA	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
BASAGLAR KWIKPEN *(Insulin Glargine Solostar)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
BASAGLAR TEMPO PEN	T1		ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP INJECTION	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
FIASP PENFILL	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)

Drug Name	Brand	Generic Status	Additional Information
FIASP PUMPCART	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
HUMALOG INJECTION	T1		QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T1		QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1		QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1		QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMALOG MIX 75/25	T1		QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1		QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T1		QL (2 ML per 1 day)
HUMULIN 70/30	T1		QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMULIN N	T1		QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1		QL (2 ML per 1 day)
HUMULIN R	T1		QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T1		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	T1		ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100); QL (2 ML per 1 day)
insulin aspart prot & aspart		T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
insulin glargine max solostar		T1	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
insulin lispro (1 unit dial)		T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
insulin lispro junior kwikpen		T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
insulin lispro prot & lispro		T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
LANTUS	T1		QL (2 ML per 1 day)

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

Drug Name	Brand	Generic Status	Additional Information
NOVOLOG INJECTION *(Insulin Aspart)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T1		ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR *(Insulin Asp Prot & Asp FlexPen)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog Mix 75/25); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE *(Insulin Aspart PenFill)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION *(Insulin Aspart)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Humalog); QL (2 ML per 1 day)
SEMGLEE (YFGN) *(Insulin Glargine-yfgn)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
SEMGLEE SUBCUTANEOUS SOLUTION *(Insulin Glargine)*	T1	T1	ST (Step Therapy required: 1 month in the last 12 months - Lantus); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T1		QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T1		QL (2 ML per 1 day)
TRESIBA *(Insulin Degludec)*	T1	T1	ST (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)*	T1	T1	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	T1		PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
BYDUREON BCISE	T1		PA; QL (4 pens per 1 Month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		PA; QL (2.4 ML per 1 Month); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1		PA; QL (1.2 ML per 1 Month); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T1		PA; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T1		PA; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE)	T1		PA; QL (1 pen per 28 days)
RYBELSUS	T1		PA; QL (1 tab per 1 day)
TRULICITY	T1		PA; QL (4 pens per 1 Month); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR *(Liraglutide)*	T1	T1	PA; QL (3 pens per 1 Month); AG (Min 10 Years)
Insulin-Incretin Mimetic Combinations**			
SOLIQUA	T1		QL (20 ML per 30 days); AG (Min 18 Years)
Meglitinide Analogues**			
nateglinide		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
repaglinide		T1	
Progesterone Receptor Antagonists**			
mifepristone oral tablet 300 mg		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	T1		QL (1 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI	T1		QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T1		ST (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	T1		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**			
dapagliflozin propanediol		T1	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA	T1		QL (1 tablet per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic Status	Additional Information
INVOKANA	T1		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	T1		QL (1 EA per 1 day)
STEGLATRO	T1		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**			
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg		T1	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg		T1	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 tablets per 1 day); AG (Min 10 Years)
INVOKAMET	T1		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	T1		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	T1		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)

Drug Name	Brand	Generic Status	Additional Information
SYNJARDY	T1		
SYNJARDY XR	T1		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T1		QL (1 tablet per 1 day); AG (Min 10 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	T1		QL (2 tablets per 1 day); AG (Min 10 Years)
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	
glyburide micronized		T1	
glyburide oral		T1	
Thiazolidinedione-Biguanide Combinations**			
pioglitazone hcl-metformin hcl		T1	AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
Thiazolidinediones**			
pioglitazone hcl		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
Antidiarrheal - Chloride Channel Antagonists**			
MYTESI	T1		
Antiperistaltic Agents**			
diphenoxylate-atropine oral liquid		T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg		T1	
ft anti-diarrheal oral capsule		T1	
loperamide hcl oral capsule		T1	
MOTOFEN	T1		

Drug Name	Brand	Generic Status	Additional Information
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)
Antidotes And Specific Antagonists**			
RADIOGARDASE	T1		QL (18 EA per 1 day); AG (Min 2 Years)
Opioid Antagonists**			
KLOXXADO	T1		QL (1 box per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		T1	
naloxone hcl injection solution cartridge		T1	
naloxone hcl injection solution prefilled syringe		T1	
naloxone hcl nasal		T1	QL (1 box per 30 days)
naltrexone hcl oral		T1	
OPVEE	T1		QL (2 EA per 30 days)
REXTOVY	T1		QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
ZIMHI	T1		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	T1		QL (4 EA per 1 Copay)
granisetron hcl oral		T1	AI (1 per day); QL (2 EA per 1 day)
ondansetron hcl oral solution		T1	
ondansetron hcl oral tablet 4 mg, 8 mg		T1	QL (4 EA per 1 day)
ondansetron oral tablet dispersible 4 mg, 8 mg		T1	QL (4 EA per 1 day)
SANCUSO	T1		QL (0.67 EA per 1 day)
Antiemetic Combinations**			
AKYNZEO ORAL	T1		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	T1		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS *(Doxylamine-Pyridoxine)*	T1	T1	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
Antiemetics - Anticholinergic**			
meclizine hcl oral tablet 12.5 mg, 25 mg		T1	
scopolamine		T1	QL (0.34 EA per 1 day)
trimethobenzamide hcl oral		T1	
Antiemetics - Miscellaneous**			
dronabinol oral capsule 10 mg		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day)
dronabinol oral capsule 2.5 mg, 5 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T1		PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**			
aprepitant oral capsule		T1	
EMEND ORAL SUSPENSION RECONSTITUTED	T1		
VARUBI (180 MG DOSE)	T1		AI (30 day supply max); QL (4 EA per 28 days)

Drug Name	Brand	Generic Status	Additional Information
Antifungals			
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**			
BREXAFEMME	T1		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		T1	
griseofulvin microsize oral		T1	
griseofulvin ultramicrosize		T1	
nystatin oral tablet		T1	
terbinafine hcl oral		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Imidazoles**			
ketoconazole oral		T1	
miconazole		T1	
Tetrazoles**			
VIVJOA	T1		ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (0.215 EA per 1 day)
Triazoles**			
CRESEMBA ORAL	SP		PA
fluconazole oral		T1	
itraconazole oral		T1	
NOXAFIL ORAL PACKET	T1		PA
NOXAFIL ORAL TABLET DELAYED RELEASE *(Posaconazole)*	T1	T1	PA
voriconazole oral		T1	
Antihistamines			
Antihistamines - Alkylamines**			
RYCLORA ORAL SOLUTION	T1		AI (118MG per 30 days)
Antihistamines - Ethanolamines**			
carbinoxamine maleate er		T1	AI (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); QL (4 ML per 1 day); AG (Min 2 Years)
carbinoxamine maleate oral solution		T1	
carbinoxamine maleate oral tablet 4 mg		T1	
clemastine fumarate oral tablet 2.68 mg		T1	QL (1 tab per 1 day)
diphenhydramine hcl injection		T1	
diphenhydramine hcl oral elixir		T1	PA

Drug Name	Brand	Generic Status	Additional Information
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T1		AI (30 day supply max); 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		T1	
promethazine hcl oral		T1	
PROMETHEGAN	T1		
Antihistamines - Piperidines**			
cyproheptadine hcl oral		T1	
Antihyperlipidemics			
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**			
NEXLIZET	T1		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	T1		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		T1	
LOVAZA	T1		PA; QL (4 EA per 1 day); AG (Min 18 Years)
omega-3-acid ethyl esters		T1	QL (4 EA per 1 day); AG (Min 18 Years)
VASCEPA	T1		PA
Bile Acid Sequestrants**			
cholestyramine oral		T1	
colesevelam hcl oral packet		T1	QL (1 EA per 1 day)
colesevelam hcl oral tablet		T1	QL (6 EA per 1 day)
colestipol hcl oral packet		T1	
colestipol hcl oral tablet		T1	
PREVALITE *(Cholestyramine Light)*	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
Fibric Acid Derivatives**			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		T1	QL (1 capsule per 1 day)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg		T1	QL (1 capsule per 1 day)
fenofibrate oral tablet 145 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
fenofibrate oral tablet 160 mg		T1	QL (1 EA per 1 day)
fenofibrate oral tablet 48 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
fenofibric acid oral capsule delayed release		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
fenofibric acid oral tablet 105 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
gemfibrozil oral		T1	
Hmg Coa Reductase Inhibitors**			
atorvastatin calcium oral tablet 10 mg, 40 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
atorvastatin calcium oral tablet 20 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 80 mg		T1	AI (Max #135 Mail Order); QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
fluvastatin sodium oral capsule 40 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
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		T1	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)
pravastatin sodium oral tablet 40 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rosuvastatin calcium oral		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		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)

Drug Name	Brand	Generic Status	Additional Information
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T1		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		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 day)
Pcsk9 Inhibitors**			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T1		PA; QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA	T1		PA; QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	T1		PA; QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	T1		PA; QL (0.08 ML per 1 day); AG (Min 13 Years)
Antihypertensives			
Ace Inhibitor & Calcium Channel Blocker Combinations**			
amlodipine besy-benazepril hcl		T1	
trandolapril-verapamil hcl er		T1	
Ace Inhibitors & Thiazide/Thiazide-Like**			
benazepril-hydrochlorothiazide		T1	
enalapril-hydrochlorothiazide		T1	
fosinopril sodium-hctz		T1	
lisinopril-hydrochlorothiazide		T1	
quinapril-hydrochlorothiazide		T1	

Drug Name	Brand	Generic Status	Additional Information
Ace Inhibitors**			
benazepril hcl oral		T1	
captopril oral		T1	
enalapril maleate oral tablet		T1	
fosinopril sodium		T1	
lisinopril oral		T1	
moexipril hcl		T1	
perindopril erbumine		T1	
quinapril hcl		T1	
ramipril		T1	
trandolapril		T1	
Agents For Pheochromocytoma**			
DEMSER *(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)
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**			
amlodipine besylate-valsartan		T1	QL (1 EA per 1 day)
amlodipine-olmesartan		T1	QL (1 EA per 1 day)
telmisartan-amlodipine		T1	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
candesartan cilexetil-hctz		T1	
EDARBYCLOR	T1		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg		T1	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg		T1	QL (1 tablet per 1 day)
losartan potassium-hctz		T1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Angiotensin Ii Receptor Antagonists**			
candesartan cilexetil		T1	
EDARBI	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
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); QL (1 tab per 1 Day)
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		T1	
Antiadrenergics - Centrally Acting**			
CATAPRES-TTS-1 *(cloNIDine)*	T1	T1	
CATAPRES-TTS-2 *(cloNIDine)*	T1	T1	
CATAPRES-TTS-3 *(cloNIDine)*	T1	T1	
clonidine hcl oral		T1	
guanfacine hcl oral		T1	
methyldopa oral		T1	
Antiadrenergics - Peripherally Acting**			
doxazosin mesylate oral		T1	
prazosin hcl oral		T1	
terazosin hcl oral		T1	
Beta Blocker & Diuretic Combinations**			
atenolol-chlorthalidone		T1	
bisoprolol-hydrochlorothiazide		T1	
metoprolol-hydrochlorothiazide		T1	
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb**			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T1		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Direct Renin Inhibitors**			
aliskiren fumarate		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
Selective Aldosterone Receptor Antagonists (Saras)**			
eplerenone oral tablet 25 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
eplerenone oral tablet 50 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic Status	Additional Information
Vasodilators**			
hydralazine hcl oral		T1	
minoxidil oral		T1	
Anti-Infective Agents - Misc.			
Anti-Infective Agents - Misc.**			
AEMCOLO	T1		AI (Limited to two fills per year); QL (12 EA per 3 days)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T1		AI (1 fill per 30 days); QL (150 ML per 10 days)
METRONIDAZOLE BENZO+SYRSPEND	T1		
metronidazole oral tablet		T1	
pentamidine isethionate inhalation		SP	SP
tinidazole oral		T1	
XIFAXAN	T1		PA
Anti-Infective Misc. - Combinations**			
sulfamethoxazole-trimethoprim oral tablet		T1	
SULFATRIM PEDIATRIC *(Sulfamethoxazole-Trimethoprim)*	T1	T1	
Antiprotozoal Agents**			
ALINIA ORAL SUSPENSION RECONSTITUTED	T1		AI (30 days must pass before able to refill); QL (60 ML per 3 days)
ALINIA ORAL TABLET *(Nitazoxanide)*	T1	T1	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
atovaquone oral		T1	
LAMPIT	T1		PA
Carbapenems**			
ertapenem sodium		MB	
Glycopeptides**			
FIRVANQ *(Vancomycin HCl)*	T1	T1	QL (300 ML per 10 days)
vancomycin hcl oral capsule		T1	
Leprostatics**			
dapsone oral		T1	
Lincosamides**			
clindamycin hcl oral		T1	
clindamycin palmitate hcl		T1	
Monobactams**			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is 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)

Drug Name	Brand	Generic Status	Additional Information
linezolid oral tablet		T1	AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
SIVEXTRO ORAL	T1		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T1		PA; AI (Max 28 day supply); QL (60 ML per 1 day)
ZYVOX ORAL TABLET	T1		PA; AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
Urinary Anti-Infectives**			
methenamine hippurate		T1	
MONUROL *(Fosfomycin Tromethamine)*	T1	T1	
nitrofurantoin macrocrystal oral		T1	
nitrofurantoin monohyd macro		T1	
nitrofurantoin oral suspension 25 mg/5ml		T1	
Antimalarials			
Antimalarial Combinations**			
atovaquone-proguanil hcl		T1	
COARTEM	T1		
Antimalarials**			
chloroquine phosphate oral		T1	AI (30 day supply max); QL (2 EA per 1 day)
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		T1	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		T1	
pyridostigmine bromide oral solution		T1	
pyridostigmine bromide oral tablet 60 mg		T1	
Antimycobacterial Agents			
Antimycobacterial Agents**			
cycloserine oral		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ethambutol hcl oral		T1	
isoniazid oral syrup		T1	

Drug Name	Brand	Generic Status	Additional Information
isoniazid oral tablet 100 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
isoniazid oral tablet 300 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
PASER	T1		PA
pretomanid		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN	T1		
pyrazinamide oral		T1	
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	T1		
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
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)

Drug Name	Brand	Generic Status	Additional Information
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
XTANDI	T1		PA; SP
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	AI (30 day supply max)
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 (pf) injection solution 1000 mg/40ml		T1	AI (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 injection solution 50 mg/2ml		T1	AI (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)

Drug Name	Brand	Generic Status	Additional Information
PURIXAN	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TABLOID	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREXALL	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XATMEP	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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 (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; QL (2 EA per 1 Day); AG (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	T1		PA; SP
ZYKADIA ORAL TABLET	T1		PA; SP; 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)

Drug Name	Brand	Generic Status	Additional Information
VENCLEXTA STARTING PACK	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
BOSULIF	T1		PA; SP
DANZITEN	T1		PA; SP; AI (30 day supply max)
dasatinib oral tablet 20 mg, 50 mg, 70 mg		T1	PA; SP; AI (2 tablets per day)
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
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)
imkeldi		T1	PA; SP; AI (30 day supply max)
SCEMBLIX	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SPRYCEL ORAL TABLET *(Dasatinib)* **100 MG, 140 MG, 80 MG**	T1	T1	PA; SP
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; QL (2 EA per 1 Day)
TASIGNA	T1		PA; SP
Antineoplastic - Braf Kinase Inhibitors**			
BRAFTOVI ORAL CAPSULE 75 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T1		PA; SP; AI (30 day supply max)
OJEMDA ORAL TABLET 100 MG	T1		PA; SP; AI (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
CALQUENCE	T1		PA

Drug Name	Brand	Generic Status	Additional Information
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
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
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
LAZCLUZE	T1		PA
TAGRISSO	T1		PA; SP
TARCEVA *(Erlotinib HCl)*	T1	T1	PA; SP
VIZIMPRO	T1		PA; SP
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)

Drug Name	Brand	Generic Status	Additional Information
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 (30 day supply max)
Antineoplastic - Hedgehog Pathway Inhibitors			
DAURISMO	T1		PA; SP
ERIVEDGE	T1		PA; SP
ODOMZO	T1		PA; SP; QL (1 EA per 1 day); AG (Min 18 Years)
Antineoplastic - Hif-2-Alpha Inhibitors			
WELIREG	T1		PA
Antineoplastic - Histone Deacetylase Inhibitors			
ZOLINZA	T1		PA; SP; 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
LUMAKRAS	T1		PA; SP
Antineoplastic - Mek Inhibitors			
COTELLIC	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
KOSELUGO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKINIST	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKTOVI	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic - Menin Inhibitors**			
REVUFORJ	T1		PA
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
Antineoplastic - Mtor Kinase Inhibitors**			
AFINITOR	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AFINITOR DISPERZ	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg		T1	PA; SP
everolimus oral tablet soluble		T1	PA; SP
TORPENZ	T1		PA; SP; AI (30 day supply max)
Antineoplastic - Multikinase Inhibitors**			
CABOMETYX	T1		PA; SP
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
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T1		PA; SP
COMETRIQ (60 MG DAILY DOSE)	T1		PA; SP
FOTIVDA	T1		PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
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)
NERLYNX	T1		PA; SP
NEXAVAR	T1		PA; SP; 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; 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; 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)
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

Drug Name	Brand	Generic Status	Additional Information
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
RETEVMO ORAL CAPSULE	T1		PA; SP
RETEVMO ORAL TABLET	T1		PA; SP; AI (30 day supply max)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors			
AUGTYRO	T1		PA; SP; AI (30 day supply max)
ROZLYTREK	T1		PA; SP
VITRAKVI	T1		PA; SP
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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	AI (30 day supply max); 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	AI (30 day supply max); F; QL (1 EA per 1 Day)
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	AI (30 day supply max); 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)

Drug Name	Brand	Generic Status	Additional Information
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
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		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)
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 & 2 (Idh1 & Idh2) Inhibitors**			
VORANIGO	T1		PA; SP
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA	T1		PA
TIBSOVO	T1		PA

Drug Name	Brand	Generic Status	Additional Information
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
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)

Drug Name	Brand	Generic Status	Additional Information
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
COPIKTRA	T1		PA; SP
ITOVEBI	T1		PA; SP; AI (30 day supply max)
PIQRAY (200 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (250 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (300 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYDELIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1		PA; SP
TALZENNA	T1		PA; SP
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
Selective Retinoid X Receptor Agonists**			
TARGRETIN ORAL *(Bexarotene)*	T1	T1	PA; SP

Drug Name	Brand	Generic Status	Additional Information
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; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLYTA	T1		PA; SP
LENVIMA (10 MG DAILY DOSE)	T1		PA; SP
LENVIMA (12 MG DAILY DOSE)	T1		PA; SP
LENVIMA (14 MG DAILY DOSE)	T1		PA; SP
LENVIMA (18 MG DAILY DOSE)	T1		PA; SP
LENVIMA (20 MG DAILY DOSE)	T1		PA; SP
LENVIMA (24 MG DAILY DOSE)	T1		PA; SP
LENVIMA (4 MG DAILY DOSE)	T1		PA; SP
LENVIMA (8 MG DAILY DOSE)	T1		PA; SP
Antiparkinson And Related Therapy Agents			
Adenosine Receptor Antagonist**			
NOURIANZ	T1		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	T1		PA
INBRIJA	T1		PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T1		PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T1		PA
Antiparkinson Monoamine Oxidase Inhibitors**			
rasagiline mesylate oral		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
selegiline hcl oral		T1	

Drug Name	Brand	Generic Status	Additional Information
XADAGO	T1		PA
Central/Peripheral Comt Inhibitors			
TASMAR ORAL TABLET *(Tolcapone)* **100 MG**	T1	T1	PA
Decarboxylase Inhibitors			
carbidopa oral		T1	
Levodopa Combinations			
carbidopa-levodopa		T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		T1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		T1	AI (Max #270 Mail Order); QL (8 EA per 1 Day)
RYTARY	T1		PA
Nonergoline Dopamine Receptor Agonists			
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		T1	QL (6 EA per 1 day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg		T1	QL (8 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg		T1	QL (4 EA per 1 Day); AG (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 8 mg		T1	QL (3 EA per 1 Day); AG (Min 16 Years)
Peripheral Comt Inhibitors			
entacapone		T1	
ONGENTYS	T1		PA
Antipsychotics/Antimanic Agents			
Antimanic Agents			
lithium		T1	AG (Min 7 Years)
lithium carbonate er		T1	
lithium carbonate oral		T1	

Drug Name	Brand	Generic Status	Additional Information
Antipsychotics - Misc.**			
CAPLYTA	T1		PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T1		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T1		QL (8 EA per 1 Day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T1		QL (5 EA per 1 Day)
GEODON INTRAMUSCULAR *(Ziprasidone Mesylate)*	SP	SP	PA; 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	T1		PA
NUPLAZID ORAL TABLET 10 MG	T1		PA
VRAYLAR ORAL CAPSULE	T1		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	T1		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**			
ERZOFRI	SP		PA; AI (30 day supply max)
FANAPT	T1		AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T1		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
INVEGA HAFYERA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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)

Drug Name	Brand	Generic Status	Additional Information
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg		T1	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		T1	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)
risperidone er		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
risperidone microspheres 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 concentrate 2 mg/ml		T1	
haloperidol oral		T1	
Dibenzodiazepines**			
clozapine oral tablet 100 mg, 25 mg		T1	AI (Max #810 Mail Order); QL (9 EA per 1 Day)
clozapine oral tablet 200 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
clozapine oral tablet 50 mg		T1	AI (Max #540 per 90days); QL (6 EA per 1 Day)
Dibenzo-Oxepino Pyrroles**			
asenapine maleate		T1	QL (2 EA per 1 day)
SECUADO	T1		QL (1 EA per 1 day)
Dibenzothiazepines**			
quetiapine fumarate er		T1	AG (Min 10 Years)
quetiapine fumarate oral tablet 100 mg, 300 mg		T1	QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 200 mg, 25 mg		T1	QL (3 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 400 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 10 Years)
quetiapine fumarate oral tablet 50 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 10 Years)

Drug Name	Brand	Generic Status	Additional Information
Dibenzoxazepines**			
loxapine succinate oral		T1	
Phenothiazines**			
chlorpromazine hcl injection		T1	PA
chlorpromazine hcl oral tablet		T1	
fluphenazine decanoate injection		T1	PA
fluphenazine hcl injection		T1	PA
fluphenazine hcl oral		T1	
perphenazine oral		T1	
prochlorperazine		T1	
prochlorperazine edisylate injection solution 10 mg/2ml		T1	PA
prochlorperazine maleate oral		T1	
thioridazine hcl oral		T1	
trifluoperazine hcl oral		T1	
Quinolinone Derivatives**			
ABILIFY 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)
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	T1		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	T1		PA; QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
Thienbenzodiazepines**			
olanzapine oral tablet		T1	AI (Max #90 Mail Order); QL (4 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
ZYPREXA INTRAMUSCULAR *(OLANZapine)*	SP	SP	PA; SP; AI (Limited distribution 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		T1	
Antivirals			
Antiretroviral Combinations**			
abacavir sulfate-lamivudine		T1	
ATRIPLA	T1		QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T1		QL (1 EA per 1 day)
CIMDUO	T1		QL (1 EA per 1 day)
COMPLERA	T1		
DELSTRIGO	T1		QL (1 EA per 1 day); AG (Min 12 Years)
DESCOVY ORAL TABLET 120-15 MG	T1		PA; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	$0		QL (1 EA per 1 day)
DOVATO	T1		
efavirenz-emtricitab-tenofo df		T1	QL (1 EA per 1 day); AG (Min 18 Years)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		T1	QL (1 EA per 11 days)
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg		T1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg		T1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg		$0	QL (1 EA per 1 day)
EVOTAZ	T1		
GENVOYA	T1		
JULUCA	T1		PA
lamivudine-zidovudine		T1	
lopinavir-ritonavir		T1	
ODEFSEY	T1		
PREZCOBIX	T1		

Drug Name	Brand	Generic Status	Additional Information
STRIBILD	T1		
SYMTUZA	T1		
TRIUMEQ	T1		QL (1 EA per 1 day); AG (Min 16 Years)
triumeq pd		T1	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		T1	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	T1		
SELZENTRY ORAL TABLET 25 MG, 75 MG	T1		QL (2 EA per 1 day)
Antiretrovirals - Fusion Inhibitors**			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**			
RUKOBIA	T1		PA
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS	T1		
ISENTRESS HD	T1		
TIVICAY	T1		
TIVICAY PD	T1		
Antiretrovirals - Protease Inhibitors**			
APTIVUS ORAL CAPSULE	T1		
atazanavir sulfate oral capsule 150 mg, 200 mg		T1	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg		T1	QL (1 EA per 1 day)
darunavir		T1	QL (2 EA per 1 day)
fosamprenavir calcium		T1	
LEXIVA ORAL SUSPENSION	T1		
NORVIR ORAL PACKET	T1		
NORVIR ORAL SOLUTION	T1		
PREZISTA ORAL SUSPENSION	T1		

Drug Name	Brand	Generic Status	Additional Information
PREZISTA ORAL TABLET 150 MG, 75 MG	T1		
REYATAZ ORAL PACKET	T1		
ritonavir		T1	
VIRACEPT ORAL TABLET	T1		
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
EDURANT	T1		QL (1 EA per 1 Day)
efavirenz oral capsule 200 mg		T1	QL (1 EA per 1 day)
efavirenz oral capsule 50 mg		T1	QL (2 EA per 1 day)
efavirenz oral tablet		T1	QL (2 EA per 2 days)
etravirine		T1	
INTELENCE ORAL TABLET 25 MG	T1		
nevirapine		T1	
nevirapine er		T1	
PIFELTRO	T1		QL (1 EA per 1 day); AG (Min 12 Years)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
abacavir sulfate		T1	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
EMTRIVA ORAL CAPSULE *(Emtricitabine)*	T1	T1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T1		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		T1	
Antiretrovirals - Rti-Nucleotide Analogues**			
tenofovir disoproxil fumarate		T1	
VIREAD ORAL POWDER	T1		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T1		QL (1 EA per 1 day)
Antiretrovirals Adjuvants**			
TYBOST	T1		
Antiviral Combinations**			
PAXLOVID (150/100)	T1		AI (Max 2 fills per year); QL (4 EA per 1 day)
PAXLOVID (300/100)	T1		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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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	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)
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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	T1		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		T1	
Misc. Antivirals**			
LAGEVRIO	T1		PA; AI (Paxlovid is the preferred product (does not require 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	T1		QL (0.67 EA per 1 day)
Beta Blockers			
Alpha-Beta Blockers**			
carvedilol		T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		T1	
Beta Blockers Cardio-Selective**			
acebutolol hcl oral		T1	
atenolol oral		T1	
betaxolol hcl oral tablet 10 mg		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
betaxolol hcl oral tablet 20 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
bisoprolol fumarate oral		T1	
KAPSPARGO SPRINKLE	T1		ST (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	

Drug Name	Brand	Generic Status	Additional Information
metoprolol tartrate oral		T1	
nebivolol hcl		T1	
Beta Blockers Non-Selective**			
HEMANGEOL	T1		AG (Max 2 Years)
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1	
pindolol		T1	
propranolol hcl er		T1	
propranolol hcl oral		T1	
SORINE *(Sotalol HCl)*	T1	T1	
sotalol hcl (af)		T1	
timolol maleate oral		T1	
Calcium Channel Blockers			
Calcium Channel Blockers**			
AFEDITAB CR *(NIFEdipine ER)*	T1	T1	
amlodipine besylate oral		T1	
CARTIA XT *(dilTIAZem HCl ER Coated Beads)*	T1	T1	
CONJUPRI	T1		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		T1	
isradipine		T1	
levamlodipine maleate		T1	QL (1 EA per 1 day)
nicardipine hcl oral		T1	
nifedipine er osmotic release		T1	
nifedipine oral		T1	
nimodipine oral		T1	AI (Max #756 Mail Order)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
nisoldipine er oral tablet extended release 24 hour 30 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT *(Diltiazem HCl ER Beads)*	T1	T1	
TIADYLT ER *(dilTIAZem HCl ER Beads)*	T1	T1	
verapamil hcl er oral capsule extended release 24 hour		T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		T1	
verapamil hcl oral		T1	

Drug Name	Brand	Generic Status	Additional Information
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR *(Verapamil HCl ER)* **200 MG, 300 MG**	T1	T1	
Cardiotonics			
Cardiac Glycosides**			
DIGITEK *(Digoxin)*	T1	T1	
DIGOX *(Digoxin)*	T1	T1	
Cardiovascular Agents - Misc.			
Cardiac Myosin Inhibitors**			
CAMZYOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cardiovascular Sglt2 Inhibitors*			
INPEFA ORAL TABLET 200 MG	T1		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, Synjardy XR, or Trijardy)); QL (1 EA per 1 day); AG (Min 18 Years)
INPEFA ORAL TABLET 400 MG	T1		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, Synjardy XR, or Trijardy)); QL (1 tablet per 1 day); AG (Min 18 Years)
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO ORAL CAPSULE SPRINKLE	T1		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); QL (3 capsules per 1 day); AG (Max 6 Years)
ENTRESTO ORAL TABLET	T1		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol); QL (2 EA per 1 day)
Prostaglandin Vasodilators**			
ORENITRAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day 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)

Drug Name	Brand	Generic Status	Additional Information
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 INSTITUTIONAL KIT	SP		PA; SP
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 KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER KIT	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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
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); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); QL (6 ML per 1 day); AG (Min 18 Years)
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)

Drug Name	Brand	Generic Status	Additional Information
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	T1		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 *(Ivabradine HCl)*	T1	T1	PA
Transthyretin Stabilizers**			
VYNDAMAX	SP		PA; SP
VYNDAQEL	SP		PA; SP
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**			
VERQUVO	T1		PA; QL (1 EA per 1 day)
Cephalosporins			
Cephalosporins - 1St Generation**			
cefadroxil		T1	
cephalexin oral capsule 250 mg, 500 mg		T1	
cephalexin oral suspension reconstituted		T1	
Cephalosporins - 2Nd Generation**			
cefaclor er		T1	
cefaclor oral capsule		T1	AI (one fill per month); QL (3 EA per 10 days)
cefaclor oral suspension reconstituted		T1	
cefprozil		T1	
cefuroxime axetil oral tablet		T1	

Drug Name	Brand	Generic Status	Additional Information
Cephalosporins - 3Rd Generation**			
cefdinir		T1	
cefixime oral suspension reconstituted		T1	
cefpodoxime proxetil		T1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T1		
SUPRAX ORAL TABLET CHEWABLE	T1		
Chemicals			
Bulk Chemicals - Be's**			
belladonna		T1	
Bulk Chemicals - En**			
enalapril maleate		T1	
Bulk Chemicals - Va's**			
vancomycin hcl		SP	SP; AI (Optum Specialty Pharmacy is 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)
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)

Drug Name	Brand	Generic Status	Additional Information
CHARLOTTE 24 FE *(Norethin Ace-Eth Estrad-FE)*	T1	T1	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		T1	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)*	T1	T1	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)*	T1	T1	F; QL (1.34 EA per 1 day)
KALLIGA	$0		F; QL (1.34 EA per 1 Day)
KELNOR 1/35 *(Ethynodiol Diac-Eth Estradiol)*	$0	$0	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)*	T1	T1	F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
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)
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)*	T1	T1	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)

Drug Name	Brand	Generic Status	Additional Information
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)*	T1	T1	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)*	T1	$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	T1		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)
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)*	T1	$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)

Drug Name	Brand	Generic Status	Additional Information
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)*	T1	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	T1		F; QL (28 EA per 30 Days)
Progestin Contraceptives - Injectable**			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T1		F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE *(medroxyPROGESTERone Acetate)*	T1	$0	F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T1		F; QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension		$0	F; 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)
EMZAHH *(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)
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	T1		ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
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)
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg		$0	F; QL (1.34 EA per 1 day)
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**			
AGAMREE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
budesonide oral		T1	QL (3 capsules per 1 day)
DEXAMETHASONE INTENSOL	T1		
dexamethasone oral elixir		T1	
dexamethasone oral solution		T1	
dexamethasone oral tablet		T1	

Drug Name	Brand	Generic Status	Additional Information
EMFLAZA *(Deflazacort)*	T1	T1	PA
hydrocortisone oral		T1	
MEDROL ORAL TABLET 2 MG	T1		
methylprednisolone oral tablet		T1	
ORTIKOS	T1		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		T1	
prednisolone oral syrup 15 mg/5ml		T1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 6.7 (5 base) mg/5ml		T1	
prednisolone sodium phosphate oral tablet dispersible		T1	
PREDNISONE INTENSOL	T1		
prednisone oral		T1	
SOLU-CORTEF *(Hydrocortisone Sod Suc (PF))*	T1	T1	
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		T1	QL (240 ML per 10 days)
guaiatussin ac		T1	QL (240 ML per 10 days)
guaifenesin ac		T1	QL (240 ML per 10 days)
guaifenesin-codeine oral solution 100-10 mg/5ml		T1	QL (240 ML per 10 days)
virtussin a/c		T1	QL (240 ML per 10 days)

Drug Name	Brand	Generic Status	Additional Information
Decongestant & Antihistamine**			
CLARINEX-D 12 HOUR	T1		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		T1	
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	
bromphen-pseudoeph-dm		T1	
Opioid Antitussive-Antihistamine**			
hydrocod poli-chlorphe poli er		T1	AI (Limited to 1 fill per month); QL (120 ML per 7 days)
hydrocod polst-cpm polst er oral suspension extended release		T1	AI (Limited to 1 fill per month); 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	T1		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 Status	Additional Information
CLINDACIN ETZ EXTERNAL SWAB *(Clindamycin Phosphate)*	T1	T1	
CLINDACIN-P *(Clindamycin Phosphate)*	T1	T1	
clindamycin phosphate external gel 1 %		T1	
clindamycin phosphate external lotion		T1	
clindamycin phosphate external solution		T1	
dapsone external gel 5 %		T1	QL (2 GM per 1 day)
ery		T1	
erythromycin external gel		T1	
erythromycin external solution		T1	
sulfacetamide sodium (acne)		T1	
Acne Combinations**			
clindamycin phos-benzoyl perox external gel 1-5 %		T1	
Acne Products**			
ACCUTANE *(ISOtretinoin)*	T1	T1	
AKLIEF	T1		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	T1		QL (1.5 GM per 1 day)
AMNESTEEM *(ISOtretinoin)*	T1	T1	
bpo external gel 4 %		T1	
CLARAVIS *(ISOtretinoin)*	T1	T1	
MYORISAN *(ISOtretinoin)*	T1	T1	
tretinoin external		T1	
tretinoin microsphere external gel 0.04 %		T1	
tretinoin microsphere pump external gel 0.04 %		T1	
WINLEVI	T1		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)*	T1	T1	
Agents For External Genital And Perianal Warts**			
VEREGEN	T1		QL (1 GM per 1 day)
Alopecia Agents - Janus Kinus (Jak) Inhibitors**			
LITFULO	SP		PA; SP; AI (30 day supply max)
Antibiotics - Topical**			
ALTABAX	T1		QL (1 GM per 1 day)
gentamicin sulfate external		T1	

Drug Name	Brand	Generic Status	Additional Information
mupirocin external		T1	
XEPI	T1		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		T1	
Antifungals - Topical**			
ciclopirox external		T1	
ciclopirox olamine external		T1	
KLAYESTA *(Nystatin)*	T1	T1	
MENTAX	T1		
naftifine hcl external cream		T1	
NYAMYC *(Nystatin)*	T1	T1	
nystatin external		T1	
NYSTOP *(Nystatin)*	T1	T1	
Antineoplastic Alkylating Agents - Topical**			
VALCHLOR	T1		PA; SP; AI (Optum Specialty Pharmacy is 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)
TOLAK	T1		AI (1 40gm tube per month.); QL (40 GM per 30 days)

Drug Name	Brand	Generic Status	Additional Information
Antineoplastic Or Premalignant Lesions - Topical Misc.**			
PICATO	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**			
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)*	T1	T1	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)*	T1	T1	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		T1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	SP		PA; AI (30 day supply max)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	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)

Drug Name	Brand	Generic Status	Additional Information
COSENTYX SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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 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)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	SP		PA; SP; AI (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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); QL (4 GM per 1 day)
calcipotriene external solution		T1	AI (120ML per month)
CALCITRENE *(Calcipotriene)*	T1	T1	
tazarotene external gel 0.05 %		T1	
tazarotene external gel 0.1 %		T1	AI (30 day supply max); QL (1 GM per 1 day)
TAZORAC EXTERNAL CREAM *(Tazarotene)* **0.05 %**	T1	T1	AI (30 day supply max); QL (1 GM per 1 day)
VECTICAL *(Calcitriol)*	T1	T1	AI (Max #300 Mail Order); QL (100 GM per 30 Days)
VTAMA	T1		PA
ZORYVE EXTERNAL CREAM 0.3 %	T1		PA
Antiseborrheic Products**			
selenium sulfide external lotion		T1	
ZORYVE EXTERNAL FOAM	T1		PA
Antiviral Topical Combinations**			
XERESE	T1		
Antivirals - Topical**			
acyclovir external		T1	
penciclovir		T1	
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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	SP		PA; SP; AI (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	SP		PA; SP; AI (30 day supply max)
DUPIXENT 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)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Burn Products**			
SSD *(Silver sulfADIAZINE)*	T1	T1	
SULFAMYLON EXTERNAL CREAM	T1		
THERMAZENE *(Silver sulfADIAZINE)*	T1	T1	
Corticosteroids - Topical**			
ala-cort external cream 2.5 %		T1	
alclometasone dipropionate		T1	
amcinonide external cream		T1	
amcinonide external lotion		T1	
betamethasone dipropionate aug		T1	
betamethasone dipropionate external		T1	
betamethasone valerate external		T1	
clobetasol propionate e		T1	
clobetasol propionate emulsion		T1	AI (1x 100gm can per month); QL (100 GM per 1 Copay); AG (Min 12 Years)
clobetasol propionate external		T1	
clocortolone pivalate		T1	AI (30 day supply max); QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO *(Clobetasol Propionate)*	T1	T1	
CORDRAN EXTERNAL TAPE	T1		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		T1	QL (60 GM per 30 days)
desonide external lotion		T1	
desonide external ointment		T1	
desoximetasone external cream		T1	
desoximetasone external gel		T1	
desoximetasone external ointment 0.25 %		T1	

Drug Name	Brand	Generic Status	Additional Information
diflorasone diacetate external		T1	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		T1	
fluocinolone acetonide external		T1	
fluocinolone acetonide scalp		T1	
fluocinonide external cream 0.05 %		T1	
fluocinonide external cream 0.1 %		T1	QL (4 GM per 1 day)
fluocinonide external gel		T1	QL (2 GM per 1 day)
fluocinonide external ointment		T1	
fluocinonide external solution		T1	
flurandrenolide external cream		T1	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
flurandrenolide external lotion		T1	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		T1	QL (2 GM per 1 day)
fluticasone propionate external		T1	
halcinonide		T1	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		T1	AI (Limited to 1 fill per month); QL (15 GM per 10 days)
hydrocortisone butyrate external ointment		T1	
hydrocortisone butyrate external solution		T1	
hydrocortisone external cream 2.5 %		T1	
hydrocortisone external lotion 2.5 %		T1	QL (59 ML per 30 days)
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	

Drug Name	Brand	Generic Status	Additional Information
Enzymes - Topical**			
SANTYL	T1		
Imidazole-Related Antifungals - Topical**			
clotrimazole external solution		T1	
econazole nitrate external		T1	
EXELDERM	T1		
JUBLIA	T1		PA; QL (0.27 ML per 1 day); AG (Min 18 Years)
ketoconazole external cream		T1	
ketoconazole external shampoo 2 %		T1	
oxiconazole nitrate		T1	AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 Dayss)
Immunomodulators Imidazoquinolinamines - Topical**			
imiquimod external cream 5 %		T1	QL (24 packets per 1 Month); AG (Min 12 Years)
Keratolytic/Antimitotic/Vesicant Agents**			
CONDYLOX EXTERNAL GEL	T1		PA
podofilox external		T1	
Macrolide Immunosuppressants - Topical**			
ELIDEL	T1		PA; AI (Max 2 refills in 6 months); QL (30 GM per 1 month); AG (Min 2 Years)
HYFTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
pimecrolimus		T1	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T1		PA; QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T1		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)); QL (5 packets per 1 Month)

Drug Name	Brand	Generic Status	Additional Information
KLISYRI (250 MG)	T1		AI (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)); QL (5 psckets per 1 Month)
KLISYRI (350 MG)	T1		AI (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)); QL (5 packets per 1 Month)
Oxaborole-Related Antifungals - Topical**			
KERYDIN *(Tavaborole)*	T1	T1	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**			
EUCRISA	T1		PA; QL (2 GM per 1 day); AG (Min 2 Years)
Rosacea Agents**			
azelaic acid external		T1	QL (50 GM per 30 days)
ivermectin external cream		T1	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)*	T1	T1	PA
RHOFADE	T1		PA; QL (30 GM per 30 days)
ROSADAN EXTERNAL CREAM *(metroNIDAZOLE)*	T1	T1	
ROSADAN EXTERNAL GEL *(MetroNIDAZOLE)*	T1	T1	
ZILXI	T1		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	T1		PA
ivermectin external lotion		T1	PA; QL (117 GM per 30 days)
lindane external shampoo		T1	
malathion external		T1	AI (1x 59ml bottle per month)
NATROBA *(Spinosad)*	T1	T1	PA
OVIDE	T1		PA; AI (1x 59ml bottle per month)
permethrin external cream		T1	
Seborrheic Keratosis Products*			
ESKATA	MB		
Steroid-Local Anesthetic Combinations**			
CORTANE-B EXTERNAL	T1		

Drug Name	Brand	Generic Status	Additional Information
EPIFOAM	T1		
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T1		
Tar Products			
SCYTERA	T1		
Topical Anesthetic Combinations			
ITCH-X EXTERNAL SOLUTION	T1		
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		T1	QL (60 GM per 30 days); AG (Min 16 Years)
calcipotriene-betameth diprop external suspension		T1	QL (2 GM per 1 day); AG (Min 18 Years)
Wound Care - Growth Factor Agents			
REGRANEX	T1		PA; AI (30 day supply max)
Diagnostic Products			
Diagnostic Drugs			
METOPIRONE	SP		PA
Diagnostic Tests			
ACCU-CHEK AVIVA PLUS IN VITRO *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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 TEST *(CVS True Metrix Glucose Test)*	T1	T1	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
ACCU-CHEK SMARTVIEW *(Blood Glucose Test)*	T1	T1	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 Status	Additional Information
ACCUTREND GLUCOSE *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 *(CVS True Metrix Glucose Test)*	T1	T1	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
AGAMATRIX AMP TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 PRESTO TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
ASSURE II *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)
CARETOUCH TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
CLEVER CHEK AUTO-CODE VOICE IN VITRO *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 PLUS TEST *(CVS True Metrix Glucose Test)*	T1	T1	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
CONTOUR TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 glucose meter test strips		T1	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 Status	Additional Information
D-CARE BLOOD GLUCOSE *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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)*	T1	T1	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 MAX BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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		T1	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)*	T1	T1	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		T1	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		T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
easy trak blood glucose test		T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T1		PA; QL (200 strips per 30 days)
eq blood glucose test		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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	T1		ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EAstrips per 30 days)
FORA BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
FORA GD50 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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 GTEL BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
FREESTYLE INSULINX TEST *(Blood Glucose Test)*	T1	T1	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 LITE TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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)*	T1	T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
GLUCOCOM TEST *(Blood Glucose Test)*	T1	T1	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)
GLUCONAVII BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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		T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
IHEALTH BLOOD GLUCOSE TEST STR *(CVS True Metrix Glucose Test)*	T1	T1	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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 BLOOD GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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	T1		AI (Max #300 Mail Order); QL (100 EA per 30 Days)
kroger blood glucose test		T1	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)*	T1	T1	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		T1	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)*	T1	T1	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		T1	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		T1	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		T1	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 TRUETEST TEST *(Blood Glucose Test)*	T1	T1	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 Status	Additional Information
MEIJER TRUETRACK TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)
MM BLULINK GLUCOSE TEST *(Blood Glucose Test)*	T1	T1	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)
MM EASY TOUCH GLUCOSE *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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 BLUE TEST	T1		QL (200 test strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	T1		AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH ULTRA TEST	T1		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)*	T1	T1	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)*	T1	T1	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		T1	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 Status	Additional Information
PIP BLOOD GLUCOSE TEST STRIP *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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	T1		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)*	T1	T1	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)
premium blood glucose test		T1	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		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
RELION CONFIRM/MICRO TEST *(Blood Glucose Test)*	T1	T1	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 GLUCOSE TEST STRIPS	T1		ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
RELION PREMIER TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 ULTIMA TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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 Status	Additional Information
SMART SENSE PREMIUM TEST *(Blood Glucose Test)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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 focus blood glucose strip		T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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)*	T1	T1	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		T1	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 Status	Additional Information
VIVAGUARD INO TEST STRIPS *(Blood Glucose Test)*	T1	T1	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	T1		PA; QL (12 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T1		PA; QL (12 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT	T1		PA; ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT	T1		PA; ST (Step Therapy required: both of the following in the last 12 months - Creon AND Zenpep); QL (12 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT	T1		PA; QL (12 capsules 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	T1		PA; QL (12 capsules per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T1		PA; QL (12 capsules per 1 day)
Diuretics			
Carbonic Anhydrase Inhibitors**			
acetazolamide er		T1	
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		T1	
ORMALVI	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)

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

Drug Name	Brand	Generic Status	Additional Information
Calcitonins**			
calcitonin (salmon) injection		T1	
calcitonin (salmon) nasal		T1	AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
Carnitine Replenisher - Agents**			
levocarnitine oral solution		T1	
levocarnitine oral tablet		T1	
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)
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		T1	
Fabry Disease - Agents**			
GALAFOLD	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
Gaa Deficiency Treatment - Agents**			
OPFOLDA	T1		PA
Gnrh/Lhrh Antagonists**			
ORILISSA	T1		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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)

Drug Name	Brand	Generic Status	Additional Information
Hyperparathyroid Treatment - Vitamin D Analogs**			
calcitriol oral		T1	
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	T1		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)
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)

Drug Name	Brand	Generic Status	Additional Information
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	T1		PA; QL (1 EA per 1 day)
Ovulation Stimulants-Synthetic			
CLOMID *(clomiPHENE Citrate)*	T1	T1	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)* **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)
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)

Drug Name	Brand	Generic Status	Additional Information
Selective Estrogen Receptor Modulators (Serms)**			
EVISTA *(Raloxifene HCl)*	T1	$0	AI (30 day supply max); QL (1 EA per 1 day)
OSPHENA	T1		PA
Selective Vasopressin V2-Receptor Antagonists**			
JYNARQUE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day 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)
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)

Drug Name	Brand	Generic Status	Additional Information
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		T1	AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
desmopressin acetate injection		T1	
desmopressin acetate oral tablet 0.1 mg		T1	AI (Max #270 Mail Order); QL (8 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
desmopressin acetate spray		T1	
NOCDURNA	T1		PA
STIMATE	T1		
Estrogens			
Estrogen & Progestin**			
AMABELZ	T1		F
BIJUVA ORAL CAPSULE 0.5-100 MG	T1		PA
COMBIPATCH	T1		F
FYAVOLV ORAL TABLET *(Norethindrone-Eth Estradiol)* **0.5-2.5 MG-MCG**	T1	T1	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY *(Estradiol-Norethindrone Acet)*	T1	T1	AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T1		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T1		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)

Drug Name	Brand	Generic Status	Additional Information
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T1		AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
Estrogen-Progestin-Gnrh Antagonist			
MYFEMBREE	T1		PA; QL (1 EA per 1 day)
Estrogens			
ALORA TRANSDERMAL PATCH TWICE WEEKLY *(Estradiol)* **0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR**	T1	T1	QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T1		
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	T1		
MENOSTAR	T1		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T1		
Estrogen-Selective Estrogen Receptor Modulator Comb			
DUAVEE	T1		PA; F; QL (1 EA per 1 day); AG (Min 18 Years)
Fluoroquinolones			
Fluoroquinolones			
BAXDELA ORAL	T1		PA
ciprofloxacin hcl oral		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
levofloxacin oral solution		T1	
levofloxacin oral tablet 250 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
levofloxacin oral tablet 500 mg, 750 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
moxifloxacin hcl oral		T1	
ofloxacin oral tablet 300 mg, 400 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
5-Ht4 Receptor Agonists			
MOTEGRITY	T1		PA

Drug Name	Brand	Generic Status	Additional Information
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	T1		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	T1		
ursodiol oral capsule 300 mg		T1	
ursodiol oral tablet		T1	
Gastrointestinal Antiallergy Agents**			
cromolyn sodium oral		T1	
Gastrointestinal Chloride Channel Activators**			
lubiprostone		T1	QL (2 EA per 1 day); AG (Min 18 Years)
Gastrointestinal Stimulants**			
metoclopramide hcl oral solution 5 mg/5ml		T1	
metoclopramide hcl oral tablet		T1	
metoclopramide hcl oral tablet dispersible 5 mg		T1	
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	T1		QL (1 EA per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T1		QL (1 EA per 1 day); AG (Min 6 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**			
VIBERZI	T1		PA; QL (2 EA per 1 day); AG (Min 18 Years)
Ileal Bile Acid Transporter (Ibat) Inhibitors**			
BYLVAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
BYLVAY (PELLETS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	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	T1		AI (Max #360 Mail Order); QL (4 EA per 1 Day)
mesalamine er oral capsule extended release		T1	
mesalamine er oral capsule extended release 24 hour		T1	QL (4 EA per 1 day)
mesalamine oral capsule delayed release		T1	
mesalamine oral tablet delayed release 1.2 gm		T1	QL (4 EA per 1 Day); AG (Min 18 Years)
mesalamine oral tablet delayed release 800 mg		T1	QL (6 EA per 1 day)
mesalamine rectal enema		T1	QL (60 ML per 1 day)
mesalamine rectal suppository		T1	QL (1 EA per 1 day)
mesalamine-cleanser		T1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T1		
SFROWASA	T1		
sulfasalazine oral		T1	
Integrin Receptor Antagonists**			
ENTYVIO PEN	SP		PA; AI (30 day supply max)
ENTYVIO SUBCUTANEOUS	SP		PA; SP; AI (30 day supply max)
Interleukin Antagonists**			
OMVOH 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)
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 oral solution 10 gm/15ml		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)

Drug Name	Brand	Generic Status	Additional Information
Peripheral Opioid Receptor Antagonists**			
MOVANTIK	T1		QL (1 EA per 1 day); AG (Min 18 Years)
RELISTOR ORAL	T1		PA; QL (3 EA per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMPROIC	T1		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		T1	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer carbonate oral packet 2.4 gm		T1	AI (Max #450 Mail Order); QL (5 EA per 1 day)
sevelamer carbonate oral tablet		T1	AI (Max #1350 Mail Order); QL (15 EA per 1 day)
sevelamer hcl oral tablet 400 mg		T1	QL (35 EA per 1 day)
sevelamer hcl oral tablet 800 mg		T1	QL (17.5 EA per 1 day)
VELPHORO	T1		PA
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 (2 SYRINGE)	SP		PA; SP
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
CIMZIA-STARTER	SP		PA; AI (30 day supply max)

Drug Name	Brand	Generic Status	Additional Information
Genitourinary Agents - Miscellaneous			
5-Alpha Reductase Inhibitors**			
dutasteride oral		T1	AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
finasteride oral tablet 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Alpha 1-Adrenoceptor Antagonists**			
alfuzosin hcl er		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
CARDURA XL	T1		
silodosin		T1	
tamsulosin hcl		T1	
Citrates**			
potassium citrate er		T1	
Cystinosis Agents**			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is 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	T1		QL (3 EA per 1 day)
Prostatic Hypertrophy Agent Combinations**			
dutasteride-tamsulosin hcl		T1	M
Small Interfering Ribonucleic Acid Agents (Sirna)**			
RIVFLOZA 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)
Urinary Stone Agents**			
THIOLA *(Tiopronin)*	T1	T1	PA
THIOLA EC	T1		PA

Drug Name	Brand	Generic Status	Additional Information
Gout Agents			
Gout Agent Combinations**			
colchicine-probenecid		T1	
Gout Agents**			
allopurinol oral tablet 100 mg, 300 mg		T1	
colchicine oral tablet		T1	
febuxostat		T1	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	T1		QL (150 ML per 1 month); AG (Min 18 Years)
ULORIC	T1		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	
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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE *(Icatibant Acetate)*	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
icatibant acetate		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE *(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)

Drug Name	Brand	Generic Status	Additional Information
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	T1		
Hematorheologic Agents**			
pentoxifylline er		T1	
Phosphodiesterase Iii Inhibitors**			
cilostazol		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**			
TAKHZYRO	SP		PA; SP; AI (Optum Specialty Pharmacy is 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		T1	
Platelet Aggregation Inhibitors**			
dipyridamole oral		T1	

Drug Name	Brand	Generic Status	Additional Information
Protease-Activated Receptor-1 (Par-1) Antagonists**			
ZONTIVITY	T1		QL (1 EA per 1 day); AG (Min 16 Years)
Pyruvate Kinase Activators**			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is 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)
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)
miglustat		SP	PA; SP
YARGESA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZAVESCA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Cobalamins**			
cyanocobalamin nasal		T1	
DODEX *(Cyanocobalamin)*	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
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)
NEULASTA ONPRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (286 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)

Drug Name	Brand	Generic Status	Additional Information
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)
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	T1		

Drug Name	Brand	Generic Status	Additional Information
INTEGRA F	T1		
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		T1	
tranexamic acid oral		T1	F
Hypnotics/Sedatives/Sleep Disorder Agents			
Antihistamine Hypnotics			
eq sleep-aid		$0	QL (1 tablet per 1 day); AG (Min 45 Years)
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		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
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, 0.25 mg		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
Hypnotics - Tricyclic Agents**			
doxepin hcl oral tablet 3 mg		T1	ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years)
doxepin hcl oral tablet 6 mg		T1	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	T1		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	T1		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	T1		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)
HETLIOZ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ramelteon		T1	QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic Status	Additional Information
Laxatives			
Bowel Evacuant Combinations**			
GAVILYTE-G *(PEG-3350/Electrolytes)*	$0	$0	
GAVILYTE-N WITH FLAVOR PACK *(PEG 3350-KCl-Na Bicarb-NaCl)*	$0	$0	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml		T1	
peg-3350/electrolytes/ascorbat		T1	
peg-kcl-nacl-nasulf-na asc-c		T1	
Laxatives - Miscellaneous**			
constulose		T1	
lactulose oral solution		T1	
Saline Laxative Mixtures**			
OSMOPREP	T1		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, 600 mg		T1	
Clarithromycin**			
clarithromycin er		T1	
clarithromycin oral suspension reconstituted		T1	QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1	
clarithromycin oral tablet 500 mg		T1	QL (3 EA per 1 day)
Erythromycins**			
E.E.S. 400 ORAL TABLET *(Erythromycin Ethylsuccinate)*	T1	T1	
ERY-TAB	T1		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1		
erythromycin base oral capsule delayed release particles		T1	
erythromycin base oral tablet		T1	
erythromycin ethylsuccinate oral		T1	
Fidaxomicin**			
DIFICID ORAL SUSPENSION RECONSTITUTED	T1		PA
DIFICID ORAL TABLET	T1		PA; QL (4 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
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
condoms		$0	F
DUREX EXTRA SENSITIVE THIN *(Maxx)*	$0	$0	F
DUREX REALFEEL	$0		F
DUREX TROPICAL *(Maxx)*	$0	$0	F
FANTASY LUBRICATED *(Maxx)*	$0	$0	F
FANTASY LUBRICATED/SPERMICIDE *(Maxx)*	$0	$0	F
KAMELEON LUBRICATED *(Maxx)*	$0	$0	F
kimono		$0	F
KIMONO COLORS *(Maxx)*	$0	$0	F
KIMONO MAXX-LARGE FLARE *(Maxx)*	$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 *(Maxx)*	$0	$0	F
K-Y ME & YOU EXTRA LUBRICATED *(Maxx)*	$0	$0	F
K-Y ME & YOU INTENSE *(Maxx)*	$0	$0	F
maxx plus		$0	F
REALITY LATEX CONDOMS *(Maxx)*	$0	$0	F
REALITY LATEX/ULTRA TEXTURED *(Maxx)*	$0	$0	F
REALITY LATEX/ULTRA THIN *(Maxx)*	$0	$0	F
TROJAN ENZ *(Kimono Micro Thin)*	$0	$0	F
TROJAN ULTRA RIBBED LUBRICATED *(Maxx)*	$0	$0	F
TROJAN ULTRA THIN *(Maxx)*	$0	$0	F
TROJAN ULTRA THIN/SPERMICIDAL *(Maxx)*	$0	$0	F
true cover		$0	F
TRUSTEX COLOR CONDOMS + LUBE *(Maxx)*	$0	$0	F
TRUSTEX LUB/RIBBED/STUDDED *(Maxx)*	$0	$0	F
TRUSTEX LUB/SPERMICIDE EX ST *(Maxx)*	$0	$0	F
TRUSTEX LUB/SPERMICIDE XL *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED *(Maxx)*	$0	$0	F

Drug Name	Brand	Generic Status	Additional Information
TRUSTEX LUBRICATED EX LARGE *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED EXTRA ST *(Maxx)*	$0	$0	F
TRUSTEX LUBRICATED/SPERMICIDE *(Maxx)*	$0	$0	F
TRUSTEX NATURAL CONDOMS + LUBE *(Maxx)*	$0	$0	F
TRUSTEX NON-LUBRICATED *(Kimono Micro Thin)*	$0	$0	F
TRUSTEX RIA LUB/SPERMICIDE *(Maxx)*	$0	$0	F
TRUSTEX RIA LUBRICATED *(Maxx)*	$0	$0	F
TRUSTEX RIA NON-LUBRICATED *(Kimono Micro Thin)*	$0	$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD *(Maxx)*	$0	$0	F
Diaphragms**			
CAYA	$0		
OMNIFLEX DIAPHRAGM	$0		F
WIDE-SEAL DIAPHRAGM 60	$0		F
WIDE-SEAL DIAPHRAGM 65	$0		F
WIDE-SEAL DIAPHRAGM 70	$0		F
WIDE-SEAL DIAPHRAGM 75	$0		F
WIDE-SEAL DIAPHRAGM 80	$0		F
WIDE-SEAL DIAPHRAGM 85	$0		F
WIDE-SEAL DIAPHRAGM 90	$0		F
WIDE-SEAL DIAPHRAGM 95	$0		F
Glucose Monitoring Test Supplies**			
ACCU-CHEK FASTCLIX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
acti-lance 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
acti-lance lite lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
acti-lance special lancets 17g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
acti-lance universal 23g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
advanced mobile lancet		T1	AI (30 day supply max); QL (204 lancets per 30 days)
ADVOCATE LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ADVOCATE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
ADVOCATE SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
aimsco twist lancets 32g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
assure comfort lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS HIGH *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ASSURE HAEMOLANCE PLUS LOW *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ASSURE HAEMOLANCE PLUS MICRO *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ASSURE HAEMOLANCE PLUS PED *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ASSURE LANCE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
aurora lancet super thin 30g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
aurora lancet thin 23g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
AUTOLET PLATFORMS *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
BD MICROTAINER LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CAREONE LANCET SUPER THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
careone lancet thin 23g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
CARESENS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CARESENS LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
CARETOUCH SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CHOSEN LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CHOSEN SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CLEANLET LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHEK LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
CLEVER CHOICE COMFORT EZ *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
COAGUCHEK LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
comfort assured lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
comfort assured lancets 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
cvs lancets 21g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
cvs lancets micro thin 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
cvs lancets original		T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
cvs lancets thin 26g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
cvs lancets ultra thin 30g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
cvs lancets ultra-thin 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
cvs ultra thin lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER	T1		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	T1		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	T1		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	T1		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	T1		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 (204 lancets per 30 days)
DIATHRIVE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
DROPLET PERSONAL LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
drug mart lancets thin 26g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
DRUG MART UNILET LANCETS 28G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
DRUG MART UNILET LANCETS 30G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
DRUG MART UNILET LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
easy comfort lancets		T1	AI (30 day supply max); QL (200 lancets per 30 days)
easy comfort lancets twist top		T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 21G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 21G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (204 lancets per 30 days)
eql color lancets 21g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
eql color lancets micro 33g		T1	AI (30 day supply max); QL (200 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
eql super thin lancets 30g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
eql thin lancets 26g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
E-Z JECT LANCET MICRO-THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
EZ-LETS LANCETS 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
FINE 30 *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
FINGERSTIX LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
FORA LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
FREESTYLE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER	T1		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	T1		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 2 PLUS SENSOR	T1		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 Status	Additional Information
FREESTYLE LIBRE 2 READER	T1		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	T1		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 PLUS SENSOR	T1		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	T1		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	T1		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	T1		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 *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets 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)

Drug Name	Brand	Generic Status	Additional Information
GENTLE-LET GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
GENTLE-LET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
GENTLE-LET PLATFORMS *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
global inject ease lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
global inject ease lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 28G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
GLUCOCOM LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
gnp lancets 21g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
gnp lancets thin 26g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
gnp sterile lancets 28g		T1	QL (204 lancets per 30 days)
gnp sterile lancets 30g		T1	QL (204 lancets per 30 days)
gnp sterile lancets 33g		T1	QL (204 lancets per 30 days)
GOJJI STERILE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
goodsense color lancets 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
goodsense lancets 26g univ		T1	AI (30 day supply max); QL (204 lancets per 30 days)
goodsense lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
goodsense lancets 30g univ		T1	AI (30 day supply max); QL (204 lancets per 30 days)
goodsense lancets 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
goodsense lancets 33g univ		T1	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
HAEMOLANCE PLUS MAX FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
h-e-b incontrol lancets 28g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
h-e-b incontrol lancets 30g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
h-e-b incontrol lancets 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
HY-VEE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
hy-vee thin lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
IN TOUCH STERILE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
kinney lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kinney thin lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
KROGER HEALTHPRO LANCET 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets 21g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets micro thin 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets super thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets thin 26g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
kroger lancets ultrathin 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
lancets 30g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
lancets 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
lancets micro thin 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
LANCETS SUPER THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
lancets super thin 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
lancets thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
lancets ultra thin 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
LIBERTY MEDICAL LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
lite touch lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
LITETOUCH LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
live better lancet super thin		T1	AI (30 day supply max); QL (200 lancets per 30 days)
longs lancets thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
longs lancets ultra thin		T1	AI (30 day supply max); QL (200 lancets per 30 days)
medichoice safety lancet		T1	AI (30 day supply max); QL (204 lancets per 30 days)
medichoice safety lancet extra		T1	AI (30 day supply max); QL (204 lancets per 30 days)
medichoice safety lancet norm		T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE EXTRA 21G	T1		AI (30 day supply max); QL (204 EA per 30 days)
MEDLANCE LITE 25G	T1		AI (30 day supply max); QL (204 EA per 30 days)
MEDLANCE PLUS EXTRA 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEDLANCE UNIVERSAL 21G	T1		AI (30 day supply max); QL (204 EA per 30 days)
MEIJER LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER LANCETS THIN *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
MEIJER LANCETS UNIVERSAL 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MICROLET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MM TWIST LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MONOLET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
MONOLET OPD LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
MONOLETTOR SAFETY LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
mpd safety lancet 21g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
mpd safety lancet 23g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
mpd safety lancet 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
mpd safety lancet 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
MYGLUCOHEALTH LANCETS 30G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
NOVA SAFETY LANCETS 23G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
NOVA SAFETY LANCETS 28G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
NOVA SUREFLEX LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
PERFECT LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
PERFECT LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
PHARMACY COUNTER LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
pip lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
pip lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
PRECISION THINS GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
preferred plus lancets colored		T1	AI (30 day supply max); QL (204 lancets per 30 days)
preferred plus lancets thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
pro comfort lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
pro comfort lancets 31g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
pro comfort safety lancets 30g		T1	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
PRODIGY SAFETY LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
PSS SELECT GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets 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 (204 lancets per 30 days)
pure comfort lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
px lancets microthin 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
px lancets ultra thin 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
qc lancets super thin 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
qc lancets ultra thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
qc unilet lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
qc unilet lancets micro thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
READYLANCE SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
reality lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
reality trigger lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
RELION LANCETS THIN 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
RELION ULTRA THIN LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets 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 (204 lancets per 30 days)
SAFE-T-LANCE	T1		AI (30 day supply max); QL (204 EA per 30 days)
SAFE-T-LANCE PLUS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
safety lancet 30g/pressure act		T1	AI (30 day supply max); QL (204 lancets per 30 days)
SAFETY LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SAFETY LANCETS 21G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SAFETY LANCETS 23G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (204 lancets per 30 days)
safety lancets 28g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
saps health plus lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
saps health twist top lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
saps twist top lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sapscare twist top lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sb lancets thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sb lancets ultra thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
SINGLE-LET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
sm lancets 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
SMART SENSE COLOR LANCETS 33G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SMART SENSE STANDARD LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SMART SENSE THIN LANCETS 26G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SMARTEST LANCETS 28G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
SOLUS V2 LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
SOLUS V2 TWIST LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
STERILANCE PA *(Lancet Transporter Case)*	T1	T1	QL (200 EA per 30 days)
STERILANCE TL *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
super thin lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sure comfort lancets 18g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sure comfort lancets 21g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sure comfort lancets 23g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sure comfort lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
sure comfort lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
SURELITE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE AST LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TECHLITE LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
tgt lancet micro thin 33g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
tgt lancet thin 26g		T1	AI (30 day supply max); QL (200 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
tgt lancet ultra thin 30g		T1	AI (30 day supply max); QL (200 lancets per 30 days)
THINLETS GP LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
todays health thin lancets 28g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
todays health thin lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
topcare lancets micro-thin 33g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
true comfort safety lancets		T1	QL (204 lancets per 30 days)
true comfort twist top lancets		T1	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
TRUEPLUS LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
twist top lancets 30g		T1	QL (204 lancets per 30 days)
ULTILET CLASSIC LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ULTILET LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G *(Longs Lancets Standard)*	T1	T1	AI (30 day supply max); QL (200 lancets per 30 days)
ultra thin lancets 31g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
ultra-care lancets 30g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET EXCELITE *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
UNILET EXCELITE II *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET G.P. LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK 1	T1		QL (200 EA per 30 days)
UNISTIK 2	T1		QL (200 EA per 30 days)
UNISTIK 2 COMFORT	T1		QL (200 EA per 30 days)
UNISTIK 2 EXTRA	T1		QL (200 EA per 30 days)
UNISTIK 2 NEONATAL	T1		QL (200 EA per 30 days)
UNISTIK 2 NORMAL	T1		QL (200 EA per 30 days)
UNISTIK 2 SUPER	T1		QL (200 EA per 30 days)
UNISTIK 3	T1		QL (200 EA per 30 days)
UNISTIK 3 COMFORT	T1		QL (200 EA per 30 days)
UNISTIK 3 EXTRA	T1		QL (200 EA per 30 days)
UNISTIK 3 GENTLE *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL	T1		QL (200 EA per 30 days)
UNISTIK 3 NORMAL	T1		QL (200 EA per 30 days)
UNISTIK CZT COMFORT	T1		QL (200 EA per 30 days)
UNISTIK CZT NORMAL	T1		QL (200 EA per 30 days)
UNISTIK NORMAL	T1		QL (200 EA per 30 days)
UNISTIK PRO SAFETY LANCET *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
UNISTIK TOUCH SAFETY LANC 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
value plus lancet standard 21g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
value plus lancets super thin		T1	AI (30 day supply max); QL (200 lancets per 30 days)
value plus lancets thin 26g		T1	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G *(ZevRx Twist Top Lancets 30G)*	T1	T1	QL (204 lancets per 30 days)
VIVAGUARD LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
VIVAGUARD SAFETY LANCETS 28G *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
WALGREENS LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
walgreens lancets micro thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
walgreens lancets super thin		T1	AI (30 day supply max); QL (204 lancets per 30 days)
WALGREENS THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS *(Lancets)*	T1	T1	AI (30 day supply max); QL (204 lancets per 30 days)

Drug Name	Brand	Generic Status	Additional Information
Insulin Administration Supplies**			
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T1		PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	T1		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 5 G7 INTRO (GEN 5)	T1		PA
OMNIPOD 5 G7 PODS (GEN 5)	T1		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 5 LIBRE2 PLUS G6	T1		PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T1		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)	T1		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)	T1		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)
Needles & Syringes**			
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 6 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
1st tier unifine pentips 32g x 4 mm		T1	QL (200 pen needles per 30 days)
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
1st tier unifine pentips plus 32g x 4 mm		T1	QL (200 pen needles per 30 days)
ABOUTTIME PEN NEEDLE *(Sure Comfort Pen Needles)* **30G X 8 MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
ABOUTTIME PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
ABOUTTIME PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE *(Insupen Pen Needles)*	T1	T1	QL (200 pen needles 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 *(AQ Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA 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)
aqinject pen needle 31g x 5 mm		T1	QL (200 EA per 30 days)
aqinject pen needle 32g x 4 mm		T1	QL (200 pen needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES	T1		QL (200 needles 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 syringes per 30 days)
ASSURE ID PRO PEN NEEDLES	T1		QL (200 pen needles 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 32g x 4 mm		T1	QL (200 pen needles per 30 days)
aum mini insulin pen needle 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm		T1	QL (200 EA per 30 days)
aum pen needle 32g x 4 mm		T1	QL (200 pen needles per 30 days)
aum pen needle 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm		T1	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE *(Insupen Pen Needles)*	T1	T1	QL (200 pen needles 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)
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 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 Status	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)* **28G X 1/2" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE *(Insulin Syringe-Needle U-100)* **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**	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 pen needles per 30 days)
BD PEN NEEDLE NANO U/F *(Insupen Pen Needles)*	T1	T1	QL (200 pen needles 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)

Drug Name	Brand	Generic Status	Additional Information
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 *(AQ Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE *(TechLITE Insulin Syringe)* **31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML**	T1	T1	QL (200 syringes 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 VEO INSULIN SYR U/F 1/2UNIT *(TechLITE Insulin Syringe)*	T1	T1	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F *(TechLITE Insulin Syringe)*	T1	T1	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
CAREFINE PEN NEEDLES *(Pro Comfort Pen Needles)* **32G X 5 MM**	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 plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
careone unifine pentips plus 32g x 4 mm		T1	QL (200 pen needles 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 *(AQ Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA 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 *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
CARETOUCH PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
CARETOUCH PEN NEEDLES *(Pro Comfort Pen Needles)* **32G X 5 MM**	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES *(Insupen Pen Needles)* **33G X 4 MM**	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 pen needles 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)* **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **28G 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)
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 *(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" 1 ML**	T1	T1	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE *(AQ Insulin Syringe)* **30G X 5/16" 0.5 ML**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ 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 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
COMFORT EZ PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES *(Pro Comfort Pen Needles)* **32G X 5 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Pure Comfort Pen Needle)* **32G X 8 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Insupen Pen Needles)* **33G X 4 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES *(Easy Comfort Pen Needles)* **33G X 5 MM , 33G X 6 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES 33G X 8 MM	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 *(Raya Sure Pen Needle)* **31G X 4 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Pro Comfort Pen Needles)* **32G X 5 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Pure Comfort Pen Needle)* **32G X 8 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Insupen Pen Needles)* **33G X 4 MM**	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED *(Easy Comfort Pen Needles)* **33G X 5 MM , 33G X 6 MM**	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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)

Drug Name	Brand	Generic Status	Additional Information
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, 30G X 5/16" 1 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 *(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 syringes per 30 days)
DROPLET MICRON	T1		QL (200 EA per 30 days)
DROPLET PEN NEEDLES 29G X 10MM	T1		QL (200 EA per 30 days)
DROPLET PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM , 31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
DROPLET PEN NEEDLES *(Pro Comfort Pen Needles)* **32G X 5 MM**	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES *(Pure Comfort Pen Needle)* **32G X 8 MM**	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)* **29G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE *(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 syringes per 30 days)
DROPSAFE SAFETY SYRINGE/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)
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)
drug mart unifine pentips 32g x 4 mm		T1	QL (200 pen needles per 30 days)
drug mart unifine pentips plus		T1	QL (200 pen needles per 30 days)
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 32g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic Status	Additional Information
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 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
easy comfort pen needles 32g x 4 mm		T1	QL (200 pen needles 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, 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 U-100)* **27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G 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)* **28G X 1/2" 0.5 ML, 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, 30G X 5/16" 1 ML**	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES *(Pen Needles)* **30G X 5 MM**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES 30G X 6 MM	T1		QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM , 31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
EASY TOUCH PEN NEEDLES *(Pro Comfort Pen Needles)* **32G X 5 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
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, 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)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES *(Pen Needles)* **30G X 5 MM**	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES *(Sure Comfort Pen Needles)* **30G X 8 MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)
global ease inject pen needles 32g x 4 mm		T1	QL (200 pen needles per 30 days)
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml		T1	QL (200 syringes per 30 days)
global easy glide insulin syr 31g x 5/16" 0.3 ml		T1	QL (200 EA per 30 days)
global easy glide pen needles		T1	QL (200 pen needles 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, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
global insulin syringes		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
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, 30G X 5/16" 1 ML**	T1	T1	QL (200 syringes per 30 days)
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)
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, 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 31g x 5 mm , 31g x 8 mm , 32g x 6 mm		T1	QL (200 EA per 30 days)
gnp ulticare pen needles 32g x 4 mm		T1	QL (200 pen needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
healthwise micron pen needles		T1	QL (200 pen needles per 30 days)
healthwise short pen needles		T1	QL (200 EA per 30 days)
h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
h-e-b incontrol pen needles 32g x 4 mm		T1	QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP *(Insupen Pen Needles)* **33G X 4 MM**	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)
INCONTROL ULTICARE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
insulin syringe 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 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
insulin syringe-needle u-100 28g x 1/2" 0.5 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml		T1	QL (200 EA per 30 days)
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm		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)

Drug Name	Brand	Generic Status	Additional Information
kroger insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
kroger pen needles 32g x 4 mm		T1	QL (200 pen needles 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, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
LEADER UNIFINE PENTIPS PLUS *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
LITETOUCH INSULIN SYRINGE *(Insulin Syringe)* **28G X 1/2" 0.5 ML, 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)* **28G 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)
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-Needle U-100)* **30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML**	T1	T1	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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)

Drug Name	Brand	Generic Status	Additional Information
MAGELLAN INSULIN SAFETY SYR *(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)
MARATHON MEDICAL PENTIPS *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
MAXICOMFORT II PEN NEEDLE *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE *(Insulin Syringe)*	T1	T1	QL (200 EA per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE	T1		QL (200 EA per 30 days)
MAXICOMFORT SYR 27G X 1/2" *(Insulin Syringe-Needle U-100)*	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 29g x 12mm , 31g x 8 mm		T1	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
MICRODOT PEN NEEDLE *(Insupen Pen Needles)* **33G X 4 MM**	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, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
MM PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
MM PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
MM PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
MM PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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, 28G 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)* **28G X 1/2" 0.5 ML, 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 Status	Additional Information
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-Needle U-100)* **30G X 5/16" 0.5 ML, 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)* **28G X 1/2" 0.5 ML, 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)* **28G 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**	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-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 pen needles per 30 days)
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)
pen needle/5-bevel tip		T1	QL (200 pen needles per 30 days)
pen needles 29g x 12mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
pen needles 32g x 4 mm		T1	QL (200 pen needles 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 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
PENTIPS GENERIC PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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 pen needles 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, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
preferred plus unifine pentips 29g x 12mm		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)
PRO COMFORT INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 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 31g x 8 mm , 32g x 6 mm		T1	QL (200 EA per 30 days)
pro comfort pen needles 32g x 4 mm		T1	QL (200 pen needles per 30 days)
PRODIGY INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
pure comfort pen needle 32g x 4 mm		T1	QL (200 pen needles per 30 days)
pure comfort pen needle 32g x 5 mm , 32g x 6 mm		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 pen needles 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, 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)

Drug Name	Brand	Generic Status	Additional Information
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 syringes per 30 days)
RELION INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML**	T1	T1	QL (200 EA per 30 days)
RELION MINI PEN NEEDLES *(Meijer Pen Needles)*	T1	T1	QL (200 EA per 30 days)
RELION PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
RELION PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
RELION PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
RELION PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
RELION SHORT PEN NEEDLES *(Pen Needles 5/16")*	T1	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, 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)
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, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		T1	QL (200 syringes per 30 days)
sure comfort pen needles 31g x 6 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)
sure comfort pen needles 32g x 4 mm		T1	QL (200 pen needles 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 29G X 10MM	T1		QL (200 EA per 30 days)
TECHLITE PEN NEEDLES *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
TECHLITE PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
TECHLITE PEN NEEDLES *(Pure Comfort Pen Needle)* **32G X 8 MM**	T1	T1	QL (200 EA per 30 days)
TECHLITE PLUS PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 pen needles 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, 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 31g x 5 mm , 31g x 6 mm		T1	QL (200 EA per 30 days)
true comfort pen needles 32g x 4 mm		T1	QL (200 pen needles per 30 days)
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 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 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm		T1	QL (200 EA per 30 days)
true comfort pro pen needles 32g x 4 mm		T1	QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe)* **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **28G 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)
TRUEPLUS INSULIN SYRINGE *(Kroger Insulin Syringe)* **29G X 1/2" 0.3 ML**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
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 pen needles 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)* **28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)* **28G 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	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 *(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, 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 *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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 *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic Status	Additional Information
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)
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 *(Sure Comfort Pen Needles)* **29G X 12.7MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
ULTILET PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
ULTILET PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles 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)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
ULTRA FLO INSULIN PEN NEEDLES *(Insupen Pen Needles)* **33G X 4 MM**	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, 30G X 5/16" 0.5 ML, 30G X 5/16" 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 THIN PEN NEEDLES *(Insupen Pen Needles)*	T1	T1	QL (200 pen needles per 30 days)
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml		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)

Drug Name	Brand	Generic Status	Additional Information
ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm		T1	QL (200 EA per 30 days)
ultracare pen needles 32g x 4 mm		T1	QL (200 pen needles 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**	T1	T1	QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	T1		QL (200 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE *(Insulin Syringe)* **29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML**	T1	T1	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 PENTIPS *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS *(Pen Needles)* **30G X 5 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
UNIFINE PENTIPS *(Insupen Pen Needles)* **33G X 4 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Pen Needles)* **30G X 5 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
UNIFINE PENTIPS PLUS *(Insupen Pen Needles)* **33G X 4 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE	T1		QL (200 pen needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE *(Pen Needles)* **30G X 5 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE *(Sure Comfort Pen Needles)* **30G X 8 MM , 31G X 5 MM**	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
UNIFINE SAFECONTROL PEN NEEDLE *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Meijer Pen Needles)* **31G X 6 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
value health insulin syringe		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 *(Kroger Pen Needles)* **29G X 12MM**	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE *(Sure Comfort Pen Needles)* **31G X 5 MM , 32G X 6 MM**	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
VERIFINE INSULIN SYRINGE *(Insulin Syringe-Needle U-100)*	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE *(Sure Comfort Pen Needles)* **31G X 5 MM**	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE *(Pen Needles 5/16")* **31G X 8 MM**	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE *(Insupen Pen Needles)* **32G X 4 MM**	T1	T1	QL (200 pen needles per 30 days)
vp insulin syringe		T1	QL (200 EA per 30 days)
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)
wegmans unifine pentips plus 32g x 4 mm		T1	QL (200 pen needles per 30 days)
zevrx insulin syringe		T1	QL (200 syringes per 30 days)
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
zevrx pen needles 32g x 4 mm		T1	QL (200 pen needles 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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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		T1	
MIGERGOT	T1		
Migraine Products**			
dihydroergotamine mesylate injection		SP	PA; SP; AI (30 day supply max)
dihydroergotamine mesylate nasal		SP	PA; SP; AI (30 day supply max)
ERGOMAR	T1		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
TRUDHESA	SP		PA; SP; AI (30 day supply max)
Selective Serotonin Agonists 5-Ht(1)**			
almotriptan malate		T1	QL (25 EA per 30 days)
eletriptan hydrobromide		T1	QL (0.9 EA per 1 day)
frovatriptan succinate		T1	ST (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	T1		QL (30 EA per 30 days)

Drug Name	Brand	Generic Status	Additional Information
zolmitriptan nasal		T1	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 tablet		$0	AG (Max 6 Years)
sodium fluoride oral tablet chewable		$0	AG (Max 6 Years)
Potassium Combinations**			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T1		
Potassium**			
KLOR-CON 10 *(Potassium Chloride ER)*	T1	T1	
KLOR-CON M10 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON M15 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON M20 *(Potassium Chloride Crys ER)*	T1	T1	
KLOR-CON ORAL PACKET *(Potassium Chloride)* **20 MEQ**	T1	T1	
KLOR-CON ORAL TABLET EXTENDED RELEASE *(Potassium Chloride ER)*	T1	T1	
potassium chloride er oral capsule extended release		T1	
potassium chloride er oral tablet extended release 20 meq		T1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		T1	
Miscellaneous Therapeutic Classes			
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)

Drug Name	Brand	Generic Status	Additional Information
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day 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		T1	
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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
mycophenolic acid oral tablet delayed release 180 mg		T1	QL (6 tablets per 1 day)
mycophenolic acid oral tablet delayed release 360 mg		T1	QL (4 tablets per 1 day)
Macrolide Immunosuppressants**			
ASTAGRAF XL	T1		
ENVARSUS XR	T1		PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day)
PROGRAF ORAL *(Tacrolimus)*	T1	T1	
sirolimus oral		T1	
Monoclonal Antibodies**			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**			
VIJOICE 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)
Potassium Removing Agents**			
KIONEX COMBINATION	T1		
KIONEX ORAL SUSPENSION	T1		
LOKELMA	T1		PA
sodium polystyrene sulfonate oral powder		T1	
SPS	T1		
SPS (SODIUM POLYSTYRENE SULF)	T1		

Drug Name	Brand	Generic Status	Additional Information
VELTASSA	T1		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	T1		
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)
Periodontal Anti-Infectives**			
ARESTIN	T1		PA
Saliva Stimulants**			
cevimeline hcl		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral		T1	
Steroids - Mouth/Throat/Dental**			
KOURZEQ *(Triamcinolone Acetonide)*	T1	T1	
ORALONE *(Triamcinolone Acetonide)*	T1	T1	
Multivitamins			
Prenatal Mv & Min W/Fe-Fa**			
ATABEX EC	T1		QL (1 tablet per 1 day)
ATABEX OB	T1		QL (1 tablet per 1 day)
completenate		T1	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE 85-1 MG	T1		QL (1 tablet per 1 day)
INATAL GT	T1		QL (1 tablet per 1 day)
OBSTETRIX EC (WITH DOCUSATE)	T1		QL (1 tablet per 1 day)
pnv prenatal plus multivit+dha		T1	QL (1 tablet per 1 day)
prenatal 19 oral tablet 29-1 mg		T1	QL (1 tablet per 1 day)
prenatal 19 oral tablet chewable		T1	QL (1 tablet per 1 day)

Drug Name	Brand	Generic Status	Additional Information
PRENATAL-U	T1		QL (1 tablet per 1 day)
thrivite rx		T1	QL (1 tablet per 1 day)
TRINATE	T1		QL (1 tablet per 1 day)
VINATE II	T1		QL (1 tablet per 1 day)
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**			
complete natal dha oral 29-1-200 & 200 mg		T1	QL (1 tablet per 1 day)
wesnatal dha complete		T1	QL (1 tablet per 1 day)
Musculoskeletal Therapy Agents			
Central Muscle Relaxants**			
baclofen oral tablet 10 mg, 20 mg		T1	
carisoprodol oral tablet 350 mg		T1	AI (Max #84 per 21 days); QL (84 EA per 21 days)
chlorzoxazone oral tablet 500 mg		T1	QL (4 EA per 1 day); AG (Min 18 Years)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		T1	
metaxalone oral tablet 800 mg		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
methocarbamol oral tablet 500 mg, 750 mg		T1	
orphenadrine citrate er		T1	
tizanidine hcl oral capsule 2 mg		T1	QL (18 EA per 1 day)
tizanidine hcl oral capsule 4 mg, 6 mg		T1	QL (9 EA per 1 day)
tizanidine hcl oral tablet 2 mg		T1	QL (18 EA per 1 day)
tizanidine hcl oral tablet 4 mg		T1	QL (9 EA per 1 day)
Direct Muscle Relaxants**			
dantrolene sodium oral		T1	
Muscle Relaxant Combinations**			
carisoprodol-aspirin-codeine		T1	AI (Quantity limit of 2 per day, up to a 10 day supply, with a fill limit of 1 fill per 30 days); QL (2 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)

Drug Name	Brand	Generic Status	Additional Information
Nasal Steroids**			
BECONASE AQ	T1		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	T1		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
Neuromuscular Agents			
AIs Agent Combinations**			
RELYVRIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AIs 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)
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	T1		

Drug Name	Brand	Generic Status	Additional Information
Artificial Tear Inserts**			
LACRISERT	T1		
Beta-Blockers - Ophthalmic Combinations**			
brimonidine tartrate-timolol		T1	
dorzolamide hcl-timolol mal		T1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %		T1	PA
Beta-Blockers - Ophthalmic**			
BETOPTIC-S	T1		
carteolol hcl		T1	
levobunolol hcl ophthalmic solution 0.5 %		T1	
timolol maleate ophthalmic		T1	
TIMOPTIC-XE *(Timolol Maleate)*	T1	T1	
Cholinergic Agonists**			
TYRVAYA	T1		PA; QL (0.28 ML per 1 day)
Cycloplegic Mydriatics**			
ALTAFRIN OPHTHALMIC SOLUTION *(Phenylephrine HCl)* **10 %, 2.5 %**	T1	T1	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %		T1	
HOMATROPAIRE	T1		
ISOPTO ATROPINE *(Atropine Sulfate)*	T1	T1	
tropicamide ophthalmic		T1	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**			
XIIDRA	T1		PA
Miotics - Cholinesterase Inhibitors**			
PHOSPHOLINE IODIDE	T1		
Miotics - Direct Acting**			
pilocarpine hcl ophthalmic solution 1 %, 2 %		T1	
VUITY	T1		ST (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	T1		
ALOMIDE	T1		
azelastine hcl ophthalmic		T1	AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
bepotastine besilate		T1	QL (5 ML per 30 days)
cromolyn sodium ophthalmic		T1	
epinastine hcl		T1	
ZERVIATE	T1		QL (1 EA per 1 day)

Drug Name	Brand	Generic Status	Additional Information
Ophthalmic Antibiotics**			
bacitracin ophthalmic		T1	
BESIVANCE	T1		
CILOXAN OPHTHALMIC OINTMENT	T1		
ciprofloxacin hcl ophthalmic		T1	
erythromycin ophthalmic		T1	
gatifloxacin ophthalmic		T1	
GENTAK OPHTHALMIC OINTMENT	T1		
gentamicin sulfate ophthalmic solution		T1	
levofloxacin ophthalmic solution 0.5 %		T1	
moxifloxacin hcl (2x day)		T1	
moxifloxacin hcl ophthalmic solution		T1	
ofloxacin ophthalmic		T1	
Ophthalmic Antifungal**			
NATACYN	T1		
Ophthalmic Anti-Infective Combinations**			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		T1	
NEO-POLYCIN *(Neomycin-Bacitracin Zn-Polymyx)*	T1	T1	
POLYCIN *(AK-Poly-Bac)*	T1	T1	
polymyxin b-trimethoprim		T1	
Ophthalmic Antivirals**			
trifluridine ophthalmic		T1	
ZIRGAN	T1		
Ophthalmic Carbonic Anhydrase Inhibitors**			
brinzolamide		T1	
dorzolamide hcl ophthalmic		T1	
Ophthalmic 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	T1		PA; QL (2 EA per 1 day)
cyclosporine ophthalmic		T1	QL (2 EA per 1 day)
VERKAZIA	T1		PA
Ophthalmic Local Anesthetics**			
proparacaine hcl ophthalmic		T1	
tetracaine hcl ophthalmic		T1	

Drug Name	Brand	Generic Status	Additional Information
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)		T1	
diclofenac sodium ophthalmic		T1	
flurbiprofen sodium		T1	
ketorolac tromethamine ophthalmic		T1	
NEVANAC	T1		AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
Ophthalmic Rho Kinase Inhibitors**			
RHOPRESSA	T1		PA
Ophthalmic Selective Alpha Adrenergic Agonists**			
apraclonidine hcl		T1	
brimonidine tartrate ophthalmic solution 0.1 %		T1	QL (2 bottles per 1 Month)
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %		T1	
Ophthalmic Steroid Combinations**			
bacitra-neomycin-polymyxin-hc		T1	
BLEPHAMIDE S.O.P.	T1		
neomycin-polymyxin-dexameth ophthalmic ointment		T1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1		T1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		T1	
PRED-G	T1		
PRED-G S.O.P.	T1		
sulfacetamide-prednisolone ophthalmic solution		T1	
TOBRADEX OPHTHALMIC OINTMENT	T1		
TOBRADEX ST	T1		
tobramycin-dexamethasone		T1	
Ophthalmic Steroids**			
ALREX	T1		
dexamethasone sodium phosphate ophthalmic		T1	
difluprednate		T1	
FLAREX	T1		
fluorometholone ophthalmic		T1	
FML	T1		
FML FORTE	T1		
INVELTYS	T1		

Drug Name	Brand	Generic Status	Additional Information
LOTEMAX OPHTHALMIC GEL *(Loteprednol Etabonate)*	T1	T1	
LOTEMAX OPHTHALMIC OINTMENT	T1		
LOTEMAX SM	T1		
loteprednol etabonate ophthalmic suspension 0.5 %		T1	
MAXIDEX	T1		
PRED FORTE *(prednisoLONE Acetate)*	T1	T1	
PRED MILD	T1		
prednisolone acetate p-f		T1	
prednisolone sodium phosphate ophthalmic		T1	
Ophthalmic Sulfonamides**			
sulfacetamide sodium ophthalmic		T1	
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**			
bimatoprost ophthalmic		T1	AI (1 x 5ml bottle per month); QL (0.17 ML per 1 day)
latanoprost ophthalmic		T1	AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T1		ST (Step Therapy through 60 days trial of bimatoprost 0.03% in the last 6 months)
tafluprost (pf)		T1	
travoprost (bak free)		T1	
VYZULTA	T1		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	T1		
Otic Agents			
Otic Agents - Miscellaneous**			
acetic acid otic		T1	
Otic Anti-Infectives**			
ciprofloxacin hcl otic		T1	QL (14 ML per 7 days)
ofloxacin otic		T1	

Drug Name	Brand	Generic Status	Additional Information
Otic Steroid-Anti-Infective Combinations**			
CIPRO HC	T1		
ciprofloxacin-dexamethasone		T1	QL (7.5 ML per 30 days)
neomycin-polymyxin-hc otic solution 3.5-10000-1		T1	
neomycin-polymyxin-hc otic suspension		T1	
OTOVEL *(Ciprofloxacin-Fluocinolone PF)*	T1	T1	
Otic Steroids**			
ACETASOL HC *(Hydrocortisone-Acetic Acid)*	T1	T1	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	
Passive Immunizing And Treatment Agents			
Immune Serums**			
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	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		T1	

Drug Name	Brand	Generic Status	Additional Information
amoxicillin-pot clavulanate oral		T1	
Penicillinase-Resistant Penicillins**			
dicloxacillin sodium		T1	
Progestins			
Progestins**			
GALLIFREY *(Norethindrone Acetate)*	T1	T1	
medroxyprogesterone acetate oral		T1	
megestrol acetate oral suspension 625 mg/5ml		T1	AI (Max #450ml Mail Order); QL (150 ML per 30 days)
progesterone intramuscular		T1	F
PROMETRIUM *(Progesterone)*	T1	T1	F
Psychotherapeutic And Neurological Agents - Misc.			
Agents For Opioid Withdrawal**			
LUCEMYRA *(Lofexidine HCl)*	T1	T1	PA; QL (224 EA per 14 days)
Alcohol Deterrents**			
acamprosate calcium		T1	QL (6 EA per 1 day)
disulfiram oral tablet 250 mg		T1	
disulfiram oral tablet 500 mg		T1	QL (1 EA per 1 day)
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)
LUMRYZ STARTER PACK	SP		PA; SP; AI (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)

Drug Name	Brand	Generic Status	Additional Information
WAINUA	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		T1	
Cholinomimetics - Ache Inhibitors**			
donepezil hcl oral tablet 10 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
donepezil hcl oral tablet 23 mg		T1	
donepezil hcl oral tablet dispersible		T1	
galantamine hydrobromide er		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
galantamine hydrobromide oral solution		T1	
galantamine hydrobromide oral tablet 12 mg, 8 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
galantamine hydrobromide oral tablet 4 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
rivastigmine		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
Fibromyalgia Agent - Snris**			
SAVELLA	T1		
SAVELLA TITRATION PACK	T1		
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 (30 day supply max)
AUSTEDO XR PATIENT TITRATION	SP		PA; SP; AI (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)

Drug Name	Brand	Generic Status	Additional Information
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)
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)

Drug Name	Brand	Generic Status	Additional Information
PLEGRIDY INTRAMUSCULAR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (30 day supply max)
PLEGRIDY STARTER PACK 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)
PLEGRIDY STARTER 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)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (30 day supply max)
PLEGRIDY 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)
PLEGRIDY 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 REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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)

Drug Name	Brand	Generic Status	Additional Information
Multiple Sclerosis Agents - Nrf2 Pathway Activators**			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day 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; QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	SP		PA; SP; 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)
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		T1	
memantine hcl oral solution 2 mg/ml		T1	AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)

Drug Name	Brand	Generic Status	Additional Information
memantine hcl oral tablet 10 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg		T1	
memantine hcl oral tablet 5 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)
Phenothiazines & Tricyclic Agents**			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg		T1	
Pseudobulbar Affect Agent Combinations**			
NUEDEXTA	T1		PA
Psychotherapeutic And Neurological Agents - Misc.**			
ergoloid mesylates oral		T1	PA
pimozide		T1	
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**			
ADDYI	T1		F; QL (1 EA per 1 day); AG (Min 18 Years)
Smoking Deterrents**			
apo-varenicline		$0	QL (2 EA per 1 day); AG (Min 18 Years)
bupropion hcl er (smoking det)		$0	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)
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)
ft nicotine mini		$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)

Drug Name	Brand	Generic Status	Additional Information
NICORELIEF MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
NICORETTE MOUTH/THROAT GUM *(Nicotine Polacrilex)*	$0	$0	AG (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM *(Nicotine Polacrilex)* **2 MG**	$0	$0	AG (Min 18 Years)
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 tablet 0.5 mg, 1 mg		$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	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 10 Years)

Drug Name	Brand	Generic Status	Additional Information
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	SP		PA; SP; AI (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	T1		PA
Thienbenzodiazepines & Ssris**			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Respiratory Agents - Misc.			
Cftr Potentiators**			
KALYDECO ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is 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)

Drug Name	Brand	Generic Status	Additional Information
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)
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; 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)

Drug Name	Brand	Generic Status	Additional Information
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		T1	
Tetracyclines			
Aminomethylcyclines**			
NUZYRA ORAL TABLET 150 MG	T1		PA
Tetracyclines**			
demeclocycline hcl oral		T1	
doxycycline hyclate oral capsule		T1	
doxycycline hyclate oral tablet 100 mg		T1	
doxycycline hyclate oral tablet 20 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
doxycycline hyclate oral tablet delayed release 100 mg		T1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet delayed release 75 mg		T1	QL (2 EA per 1 Day)
doxycycline monohydrate oral capsule 50 mg		T1	
doxycycline monohydrate oral suspension reconstituted		T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg		T1	
minocycline hcl oral		T1	
MONDOXYNE NL ORAL CAPSULE *(Doxycycline Monohydrate)* **100 MG**	T1	T1	
SEYSARA	T1		PA
tetracycline hcl oral capsule		T1	
VIBRAMYCIN ORAL SYRUP	T1		
Thyroid Agents			
Antithyroid Agents**			
methimazole oral		T1	
propylthiouracil oral		T1	
Thyroid Hormones**			
ADTHYZA ORAL TABLET *(Thyroid)* **120 MG**	T1	T1	
ADTHYZA ORAL TABLET *(Niva Thyroid)* **30 MG, 90 MG**	T1	T1	
ARMOUR THYROID *(Thyroid)*	T1	T1	

Drug Name	Brand	Generic Status	Additional Information
ERMEZA	T1		
EUTHYROX *(Levothyroxine Sodium)*	T1	T1	
LEVO-T *(Levothyroxine Sodium)*	T1	T1	
LEVOXYL *(Levothyroxine Sodium)*	T1	T1	
liothyronine sodium oral		T1	
niva thyroid		T1	
NP THYROID *(Niva Thyroid)*	T1	T1	
SYNTHROID *(Levothyroxine Sodium)*	T1	T1	
TIROSINT *(Levothyroxine Sodium)*	T1	T1	
UNITHROID ORAL TABLET *(Levothyroxine Sodium)* **100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG**	T1	T1	
Toxoids			
Toxoid Combinations**			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0		AI (3 doses (1.5ml) per year)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0		AI (3 doses (1.5ml) per year)
diphtheria-tetanus toxoids dt		$0	AI (3 doses (1.5ml) per year)
INFANRIX	$0		AI (3 doses (1.5ml) per year)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (3 doses (1.5ml) per year); AG (Max 6 Years)
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		T1	
dicyclomine hcl oral		T1	
H-2 Antagonists**			
cimetidine hcl oral solution 300 mg/5ml		T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		T1	
famotidine oral suspension reconstituted		T1	
nizatidine oral capsule 150 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic Status	Additional Information
nizatidine oral capsule 300 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Misc. Anti-Ulcer**			
sucralfate oral		T1	
Proton Pump Inhibitors**			
dexlansoprazole		T1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg		T1	QL (4 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 40 mg		T1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	T1		
FIRST-OMEPRAZOLE	T1		
lansoprazole oral capsule delayed release		T1	
lansoprazole oral tablet delayed release dispersible 15 mg		T1	QL (1 EA per 1 day)
lansoprazole oral tablet delayed release dispersible 30 mg		T1	
omeprazole oral capsule delayed release		T1	
OMEPRAZOLE+SYRSPEND SF ALKA	T1		
pantoprazole sodium oral tablet delayed release		T1	
rabeprazole sodium oral tablet delayed release		T1	
Quaternary Anticholinergics**			
glycopyrrolate oral tablet 1 mg, 2 mg		T1	
methscopolamine bromide oral tablet 2.5 mg		T1	AI (Max #1080 Mail Order); QL (8 EA per 1 day)
methscopolamine bromide oral tablet 5 mg		T1	QL (4 EA per 1 day)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**			
TALICIA	T1		ST (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		T1	QL (1 EA per 1 day); AG (Min 18 Years)
fesoterodine fumarate er		T1	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	

Drug Name	Brand	Generic Status	Additional Information
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	T1		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	T1		PA
mirabegron er		T1	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T1		PA; QL (8 ML per 1 day); AG (Min 3 Years and Max 12 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T1		PA; QL (1 tablet per 1 day)
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		
bcg vaccine injection solution reconstituted		$0	
BEXSERO	$0		AI (2 doses (1ml) per year); AG (Min 10 Years)
BIOTHRAX	$0		
CAPVAXIVE	$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 18 Years)
HIBERIX INJECTION	$0		
MENVEO	$0		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$0		
PENBRAYA	$0		AG (Min 10 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION INJECTABLE	$0		AI (1 doses (0.5ml) per year)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	$0		AI (1 doses (0.5ml) per year); QL (1 ea per 1 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)

Drug Name	Brand	Generic Status	Additional Information
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		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$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)
ACAM2000	$0		
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 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (1 dose per 274 days); QL (1 ML per 274 days); AG (Min 6 Months)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0		AI (1 dose (0.5ml) per 274 days); QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUBLOK QUADRIVALENT	$0		QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Months)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Months)
FLUCELVAX QUADRIVALENT	$0		QL (1 ML per 274 days); AG (Min 6 Years)

Drug Name	Brand	Generic Status	Additional Information
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AI (1 dose per 274 days); QL (1 ML per 274 days); AG (Min 6 Months)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUMIST	$0		AI (2 doses per 274 days); QL (0.4 ML per 274 days); AG (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT	$0		QL (2 ml per 274 days); AG (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	$0		QL (0.7 ML per 274 days); AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 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)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0		
IPOL INJECTION INJECTABLE	$0		
IXCHIQ	$0		
IXIARO	$0		
janssen covid-19 vaccine		$0	
JYNNEOS	$0		AI (2x 0.5 ML doses per year); QL (1 ML per 354 days); AG (Min 18 Years)
moderna covid-19 bival 6m-5y		$0	
moderna covid-19 bival booster		$0	
moderna covid-19 bivalent		$0	
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml		$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	$0		QL (2 doses per 1 year); AG (Min 6 Months and Max 11 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0		AG (Min 6 Months and Max 11 Years)
moderna covid-19 vacc 6m-5y		$0	
MRESVIA	$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 60 Years)

Drug Name	Brand	Generic Status	Additional Information
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-biontech covid-19 vacc		$0	
PREHEVBRIO	$0		
RABAVERT	$0		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	$0		
ROTARIX ORAL SUSPENSION RECONSTITUTED	$0		
ROTATEQ ORAL SOLUTION	$0		
sanofi covid-19 vac (booster)		$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0		AI (2 doses per lifetime); AG (Min 50 Years)
SPIKEVAX	$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	T1		F
terconazole vaginal cream		T1	F
Spermicides**			
ENCARE VAGINAL SUPPOSITORY	$0		AI (Max #12 Retail or #36 Mail Order); F

Drug Name	Brand	Generic Status	Additional Information
OPTIONS GYNOL II CONTRACEPTIVE	$0		AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	$0		AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE	$0		F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	$0		
Vaginal Anti-Infectives*			
CLEOCIN VAGINAL SUPPOSITORY	T1		AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
clindamycin phosphate vaginal		T1	AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
metronidazole vaginal		T1	F; QL (70 GM per 30 Days)
Vaginal Estrogens*			
estradiol vaginal		T1	F
FEMRING VAGINAL RING 0.05 MG/24HR	T1		AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T1		AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T1		F
YUVAFEM *(Estradiol)*	T1	T1	F
Vaginal Progestins*			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F
ENDOMETRIN	T1		PA; F
Vasopressors			
Anaphylaxis Therapy Agents*			
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml		T1	AI (Non Mylan pens are non 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)

Drug Name	Brand	Generic Status	Additional Information
Vasopressors**			
epinephrine pf injection solution		T1	
midodrine hcl		T1	
Vitamins			
Paba**			
POTABA ORAL CAPSULE	T1		
Vitamin D**			
BABY DDROPS ORAL LIQUID *(Baby Super Daily D3)* **10 MCG /0.028ML**	$0	$0	AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG/0.03ML	$0		AG (Min 65 Years)
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 25 mcg (1000 ut)		$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)
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 extra strength		$0	AG (Min 65 Years)
d3 high potency oral capsule		$0	AG (Min 65 Years)
d3 kids		$0	AG (Min 65 Years)
d3 max st		$0	AG (Min 65 Years)
d3 maximum strength oral capsule		$0	AG (Min 65 Years)
d3 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)

Drug Name	Brand	Generic Status	Additional Information
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)*	T1	T1	
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)
ft vitamin d3		$0	AG (Min 65 Years)
ft vitamin d3 rapid release		$0	AG (Min 65 Years)
gnp d 1000		$0	AG (Min 65 Years)
gnp d 2000		$0	AG (Min 65 Years)
gnp d3		$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)
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)

Drug Name	Brand	Generic Status	Additional Information
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)
sv vitamin d3		$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)
true vitamin d3		$0	AG (Min 65 Years)
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)		$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		T1	
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 oral tablet chewable 25 mcg (1000 ut)		$0	AG (Min 65 Years)
vitamin d3 fast dissolve		$0	AG (Min 65 Years)
vitamin d3 gummies adult		$0	AG (Min 65 Years)
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)		$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 capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)		$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	
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)

Drug Name	Brand	Generic Status	Additional Information
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 ORAL TABLET CHEWABLE *(D 1000)* **25 MCG (1000 UT)**	$0	$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE *(D3)* **62.5 MCG (2500 UT)**	$0	$0	AG (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE *(D 1000)* **25 MCG (1000 UT)**	$0	$0	AG (Min 65 Years)
Vitamin K			
phytonadione oral		T1	

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

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

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

Assyrian:
[illegible] Blue Cross Blue Shield of Arizona، [illegible] 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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